

# Medical News

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Independent  
Medical Periodical from  
Karachi

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## Coronavirus cases can cross million mark by July 31: Asad Umar

### MN Report

**ISLAMABAD** - Minister for Planning, Development and Special Initiatives Asad Umar has said the tally of novel coronavirus cases across the

The minister said by mid-June, the number of cases had reached around 150,000. "Based on current pace of cases, the number of confirmed cases can reach 300,000 by

precautionary measures. "A number of times same message has been given from the platform of NCOC," he said. Two weeks after easing the lockdown restrictions, the



country may double within next two weeks and can reach 1.2 million cases by the end of July.

the end of current month and will reach one million to 1.2 million by the end of July," he said while addressing a briefing at the National Coordination and Operation Centre (NCOC) recently.

"However," he added, "the good news is that it is in our hands to control the spread of disease and we can do it by following the Standard Operating Procedures (SOPs)."

While rejecting the recommendation of a complete lockdown to slow down the spread, the minister said Prime Minister Imran Khan had a number of times appealed to the masses to adopt all

government on May 30 declared the wearing of masks at public places mandatory. "In May, we made the wearing of masks mandatory, because according to studies masks can reduce the spread of virus by 50 per cent. We should wear masks at offices, factories, markets and in public transport. It is responsibility of the government to care about the masses and that is why we have been pushing people to wear masks," he said.

Mr Umar reiterated that it was not possible for the authorities to enforce complete lockdown across the country and that's why the government had to introduce a policy of Tracing, Testing and Quarantine (TTQ).

**Continued on Page 08**

### CORONAVIRUS IN PAKISTAN

CONFIRMED CASES  
**2,06,510**

REPORTED DEATH  
**4,167**

SINDH

**80,446**

PUNJAB

**74,778**

ISLAMABAD

**12,643**

BALUCHISTAN

**10,376**

KHYBER PAKHTUNKHWA

**25,778**

GB/AJK

**1,442/1,049**

RECOVERED CASES

**95,407**

\*Stats as of 29 June, 2020 - 09:20am, Provided by Ministry of National Health Services Regulations & Coordination, Government of Pakistan

### THE 'BREAKTHROUGH COVID-19 DRUG'

**Experts will evaluate the use of Dexamethasone: Dr Zafar Mirza**

### MN Report

**ISLAMABAD** - Special Assistant to the Prime Minister on National Health Services, Dr Zafar Mirza recently said that a team of experts will evaluate the

Dexamethasone

3.3 mg/ml Injection

3.3 mg in 1 ml

10 ampoules

IV, IM, SC, intraarticular, intrabursal or intralesional use

3.3 mg in 1 ml

use of Dexamethasone as a treatment for critically ill COVID-19 patients after reports that the steroid had provided successful clinical trial results in initial phases of testing.

In a series of tweet, Dr Mirza pointed out that the World Health Organization

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## Letter to the Editor

### Front-Line Healthcare Women Professionals of Pakistan Regarding COVID-19

Dear Editor,  
We, the frontline women health care workers, medical students, nurses and doctors of Pakistan are here to share our expert opinion about the COVID19 pandemic. In our role as women in science, we are making these recommendations for the public as well as policymakers and government.

For all Pakistanis, who are struggling financially and emotionally please understand that COVID19 is real and needs us all to be working alongside each other rather than against each other, to get through these dark times. This virus has disrupted everyone's lives and taken away many loved ones and is difficult, so please:

1. Trust and respect your healthcare providers. We are here to help you while we are risking our lives. These are challenging times and not being able to meet with your loved ones or be near them as they pass is no less than a calamity. The chances of this can be decreased by following the precautions outlined. Please know that your healthcare providers are helping you, risking their health while trying to protect you. Breaking equipment, verbally and physically threatening helps no one.

2. Please follow SOPs and regulations. These are there to help you from getting infected yourself and spreading it to others. Avoid leaving home by possibly using the phone and online services. If you must, kindly refrain from overcrowding shops and other public places. Wash your hands before leaving and after returning. Every trip outside is a risk to you and your fellow citizens.

3. Always wear a mask to cover your nose and mouth, when out in public. Do not touch your eyes, face, nose, or mask. Please do not pull your mask down below your nose- that makes it ineffective. If you have a reusable mask, wash your mask daily.

4. If you have a fever, cough, difficulty breathing, self-isolate- do not hide your diagnosis. Accept and help people with COVID19 get medical care and safely isolate at home- do not ostracize or throw them out of their flats. We are all in this together

5. Believe only authentic sources of information from Infectious Diseases experts.

6. Accept the fact that the pandemic is real. The patients getting infected are real and this disease can cause death. This is not a hoax. The essential reasons to leave the home are Essential jobs, buying medicine. groceries (if not possible online, assign 1 person from your household to go every time).

We all are in this together!

From our civil services, police, local and federal governments. We ask for:

1. Re-Implementation of a physical lockdown in Pakistan until the new cases start to plateau out. Enable and facilitate e-commerce where possible and for daily wagers government should ensure door to door supply to them of essentials (instead of crowded distribution areas). Current 'smart' lockdown is just

**Continued on Page 08**

# PMA condemns firing on a doctor at NICVD

## MN Report

**KARACHI** - The Pakistan Medical Association (PMA) has strongly condemned the horrible firing incident that happened on the premises of the National Institute of Cardiovascular Diseases (NICVD), which resulted in a doctor getting injured and created panic in the doctors' community across the Sindh province.

Secretary-General, PMA Centre, Dr S M Qaisar Sajjad, President, PMA Sindh, Dr Mirza Ali Azhar, and General-Secretary, PMA Karachi, Dr Abdul Ghafoor Shoro expressed these views, in an urgent press conference held at the PMA House Karachi. They said that nowadays, doctors are treating their patients by putting their own lives at risk. They are under tremendous stress considering not only their workload but also the circumstances in which they

are compelled to perform their duties like unfavorable conditions, lack of security, scarcity of medicines, and above all, the hostile attitude of the patients' attendants.



A horrible incident occurred at the NICVD when a patient came to the Emergency Department of the NICVD and asked about the doctor who was in the OPD the previous night. He had some altercation with that doctor last night, probably after the doctor refused to provide the pills he requested. Dr Fahad, a resident of the NICVD, replied that he did not know about the doctor who was on duty the previous night after which the person opened fire at him, leaving the doctor injured, noted the PMA.

They said that this is unacceptable to us, and doctors are working very hard in such unfavorable circumstances. They further said that the PMA, as a

patient-friendly organization, always opposes strikes, protests, and agitation. We believe in fighting for our rights, decently, and democratically. Such incidents will only push us against the wall,

the PMA added.

Representatives of the PMA demanded a high-level inquiry of this incident and exemplary punishment for the man responsible for this heinous crime. They also demanded the Sindh government and security agencies take stern notice of this incident and make sure no such thing ever happens again in the future.

Furthermore, the injured doctor should be provided with the best possible medical care for his injuries, concluded the PMA.

