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HEALTH BUDGET ALLOCATION GAP WIDENS BY OVER 100PC IN PUNJAB

Rs4.71 billion has been earmarked for small hospitals in Lahore

MN Report

LAHORE - Punjab government has earmarked a whooping Rs36.75 billion for Lahore's medical colleges and hospitals in budget for the FY 2017-18 whereas a petty Rs17.75 billion has been reserved for provision of medical and health facilities to the residents of southern Punjab, thus widening the budgetary allocation gap by over 100pc.

The investigation report narrates that Punjab govt. has allocated Rs5.14 billion for Lahore's Mayo Hospital, Rs950.46 million for King Edward Medical College, a collective amount of Rs5.65 billion for Jinnah Hospital and Allama Iqbal Medical College, Rs4.70 billion for General Hospital and Postgraduate medical college, an overall amount of Rs2.96 billion for Sir Ganga Ram Hospital and Fatima Jinnah Medical College, Rs3.85 billion for Services Hospital and Services Institute of Medical Sciences, a lump sum amount of Rs2.10 billion for Shaikh Zayed Hospital and SHU, Rs3.2 billion for Punjab Institute of Cardiology,

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KE to provide free electricity to NICVD's mobile facility

MN Report

KARACHI - The K-Electric, under its sustainability initiative, has partnered with the National Institute of Cardiovascular Diseases (NICVD) for the provision of free electricity for a year to its mobile chest pain facility established in Gulshan-e-Iqbal.

A ceremony was held recently to formally energise the facility in the presence of KE and NICVD teams. The NICVD has been playing a pivotal role in providing free medical care to patients with heart disease since its inception in 1963.

Last year, it provided cardiac treatment to about 400,000 OPD patients, 37,000 in-patients and nearly 200,000 emergency cases. The NICVD mobile facility in Gulshan-e-Iqbal provides 24/7 emergency cardiac care and has so far treated over 850 patients since its inauguration last month.

A KE spokesperson said: "As a socially responsible organisation, K-Electric has always been at the forefront for providing generous and valuable support to organizations working for social welfare. This is yet another testament of KE's commitment to support healthcare organizations - empowering them to continue their efforts to serve the community."

Professor Nadeem Qamar, executive director,

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New book highlights moral and ethical issues facing doctors

MN Monitoring Desk

COASTWEEK - Things need to change in operating rooms, for the sake of surgical patients and the doctors caring for them. In his new book, Dr. Asad Raja reflects on 40 years in the surgical ward to probe issues that are sometimes a matter of life and death.

Dr. Raja is a Professor and Chairman of the Department of Surgery at The Aga Khan University (AKU) Hospital in Nairobi. His new book, titled "Being a Surgeon: The Ten Commandments", explores the most soul-searching dilemmas and ethical questions facing the medical profession.

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Intracranial Atherosclerotic Disease

By Maria Khan, Imama Naqvi, Asha Bansari, and Ayeesha Kamran Kamal

Introduction

Epidemiology. Intracranial atherosclerotic stenosis of the major arteries (intracranial internal carotid artery, middle cerebral artery, vertebral artery, and basilar artery) is the most common proximate mechanism of ischemic stroke worldwide. It causes 30% to 50% of strokes in Asians and 8%to 10% of strokes in North American Caucasians. Intracranial atherosclerotic disease, ICAD, defined as atherosclerosis of the large arteries at the base of the brain, preferentially affects Asians, Hispanics, Far East Asians, and Blacks as compared to carotid bifurcation disease. Also, about 20%-45% of non-Caucasians with large artery disease have combined extracranial and intracranial lesions.

The prevalence of atherosclerotic stenosis by subtype and race is further reported in Table 1.

Predisposing Factors for ICAD in Susceptible Populations

Racial Associations. Sacco et al. found no difference between races in the proportion of patients with extracranial atherosclerotic stroke, while intracranial atherosclerosis was seen more frequently in African American and Hispanic subjects than in Caucasian subjects. As per this study the greater prevalence of Diabetes Mellitus in African American and Hispanic subjects accounted for the increased frequency of ICAD.

Waddy et al. report racial differences between blacks and Caucasians with respect to intracranial stenosis. In this study, risk of recurrence of stroke was higher in blacks and risk factor profiles were also different.

Among Chinese populations, ICAD-related strokes account for 33%-37% of all ischemic strokes and an even higher prevalence is reported from Korea, Thailand, and Singapore. Hence, there is evidence of racial association with incidence of ICAD.

TABLE 1: Prevalence of intracranial atherosclerotic disease/extracranial atherosclerotic disease by race.

Race	ICAD	ECAD
South Asians [11, 12]	20%–54%	10%
East Asians [11]	7%	18%
US Whites [3, 13]	1%–24%	11%–33%
US Blacks [3, 13]	6%–22%	8%–15%
US Hispanics [3]	11%	9%
Chinese [14]	33%–50%	19%
Koreans [1, 15]	56.3%†–26.4%	12.2%
Singapore [1]	47.9%	NR
Thailand [16]	47%	49%

† The authors used 30% stenosis as cutoff.
ICAD: intracranial atherosclerotic disease, ECAD: extracranial atherosclerotic disease.

Genetic Associations. Several studies suggest a positive correlation between race and cerebrovascular disease. A study conducted on subjects of European ancestry uncovered a genetic trait that increased their resistance to atherosclerosis, though protection was confined to large intracranial vessels. It was speculated that stroke suppressor genes activated antioxidants, such as Peroxidase 1, a component of high density lipoprotein, which acted predominantly in the intracranial arteries. Hence, polymorphic expression of stroke suppressor genes in different races accounts for variable susceptibility to intracranial disease. Secondary prevention trials have so far failed to demonstrate benefit of antioxidants in reducing atherosclerotic complications. However, since early atherosclerotic changes begin in the cerebral arteries soon after teenage, future antioxidant trials should intervene at very young age to determine a role of antioxidants against the atherosclerotic process.

Most human genetic studies focus on polymorphic variants that promote stroke predisposing phenotypes or mediators like targets in inflammatory pathways, modulators of vascular tone and endothelial functions, lipid and homocysteine metabolisms, and components of haemostatic system.

Allelic association studies have so far yielded either conflicting or only weak and modest connections. Considering the racial differences in prevalence of ICAD, and its predominance among the Asian population, there is a need for genetic studies to be carried out in different population subsets to further explore the genetic trends. Furthermore, research should explore our innate protective mechanisms against atherosclerosis and their expressions in intracranial and systemic arteries among different races.

Risk Factor Associations. The reasons for the disposition towards more intracranial occlusive lesions in the Asian population remains unclear although various studies from the past two decades have shown that coronary heart disease, stroke, hypertension, and diabetes mellitus are associated with more extensive cerebral atherosclerosis. Risk factors associated with intracranial atherosclerosis are certain races (Hispanic Americans, blacks, and Asians), female sex, young age, hypertension, smoking, diabetes, and lipid disorders. A WASID (warfarin versus aspirin in symptomatic intracranial disease) substudy has compared risk factors with respect to racial differences amongst blacks and Caucasians. They found that blacks with intracranial stenosis were more likely to have hypertension, diabetes, high LDL, and high total cholesterol. Other studies report that compared to extracranial atherosclerosis, intracranial atherosclerosis is not associated with typical risk factors for peripheral and coronary atherosclerosis: male sex and hypercholesterolemia. Metabolic Syndrome, but not its isolated components, has been found to be independently associated with intracranial atherosclerosis, suggesting screening and treatment of metabolic abnormalities as an important prevention strategy. The NorthernManhattan stroke study also showed that the metabolic syndrome confers a greater risk of development of intracranial atherosclerotic strokes compared to extracranial atherothrombotic

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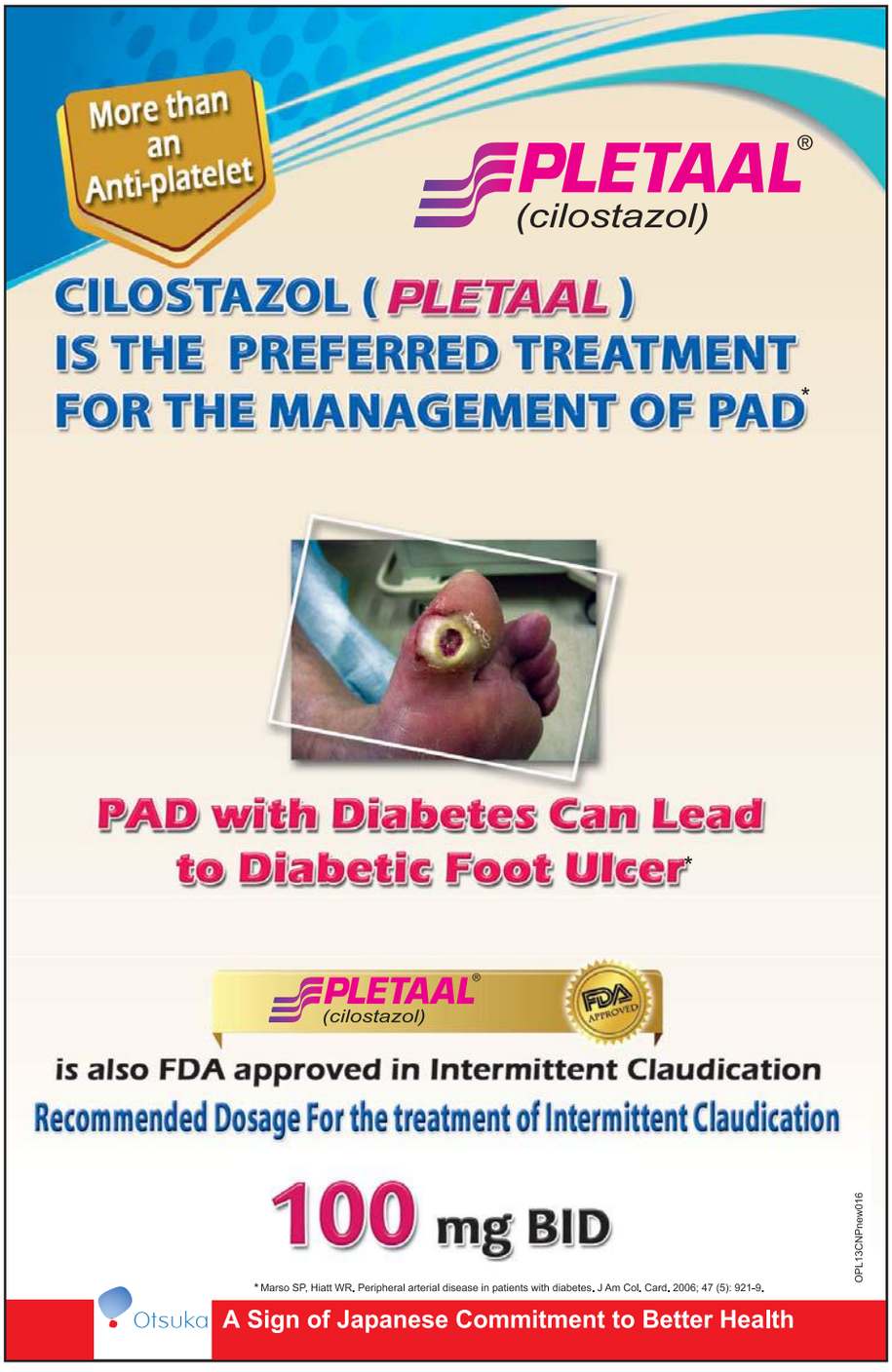