## EFP suggests importing cylinders to save the lives of COVID-19 patients

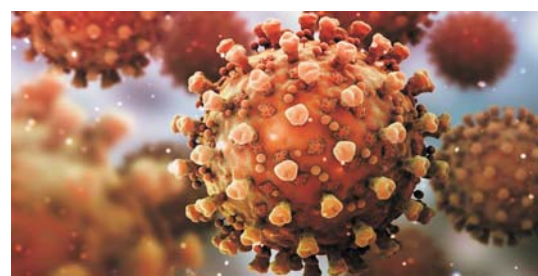
## MN Report

**KARACHI** - Ismail Suttar, President of the Apex Body of Manufacturers, the Employers Federation of Pakistan (EFP), suggested the government to consider importing oxygen cylinders from China to meet the escalating demand for oxygen gas cylinders in the country amid the corona outbreak.

He says that Pakistan can arrange them, but some shameful people are propagating their businesses by reselling used cylinders at a 500% profit.

In a recent statement, he said that with the confirmed cases reaching 160,000 patients, hospitals have started to report an acute shortage of oxygen cylinders. Similarly, oxygen concentrators and oximetry devices are in short supply, and their availability is subject to exorbitant prices. As home-quarantined people look towards sourcing oxygen cylinders, the lack of availability and the high-cost barrier have complimented the country's worsening health system.

In this dire situation, the EFP strongly urges the government to import oxygen cylinders to manage and contain the ever-increasing demand for oxygen in both hospitals and households. As the prices of oxygen cylinders and related essentials continue to rise, now



is the time to analyze the existing production capacity of gas plants to judge the feasibility of expanding local production in the medium-term while meeting the current demand through the import route.

"The regulation of the supply chain is also necessary to handle the price and availability issues while ensuring that no one exploits the national health emergency for personal gains. The singular focus on ventilators must be altered to accommodate the crisis of oxygen cylinders. Hence, the government should consider the option of importing oxygen

cylinders and take proactive measures to ensure the equilibrium between local demand and supply," Ismail Suttar added.

The EFP President has requested the people of Pakistan, in the name of humanity, to return cylinders once they are done using them.



# Pakistan needs 500 critical care doctors for ICUs and HDUs

By A.K Lodhi

**KARACHI** - President, Pakistan Medical Association (PMA), Dr Mirza Ali Azhar, revealed that less than 100 critical care doctors or intensive care specialists are available in Pakistan. The country needs 500 more intensive care specialists to deal with coronavirus patients. Dr Mirza Ali Azhar said that no government had paid attention in the past to produce critical care experts to meet the requirements of the country; therefore, the federal and provincials governments have been facing an acute shortage of intensive care specialists after the declaration of the coronavirus emergency. He informed that 50 to 70 critical care doctors are available in the country, out of which the majority of them are practicing in private sector hospitals. He explained that an intensive care specialist is a physician who specializes in the care of critically ill patients, most often in the intensive care unit (ICU). He further explained that intensivists must be



competent not only in a broad spectrum of conditions common among critically ill patients but also with technical procedures and devices (i.e., mechanical ventilators) used in the intensive care setting. He said intensivists are often the leaders of multi-disciplinary teams of care providers to help coordinate, collaborate and facilitate providing evidenced-based outcomes. The team members consist of physicians, nurses, respiratory therapists, pharmacists, and other disease-specific experts. He said that although critical care doctors are available in major cities of Pakistan, including Karachi, Hyderabad, Lahore, Islamabad, Peshawar, Faisalabad, and Multan,

however, no intensivists are available in divisional and districts level hospitals of Pakistan, including Sindh. Dr Mirza said that the number of COVID-19 patients is increasing across the country, and experts fear an even greater surge in cases, so the importance of critical care doctors in the isolation wards has also been increased as compared to the past. He said that provincial governments are expanding COVID-19 isolation wards in divisional and district level health facilities to cater to the growing number of corona patients at the local level, but an isolation ward cannot be set up without critical care doctors. He demanded the hiring of 500 critical care doctors or

**Continued on Page 08**

## PRCS distributes KN-95 masks among health staff of public hospitals

**MN Report**

**KARACHI** - The Sindh Branch of the Pakistan Red Crescent Society (PRCS), with the support of PRCS National Headquarters Islamabad, distributed 4,000 KN-95 masks in public sector hospitals of the Sindh Province, a statement said. The statement released said that contributing to the government's efforts to ensure the safety of doctors and frontline paramedics treating the COVID-19 patients at the government hospitals across the Sindh, the Pakistan Red Crescent Society has distributed N-95 masks. In the first phase, the PRCS-Sindh Branch distributed 4000 KN95 masks out of 7000 donated by its National Headquarters. Initially, about 500 KN-95 masks were distributed to each hospital including the Jinnah Postgraduate Medical Centre, Karachi, Dr Ruth K M Pfau Civil Hospital Karachi, Abbasi Shaheed Hospital, Karachi, Sindh Government Liyari General Hospital, Karachi, Sukkur Civil Hospital, Red Crescent General Hospital Sukkur, Red Crescent Hospital Khairpur, District Hospital Kotri, Liaquat



University Hospital Hyderabad, Red Crescent Cardiac Hospital Hyderabad, and Red Crescent General Hospital Hyderabad. Chairman, PRCS-Sindh, Mrs Shahnaz S Hamid, said that the PRCS teams have been working tirelessly to play a significant role in the ongoing national efforts to overcome the spread of the COVID-19 in the country through a robust synergized response. She urged the affluent people, philanthropists,

**Continued on Page 08**

## Smart lockdown enforced in Karachi

**MN Report**

**KARACHI** - Commissioner Karachi division has imposed a complete lockdown in specified Unions Councils of Karachi for two weeks from 18 June to 2 July 2020 to control the spread of the coronavirus in the megacity.



According to the notification, on the recommendation of the Sindh Health Department and Deputy Commissioners of Karachi division, regarding emergency hotspots with respect to the spread of COVID-19 in the following Union Councils, it has been hereby ordered that a complete lockdown is to be enforced in the localities of the specified areas in these UCs for two weeks. The following standard operating procedures (SOPs) will be encored in these high-risk UCs of all districts. The movement of people residing in these areas under lockdown will be restricted. Anyone entering or exiting the lockdown area must wear a mask without any exception. Only grocery shops, convenience stores, and pharmacies will be allowed to remain open in these areas. No home deliveries or take away of any sort shall be permitted. All kinds of industrial units falling in these areas will remain closed, and the lockdown will be operational from 7:00 pm on 18 June, and it will remain effective till 2 July 2020. All deputy commissioners have been directed to make implementation plans and enforce the above order letter. Violators shall be penalized under the directives of the home department.

## Home Testing Services suspend for two weeks in Karachi

**MN Report**

**KARACHI** - The Sindh Health Department has suspended the Home Testing Service in Karachi till 22 June 2020 due to a large number of ground team members testing positive for COVID-19.



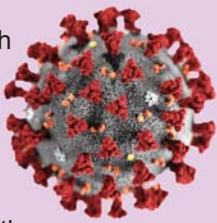
The Health Department is in the process of recruiting new team members to resume the service again.