Construction of medical colleges delayed in Sindh

MN Report

KARACHI - The construction work on five new medical colleges has not completed in Sindh province yet due to delay in release of funds and bureaucratic hurdles.
Well-placed sources at Sindh Health Department who wished not be named, relayed the information that the construction work of five new medical colleges has not been completed yet despite the passage of four years.
They informed that the provincial government had approved the summary for establishment of five new medical colleges in Sindh province in 2012 and allocated over one billion rupees in funds for these projects.
They said authorities had approved the summary of establishment of five colleges in different cities of Sindh province including Karachi, Hyderabad, Mirpurkhas, Khairpur and Sanghar. The construction work of these colleges would have been completed in 2014 but due to lethargy of provincial authorities no college building has been completed so far.
Sources said there is urgent need of new medical colleges in the province to improve health standards, but the delay in projects showed that provincial authorities are not sincere in promoting medical education in the province. He said completion of projects

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CHK management decides to remove political paraphernalia

MN Report

KARACHI - The administration of Civil Hospital Karachi (CHK) has decided to remove political parties' slogans, banners, pamphlets and flags from the premises of the hospital.
An official of the hospital told that that hospital management has begun the removal of political parties' slogans, banners, pamphlets and other such materials from the hospital to provide a politics-free atmosphere to visiting patients. He said the political slogans, banners and flags of different political parties can been seen at entrance gates, in the emergency wards, various departments and walls of the hospital, which creates an ugly atmosphere for visitors.
He said the primary responsibility of any public hospital is to provide better facilities of treatment to patients, who should feel comfortable when they visit the health facility but unfortunately majority of the hospitals of Sindh seem more like the offices of political parties instead of a healthcare facility.
He said the graffiti on hospital walls creates an ugly atmosphere for the staff and visiting patients thus

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More chikungunya cases emerge from Karachi

MN Report

KARACHI - At least 66 more chikungunya suspected cases have been reported in Karachi from June 12 to June 17, 2017, taking the patients toll to 3190 in the city since 1st January 2017.
As per report released by Health Department Sindh, as many as 66 \more chikungunya suspected cases have been surfaced

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PMA call for transparency in appointments in medical institutes

MN Report

KARACHI - Pakistan Medical Association (PMA) has expressed deep concern on violation of merit and political appointments in five medical universities of Sindh.
An emergency meeting of senior members of PMA Karachi was held at PMA House; Karachi presided by President, PMA Karachi Dr Shoukat Malik. In this meeting all members of PMA Karachi raised deep concern about the news for the appointment of the registrar in five medical universities of Sindh.
Out of 128 applications, the government has short listed 29 without taking consideration of merit and transparency. Only those having political connections and wasted interest had been short listed.
The PMA leaders said it is very surprising that vice-chancellors have no role in selecting their own team or even recommend their names, although they are the one to run the university affairs and are answerable for any misdeed.
They demanded that all VCs should be consulted in appointment of registrars and other key posts for their respective medical universities. They also demanded that all selections and appointments should be on merit, independents transparent and approved by the syndicate or senate of the University for the Betterment of medical education.
PMA is also very much concerned about the suspected silence of all vice chancellors of medical universities in this regard. Interestingly they raise this issue in private meetings and when it comes to public, they prefer to be quiet. This comprising attitude is disastrous for the

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Gas supply to services hospital suspended on default of payment

MN Report

KARACHI - The gas supply to Sindh Government Services Hospital, Karachi, has been suspended second time in last five months over non-payment, causing inconvenience for patients and medical staff.

The Sui Southern Gas Company (SSGC), team had disconnected the gas supply of hospital on default of payment and the supply had not been restored at the time of this report. The hospital administration has been facing hardships while trying to provide meals to admitted patients, while gynaecology, operation theatre complex and other departments also partially remained disturbed. The sterilization of medical instruments has also stopped due to unavailability of gas.

An administrative official at Services Hospital, Karachi, informed that the patient care in the hospital has been badly affected and doubled with miseries of visiting patients. He said residents of staff colony were also facing great hardships due to unavailability of gas for almost a week.

He said the gas supply to the hospital has been suspended on default of payment for the second time in the last five months. He said although Sindh

government allocates sufficient budget for public hospitals each year to pay utility bills but unfortunately utility funds are often spent on other developments or misused by heads of health facilities.

Medical Superintendent, Services Hospital Karachi, Dr Mehmood Qureshi, said the gas supply was suspended on default of payment and supply will be restored soon. He said the

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Sindh Nursing Examination Board launches website

MN Report

KARACHI - The Sindh Nursing Examination Board (SNEB), has launched its own website and formal inauguration ceremony of website will be held in second week of July 2017.

Controller, Sindh Nursing Examination Board, Khair-un-Nisa Akber, said an official website of SNEB had been launched, while formal opening ceremony of website will be held in mid of July 2017 during annual result announcement. She said launching of website will help to eliminate bogus admission culture in nursing.

She informed that SNEB was established in 1973 and no serious efforts was made in the past to establish official website of nursing board to facilitate students. The Sindh health department has granted permission to set up website for the board to maintain records of admissions, examinations, registrations, verifications, issuance of mark sheets, diplomas and no objection certificates (NOC).

She said website was launched after approval of Secretary Health Sindh. She said it would help to maintain exam details, record, results and other necessary information to facilitate students and teachers. She said examination forms of general nursing, specialization courses, LHVs, and other courses can be downloaded and submitted throughout online system.

She said nursing students and teachers would get information regarding their course schedule and other necessary information from this website. She said launching of website will help to control bogus admission in nursing institutes across the Sindh province.

Khair-un-Nisa Akber said nursing students of Sindh can visit www.sneb.org.pk for any official queries round-the-clock. She said annual results of general nursing diploma, specialization, midwifery, lady health visitors and lady health works courses will be announced in second week of July 2017.

Sindh govt issues chikungunya virus alert following rains

MN Report

KARACHI - Sindh Health Department has issued post monsoon public health threat due to chikungunya and other vector-borne diseases following intermittent rains in Karachi and other parts of Sindh province.

Provincial Focal Person for chikungunya in his letter written to the Mayor, Karachi Municipal Corporation (KMC), requested him to take the necessary preventive measures as post monsoon situation can lead to formation of the pockets of dirty and clean water which are the main sources of chikungunya spread. These pockets are then used by the adult mosquitos as the breading place.

The Sindh is already affected by the chikungunya epidemic. In depth analysis of surveillance data indicates that Karachi is at the forefront of the epidemic. At present in purview of their primary role and responsibilities, Karachi Metropolitan Corporation and District Municipals Corporation are mainly the main actors to control the vector borne infections, general fumigation, case specific fogging/fumigation, parricidal activities and insecticides indoor residual spraying (IRS).

Focal Person requested Mayor Karachi to please direct the concerned authorities and adopt the necessary measures, and mobilize the health inspectors and concerned departments to develop post monsoon emergency action plan in their respective jurisdiction for identification and immediate elimination of the water pockets that can lead to spread of chikungunya. General fumigation and larvicidal control program may also be developed in collaboration with Malaria Control Program on war footing basis.

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"I would just like to say that I am beyond happy with the results that Bio-Oil has produced. I am a 16-year-old teenager and have been getting a lot of stretch marks, which I wasn't very happy with. I decided to try Bio-Oil and am so glad I did, as the stretch marks have improved noticeably."
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Burns centres in three districts yet to become fully operational

MN Report

PESHAWAR - The plastic surgery and burns units established in Chitral, Timergara and Bannu one year ago are yet to become fully operational for want of plastic surgeons and other sanctioned staff, according to official sources.

They said that the facilities were not able to perform to a desired level in the absence of staff and as a result patients were being transported to Peshawar.

"Three wards were set up at district headquarters hospitals to treat patients with burn injuries and trauma," said the sources. They said that each of those units received about 200 patients per month and helped to reduce mortality rate from burns and trauma in the catchment areas but owing to absence of plastic surgeons and other staff the quality of services wasn't up to the desired level.

The facilities were built by Pakistan, Afghanistan, Tajikistan Integration Foundation in response to a proposal by plastic surgery department of Hayatabad Medical Complex (HMC) in 2014. The foundation set up a total of five units at a cost of Rs300 million, spending Rs60 million on each. Two wards were built in Afghanistan.

Sources said that the units were handed over to Khyber Pakhtunkhwa government, which was required to recruit the staff against sanctioned posts. They said that the foundation also sponsored two-month training of five doctors, a nurse and an operation theatre technician in UK. The trained medics are now imparting skills to local health professionals.

Sources said that the two units built by the foundation in Afghanistan had video link with HMC for sharing patient-related information. They said that Afghan doctors also saw surgery of burn patients by HMC doctors as part of their training.

Sources said that experience of transferring techniques and skills with Khyber Pakhtunkhwa-based outlets was benefiting the staff but dearth of permanent staff was hampering development of those units as specialised ones.

Sources said that government approved 90 health professionals for each facility

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First liver transplant at PKLI in December

MN Report

LAHORE - Minister for Specialized Healthcare & Medical Education Kh Salman Rafiq has said the first liver transplant would be carried out in December 2017 on the completion of first phase of Pakistan Kidney, Liver Transplant & Research Institute.

Talking to the media after a meeting of steering committee on hepatitis control at PKLI, the minister said that hepatitis filter clinics were set up under the umbrella of PKLI in 25 districts. These would be satellite clinics attached with the main filter clinic at Bedian Road, he added.

The Infrastructure Development Authority Punjab would revamp buildings of filter clinics where required, he also stated.

Minister Primary & Secondary Health Kh Imran Nazir, P&SH Secretary Ali Jan Khan, PKLI President Prof Saeed Akhtar, Special Health Secretary Dr Faisal Zahoor, Punjab Hepatitis Control Program Director Dr Zahida Sarwar, Additional Health Secretary (Technical) Dr Ahsan Altaf and members of PKLI attended the meeting.

In a separate meeting, Minister for Primary & Secondary Health Kh Imran Nazir reviewed performance of different wings and vertical programs. The meeting discussed in detail procurement of medicines for next fiscal year, revamping of 85 tehsil headquarters hospitals, handing over of all Basic Health Units of 14 districts to Punjab Health Facilities Management Company from Punjab Rural Supports Program (PRSP).

Imran Nazir directed making arrangements for providing treatment to people during expected flood. He also directed improving routine immunization coverage under EPI Program.

Meanwhile, Secretary Specialized Healthcare & Medical Education Najam Ahmed Shah directed strengthening cardiac units at tertiary care hospitals for easing burden on Punjab Institute of Cardiology.

Chairing a meeting to review working of cardiac units and PIC at Civil Secretariat, he constituted a committee headed by PIC Chief Executive Prof Nadeem Hayat Malik for formulating recommendations for strengthening cardiac units. The committee will submit report within three days.

The meeting evaluated proposal of setting up a filter clinic at the Services Hospital so that only serious patients were referred to PIC for treatment. The meeting also discussed the issues relating to the functioning of cardiac units of teaching hospitals.

Students to get free schoolbags, books: minister

MN Report

LAHORE - Punjab Minister for School Education Rana Mashhood has said the government has decided to distribute free school bags and textbooks among the students to motivate them to receive education.

Charing a meeting at the committee room of school education department, the minister said provision of quality education along with necessary educational facilities in public sector schools was the top priority of the government.

The meeting reviewed development on different steps taken for the betterment of school education. The minister told the meeting that in the first phase of this programme, students of Prep, One, Two and Three classes would be given school bags and this programme will be started from Lahore, Toba Tek Singh, Rahim Yar Khan and Rajanpur. He said a three-member committee comprising Special Secretary Schools, Programme Director of Programme Monitoring and Implementation Unit Managing Director Curriculum and Textbook Board has been constituted to finalise this programme.

Punjab Secretary Schools Education Dr Allah Bakhsh Malik, MD PCTB Amir Ejaz and representatives of line departments attended the meeting.

UPCOMING EVENTS 2017

October 21
Vascular Interventional Course
Clinical Interventional Oncology Symposium at Lahore.

INTERNATIONAL

July 10-11
Protein and Antibody Global Congress 2017 Europe at London, United Kingdom

July 12-13
Molecular Diagnostics World Summit 2017 at London, United Kingdom

July 13-14
2017 Pharma CI Asia Conference and Exhibition at Singapore

July 17-21
International Union of Microbiological Societies (IUMS) 2017 at Singapore

September 21-23
1st Int Congress of the World Association for Psychosocial Rehabilitation at Abu Dhabi, United Arab Emirates

October 5-7
3rd Abu Dhabi International Conference in Dermatology and Aesthetics at Abu Dhabi, United Arab Emirates

November 9-10
3rd Annual International Heart Failure Conference at Abu Dhabi, United Arab Emirates

2017 HEALTH DAYS CALENDAR

JULY
- 11 World Population Day
- 28 World Hepatitis Day

AUGUST
- 1-7 World Breastfeeding Week

SEPTEMBER
- 9 International Fetal Alcohol Syndrome Day
- 21 World Alzheimer's Day
- 20 World Retina Week
- 25 World Pharmacist Day
- 26 World Retina Day
- 29 World Heart Day

OCTOBER
- 8 World Sight Day
- 10 World Mental Health Day
- 12 World Arthritis Day
- 12 World Bone And Joint Week
- 15 World Handwashing Day
- 16 World Food Day
- 17 World Spine Day
- 17 World Trauma Day
- 20 World Osteoporosis Day
- 24 World Polio Day
- 29 World Stroke Day

NOVEMBER
- 1 Lung Cancer Awareness Month
- 9 World Quality Day
- 14 International Diabetes Day
- 17 World Chronic Obstructive Pulmonary Disease Day
- 26 World Anti-Obesity Day

DECEMBER
- 1 World Aids Day
- 3 International Day of Disabled Persons
- 5 World Patient Safety Day

Pakistan all set to launch final push against crippling polio virus

MN Report

ISLAMABAD - To capitalize on the best ever polio epidemiology, Pakistan's Polio Eradication Programme is sharpening its tools to launch the final offensive against the crippling virus, said Muhammad Ayub Sheikh, Secretary, Ministry of National Health Services, Regulations & Coordination.

At the review meeting of the National Stop Transmission of Polio (N-STOP) Programme officers; Ayub Sheikh congratulated the programme on making substantial progress during last low transmission season and urged for sustained performance everywhere and maintaining extreme degree of vigilance to detect and aggressively respond to the cunning virus.

Welcoming the participants of the review meeting, Dr. Rana Jawad Asgher, Resident Advisor to the Field Epidemiology & Laboratory Training Program (FELTP) highlighted the role of N-STOP initiativein strengthening federal and provincial human resource which is assisting the Government of Pakistan in controlling communicable diseases including polio and vaccine preventable diseases.

National Coordinator of the Emergency operations Centre (EOC) for polio Eradication Dr. Rana Safdar highlighted how the 'One Team' approach adopted by the EOC network had actualized polio turn around in the country.

"This has clearly been a game changer bringing cases down from 306 to 54 in 2015 and lowest ever 20 in 2016. The momentum has further been maintained in 2017 where the current case count of two compares to 13 during corresponding period last year," Dr Safdar stated.

"Decline in cases and positive environmental samples as well as the shrinking genetic diversity are all positive signs. We are however, chasing zero which requires further hard work to make it happen during next six months," he cautioned.

The N-STOP is a collaborative initiative of the Government of Pakistan, FELTP, World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), Atlanta. The programme trains and deploys Government Public Health Officers in critical polio districts to serve as key technical support persons with the Deputy Commissioners.

The review meeting was attended by District Polio Control Room (DPCR) focal persons from critical districts of the country, NEOC Coordinator, 65 N-STOP officers, national leads of WHO and UNICEF, Resident Advisor FELTP as well as the representative from Armed Forces.

Meanwhile, intense preparations are underway for a special targeted campaign in vulnerable pockets of 73 districts, towns, agencies across the country.

Phase-1 of the campaign (10-13 July) covers Rawalpindi-Islamabad as well as select areas in Khyber Pakhtunkhwa, FATA, AJK, Gilgit-Baltistan and Interior Sindh.

Phase-2 (17-20 July) will cover 8 districts of Balochistan, Karachi, Badin, Sujawal & Thatta whereas the Quetta Block will conduct the campaign from 24-30 July.

The program will target a total of 10.44 million under five children (0.829 million in Punjab, 4 million in Sindh, 2.93 million in KP, 1.368 million in Balochistan, 0.342 million in FATA, 0.453 million in AJK, 0.132 million in GB and 0.31 million children in Islamabad. A total of 75,000 personnel will strive to achieve set targets across Pakistan including 8,026 Area In charges, 2,396 UC Medical Officers, 55,465 Mobile, 3,168 Fixed and 3,954 Transit team members.

The National EOC leadership has urged the teams to strive all out to make the best out of this important campaign. The leadership has also requested the communities and especially the parents to facilitate frontline workers (Sehat Muhafiz) in this noble cause.

Cardiac units in tertiary care hospitals to be strengthened: health secretary

MN Report

LAHORE - Specialised Healthcare & Medical Education Secretary Najam Ahmed Shah has directed to prepare a comprehensive strategy to strengthen the cardiac units in tertiary care hospitals and more improvements in treatment facilities at the Punjab Institute of Cardiology (PIC) by reducing the work load.

He was presiding over a meeting, at Civil Secretariat, to review strategies for further improving the conditions at PIC and making the cardiac units better by providing support to them in the form of logistics, human resource and medical equipment.

He directed to constitute a committee headed by PIC Chief Executive Prof Nadeem Hayat Malik and all the heads of cardiac centres and professors of cardiac units of teaching hospitals as members.

The committee would prepare recommendations keeping in view all the aspects of the issue and requirements of the hospitals for their strengthening cardiac units and submit the report to the secretary within three days.

Faisal Masood, Nadeem Hayat Malik, Noor-us-Saba from Sir Ganga Ram Hospital, Zubair Akram from Jinnah Hospital, Additional Secretary Technical Dr Salman Shahid and doctors from the Services Hospital attended the meeting.

The meeting also discussed a proposal to set up a filter clinic for the PIC in Services Hospital area adjacent to PIC so that common patients coming with minor complaints, like blood pressure etc., may be treated in the filter clinic and only serious patients should be referred to PIC for further management.

It was decided to constitute a committee immediately for this purpose which would submit its report for evolving a solid and efficient strategy which would be implemented on the fast track to fulfil the requirements of an ever increasing number of cardiac patients in the province.

HIV cases continue to rise in Larkana

MN Report

LARKANA - The number of HIV positive cases continued to rise in Larkana as 102 new cases have been registered at HIV/AIDS Treatment & Care Centre, just within the last two months.

Previously on April 09, the number of such affected patients was 1545 and presently, the number has risen to 1647.

Larkana continued to top the list of affected patients as out of these 1647 cases, 782 belong to Larkana district alone, 245 to Kambar-Shahdadkot, 162 to Dadu, 156 to Khairpur Mirs, 75 to Shikarpur, 64 to Sukkur, 41 to Jacobabad, 33 to Naushehro Feroze, 31 to Kandhkot @ Kashmore, 21 to Ghotki, 15 to Jamshoro, five to Nawabshah, seven to Jaffarabad, one each to Khuzdar, Panjgore, Kalat & Hyderabad, three each to Nasirabad and Karachi. Out of a total of 1647, as many as 1308 are males, 293 are females, 16 children and 15 are transgender people. As many as 889 patients are on HAART and 33 have so far defaulted.

In 2007 there were only eight patients in Larkana and since then, the number is constantly rising without any break. In 2008, they became 21, in 2009 the number reached to 20, in 2010 the

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Unpaid community midwifery school employees stage protest

MN Report

KARACHI - The unpaid employees of Community Midwifery Schools recently staged a protest demonstration and sit-in outside Karachi Press Club.

The protester were carrying placards and banners inscribed with different slogans like release pending salaries, regularize the contract employees, and justice for employees of midwifery education.

The protesters said the employees had been hired after interviews and completion of other procedures but they have been deprived of salaries since a year. They said Maternal, Neonatal and Child Health (MNCH), program administration had paid salaries to them for few month after joining but later on stopped their salaries due to unknown reasons.

They said the staff has been performing duties in Community Midwifery Schools but they have not been paid salaries since one year.

The employees have been facing hardship due to pending salaries.

They demanded of the Chief Minister Sindh and other high-ups of health department Sindh to regularize the employees on their posts and release their salaries.

No drinking water available at Services Hospital Karachi

MN Report

KARACHI - Patients at Sindh Government Services Hospital, Karachi, do not have access to drinking water as no drinking water is available in the hospital, while electric water coolers have been non-operational for several months.

This has become a great cause of concern for underprivileged patients and their families who are now being forced to get bottled water from nearby mosques or hotels. The hospital comprises 100 beds and on a daily basis 15, 00 patients visit the OPDs.

An official at Services Hospital, Karachi report that the water crisis has continued to irk patients, staff and attendants in Services Hospital Karachi and the hospital administration has failed to provide clean drinking water to visiting patients and medical staff. He said provision of potable water is the responsibility of administration but they failed to do so.

He said there were three water supply lines installed in hospital out of which two are not functioning while water supplied to the hospital is not

Continued on Page 10

Business of private diagnostic centres on the decline in KP

MN Report

PESHAWAR - The business of private diagnostic centres has declined after the upgradation of pathological and radiology services at the government-run medical teaching institutions of the provincial city.

"The number of specimens we receive for diagnostic purposes has been declined during the last six months as most of the tests are done inside the hospital," said a technician of the private laboratory located near the Khyber Teaching Hospital.

The technician said the private diagnostic business had dwindled after the upgradation of such facilities at the KTH under the healthcare reforms programme as most diagnoses were conducted at the hospital.