## COVID-19 Command and Control Room being set up at CHK

### MN Report

**KARACHI** - The Dr Ruth Pfau Civil Hospital Karachi (CHK) administration has decided to establish a COVID-19 Command and Control Room for the surveillance and monitoring of coronavirus patients.



The control room is being set up in meeting rooms while LEDs are also being installed in all major departments for direct monitoring of isolation wards established for the treatment of coronavirus patients.

All departments of the hospital are being linked with a server installed in the Medical Superintendent's office for the 24-hour surveillance and monitoring of COVID-19 wards. A total of 33 LEDs are being installed in the hospital.

The MS CHK will remain online through the server and issue directives to doctors and other medical staff via video conference.

Medical Superintendent, CHK, Dr Khadim Hussain Qureshi, said 16 LEDs had been installed in the meeting rooms; four in the MS office and 13 others are being installed in the hospital's major departments. He informed that the COVID-19 Command and Control Room would be made operational in a week.

## Sindh Government plans to provide oxygen to COVID-19 patients in home isolation

### MN Report

**KARACHI** - Sindh Chief Secretary, Syed Mumtaz Ali Shah, said that the number of coronavirus patients is increasing rapidly. With the increasing number of cases, the provincial government is also upgrading the available health facilities. He said that the number of ICUs and HDUs in the province is also being increased and upgraded.

He said this while presiding a meeting of the Coronavirus Emergency Fund (CEF) Committee at the Sindh Secretariat. The members of the CEF committee, Chairman, Chief Ministers Inspection Team, Ahsan Mangi, and the Vice-Chancellor of the Jinnah Sindh Medical University, Professor Dr S M Tariq Rafi, attended the meeting. Chief Secretary Sindh stated that now the number of COVID-19 patients is increasing day by day, and we are going towards the peak of the disease. A large number



of coronavirus patients are currently in home isolation, and now it is very important to provide oxygen to them. He constituted a committee comprising of the Secretary Health, VC Jinnah Sindh Medical University, CEO of the Indus Hospital, and Additional Secretary of CM Secretariat, to devise a mechanism and advertise it under the public-private partnership model for a program to deliver oxygen cylinders to COVID-19 patients who are currently in home isolation.

Chief Secretary Sindh, Syed Mumtaz Ali Shah, said that timely supply of oxygen cylinders at home could help

save many lives. He added that testing laboratories would be set up in the divisional headquarters, and medical universities of the province. It was informed in the meeting that at present, three companies are supplying oxygen cylinders in the province. In the meeting of the Corona Virus Emergency Fund, Sindh Finance Secretary said that so far, PKR 3.62 billion had been deposited in the Corona Virus Emergency Fund. He further informed the meeting that PKR 1.11 billion had been utilized so far, and other purchase orders of over PKR 1 billion have also been placed.

## Ziauddin University and SehatKahani sign MoU

### MN Report

**KARACHI** - The Ziauddin University signed an MoU with SehatKahani, one of the fastest-growing health tech companies in Pakistan, to launch virtual telemedicine courses for doctors.

The Ziauddin University, in collaboration with Sehat Kahani, aims to launch a six-month-long online course where doctors will be trained on family medicine modules along with telemedicine and other virtual health care practices.

The core purpose of this course is to enhance the capacity and knowledge of medical graduates towards the delivery of primary health care in line with patient ethics using virtual/online platforms.

Prof Abbas Zafar, Dean, Faculty of Health Sciences, Ziauddin University, lauded the endeavour of SehatKahani for collaborating with ZU to enhance primary care through telemedicine courses. He added, "In this time where the pandemic is on the rise, telemedicine services can ease

**ZIAUDDIN  
UNIVERSITY**

**sehat  
kahani**  
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the burden of a tertiary care unit, and the entire globe is shifting towards online learning, and the Ziauddin University envisions to do the same through this course while we prepare doctors for the future."

Dr Sara Saeed Khurram, CEO, and Co-Founder, SehatKahani, is overwhelmed with this collaboration and the support of

the Ziauddin University in conducting the telemedicine course for doctors who are willing to incorporate technology in their usual practice.

She said, "The mission of SehatKahani is to make healthcare accessible, and the course itself will help us bring more female doctors back to the workforce, especially during pandemics like

COVID-19 where telemedicine is playing a vital role in patient care."

The Ziauddin University is an HEC recognized, degree awarding institute founded in the memory of Sir Dr Ziauddin Ahmad, a renowned academician, philosopher, mathematician, and political figure. To spread advanced knowledge, the Ziauddin University has introduced six faculties and offers a variety of subjects that students can specialize in.

SehatKahani focuses on connecting patients to female doctors using a network of E-clinics for the underserved and a mobile application for corporate consumers and the masses. SehatKahani has a network of 1500 female doctors and has provided consultations to 200,000 patients till dates via its integrated, unique and agile model of "care for all using technology."

# Coronavirus may result in 80,000 deaths during its peak in Pakistan

**MN Report**  
**KARACHI** - Vice-Chancellor, Dow University of Health Sciences (DUHS), Prof Mohammad Saeed Quraishy, said that international experts have declared that the coronavirus is expected to peak in Pakistan between 13

Pakistan. According to a report, the virus has affected 40% of the population in Baluchistan. The overall situation in the country is deteriorating instead of improving. The number of victims is continuously increasing. Without wearing

correctly in masajids in the Islamic world. It is a matter of pride for us that this mode of action started in Pakistan. He urged that until the government announces that the threat of the epidemic has been averted, we must follow SOPs in mosques and



August and 16 August. They fear that it can result in the death of 80,000 Pakistanis. We cannot stop this pandemic, but we can decrease the death toll by strictly taking precautionary measures. In Vietnam, people began wearing masks in early February. The virus thus affected only 700 to 800 people there. Here, on the other hand, we only see a few of them wearing masks. This level of carelessness can result in significant damage. He said this while addressing an online Webinar on "Current situation of COVID-19 and our responsibility" conducted by the Islamic Medical Learners Associations (IMLA). Mufti Muneeb ur Rehman and Mufti Taqi Usmani also addressed the webinar while the President of IMLA, Dr Shamail Ashraf, performed duties as the webinar's moderator. Speaking on occasion, Prof Saeed Quraishy, said that the University College London's experts had expressed concern over the deteriorating coronavirus situation in

masks and following other SOPs, we will not be able to protect ourselves from contracting the virus. Furthermore, he said that we have to take corona very seriously; not only the general public but also doctors and paramedical staff members have to be very careful. Do not take off your protective clothing and masks without any delay while performing duties in the corona wards. It is also essential to take safety measures at home after completing duties. This is a difficult task, but we have to do it. In response to a question, he said that the doctor's attitude changes according to human nature while taking precautions, paying duty in extreme heat, and there is also confusion, but they also have to make safety arrangements for themselves and must instruct people around them as well, noted Prof Saeed. Mufti Muneeb ur Rehman, Chairman, Central Route-e-Hilal Committee, said that SOPs were implemented

instruct people to take precautionary measures. If carelessness and recklessness are taking place in any public place, it is not a justification for us to make the same mistake. Our job is to train the people; that is why people who come to the masjid are bound by discipline, and the Prime Minister himself admitted that the epidemic did not spread through masjid. After the breakout in China, we needed to close our borders, but unfortunately, this did not happen; now, the situation is very worrying, and no one party can deal with it alone. The government and the nation must fight together. He added that the provincial and federal governments should also deal with the epidemic first instead of blaming each other. While addressing the webinar, Mufti Taqi Usmani said that strict precautions are necessary. No one denies their importance, but the conspiracy theories on social media and other sources are spreading