"We used to receive biopsy cases and urine and blood for culture and other tests from the hospital as these services weren't available there, especially during evening and night shifts, but now, 90 per cent of these facilities are available in the hospital-based laboratory," he said.

Spokesman for the KTH Farhad Khan told media that the hospital had improved diagnostic services benefitting patients though provision of quality services.

He said the KTH had outdone other public sector hospitals in the province by providing the people with quality services and that had happened for the first time in the history of the province.

"Our pathology department has begun advanced parameters in special chemistry and that all tests are conducted on electro-chemiluminescence immunoassay (ECLISA) using Cobas E 601 (Japan), which is a state-of-the-art electron-based technology with 99.84 per cent sensitivity and specificity. We've also launched 25 more tests at the laboratory. All test results are made available within one hour and the services are offered round the clock," he said.

He also said the hospital had also procured a digital X-ray plant

at a cost of Rs110 million, which is the most latest radiological technology in the country.

Meanwhile, the relevant officials said the privately-run diagnostic centres were worried after the improvement of facilities at the Lady Reading Hospital.

They said the LRH, which began institution-based practice a year ago, had upgraded its services to the benefit of patients, who were previously sent to private centres for certain diagnostic tests and procedures.

The officials said such tests were performed under the supervision of qualified staff members at the rate less than the market's and that the upgradation of facilities in the hospital had also saved patients from the trouble of going outside and waiting for long hours.

They said the patients also received X-ray, CT and MRI scan services at the LRH at half the charges of private outlets'. The officials added that the hospital had got women radiologists for female patients.

They also said the Hayatabad Medical Complex, whose patients used to visit private centres for diagnostic purposes, had got the latest technology for pathological and radiological services.

HMC medical director Prof Shehzad Akbar Khan told Dawn that the hospital had installed the latest MRI scanner at a cost of Rs200 million and thus, providing patients with the standardised services on the premises.

"We have also made upgraded the pathology department due to which 95 per cent of the tests are conducted under the same roof. The patients don't need to go outside for them," he said.

Prof Shehzad said the same services were given to paying and non-paying poor patients.

"Those coming to the hospital for examination by institution-based practice doctors pay charges, while the wards patients get services free of charge," he said. He also said owners of the private centres confirmed that the people got better diagnostic services in teaching hospitals due to the presence of consultants there, who reported every test.

He also said there were same rates for every patient unlike private centres, which charged differently.

Free dental camp begins at Dow University

MN Report

KARACHI - The Dow University of Health Science (DUHS), has organized one-month free Dental Camp from 1st July to 31st July at Dow International Dental Collage & Hospital (Defence Campus).

The aim of the Camp was to provide free dental treatment including free check-ups, scaling, filling, extraction, denture teeth, root canal treatment, and orthodontic treatment etc.

The camp was inaugurated by Senator Saeed Ghani along with Vice Chancellor, DUHS Prof. M. Saeed Quraishy. Pro- Vice Chancellor, Prof Masroor and other senior faculty member and students of the college were also present on the occasion.

Chief Guest, Saeed Ghani sharing his views on the occasion said that it is very good effort by Dow University to provide free dental medical treatment for the people of Chanesar Goth. He was of the view that the people of this area really need such kind of facility. Dental treatment is very costly but at Dow University, dental treatment is being provided at very economical rates.

Praising the efforts of Vice Chancellor, Prof Saeed Quraishy, he said that Dow University has gained

Continued on Page 14

Undergrad admissions: Major universities refuse to adopt HEC test

MN Report

LAHORE - Major universities in Punjab have refused to adopt the Higher Education Commission's 'Education Testing Council' (ETC) Aptitude Test for admission to undergraduate programmes from fall 2017.

The institutions including Punjab University, University of Engineering and Technology, the University of Health Sciences and Government College University have expressed their inability to adopt the ETC Aptitude Test citing various reasons.

Similarly, most private varsities are also not interested in the HEC-backed test.

According to the officials of some public and private varsities, the varsities cannot adopt the HEC entrance test as it may not only 'hurt' their autonomy but also deprive them of revenue.

"The medical admission test is not a test of any university rather it falls in the domain of the Pakistan Medical and Dental Council (PMDC) and the provincial government. It is conducted by the UHS on behalf of the Punjab government according to the regulations of the PMDC. It is arranged at multiple centres all over the province and is one of the biggest high-stake tests and is quite different from other admission tests arranged for entry into university programmes in terms of value, weightage and stakes involved. A lot of hard work and effort is involved in making this a standardised test over the years. This test is now a symbol of quality, merit and transparency that cannot be compromised at any cost," the UHS spokesman told media.

A dean of GCU's faculty said the university administration had communicated to the HEC its inability to change its admission criteria and rules at such a short notice. "The university's admission criteria and rules are approved by the University's statutory bodies - academic council and syndicate - and any decision in this regard could only be taken after their approval."

The PU and UET officials said they could not adopt the HEC's ETC Aptitude Test at this stage as they had advertised their undergraduate admissions. They said both varsities might consider adopting the HEC's test at some later stage.

The HEC recently had written to all the vice chancellors, rectors and heads of public and private universities seeking their confirmation on allowing the ETC Aptitude Test during the fall this year.

The HEC in January had established the ETC to "relieve students and their parents of taking multiple recruitment tests and charge of fee for each test separately providing free-of-cost, uniform, standardised, competitive and accessible assessment tests for admission to varsities and degree-awarding institutions across Pakistan.

The HEC says the ETC will be launching tests for admission to undergraduate programmes fall 2017 (during first half of July) initially in five broad categories - engineering, medical, basic & natural sciences, management sciences and social sciences, and arts and humanities.

Since the establishment of the ETC, it has conducted tests for over 100,000 students for different HEC's indigenous and overseas scholarship programmes.

Govt. to upgrade Benazir Bhutto Hospital

MN Report

RAWALPINDI - A decision has been taken by the Punjab government to upgrade four major hospitals of Punjab, including Rawalpindi's Benazir Bhutto General Hospital, Lahore's Mayo Hospital, Bahawalpur's Victoria Hospital and Civil Hospital.

According to media reports, a special inspection team, constituted on directives of Punjab Chief Minister Shehbaz Sharif, has started a detailed inspection of all these hospitals.

In the first phase of this up gradation process, problems related to a shortage of professionals and paramedic staff, non-availability of proper medical treatment for patients will be addressed.

Initially, the Inspection team will inspect prevailing conditions in all wards, including surgery, medicine, gynaecology, orthopaedic surgery, ICU, CCU and emergency.

Records related to pending government inquiries, patients complaints, and implementation upon government SOPs will also be collected and a detailed report of all this will be handed over to the Punjab CM directly after which a special package will be provided to these local hospitals to cope with all these shortcomings.

Bait-ul-Sukoon provides treatment to hundreds of cancer patients annually

MN Report

KARACHI - Medical Director, Bait-Ul-Sukoon, Dr Jawaid Mallick, said that the hospital has provided treatment to 12,237 in-house patients and 56,465 OPD cases. Around 14,879 patients received chemotherapy, over 3,522 radiotherapy and over 2,778 underwent lifesaving surgeries.

The Bait Ul Sukoon Cancer Hospital successfully provided treatment to 16,536 cancer patients entirely free of cost since its inception while the expenses per patient were around one million to two million rupees.

It was established in 1999 as a hospice.

Bait Ul Sukoon provides tertiary and palliative care to all cancer patients while chemotherapy, radiotherapy, surgery, symptomatic and supportive management, pain management, investigative procedures, blood transfusion, follow up care, boarding and lodging all are part of the patient welfare provided by the hospital.

Extensive numbers of in-house and visiting patients are being provided different medical facilities including OPD, Chemotherapy, Radiotherapy, Ultrasound, X-Ray, Pathological Laboratory, Mammogram and Surgical facilities. Besides, the hospital also has Breast and Psychological Clinics with modern treatment practices, he added.

He said that the budget requirement for fiscal year 2017-18 has been increased to meet its running expenses. Hospital needs Rs. 135 million during this period in order to provide healthcare facilities to non-affording patients. He said that Bait-ul-Sukoon is entirely a charitable hospital and situated near the Hill Park Karachi and has the capacity to treat 50 patients at a time at its three fully equipped floors.

Dr Jawaid said that a team of independent chartered accountants of Ford Rhodes, Sidat Hyder & Co audits the accounts of the institution and the board of trustees maintains transparent governance in hospital operations.

He appealed to philanthropists and to the general public to come forward and join hands for this noble cause by donating generously to help the deserving receive life-saving treatment which costs about one million to two million rupees.

Dr Masood Solangi transfers over differences with Secretary

MN Report

KARACHI - Project Director, Prevention and Control Program for Dengue in Sindh, Dr Masood Ahmed Solangi has been transferred from his post over differences with Secretary Health Sindh on political appointments.

According to the notification issued by Chief Secretary Sindh, Project Director, Prevention and Control Program Sindh Dr Solangi is transferred and posted with immediate effect and until further order as Chief Medical Officer (BS-19), Civil Hospital Karachi (CHK).

On the other hand, Dr Abdul Rasheed Shaikh, Senior Medical Officer (BS-19), presently posted as District Health Officer, Malir, Karachi, is transferred and posted with immediate effect and until further order as Project Director, Dengue Program, Sindh.

Sources at Sindh Health Department report that Dr Masood Solangi has been transferred from his post over his refusal to appoint politically-backed staff in program. Dr Solangi was appointed program manager in August 2015 and transferred from his post over difference with Secretary Health Sindh over political appointments in the program.

Construction of medical ...
Continued from page 03

not only improves the medical education standards in the province but that it will also benefit people by providing them treatment facilities at a local level. They said a score of students remain deprived of medical education in the province every year due to the shortage of medical colleges in the public sector. They said medical education in private sector colleges is very costly which students from lower income families cannot afford. They said construction of these medical colleges is expected to be complete in the end of 2017 if the provincial authorities release the funds on time.

Secretary Health Sindh, Dr Fazlullah Pechuho, was not available for comments.

PMA call for transparency ...
Continued from page 03

medical education in the province. It is advised to all of them that they should seek a meeting with the chief minister and raise this issue very forcefully showing their concern over this unscrupulous act. After all it is the matter of medical education and the future of health care in the province.

CHK management decides ...
Continued from page 03

administration has decided to remove political slogans, banners, pamphlets and flags of political parties from the premises of hospital on an urgent basis.

On the other hand, the doctors, especially female staff of the hospitals, say that political involvement in hospitals creates a strange environment, disturbing the professional environment for them.

Medical Superintendent, Civil Hospital Karachi, Dr Tahir Aziz Shaikh, was not available for comments.

More Chikungunya cases ...
Continued from page 03

in the city from June 12 to June 17, 2017 out of which 22 were reported from Malir, two from District East, 42 from District West, respectively.

A total 298 tested positive out of 246 blood samples sent to National Institute of Health, Islamabad for investigation.

The chikungunya virus is transmitted to humans by infected mosquitoes and the major symptoms include high fever, joint pain, joint swelling, rash, headache, muscle pain, nausea and fatigue.

He said chikungunya is rarely fatal, while the death rate of the disease-affected people is less than one per cent.

Gas supply to services ...
Continued from page 04

gas supply was disconnected over non-payment of outstanding dues of Rs.1.5 million and hospital administration had submitted Rs 0.6m for restoration of supply.

He said more funds are still needed to clear all outstanding utility dues to provide uninterrupted supply of gas. He said alternate arrangement has been made to run hospital affairs smoothly.

Sindh govt issues ...
Continued from page 04

The expected sites for pockets of chikungunya vector are nurseries, graveyards, lakes, ponds, swimming pools, tyre shops, water pumping stations, hydrants, construction sites, waste piles, and dumping areas. The department has established provincial implementation unit at Civil Hospital Karachi which may be contacted at any time for any type of technical support.

Burns centres in three districts ...
Continued from page 06

at the time of agreement with the organisation, which constructed the facilities. "All the units are currently run by general surgeons, who are deployed by the district headquarters hospitals where these are located. The posts of plastic surgeons and other dedicated staff are vacant," they added.

There are also 20 posts of nurses and 10 medical officers besides paramedics and auxiliary staff at the units. According to the plan, the wards were to operate 24 hours a day to receive critically burn and trauma-related cases and give them timely treatment.

The Peshawar-based hospitals that remain the ultimate destination of burn patients have been recording decline in patients coming from Mardan, Swabi, Nowshera and Swat where specialised plastic and burn units have become operational under qualified staff.

"However, the new facilities in Timergara, Chitral and Bannu are yet to fully cater to needs of patients despite having had well-equipped units, modeled after PIMS, Islamabad where a 20-bed unit with an operation theatre receives patients," said sources.

A 30-bed ward in Abboottabad is also without the services of plastic surgeon. Sources said that about 20 trained plastic surgeons were available in the province and they could develop those units into full-fledged facilities where critically cases could be treated.

Still, these units are effective in giving first-aid and treating the burns and trauma victims but they are short of the desired staff owing to which those couldn't handle serious patients, who are rushed to Peshawar.

No drinking water available ...
Continued from page 08

fit for consumption. He said the administration has installed two electric water coolers in the past to provide clean water to patients, attendants and medical staff but electric water coolers are non-operational since several months.

He said hospital administration has requested the Karachi Water and Sewerage Board (KWSB), for installation of new water supply line to provide clean drinking water to patients and medical staff. He said patients, attendants and medical staff have been compelled to buy water from the market due to unavailability of water in the health facility.

Medical Superintendent, Services Hospital Karachi, Dr Mehmood Qureshi, said a formal request has been sent to KWSB for installation of new supply lines to provide clean drinking water to patients and staff.

He said the underground boring water is highly contaminated and not fit for consumption.

He said special permission was required from Chairman District Municipal Corporation (DMC), Karachi South, for installation of new water supply lines to fill the requirements of the hospital.

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Intracranial Atherosclerotic ...

Continued from page 02

and non-atherothrombotic strokes. Another recent analysis on WASID patients has shown that severity of stenosis depends most strongly on lipid disorder but also has an association with diabetes and the metabolic syndrome. The study also highlights that the location of intracranial stenosis depends on different vascular risk factors suggesting that the underlying pathophysiology among different intracranial vessels may be different.

Clinical and Radiological Presentation of Stroke. Patients with intracranial atherosclerotic disease present with ischemic strokes in the territory of the affected artery. The mechanisms proposed in ischemia include artery-to-artery embolism, local branch occlusion, hemodynamic compromise resulting from progressive arterial narrowing, or a combination of these factors.

The radiological presentation of these strokes has been described in several studies. These presentations include cortically based infarctions, border zone infarctions and lacunes. Multiple cortical and subcortical infarcts have been reported in a study of patients with MCA stenosis, and this has been linked to presence of embolic signals on transcranial Doppler (TCD) exam of these patients. This finding suggests artery-to-artery embolism as the likely mechanism for this stroke subtype. Infarctions in the territory of MCA perforators have also been described in another magnetic resonance imaging- (MRI-) based study and the underlying mechanism proposed is atherosclerotic branch occlusion. Both internal and cortical border zone infarctions of the MCA territory are reported in literature to result from ICAD.With progressive narrowing of the large artery, there is a reduction in flow, and since this happens gradually, leptomeningeal collaterals form. When the compromise reaches a stage when these collaterals are insufficient tomaintain perfusion to the terminal areas, infarctions develop in these borderzone territories. Multiple lesions in the unilateral anterior circulation and small scattered lesions in one vascular territory are also related to large-artery atherosclerosis.

Natural Course and Clinical Prognosis. The natural history of stenosis secondary to intracranial atherosclerosis has been angiographically studied by Akins et al. Over a follow-up period of 26.7 months, they reported an increase in the degree of stenosis in the MCA-ACA-PCA group, whereas intracranial ICA stenoses remained stable. They also reported a 14% regression in intracranial ICA stenosis and a 28% regression in the MCA-ACA-PCA group. They concluded that intracranial lesions are dynamic and may progress or regress with time. A study byKwon et al., evaluating the role of cilostazol in ICAD, describes both progression and regression in these lesions. In a more recent study evaluating the role of cilostazol and clopidogrel in intracranial atherosclerosis, a total of 14% patients demonstrated lesion progression. ICAD has also been evaluated in terms of development of stroke in the territory of the diseased vessel. The risk of future ischemic strokes depends on whether the vessel is asymptomatic or symptomatic. This difference has been well studied in the WASID trial. Patients recruited in the trial, though symptomatic, also had asymptomatic stenosis in other arteries. When these patients were followed up, the 1-year risk of developing a stroke in the territory of these asymptomatic vessels was 3.5% (CI 0.8%-9%). In contrast to this, patients with ≥70% stenosis had a risk of 14% at one year for a stroke in the same territory and 19% for stroke in any vascular territory. Apart from severity of stenosis, recent symptoms and female gender also predicted risk of stroke recurrence in this study. A similar risk rate of 14% was reported from the GESICA (Groupe d'Etude des Stenoses Intra-Craniennes Atheromateuses symptomatiques) study.

A WASID substudy has identified that the presence of collaterals is a strong predictor of subsequent stroke in case of moderate-to-severe stenosis, but milder stenoses are more unstable and presence of collaterals in these predicts an increased risk of subsequent stroke.

Diagnosis. In patients with clinical suspicion of intracranial steno-occlusive lesions, accurate assessment of intracranial arteries is essential for optimal therapeutic decisions. The options for imaging patients with intracranial stenosis include noninvasive techniques such as transcranial Doppler or magnetic resonance angiography (MRA), such as contrast-enhanced (CE)MRA and CE computerized tomography CT. Catheter cerebral angiography, though invasive, is considered to be the gold standard for diagnosis of ICAD. The complication rates associated with the procedure performed by trained neurointerventionists have gone down significantly.

A recent review of six-year data based on 363 diagnostic angiographies reports a low complication rate of 0.3% and an even lower risk of stroke (0.03%). MRA is being proposed as a replacement for the gold standard, intra-arterial angiography. 3D time-of-flight (TOF) MRA is currently the most commonly used pulse sequence in the MR evaluation of intracranial arteries. It detects clinically significant stenotic lesions in intracranial vessels. The other potential field of application is to monitor the response of a stenotic lesion to antistenosis medications. Both TOF MRA and CE MRA have shown high accuracy for the detection of high-grade ICA stenosis and occlusions. CE MRA has some edge over TOF MRA. However, for moderately severe stenosis, both had only poor (TOF-MRA) to fair (CE MRA) sensitivity. Also, 3D TOFMRA can be restricted by factors such as susceptibility artifacts near the sphenoid sinus, limited scan range, limited spatial resolution, and flow signal intensity loss due to saturation or phase dispersion. The portion of intracranial vessels near the skull base and especially the paracavernous and supraclinoid segments of the internal carotid arteries are areas of frequent over and underestimation of stenosis due to the presence of dephasing artifacts. Some of these limitations can be overcome by use of CE MRA which is not flow dependant.

When 3 Tesla MRI is used, the sensitivity of TOF-MRA for >50% stenosis is reported to be 78%-85% with a positive predictive value 75%-79%, and for complete occlusions, the sensitivity and positive predictive values are in the range of 100% and 87%, respectively.

A recent paper by Arenillas has highlighted a new concept of intracranial plaque imaging using high resolution (3T) 3D TOF-MRA. This gives the advantage of characterization of plaque, detection of nonstenotic intracranial atheroma, and detection of intraplaque hemorrhage. This is yet to come into widespread clinical practice due to nonavailability and limited clinical value. However, it is interesting, because it characterizes lesser degrees of stenosis.

In a comparative study, the ability of helical CT angiography (CTA) to help detect and quantify intracranial stenosis and occlusion compared with DSA (digital subtraction angiography) and MRA was evaluated. CTA revealed higher sensitivity than MRA for intracranial stenosis (98% versus 70%, P < .001) and occlusion (100% versus 87%,
P = .02).

Transcranial Doppler, TCD is another noninvasive and easy to perform modality used for evaluation of ICAD. The stroke outcomes and neuroimaging of intracranial atherosclerosis (SONIA) trial showed that both TCD andMRA identify 50% to 99% intracranial large vessel stenosis with a significant negative predictive value. Therefore, both can reliably exclude the presence of intracranial stenosis though abnormal findings would require a confirmatory test such as angiography to reliably identify stenosis.

Table 2: Comparison of nonimaging modalities in the detection of intracranial stenosis.

Modality	Degree of stenosis	Sensitivity	Specificity	Limitations
Digital subtraction angiography				Invasive test; Procedure risk rate 0.3% for all complications; 0.03% for stroke [36]
MRA (TOF) [34] for ICA disease	50%–69%	57.9%	92.1%	Limited spatial resolution, flow signal intensity loss as a result of saturation or phase dispersion, susceptibility artifacts near sphenoid sinus, and over- and underestimation of stenosis due to dephasing artifacts
	>70%–99%	91.2%	88.3%	
	ICA occlusion	94.5%	99.3%	
	50%–99% stenosis	78%–85%	95%	
MRA (TOF) ST [37]	Occlusion	100%	99%	
MRA (CE) [34]	50%–69%	65.9%	93.5%	
	>70%–99%	94.6%	91.9%	
	ICA occlusion	99.4%	99.6%	
CTA* [39]	Stenosis†	88%	89%	
	Occlusion	100%	100%	
Transcranial Doppler Ultrasound [42]	>50% stenosis or occlusion			
	For MCA stem (M1)	90%–99%	90%–99%	High level of technical and procedural skill is required to obtain the best quality images. Reliable insonation of the posterior circulation is particularly difficult
	For intracranial segment (V4) of vertebral and basilar artery	70%–80%	90%–99%	
CDDF [41]				
Unenhanced‡	Atheromatous pseudo-occlusion	70%	92%	False negative rate 30%
Echo-enhanced PFI		83%	92%	False negative rate 17%
Unenhanced		95%	92%	False negative rate 5%
Echo-enhanced		94%	100%	False negative rate 6%

CDDF, Color Doppler assisted duplex imaging; PFI, power-flow imaging.
*Data are percentages using DSA as the reference standard.
†North American Symptomatic Carotid Endarterectomy Trial (NASCET) criteria were used for stenosis calculations: $(1 - D_1/D_2) \times 100$, where D_1 is normal diameter and D_2 is stenosed diameter. NASCET stenoses were grouped according to the following grading scale: normal (0%–4%), mild (5%–29%), moderate (30%–69%), severe (70%–99%), or occluded (no flow detected). Normal (0%–4%) and mild (5%–29%) stenosis were not considered diseased vessel segments and were excluded from analysis.
‡Unenhanced stenosis orange and gray cannot be increased high enough without the appearance of disturbing acoustic noise that diminishes the reliable depiction of orthograde flow signals.