**Continued on Page 08**

2020 HEALTH DAYS CALENDAR	
<b>JULY</b>	<b>OCTOBER</b>
11 World Population Day	15 World Handwashing Day
28 World Hepatitis Day	16 World Food Day
	17 World Spine Day
<b>AUGUST</b>	17 World Trauma Day
1-7 World Breastfeeding Week	20 World Osteoporosis Day
	24 World Polio Day
<b>SEPTEMBER</b>	29 World Stroke Day
9 International Fetal Alcohol Syndrome Day	<b>NOVEMBER</b>
20 World Retina Week	1 Lung Cancer Awareness Month
21 World Alzheimer's Day	9 World Quality Day
25 World Pharmacist Day	14 International Diabetes Day
26 World Retina Day	17 World Chronic Obstructive Pulmonary Disease Day
29 World Heart Day	26 World Anti-Obesity Day
<b>OCTOBER</b>	<b>DECEMBER</b>
8 World Sight Day	1 World Aids Day
10 World Mental Health Day	3 International Day of Disabled Persons
12 World Arthritis Day	5 World Patient Safety Day
12 World Bone And Joint Week	

## Healthcare workers continue to protest on 12<sup>th</sup> day

**MN Report**  
**KARACHI** - The doctors, nurses, and paramedical staff have continued the boycott of OPDs and general wards on its 12th consecutive day across the Sindh province. Patients continue to suffer due to the two-week-long protest demonstration of healthcare professionals in Sindh demanding high-risk allowance, provision of PPEs, and more.



Healthcare workers, under the banner of the Grand Health Alliance (GHA), continued their protest at the Dr Ruth Pfau Civil Hospital Karachi, Jinnah Postgraduate Medical Centre, National Institute of Child Health, Sindh Government Lyari General Hospital, Sindh Government Hospital Liaquatabad, Sindh Government Hospital Qatar Hospital, and others district hospitals of the city. The doctors, nurses, and paramedical staff at Hyderabad, Sukkur, Larkana, Nawabshah, Jacobabad, Jamshoro, Mirpurkhas, and other cities also continued their protest. Central Leader of the Young Nurses Association, Aijaz Ahmed Kaleri, when contacted, said that doctors, nurses, and paramedics have been protesting for the past 12 days, but the concerned authorities of the Sindh Health Department have not expressed any interest in resolving the genuine demands of healthcare professionals. He announced that the GHA would announce a future strategy on 22 June 2020 if the government does not accept their demands including a high-risk allowance, a security insurance bill, a Shuhada (martyrs) package for healthcare workers, a health professional allowance, the establishment of an information desk in all hospitals, regularization of Gavi vaccinators, and others.



## Punjab approves trial of Acterma drug on 1,000 critical COVID-19 patients

### MN Report

**LAHORE** - Punjab Health Minister Dr Yasmin Rashid says Chief Minister Usman Buzdar has recently approved for the trial of the injectable drug Acterma on 1,000 COVID-19 severe patients. Addressing a press conference at the Chief Minister Secretariat, she said the trials of different medicines were underway across the globe. "In Pakistan, we are also conducting the trial of medicine Acterma," she said.

Responding to a query, the health minister said that only one company was manufacturing Acterma injection and the government had discussed with the firm to bring down the price of full treatment of a patient to Rs 102,000.

"The company had been stopped from providing the injection to private hospitals without the government approval," she added. "Punjab Healthcare Commission would supervise the enforcement," she said.

"One patient will be given 400ml [of injection] in 24 hours, and the next dose will be given in the next 24 hours," the minister explained, warning that without the trials and examining the results, the use of the injection could be harmful to the patients.

"So far only three in every ten patients at the ICU are reporting an improvement," the minister said.

She warned that the government would take action against the companies selling the injection at more than its approved price.

Meanwhile, a record 48 patients of Covid-19 died during the last 24 hours across Punjab, taking the virus death toll to 773 in the province. Dr Yasmin said 9,023 tests were conducted during the last 24 hours in Punjab.

She said Lahore was the worst affected district of the province with 19,299 patients, while one-third of them had already recovered.

"The number of patients increased manifold due to the carelessness of people and for lack of compliance with the SOPs," she said.

The government, as a last resort, proposed action against the people violating the SOPs, she added.

"Around 75 per cent of the patients are from the 50 plus age group," the health minister said, denying the reports of a shortage of beds and ventilators in the government hospitals of Punjab. She said the patients might not be sent to the hospitals of their choice in the current situation.

The treatment was being provided to the Covid-19 patients on 53pc of the beds in the high dependency units (HDUs) of Punjab; she claimed while clarifying that in all government hospitals, all necessary facilities were available for corona patients.

Similarly, she said, in intensive care units (ICUs), treatment was currently being provided to Covid19 patients on 52pc of the beds. A Central Control Room had been set up at the Mayo Hospital for providing information and guidance to the patients, their families and Rescue 1122 officials.

*Continued on Page 08*



# PMDC all set to allocate free beds for COVID patients

### MN Report

**LAHORE** - The Pakistan Medical and Dental Council (PMDC) has initiated a proposal to invoke special clauses for treatment of Covid-19 patients at the country's over 110 leading private sector hospitals attached to the recognised medical and dental colleges. The PMDC has called a meeting recently in Islamabad to discuss one-point plan, i.e., provision of free beds in teaching hospitals attached with the private sector medical

and AJK to allocate 150 free beds in wards and ten each in the ICUs for the treatment of COVID-19 patients.

UHS vice-chancellor Prof Javed Akram, who is also council member of the PMDC, wrote to the PMDC president.

"As the head of the sole regulatory body of the country concerning medical education, you must be aware of the havoc being caused by the Covid-19 pandemic in Pakistan, especially in recent days.

The burden on public sector

Of them, 65 are located in Punjab, 27 in Sindh, 29 in Khyber Pakhtunkhwa, four in AJK and three in Baluchistan.

As per PMDC regulations, each private medical college must have a 500-bed teaching hospital attached to it, whereas some of them have more than one assigned hospitals.

"In each teaching hospital, 50pc of the beds shall operate free for accommodation and consultation while treatment



colleges of the country. It is being called a major initiative during the pandemic to help bring down death rate and extend support to patients in search of beds in the state-run hospitals. The council called the meeting on the request of the University of Health Sciences(UHS) Lahore. Through a letter, the UHS requested the federal institution to introduce a uniform policy to ensure treatment of the coronavirus patients at the private hospitals, attached to the recognised medical colleges of the country.