Yet, another study shows that advanced ultrasonographic techniques like power-flow imaging and color Doppler-assisted duplex imaging with and without contrast have a better yield for near-occlusion and complete occlusion detection. Available noninvasive imaging modalities and their sensitivity and specificity of detection with respect to degree of stenosis is enlisted in Table 2.Overall, noninvasive imaging modalities have a high negative predictive value in detecting intracranial atherosclerosis. The gold standard for confirmation of the diagnosis remains intra-arterial angiography.

Treatment of Atherosclerotic Intracranial Stenosis

Medical Management. The medical management of intracranial atherosclerotic disease has been evaluated in several trials over the past decade. There is no data on primary prevention of strokes in patients with asymptomatic stenosis.

The effectiveness of Aspirin in secondary prevention of ischemic strokes is irrefutable. Since international stroke trial-IST and chinese acute stroke trial-CAST, it is the standard of care. For intracranial atherosclerotic strokes, it has never been tested in isolation, but extrapolating from this data, the benefit spans across all stroke subtypes.

For secondary prevention, anticoagulation with warfarin was shown to be less safe and equal in efficacy to aspirin in the WASID (warfarin versus aspirin in symptomatic intracranial disease) trial. WASID was stopped early after a mean followup of 1.8 years because of higher rates of death and major hemorrhage in the warfarin group. The rates of myocardial infarction or sudden death were also higher in the warfarin group. The primary end point of ischemic stroke, brain hemorrhage or vascular death, occurred in 22.1% of patients in aspirin and 21.8% of those in the warfarin group. Before WASID, it was thought that patients with vertebrobasilar disease might benefit from warfarin, but the study failed to show a significantly lower rate of primary end point or stroke in the group on warfarin, suggesting that there is no clear evidence for supremacy of warfarin over aspirin for patients with vertebrobasilar stenosis either.

Efficacy of other antiplatelet agents has been evaluated in several other trials, and aspirin/extended release dipyridamole is recommended over aspirin for secondary prevention of all ischemic strokes. Clopidogrel was also shown to be superior to aspirin for composite vascular end points. Therefore even though not subtype specific, there is a role for these agents in ischemic strokes. Another more recent study (prevention regimen for effectively avoiding second strokes-PRoFESS) has shown similar stroke recurrence rates in patients with various underlying causes of stroke and in a subset of patients with large artery atherosclerosis when treated with clopidogrel alone versus a combination of aspirin/extended release dipyridamole.

Remaining part of this study would be publish in July 15-30 Edition.

Karachi's medico-legal system severely lacking

MN Report

KARACHI - With only three medico-legal centres operational in a city that has a population of more than 20 million and the highest crime rate in the country, there is a dire need to strengthen the medico-legal system in Karachi.

The annual budget of the entire medico-legal section of the health department stands at not more than Rs0.7 million, while no medical equipment is being provided to officers to perform their daily services.

In Karachi alone, more than 25,000 cases are handled by medico-legal officers (MLOs) in a year in the three major healthcare facilities of the city. The health department is responsible for providing medico-legal facilities in nine sub-stations established at all the general hospitals in Sindh. However, due to a lack of infrastructure, trained doctors and staff, the patients seeking medico-legal certificates only have the option to visit Civil Hospital, Karachi, Jinnah Postgraduate Medical Centre (JPMC) or Abbasi Shaheed Hospital.

The overall shortage of doctors in the province has started reflecting on medico-legal services of the health department, which will most likely collapse, said a senior doctor serving at a medico-legal centre in Karachi.

"Medico-legal services are an integral part of prosecution," said Additional Police Surgeon Dr Rohina Hasan, while speaking to media about the importance of MLOs. She added that they provide medical services for the legality of the cases. "Although the medico-legal section is a part of the Sindh government's health department, its primary objective is to help the police department in their investigations," she said.

According to Dr Hasan, unnatural deaths or injuries are referred to the medico-legal section, as the MLOs decide about the nature and cause of injuries in assaults, road accidents and poison or bullet inflicted injuries or deaths. "Had there been no medico-legal services, no one would get justice and bodies would not even be released, [as medico-legal formalities would not be completed]," Dr Hasan added.

Medical examinations of patients are conducted at medico-legal centres, from where medico-legal certificates are issued. Besides this, MLOs are also responsible for conducting post-mortems and exhumations, issuing death certificates and, at times, appearing before a court to give statements.

According to Dr Hasan, the medico-legal section in all the three major hospitals is so understaffed that they do not have replacements when one of the doctors goes on leave. Currently, she said, no specialised qualification is required to become an MLO. She said that training of six months under senior doctors after the completion of MBBS is enough for them to start working as an MLO.

The medico-legal section works under medical jurisprudence law and relevant MLOs conduct autopsies and exhumations under the Pakistan Penal Code (PPC). They issue certificates based on different sections of the PPC, depending on the nature of the injuries inflicted on the body, explained one of the senior medical officers working at JPMC.

Apart from Karachi, casualty medical officers have the power to issue medical certificates and provide medico-legal services, which do not fall under the jurisdiction of the police surgeon of Sindh. Currently, there are no permanent police surgeons in the province. However, an additional police surgeon is acting as a police surgeon and has drawing and dispensing powers.

According to a female medico-legal officer (MLO), as per the Supreme Court's ruling of 1996, all female victims will only be examined by female doctors and staff. However, due to the non-availability of female staff in the medico-legal section, the post-mortems of female victims are conducted by female MLOs in the presence of male staff.

There are only nine sanctioned posts of female MLOs in Karachi, whereas the working force has decreased to five. Out of these sanctioned posts, four are for senior MLOs of BPS-18 and five of BPS-17. The existing hierarchy and sanctioned posts to provide medico-legal facilities at public hospitals were approved more than 30 years ago when the crime rate and population were relatively very low.

Currently one of the doctors is on medical leave, leaving behind only four female MLOs for the entire city. Other than this, there are no female MLOs available to work in the night shift due to a shortage, due to which female patients are left unattended.

Out of four female MLOs at government hospitals, one is serving at the JPMC while three are serving at Civil Hospital, Karachi. Abbasi Shaheed Hospital, which is one of the major public hospitals in the city, does not have any female MLO and a grade-19 additional police surgeon has been performing duties instead of a female MLO. In the absence of the additional police surgeon, the patients and bodies are referred to Civil Hospital, Karachi or JPMC.

Police surgeon Dr Aijaz Ahmed Khokhar told media that the sanctioned strength should be doubled. According to Dr Khokhar, out of the total cases that they receive at the medico-legal facility, 30% cases are of female victims that are attended by only three female MLOs in Karachi. Out of 71 sanctioned posts of male MLOs, 31 are vacant, which has resulted in late and delayed provision of medico-legal facilities, Dr Khokhar said.

An official health department told media that the shortage of doctors in the province has resulted in a lack of applicants to fill the vacant positions in the medico-legal section. However, he said, through appointment of medical officers, this long-pending problem will be resolved in the upcoming few months.

Interviews for CPSP training

MN Report

LAHORE - Interviews are being conducted under the scheme of CPSP-England International Training Programme (ITP) for the UK in 26 various specialties, including general surgery, pediatrics, medicine, Neuro surgery, radiology, cardiac surgery, plastic surgery, gynaecology and pathology.

According to a press release issued, under this scheme, the trainee doctors after completion of their specified two years training in England will come back to Pakistan and serve the nation. Around 100 trainee doctors; 18 from Karachi, 37 from Islamabad and 45 from Lahore, have been invited from across the country.

Salman Ali, senior vice-president, CPSP, said Pakistani doctors were an asset to the country. After gaining the modern knowledge and training from abroad, the young doctors will return and serve the local masses in the country. The CPSP is putting in its best efforts to provide the standardised facilities

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Naegleria claims another life in Karachi

MN Report

KARACHI - Naegleria Fowleri has claimed another life in Karachi, raising the death toll from brain-eating amoeba in Sindh province to three this year.

Focal Person for the Naegleria Control Committee, Dr Syed Zafar Mehdi, confirmed that a 29-year-old man, Ali Amjad, resident of KDA Scheme-1 Karachi and he was teacher at Foundation Public School. He was history of spending of four nights in private marriage lawn for worship.

He said Ali Amjad was admitted in private hospital on June 25 with high-grade fever with drowsiness where he was diagnosed Naegleria and died on June 28. He said this is the third death from Naegleria fowleri, commonly known as the 'brain-eating' amoeba, out of which two were reported from Karachi and one from District Tando Allahyar.

Earlier, A 23-year-old man, Asim, Son of Hasan, a resident of

Continued on Page 14

50 doctors to leave for training in Ireland

MN Report

ISLAMABAD - The College of Physicians and Surgeons Pakistan has finally selected 50 young doctors who are going to leave for Ireland for two-year training under a Scholarship Exchange Programme between Health Services Executive Ireland and CPSP.

This is the fifth batch of postgraduate trainees being sent to Ireland under the scholarship programme between CPSP and HSE/Royal College of Ireland. The PG trainees leaving for Ireland would get training in as many as eight specialties including General Medicine, General Surgery, Paediatrics, Obstetrics and Gynaecology, Emergency Medicine, Psychiatry, Ophthalmology and Anaesthesia.

It is important that as many as 290 postgraduate trainees registered with the CPSP have already completed training in seven specialties in Ireland under the Scholarship Exchange Programme while as many as 75 young doctors are on training in Ireland.

In Ireland, Pakistani PG trainees are registered with Irish Medical Council and are getting a stipend equivalent to that of local trainees of Ireland and it amounts to over 3000 Euros.

The World Health Organization has already termed this scheme as the best scheme between the developing countries and it is being termed as 'brain gain' versus brain drain as under the exchange programme, hundred percent trainees returned to Pakistan after two years training under strict CPSP Policies and rules.

Councillor and Regional Director of CPSP at Regional Centre, Islamabad Professor Muhammad Shoaib Shafi expressed this while talking to the media.

He added that the PG trainees being sent to Ireland would be able to learn modern methods of practice in advance developing countries in all the eight specialties. This type of cooperation between CPSP and Ireland is authorized for only CPSP PG trainees and does not involve any University program of MS, M.D or M. Phil, he said.

It is worth mentioning that the first batch of doctors comprising 93 PG trainees went to Ireland under the scholarship programme in July 2013.

Royal College of Surgeons and Health Services Executive Ireland approved extension in its HSE-CPSP scholarship program in 2015 that opened more opportunities for PG trainees registered with the CPSP. In a briefing given to PG trainees before leaving for Ireland, senior level CPSP office bearers asked the young doctors to promote their culture and norms in the host country and help improving image of Pakistan in Ireland, Professor Shoaib relayed.