If the proposal is materialised in a true spirit, Pakistan would have approximately 35,000 beds with the sufficient number of intensive care units of the leading private hospitals of all four provinces and Azad Jammu & Kashmir for the treatment of corona patients.

The UHS recently had also called a meeting of the syndicate and approved a scheme, directing the affiliated institutions in Punjab

hospitals is enormous, and growing fissures on Pakistan's health system are just one part of the crisis that is adding more than 6,000 coronavirus patients a day." He apprised the PMDC president of the UHS's decision to ensure availability of free beds at the private hospitals attached to the medical colleges of Punjab and AJK for the COVID-19 patients.

"Sir, we believe that it is high time that the regulators such as PMDC stepped in, resort to patient-centric approach during the crisis and stand with the patients and their families," Prof Akram said while addressing to the PMDC president.

As per the PMDC's regulations 2018, these medical institutions were bound (making it mandatory) to allocate 50pc of beds free for the patients at the affiliated teaching hospitals. There are a total of 110 private sector medical institutions in Pakistan, including 70 medical and 40 dental colleges.

expenses including laboratory services, medicines, and supplies, if any, shall be charged from the patients on a non-profit basis," reads the regulations. As PMDC council member, Prof Akram said if the schemes were materialised in real sense, the country would have thousands of beds for patients of COVID-19.

"This scheme would help steer the country out of the massive health crisis by managing critical and other patients with a moderate history of the disease," Prof Javed Akram said.

When contacted PMDC Registrar retired Brig Dr Hafizuddin Ahmed Siddiqi confirmed to Dawn that the proposal to start allocation of free beds at the private hospitals in Pakistan is under discussion.

"There are a total of 110 private sector medical and dental institutions recognised with the PMDC, and we are trying to engage their beds for COVID-19 patients," he said.

# Decoding and deconstructing the contagion'19

By Dr Imbesat Syed

Contagion is a disease spread by close contact. We are the creators of our reality as Frederic Bailes who was an accomplished metaphysical healer and Science of Mind teacher said, "Man's power of choice enables him to think like an angel or a devil, a king or a slave. Whatever he chooses, the mind will create and manifest." If now people are responding to the contagion with fear, anxiety and isolation, lack of a sense of purpose, susceptibility, so why were people globally already in a state of apprehension, anxiety and fear and sense of isolation even long before this Pandemic happened? Let's decode and deconstruct the contagion genome, metaphorically, and divide it into the following components.

**Fear of Unknown:** As a clinician, I'll describe having a fear of the unknown as a flight and fight response. [A survival mechanism] present in the absence of a real threat. It seems like many people were living in a state of fear even in the absence of real danger, soon, a reason appeared before their eyes to be afraid (current Pandemic).

**Isolation:** Many people were living a life that seemed to be full of many reasons, where they would do things to earn external validation and not internal satisfaction. Life was more about making things 'look good and impressive' rather than living in the moment. Living your life for social media has been more like a fast forward button where you're



continually posting your presence on social media and in turn, experiencing a sense of isolation even when you're not isolated. There's nothing wrong with social media. But putting a happy family picture to earn likes rather than working on your relationships, adding people as your friends rather than spending time and uploading photographs of vacation rather than soaking in and taking at the moment, left many people feeling isolated. It was the result of the choices that you made. Aren't you worthy of a life that's for you and has a real sense of connectedness? As we've decoded the second strand lets jump to the next paragraph and decode 3rd strand.

**Apprehension/Anxiety:** Many people were already living in a state of anxiousness. Every little thing would be a source of apprehension, such as sending children to school, going to work, next bill to pay and the list goes on, little did they know that there would be days when they wouldn't have to do these things for a while. Deactivate this strand and press on to reboot.



**Lack of a sense of purpose:** Many of us do something for external validation and not for internal satisfaction. So that you'll earn a title or a position that will not serve you nor others but only feeds your ego, in the rut of this hence



many people losing their sense of purpose. Can you deconstruct this strand now? Think it over I'm sure you can.

**Consuming Your Energy:** Let me tell you and remind you this again that a virus is not an alive organism. It's borderline between a living and non-living. So all it has is an RNA or DNA strand, and it uses the body of the host and its cells to replicate or survive, in other words, consume the host [living body it is inside] Have you ever thought that there had been experiences, people, or places that have been toxic and have consumed you like a pathogen? But you have a choice not to let negative experiences run you anymore. You can deactivate this strand by stop paying attention to it and de-clutter your heart and mind from it and move on. So you see that even in the absence of a real virus or Pandemic people were already living in fear, anxiety, isolation, lack of purpose, and susceptibility. We had contagious behaviours like a Pandemic of apprehension and uncertainty infesting human life like a pathogen before. So this Pandemic is an opportunity to self reflects and see that negative behaviours and choices that have existed like a contagious Pandemic worldwide. We have the choice to let go of these contagious behaviours where ever we can work for ourselves and others.

We cannot just physically distance ourselves but also distance ourselves from choices that don't serve us; we can wash our hands and also cleanse our minds and hearts of maleficence and negative place holders. The purpose of this article is not to substitute for medical advice and theories. Still, an opportunity to reflect on yourself and life and see how you've been infecting your life or influencing that of others is not a pleasant way that is the same as the traits of a virus. Therefore to make it easy, I deconstructed the contagion to mirror to you things you can change. It's an opportunity for us to grow in values and expansion. Since the pace of life has slowed down, it's an opportunity for everyone to look at many areas of life holistically and introspect. Maybe it's time to check on people. Perhaps it's time to realize that we all go through challenges; like in this Pandemic, people are



experiencing similar problems. Maybe it's time to develop more empathy. Perhaps it's time to re-prioritize things in life. Perhaps it's about living in the moment and not dreading the next thought in life. Perhaps it's about connecting with humanity and life around you. For sure it's about living your life for the first time and not just racing against time. Along with following all of the current medical advice and recommendations to deal with Pandemic, we can all add more value to humanity and life, starting today. May God or whatever names you give to the power that creates the worlds as per your faith, bless the whole humanity and life in its all forms on planet Earth. Amen

- This article first appeared in the print edition of Journal of Dental Humanities. The writer is a resident of paediatric surgery, innovator, writer, poet, blogger, and artist.



**Coronavirus cases can cross ...**  
*Continued from front page*

"This way 'smart lockdowns' were being enforced at hotspots," he added. "Smart lockdown is enforced in Islamabad, and Punjab has also decided to go for smart lockdowns. In India, complete lockdown was announced due to which people had to travel up to 400 kilometres on foot but the spread of coronavirus could not be stopped there. Now India has also decided to relax the restrictions," he said. The minister announced that soon 2,150 intensive care unit beds equipped with oxygen facility would be provided across the country. He said the testing capacity of virus had been increased. "We were only testing 500 people at the start of the pandemic. Now we are able to conduct 30,000 tests a day and we have decided to take our testing capacity to more than 100,000 tests a day by the end of July," he said.