Patients suffer as PIMS faces critical staff shortage

MN Report

ISLAMABAD - Around 900 posts in the Pakistan Institute of Medical Sciences (PIMS) have not been filled for many years, causing problems for patients at the crowded hospital.

According to the available information, Basic Pay Scale-17 vacant posts at the hospital are: dieticians, assistant electronic medical engineers, assistant engineers, medical officers, assistant anaesthetists, assistant dental surgeons, pharmacists, physiotherapist, head nurses, nursing supervisors, medical officers, cardiology and cardiac surgeons, perfusionists, nutritionists, assistant electro medical engineers, hardware engineers and social welfare officers.

Beside this, 11 principal technicians of BPS-17 are required for various laboratories and sections, including the Pathology Lab, the Radiology Section, Physiotherapy Section, Operation Theatres, Anaesthesia and in the Pharmacy.

The hospital also required 14 chief technicians in BPS-16 in its various sections including the Pathology Lab, Radiology, Cardiology, Physiotherapy, Operation Theatre, Anaesthesia, Sterilisation and Pharmacy sections.

The information suggests that the institute also faces a shortage of 191 charge nurses. It also faces a shortage of senior MRI technologists, bio medical engineers, instructors, ECG supervisors, senior lab technologists and stenographers.

Beside the above mentioned posts, the hospital also needs other employees, including stenotypists, statistical assistants, draftsmen, sub engineers, medical record keepers, assistant librarians, cataloguers, sanitary inspectors, data entry operators (DEOs), computer operators, projectionists, receptionists, telephone operators, cashiers and lower division clerks (LDCs).

Requesting anonymity, a PIMS official said that an average of 7,000 to 9,000 patients arrived daily in the hospital for treatment in its emergency section, outpatient department (OPD) and children's ward.

"Currently, the hospital has around 2,000 employees, including medical and paramedical staff. This is not enough to deal with the number of patients that visit the hospital," he said.

Last month, the nursing staff of PIMS had staged a demonstration to protest against staff shortage. They had said that staff shortage had increased their workload. "The government also does not pay anything in return for the extra services," they had said.

According to these nurses, they had to look after 30 to 40 patients in the general ward every day. Internationally, a nurse usually looks after eight patients. Likewise, there should be one nurse for one patient in critical care. "However, each nurse is looking after eight critical patients in the intensive care units," the protesters had said.

Moreover, the hospital has also halted the process of hiring new staff. Last year, it had initiated the process of inducting 250 nurses

and some other medical and paramedical staff. The management had also conducted a test under Open Testing Service (OTS). However, the interviews were later cancelled.

An official privy to the matter said that the PIMS administration had intentionally delayed filling up vacant posts after employees' unions had expressed concerns over their status.

PIMS is attached to the Capital Administration and Development Division (CADD). In a letter, the Establishment Division (ED) had ordered the merger of PIMS into Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU). According to the letter, newly-appointed employees were to be considered as temporary employees.

"All official matters of PIMS will be dealt under the supervision of the university [SZABMU]. The employees who will be appointed under OTS are considered contract employees of the university," reads the letter.

"Following the directions from ED, the unions' representatives then requested CADD and PIMS to suspend the interview," the official said.

When contacted, SZABMU Vice Chancellor Dr Javed Akram admitted that the process of hiring new staff had been halted. He, however, said that the appointments had not been cancelled. "They have been stopped temporarily and the process will hopefully be resumed in coming week," he said.

Sindh govt to open central blood bank in Karachi

MN Report

KARACHI - Sindh Government has decided to establish a Central Blood Bank in Karachi to cater blood need of the city's hospitals and centre will be opened for public in first week of August.

Director Health Services, Karachi, Dr Muhammad Taufiq, informed that Sindh Health Department has decided to set up a Central Blood Bank in Karachi to provide safe blood transfusion facilities throughout the city. He said all arrangements have been finalized and necessary equipped has been purchased for storage of blood bags.

He further informed that there was storage capacity of 30,000 to 40,000 blood bags at Central Blood Bank and centre will be opened for the general public in the coming month. He said the blood bank would be linked with major hospitals of the city.

He further told media that the blood bank

Continued on Page 14

Rs4.71 billion has been ...

Continued from front page

Rs3.76 billion for Children Hospital and Rs300.20 million for Dental Hospital Lahore.

Likewise, Rs4.71 billion has been earmarked for small hospitals in the provincial capital which includes Rs760.56 million for Nawaz Sharif Hospital, Rs850.12 million for Kot Khawaja Saeed Hospital, Rs650.76 million for Government Hospital Shahdara, Rs650.60 million for Lady Willingdon Hospital and Rs410.49 million for Lady Aitchison Hospital.

Deplorably, there are only seven noteworthy hospitals in southern Punjab when compared with 15 large hospitals and medical colleges in Lahore and the sum earmarked for provision of medical facilities to people of southern Punjab is less than half of the sum allocated for the Punjab's provincial capital i.e. Rs17.75 billion.

The acquired stats narrate that Shehbaz-led Punjab govt. has allocated Rs5.95 billion for Bahawal Victoria Hospital-Bahawalpur, a total amount of Rs4.16 billion for Nishar Hospital and Nishtar Medical College Multan, Rs1.17 billion for Children Complex Multan, Rs1.59 billion for Multan Institute of Cardiology, Rs280.97 million for Multan Institute of Dentistry, Rs2.76 billion for Shaikh Zayed Hospital RY Khan and Rs1.80 bn for DG Khan Medical College.

Specialised Healthcare Minister Khawaja Salman Rafique, while presenting Punjab govt's stance, told media that no attention was paid on provision of medical facilities to residents of southern Punjab in the past.

"Current govt. has initiated work on construction of multiple hospitals and medical colleges in southern Punjab. Health and medical facilities are going to improve significantly in the area after completion of these projects whereas budget for the said facilities is likely to surge," added Rafique.

Residents of southern Punjab are compelled to consult basic and rural health units as there exists no notable hospital or medical college across Southern Punjab apart from the aforementioned hospitals. These basic and rural health units in southern Punjab too lack basic facilities.

KE to provide free ...

Continued from front page

NICVD, said, "The support from K-Electric, besides providing uninterrupted power supply, will also help us extend free-of-cost cardiac treatment to deserving patients at our Gulshan facility. We request other corporate sector organizations to follow the footsteps of K-Electric and extend support to organisations providing healthcare services."

Earlier this year, the KE partnered with Husaini Hematology and Oncology Trust to further enhance reliability of power supply of the trust's emergency centre. Last year, the power utility strengthened the power supply to the Jinnah Postgraduate Medical Centre (JPMC) with the installation of an additional feeder.

The KE also installed a new 40 MVA power transformer at the Aga Khan Grid Station and an upgraded 400 KVA dedicated PMT at Layton Rahmatulla Benevolent Trust (LRBT) Eye hospital located in Korangi.

Earlier, the utility partnered with Kashif Iqbal Thalassemia Care Centre (KITCC) for the installation of a dedicated 150 KVA PMT.

The KE, under its Social Investment Programme (SIP), reaches around 3.9 million lives annually through 15 partners, including the SIUT, TCF, Indus Hospital, LRBT, The Kidney Centre and SOS Children's Village among others.

New book highlights ...

Continued from front page

While delivering a lecture on his practice at the launch Dr. Raja said, "Being a Surgeon isn't easy. Every day surgeons must battle to salvage patient life, dignity and well-being in harsh environments.

"They must consider the complexity of medical professionalism, primacy of patient welfare, the duty of care, reflective practice, value judgments, conflict of interest, patient advocacy, justice and much more."

Speaking at the book launch, AKU President Firoz Rasul said the book will guide new surgeons and practitioners as they develop and refine their sense of professionalism and ethics. "The book is one every surgeon can learn from, and one readers can enjoy even if they don't know an Intensive Care Unit (ICU) from a High Dependency Unit (HDU)," he said.

President Rasul said although Dr. Raja is at the centre of his book, "Being a Surgeon is the furthest thing from self-centred. "Instead, it is a call to put the patient first, always. It is a call to remember that human dignity is the fundamental premise of our profession.""

Dr. Raja traces his life as a surgeon from his early career days as a young doctor struggling with the death of a patient, asking "What does it mean to be a surgeon?" He also talks of his practice in the United Kingdom, questioning the decision of a superior and confronting racism.

In the end, the book intends to help surgeons and other stakeholders around the world make a difference in the care of surgical patients. It guides trainees and instructors to improve the culture and practices of surgery, urging them to fight the onslaught of institutionalized dehumanization in medicine. It calls for a plunge into the full, holistic complexity of the surgical discipline by exploring and cultivating every facet of the surgeon's role. The book will be invaluable to instructors as they create methods of mentorship that nurture and support young practitioners by teaching them to cultivate their moral sense.

HIV cases continues ...

Continued from page 07

number shot up to 23. In 2011 the number went up to 56, in 2012 the number reached to 123, in 2013 the number came to 195, 290 were registered in 2014, in 2015 as many as 298 were registered, in 2016 the number came to 444 and so far 169 patients have been registered in 2017. Out of these total patients, as many as 173 have also been infected with Hepatitis C out of which 156 are males and 17 females. As many as 21 other patients have also been affected by Hepatitis B out of which 17 are males, three females and one transgender. 72 patients are on anti-kock treatment out of which 63 are males and nine females.

Dr. Ghulam Shabir Shaikh, Associate Professor of Pathology, Shaheed Mohtarma Benazir Bhutto Medical University (SMBBMU), Larkana that there are only seven qualified pathologists in Larkana who cannot check or supervise each & every blood bank and laboratory. He said that Government has posted Blood Transfusion Officers but they too cannot render their services properly due to political involvement hence contaminated & unscreened blood is being supplied to the patients without any check or proper screening which need to be curbed.

He said another cause of rise in HIV cases is unsafe sex, reuse of syringes by quacks and Intravenous Drug Users (IDUs) which have never been controlled. He said irony is that there is no government blood bank in the hospital which is unbelievable.

He said costly incinerator is also not working in Chandka Hospital due to which entire government & private hospital waste is thrown in the open space from where viral diseases also spread causing serious health hardships for the citizens.

Free dental camp ...

Continued from page 08

academic excellence and perfected community health delivery in a very short span of time, a feat which could only be achieved by keen zeal & zest.

Prof Saeed Quraishy said that Dow University was established with the vision to provide quality education to produce leadership in health education and healthcare delivery by imparting knowledge through excellence in research and education.

Later, Dr Asher Afaq offered vote of thanks.

Interviews for CPSP training

Continued from page 12

in medical profession so that the internationally-trained doctors could discharge their duties and meet the shortage of specialist doctors in health sector. More than 300 doctors have already been trained in Ireland under CPSP-HSE Ireland MTI programme.

The return of the doctors to home after completing two years training in Ireland/England is mandatory.

An English delegation comprising Dr Mike Hullissey, Dr Phill Bright and Dr Javid A Khayani are interviewing the candidates. They said the standard of CPSP trainee doctors was very high.

They said that trainee doctors will be provide with all possible facilities for the completion of their training in English hospital. Prof Khalid Masood Gondal, DGIR, CPSP, Prof Mahood Ayyaz, Prof Amir Zaman, Prof Muhammad Tayyeb and Prof Ghulam Mustafa Arain were also present in the interviews.

Naegleria claims ...

Continued from page 12

Haji Muhammad Ismail Magsi Goth, District Tando Allahyar, died of brain-eating Naegleria Fowleri in private hospital of Karachi in April 2017. Similarly, a 55-year old man, Sohail Tabbasum died of Naegleria Fowleri in Karachi last week.

Health experts said Naegleria fowleri is a brain-eating amoeba that enters through a person's nose and starts consuming brain tissue. The amoeba loves warm water and can survive in temperatures as high as 46 degrees. Fresh water bodies such as ponds, lakes, swimming pools, as well as underground and overhead tanks are the most common points.

The Naegleria has a fatality rate of more than 98 percent. It is transmitted when contaminated water enters the body through the nose and cannot be passed person-to-person. The amoeba travels from the nasal membranes to the brain. Symptoms are initially very mild, including a headache, stiff neck, fever and stomach pain. Death usually occurs five to seven days after infection.

Sindh Govt to open central ...

Continued from page 13

He further told media that the blood bank will be equipped with blood processing, screening, testing, component preparation and storage facilities. He said safe and screened blood will be ensured to a score of patients every day through centralized blood banking system run under Director Health Services Karachi.

Dr Taufiq said Sindh government run Central Blood Bank will help to control spread of fatal diseases caused due to unsafe blood provisions every year. He said provision of state-of-the-art health facilities is the prime responsibility of the government and the health department was striving hard to improve patient care across the city.

OTSUKA HEALTH SESSION

Nutrition and balanced electrolytes critical for recovery: Dr Khalid Rasheed

MN Report

KARACHI - Dr Khalid Rasheed, Assistant Professor of Surgery at JPMC, was chief guest on the occasion of the lucky draw on Jimmy's message "don't prick IV bottle because it can spread hepatitis". Dr Khalid said that electrolytes and proper nutrition are extremely important following surgical procedures. He said that malnutrition is big problem and creates life threats in the recovery room after surgical procedures. He said that malnutrition is responsible for the cause of TB, osteoporosis and many other deadly diseases. He suggested that training of paramedical staff and junior faculty member is also very important.

Dr Khalid said that ignorance and malpractices are also a great cause of our problems. He appreciated the efforts of Otsuka Pakistan and acknowledged the role of the saviour club. Dr Khalid acknowledged the services and products of Otsuka Pakistan. He appreciated the new initiatives taken by Otsuka Pakistan and said that prescription with brand name can help the patients to receive quality products. He said that substandard products, especially when it comes to IV infusion, are also a cause of poor practice.

Head of Sales Khalid Muneer said that Otsuka is largest IV solutions manufacturer worldwide.

Mr Muneer said that Otsuka is the only Japan-based multinational IV solution manufacturer. He said that our quality policy is monitor by Japanese professionals, and further said that our product is of international standards.

Marketing Manager M Arshad Khan said that Otsuka team initiate a campaign in early 2000 with the support of wel- known social worker Jimmy Engeneer who was himself a hepatitis patient .

Mr Khan said that savior club create awareness across the country and now more then 5000 member playing their role to combat the deadly disease.

Lastly Dr Khalid perform lucky draw and Dr Abid Riaz of Rahim Yar Khan declared the lucky winner. while 15 others also won the gift hamper.

Eid milan gathering at Dow University

MN Report

KARACHI - An Eid-milan gathering was held at Principal Secretariat, Dow Medical College, Dow University of Health Sciences (DUHS). It was aimed to exchange Eid greetings and provide an opportunity for the faculty to begin the work with a renewed vigor and vitality.

Prof Muhammad Saeed Quraishy, Vice Chancellor, DUHS, shared the Eid greetings with all the faculty members and the administrative staff of the university. The gathering was largely attended by the Prof, Khawar Saeed Jamili, pro-vice chancellor, Prof, Mohammad Masroor, pro- vice chancellor, Prof, Amanullah Abbasi, registrar, beside Head of constituent Intuitions including Dow Medical College, Dow International Medical College, Dr Ishrat-ul-Ebad Khan Institute of Oral Health Sciences (DIKIOHS), Dow International Medical Sciences (DIMC), Institute of Medical Technology (IMT), Institute of Physical Medical and Rehabilitation (IPMR) and GPs of Civil Hospital, Karachi and Administrative Staff of the University.

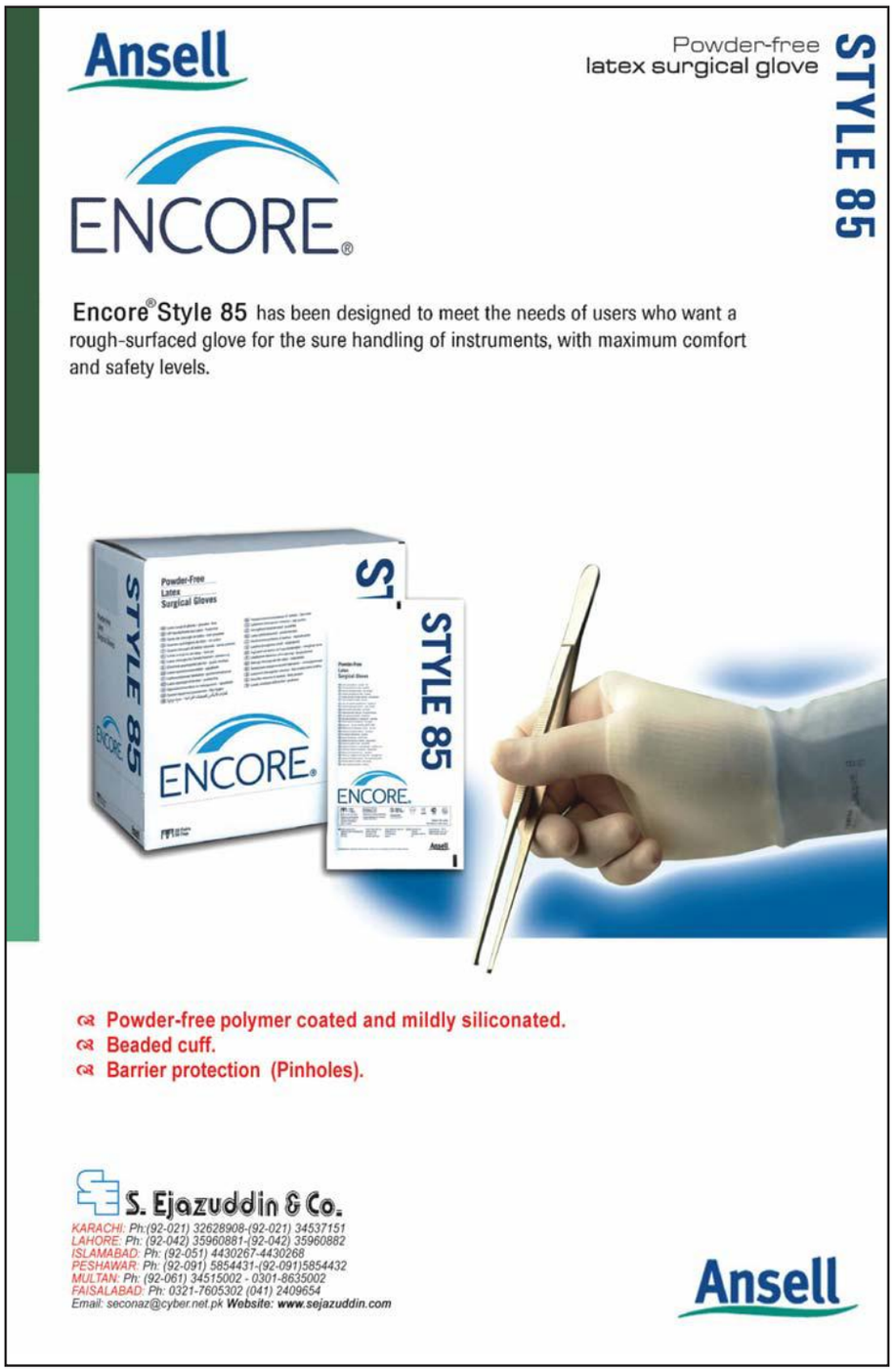
11 more dengue cases surface in Karachi

MN Report

KARACHI - Eleven more dengue fever cases were reported in Karachi city, taking the patients toll to 338 in the city since 1st January 2017.

report issued by Prevention and Control Program for Dengue in Sindh, as many as fever cases surfaced in the city June 19, to June 25, 2017. A total 350 dengue fever cases were reported in Sindh province so far, out of which 338 in Karachi, five in Hyderabad, five in Tharparkar or Mithi and two in Umer Kot, respectively.

In Karachi, out of the 11 dengue fever cases, three were reported from District Malir, two from District Central, one from District South, four from District West and one from District East , respectively.



Preventive strategy is the best option to control Hepatitis and other communicable diseases in Pakistan when we are facing problems like poverty and illiteracy.

Do not prick IV infusion bottle campaign has been very effective with the result that pricking of IV infusion bottles has decreased. **Dr. Sumbul Sohail** (Associate Professor of Gynecology at KMDC/Abbasi Shaheed Hospital Karachi) appreciated the efforts of Otsuka Pakistan to create awareness regarding these dangerous practices and urged other manufacturers to come forward and play their role in this noble cause.

She also appreciate Otsuka services in providing local data on needlestick injuries to healthcare providers in printed form and wall mountings besides provisions of syringe cutter in various hospitals of the country.

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Q 2. _____ *is the brand name of Lactated Ringer's Injection of Otsuka.*

Send your answers now to **Otsuka** and participate in the next draw.

Doctor's Name: _____ **Tel. No.** _____

Address (Hosp/Clinic) _____

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Lucky dip conducted by:

Dr. Khalid Rashid
Associate Professor of Surgery
Jinnah Post Graduate Medical Centre/Jinnah Sindh Medical University, Karachi on 20th June 2017.

Winners of 15 Consolation Prizes:

Dr. Name	Clinic / Hospital Name	City Name
Dr. M. Atiq	DHQ Hospital	Mardan
Dr. Irum Bader	Al Barkat Hospital	Pir Mahal T.T. Singh
Dr. Abdul Majeed		Taunsa
Dr. G.M. Chawla	Nasar Pur Road	Tando Alla Yar
Dr. Shagufta Rehman	Wapda Hospital	Rawalpindi
Dr. Shehzad Saleem	Suzuki Hospital	Kotri
Dr. Tariq Awan	Block - 25	Sargodha
Dr. Asghar Ali	Awami Hospital	Jacobabad
Dr. Prem	Ghonshan Clinic	Hyderabad
Dr. Syed Rabia	DUHS	Karachi
Dr. Syed Asad Ali Shah	DHQ Hospital	Mardan
Dr. Munesh Kumar	Kanwal Clinic	Kotri
Dr. Shahzad Ahmed	Noorani Medical Centre	Karachi
Dr. Haroon Afridi	Valley Hospital	Rawalpindi
Dr. Gotam-L-Bottani	Lucky Clinic	Kotri

You have just missed best of luck next time

* This quiz is valid for four months only.

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