**Experts will evaluate the use ...**  
*Continued from front page*

(WHO) has welcomed the initial clinical trial results from the United Kingdom, which show that Dexamethasone can prove life saving for patients who are critically ill with COVID-19. However, Dr Mirza warned that dexamethasone is only for the use of critically ill COVID-19 patients who are on oxygen and ventilators. "The medicine must not be used by mild to moderate patients and self-medication is strictly prohibited and can be dangerous as the medicine has many side-effects," Dr Mirza warned. With recent development is fight against COVID-19, researchers in England find first evidence that the widely available steroid called dexamethasone can reduce deaths by up to one third in severely ill ventilated patients. The observation was based on a clinical trial called RECOVERY (Randomised Evaluation of COVid-19 therapy) to test potential treatments for COVID-19, including a steroid treatment with low-dose dexamethasone. The drug was given either orally or through an IV. After 28 days, it had reduced deaths by 35 per cent in patients who needed

treatment with breathing machines and by 20 per cent in those only needing supplemental oxygen. It, however, did not appear to help less ill patients As part of the RECOVERY trial, Dexamethasone was tested on 2104 patients who received 6 mg of the drug once per day for ten days and were compared with 4321 patients randomised to usual care alone. Based on these results, "one death would be prevented by treatment of around 8 ventilated patients or around 25 patients requiring oxygen alone." Overall dexamethasone reduced the 28-day mortality rate by 17% with a highly significant trend showing greatest benefit among those patients requiring ventilation, researches estimated. Dexamethasone is a steroid drug typically used to reduce inflammation. According to the NHS, "steroid tablets, also called corticosteroid tablets, are a type of anti-inflammatory medicine used to treat a range of conditions. They can be used to treat problems such as allergies, asthma, eczema, inflammatory bowel disease and arthritis." Dexamethasone is available in following trade names in Pakistan:

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DEXAMETHASONE
DEXAMEX
DEXAROID
MERRYSONE
METHOX
NEUDEx
ORADExON
Z-DEX

**Letter to the Editor ...**  
*Continued from page 02*

reopening as per usual. Implementation of isolation and distancing SOPs with consistency is key. Same rules for all. Be firm but respectful. Laws and rules matter only if implemented, without exception. 2. Police officers are on the frontlines and we appreciate their service, please provide them with the support to safely implement SOPs. . Immediate closure of all shopping malls, shopping centres, beauty parlours, gyms, salons, public transport, trains etc. Ensure no more than 4 customers in any shop at any time. 4. Quality check of locally available sanitizers. 5. Public Education videos in Urdu and local languages explaining in simple detail the importance of wearing a mask and practising physical social distancing. With better understanding comes better compliance. 6. Protection and resources for women domestic workers, abuse victims, for whom this lockdown brings so many challenges. It is only with consistency, knowledge, and collaboration with healthcare workers that we can emerge through these challenging times. Sincerely,

**The Strong Women in Medicine and Healthcare of Pakistan Authors of the letter:**

Dr. Sarah Nadeem, Dr. Hunaina Shahab, Dr. Bisma Imtiaz, Dr Lara Zuberi, Dr. Tasnim Ahsan, Dr. Imbesat Maheeen Syed, Dr. Suwaiba Azim, Dr. Farhala Baloch

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Dr. Faiqa Cheema Dr Aysha Habib Khan, Dr.Uzma Hasan, Dr. Aamna Hassan, Dr Asmara Malik, Dr. Saima Ghaus, Dr.Nazuk Eraj, Dr Mehreen Kidwai, Dr Lena Jafri, Ms Farah Syed, Dr Mahrukh Asad, Ms. Moti Khan, Dr.Imbesat Maheen Syed, Maheen Zaidi, Ms.Tooba Ali, Dr. Karishma Lal, Dr. Sajida Raza, Dr. Shahida Bashir, Dr. Habiba Thawer, Dr Amna Rabbani, Dr. Sana Zeeshan, Dr. Afshan Akhtar, Dr Maleeha Naseem, Dr. Tamseela Ahmed Murtaza, Dr. Shafia Memon, Dr Saniya Khan.

***\*\*The views and opinions expressed in this letter do not represent the employers of above health care workers but are their***

*personal opinions based on their professional expertise and experience \*\**

**Pakistan needs 500 critical ...**  
*Continued from page 03*

intensivists on an urgent basis to overcome the shortage of experts in the newly establish intensive care units and high dependency units all over the country.

**PRCS distributes KN-95 masks ...**  
*Continued from page 03*

and charities to rise to the occasion and contribute to the PRCS's anti-corona efforts by donating facemasks and sanitizers. She hoped that through better institutional coordination and the strict adherence to the government's safety protocols, the country would soon get rid of the deadly virus.

**Coronavirus may result in ...**  
*Continued from page 05*

confusion among people. The opinions of some doctors also came out who were in favor of these conspiracy theories, while some of our doctors believed that people with the disease need to wear masks. He said that the situation that arose after such conflicting reports was predictable; those who spread false news played the leading role in this. Now, people are becoming more and more convinced by seeing people surfing around. The coronavirus is a genuine threat. It is now the responsibility of our scholars and doctors that they make people aware of this and encourage them to take precautions, he concluded.

**Punjab approves trial of ...**  
*Continued from page 06*

"The government has scaled up the testing capacity from 1,200 [tests] in March to 9,000 now, and it is also committed to implementing the SOPs," she said. She said some areas in Punjab might face a complete lockdown and its formal approval could be sought from the cabinet in the next few days. Answering a question, she endorsed the WHO recommendation of two-week strict lockdown In Punjab. Dr Yasmin said that so far 609 doctors, 223 nurses, 107 paramedical staff and 228 other employees had been affected by the disease, taking the total number of the affected health professionals to 1,177 in Punjab. The overall recovery rate among the healthcare professionals was reported 'very good,' the minister concluded.

**Violence against healthcare ...**  
*Continued from page 12*

of one of the largest public cardiac care facilities of the country and the criminal silence of the concerned authorities. Such incidents were also reported at the Jinnah Postgraduate Center and the Dr Ruth Pfau Civil Hospital Karachi. Both incidents were reported during the night shift. Medical Superintendent, CHK, Dr Khadim Hussain Qureshi, said a police reporting camp had been established outside the Emergency Department and near the Control Room to prevent such incidents from happening in the hospital premises. He informed that around 20 police personnel perform duties in one shift round the clock. He further informed that the patrolling of the Sindh Rangers has also increased around the hospital to protect the doctors, nurses, and paramedical staff during their duties.

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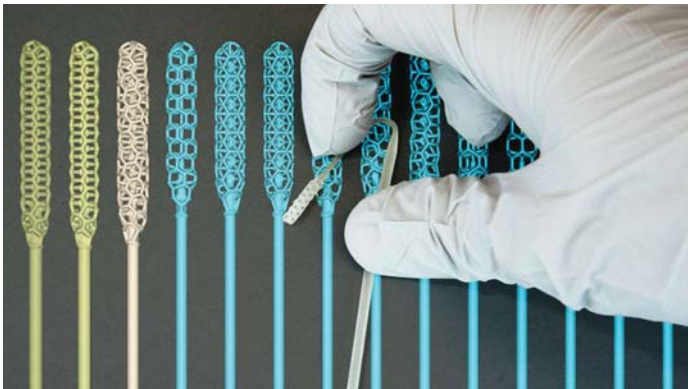
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# 3D-printed swabs: A new change in COVID-19 testing

Nasopharyngeal swabs produced by 3D printing can provide comparable results to traditional swabs for SARS-CoV-2 reverse transcription polymerase chain reaction (RT-PCR) testing, according to research from Beth Israel Deaconess Medical Center (BIDMC) recently published online in the Journal of Clinical Microbiology.

A multidisciplinary research team led by first author Cody Callahan of BIDMC's department of radiology and senior author Ramy Arnaout, MD, PhD, of the institution's Clinical Microbiology Laboratories investigated over 150 swab designs and nearly 50 materials in a multiphase analysis that included preclinical evaluation, assessment of production considerations, and field testing in a clinical trial. The group found that four



After the preclinical validation and assessment of production considerations winnowed the 160 swab designs and 48 materials down to four prototypes, the researchers validated the four candidates in a clinical trial that included 276 outpatient volunteers who had come to the hospital's drive-through testing center with symptoms suspicious for COVID-19. Each of the participants was swabbed with both a traditional swab and a prototype 3D-printed

Among the four various prototypes, the staff slightly preferred the HP swab, followed by the EnvisionTec and Origin.io swabs and then the Resolution Medical swab. The staff, although they slightly preferred the control swab over the HP swab, also described the HP swab as comparable. The authors noted that the prototype swabs -- like the reference swab used in the study -- can be improved upon and that manufacturers are currently working toward

Concordance of prototype 3D-printed swabs with reference swab

Prototype manufacturer	Resolution Medical (with technology from Carbon3D)	EnvisionTec	Origin.io	HP
Kappa	0.88	0.85	0.89	0.88

The prototypes had a range of 0-1 false positives and 1-2 false negatives.

3D-printed swab prototypes delivered excellent concordance to a traditional reference swab.

"Our experience holds lessons for the rapid development, validation, and deployment of new technology for this pandemic and beyond," the authors wrote.

### Severe shortage

A severe international shortage of nasopharyngeal swabs occurred when the COVID-19 pandemic hit, resulting in a bottleneck that affected the ability of clinical laboratories to perform virological testing for SARS-CoV-2. To help, the BIDMC researchers developed a translational research program to quickly develop and clinically validate swabs that could be mass-produced on 3D printers. The consortium included a number of medical centers, healthcare workers, manufacturers, and scientists (J Clin Microbiol, May 11, 2020).

swab for RT-PCR testing. All four prototypes achieved high concordance with the reference swab for the RT-PCR test results.

"However, since control swabs are known to be an imperfect gold standard (< 100% sensitivity) and because PCR positives are more likely to reflect true infection than error, false positives were interpreted as identifying missed infections; indeed, false positives were referred to clinical care teams as clinically actionable, as per IRB protocol."

### Statistically indistinguishable

In addition, cases that were discordant were always associated with high cycle threshold (Ct) values, reflecting low viral load, according to the researchers. "Notably, none of the prototypes tested were flocked, yet their performance was statistically indistinguishable from the flocked control swab," the authors wrote.

that goal.

"Especially in a crisis, perfect is the enemy of good enough," they wrote.

### Available for order

The validated swabs can be ordered at the consortium's website and several million have been used so far, according to the researchers. With the changing nature of the pandemic, bottlenecks will likely continue to appear unpredictably, according to the researchers.

"The constant requirement is the ability to respond in a timely fashion under this extraordinary pressure," the authors wrote. "We hope our experience, based on past scientific work on cooperation and innovation, will provide a useful case study for how to iterate and produce a clinically validated medical device under the pressure of an ongoing pandemic, work on which others will hopefully improve as we continue to fight COVID-19 together."

- Courtesy by Dr Bicuspid

## SIUT pays rich tribute to its frontline health professionals

### MN Report

**KARACHI** - The Sindh Institute of Urology and Transplantation (SIUT) paid rich tributes to their frontline workers attending COVID-19 patients at a special meeting that was specially arranged to condole the death of a staff nurse who lost her life to COVID-19 while serving corona patients.



As a member of the frontline team, Ms Ambreen Khalid, was serving as a staff nurse in the dedicated ward of COVID-19 of the SIUT before she succumbed to the ailment.

After paying tributes to the departed soul at the condolence meeting, the Director of the SIUT, Professor Adib Rizvi, expressed his heartfelt condolences to the bereaved family. While recounting her services, he said that the dedication and devotion of Ambreen towards her duties were exemplary.

Prof Rizvi described her as an enthusiastic worker. He said that like elsewhere, those who are working in the SIUT have the same fear regarding the menace of the coronavirus, but being true professionals, the team members are combating this pandemic emergency with zeal and dedication.

He said that when the COVID-19 broke out in the country, the SIUT responded to the situation and immediately formed a team in mid-March earlier this year and took the initiative of providing free of cost quality care to COVID-19 patients.

Matron Staff Nurse of SIUT, Ms Shehnaz, in her tribute to Ambreen, said that she was an outstanding worker. She came to the SIUT with an excellent academic background and later on excelled in all her professional exams. She informed that she became a patient of COVID-19 when she got severely ill, after which she was admitted to the SIUT ICU and placed on a ventilator where she passed away.

On this occasion, Prof Zafar Hussain also expressed his views about Ambreen's dedication. The condolence meeting was primarily attended by staff members of the SIUT who later prayed for the departed soul.

## Health Department allows DHOs and MSs to hire technical staff

### MN Report

**KARACHI** - The Sindh Health Department has allowed the Districts Health Officers (DHOs)



and Medical Superintendents to hire technical staff across the Sindh province in pursuance of section 3(i) of the Sindh Epidemic Disease Act 2014. In the wake of the coronavirus emergency declared in the province, this decision was taken to overcome the acute shortage of staff in the Intensive Care Units/ High-Dependency Units across the province.

The competent authority has been allowed to hire the required technical staff for tertiary care hospitals across the province.



# Seven global research institutes to collaborate on a new pandemic study

## MN Report

**KARACHI** - A new grant that seeks to spur vital global research into infectious diseases and pandemics has been awarded to the University of Washington (UW) and its partners, including the Aga Khan University, by the US National Institutes of Health's Centers for Research in Emerging Infectious Diseases, CREID. The US \$8.75 million grant spread over five years will help support the UW and its collaborators at the Rockefeller University in New York City and institutions in Brazil, Pakistan, Senegal, South Africa, and Taiwan to

develop the United World for Antiviral Research Network, UWARN. Such large-scale global collaborations are becoming all the more necessary to combat diseases, known and unknown. Just two years ago, in 2018, the World Health Organization had identified a priority list of viruses for which no vaccines and drugs were available. It included "Disease X," a stand-in for pathogens yet unknown that could cause a serious international epidemic - COVID-19 is exactly the type of threat that Disease X was meant to represent. The UWARN will help in the race to identify potential

pandemic viruses, develop the urgently needed diagnostic tools and drugs that work against a range of pathogens, and expand understanding of the body's immune responses to viruses, which is key to vaccine development. Dr Wesley C Van Voorhis, Co-Director of the UW's Center for Emerging and Reemerging Infectious Disease, CERID, and one of the initiative's principal investigators, spoke of how exciting it was to establish the UWARN. "We are particularly excited to be collaborating with the Aga Khan University with its excellent research personnel and infrastructure, plus its



outstanding connections in Africa through its medical school in Kenya," Dr Voohis said. "Pandemics are becoming an increasingly frequent threat to public health in the developing and developing world," said Professor Asad Ali, Associate Dean for Research at the Aga Khan University. "We need to deepen our understanding of emerging infectious diseases in order to prevent the emergence of new viruses from becoming pandemics that threaten our way of life." UWARN researchers will be looking to advance innovative approaches to laboratory diagnosis, including identifying reagents for antibody tests that detect antibodies in the blood in order to diagnose an active or previous infection. Another approach would be through 'designed proteins' that release light when antibodies are present in the blood, using technology developed by the UW Medicine Institute for Protein Design. The group will also work to improve the understanding of how viruses manipulate

the human immune system, facilitating the development of better blood biomarkers to predict the severity of diseases as well as drugs that could improve outcomes for patients with viral infections. Several AKU faculty will be involved: Najeeha Talat Iqbal, from the Paediatrics and Child Health and Biological and Biomedical Sciences, is the principal investigator for Pakistan. Dr Farah Qamar and Dr Ali Faisal from Paediatrics and Child Health, and Professor Erum Khan from Pathology and Laboratory Medicine are co-investigators on the project. The UWARN will serve as one of the ten centers in the CREID Network, which has multidisciplinary teams of investigators spread over 30 countries. The CREID network will be coordinated by the Research Triangle Institute, a large non-profit research organization with regional and project offices in over 75 countries, and the Duke University known for its cutting-edge medical research and home to the Duke Human Vaccine Institute.

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## MRI machine nonfunctional at NICH

### MN Report

**KARACHI** - Sources at the NICH recently noted that the children's magnetic resonance imaging (MRI) machine at the National Institute of Child Health (NICH) has been lying out of order for the past eight months. The hospital's administration has been unable to get the machine repaired. The MRI machine is used to help diagnose a wide range of conditions in children resulting from injury, illness, or congenital abnormalities. The administration charged Rs1000 per child to diagnose a multitude of brain and spinal cord conditions, abnormalities, and other chronic diseases. However, after the sole pediatric MRI machine developed a fault, pediatric patients are being referred to private laboratories. Parents have been compelled to pay the hefty fees charged by private laboratories. Director, National Institute of Child Health, Prof Syed Jamal Raza, was not available to make any comments regarding the matter.







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# Climate Minister gives new definition of COVID-19

## MN Report

**ISLAMABAD** - Minister of State for Climate Change Zartaj Gul Wazir drove social media into hysterics with her novel definition of COVID-19. "COVID-19 means that it has 19 points that can be applied in any country in any way," said during a current affairs show on National TV Channel. Actually, COVID-19 means 'Coronavirus disease 2019'. The 'CO' in the word stands for corona, 'VI' for virus and 'D' for the disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' Gul's novel definition of the virus stirred a storm on social media,

with Twitter users posting her video clip defining the disease and taking shots at the minister for not knowing enough about it. One of the users wrote, "Can't wait for Zartaj Gul to enlighten us, commoners, with her valuable piece of information on the solar eclipse!" Another Twitter user said, "COVID-19 has 19 points applicable to countries based on their immunity level, reveals Federal Minister for Climate Change Zartaj Gul" "After listening to Zartaj Gul, WHO (World Health Organization) decided to make her head of the organization," a Twitter user said.

Later, the minister took to Twitter, a few hours after her video clip started trending on social media, to issue a clarification. "Every day I appear on national TV and speak without a piece of paper (parchi)," Zartaj tweeted. "Wanted to say that the infections effect and intensity vary across different countries. Instead of crying on the situation over a minor mistake, maybe that will be better for them. I am not afraid of criticism, it strengthens me," she further added.



# Doctors' bodies express concern over the rise in COVID-19 cases

## MN Report

**KARACHI** - Doctors' bodies have expressed concern over the sharp increase in coronavirus cases in Pakistan and suggested the concerned authorities of the government to follow the World Health Organization's (WHO) new guidelines. These reservations were expressed by President, Sindh Doctors Itehad, Dr Muhammad Ali Thalo, President, Pakistan Medical Association Sindh, Dr Mirza Ali Azhar, President, Peoples Doctors Forum Sindh, Dr Abdul Razzaq Sheikh, General Secretary, Sindh Doctors Welfare Association, Dr Nisar Ali Shah and others. Speakers said that at present, millions of people are carriers of the coronavirus in Pakistan, and the government is issuing data of only registered cases to the media.



They said that the federal and provincial governments have failed to implement the standard operating procedures (SOPs), which is why the viral disease is spreading at an alarming rate in the country. They said that the WHO has issued new guidelines for Pakistan and recommended a 15-day lockdown each month to contain the spread of the COVID-19. They said that the federal and provincial

governments could control the coronavirus spread if the guidelines issued by the WHO were strictly followed. All doctors' bodies are patient-friendly and against any protest in such circumstances when the whole country is battling the corona emergency. They urged the government to ensure the provision of personal protective equipment (PPEs) as well as the implementation of

SOPs in hospitals for the safety of medical professionals. They demanded a high-risk allowance, a Shuhada (martyrs) package, promotion of doctors, regularization of medical practitioners, and introducing a 24-hour OPD by hiring more doctors to deal with the corona emergency in Sindh. Dr Shabir Memon, Dr Abdul Waheed Shiekh, Dr Ameer Memon, and others also spoke on occasion.

# Violence against healthcare professionals on the rise in hospitals

## MN Report

**KARACHI** - Poor security arrangements at Sindh's government-run hospitals have increased incidents of violence against healthcare professionals in major public sector hospitals of Karachi as the provincial government has failed miserably to improve security in hospitals.



The harassment and violence against doctors, paramedical staff, and nurses marked a significant rise due to inadequate security arrangements on hospital premises. Around a dozen incidents of violence against healthcare workers have been reported in major public sector hospitals, but the provincial government and hospitals' management have failed to introduce a comprehensive mechanism to protect the lives of medical staff. Recently, a resident doctor at the National Institute of Cardiovascular Diseases was injured in a firing incident due to poor security arrangements during the night shift at the hospital. The hospital's administration has not taken any step to protect healthcare professionals even after this incident took place. Doctors, nurses, and paramedical staff across the Sindh province issued a warning for a complete strike across the province to address the firing incident that took place in the premises

**Continued on Page 08**

# Murtaza Wahab tests positive for COVID-19

## MN Report

**KARACHI** - Sindh Government Spokesman, Murtaza Wahab, has been tested positive for the coronavirus. The spokesman said that he has tested positive for the virus and quarantined himself. He said his family members are also being tested for the virus, and their results are awaited. He appealed to the public to pray for his recovery.

