



THE

PRESCRIBER

www.facebook.com/theprescriber

A Project of UIB Group

•Afghanistan •Bangladesh •East Africa •Maldives •Myanmar •Pakistan •Sri Lanka •Vietnam
Vol. 16 No.12, December 2021 Reg. No. 144-2004 Controlled Circulation, Rs. 100.00

Another Suspected Case of Omicron Variant Identified in Karachi 35-year-old man, had no signs or symptoms of the illness when he arrived in Karachi from the United Kingdom on Dec 8 – Sindh Health Department



Karachi: A suspected case of Omicron variant of coronavirus was reported, health department sources told. They said the patient, a 35-year-old man, had no signs or symptoms of the illness when he arrived in Karachi from the United Kingdom on Dec 8.

They said he had apparently recovered from the illness and was currently under observation at the Qatar Hospital. "His genome sequencing report stating that the infection appeared to be of Omicron has been sent to the National Institute of Health for further confirmation," said an official on the condition of anonymity.

The passenger was suspected to have coronavirus infection in random sampling being carried out at Karachi

Airport with the help of a rapid antigen test. Source said the passenger was quarantined in an airport hotel from where he escaped on Dec 10 when his PCR (polymerase chain reaction) test of coronavirus infection came positive. His samples were sent for genome study.

"His genome sequencing report came positive on Dec 13 and subsequently a search was launched for him. He was located two days later. He is now coronavirus negative and under observation at the Qatar hospital," he said.

About the standard operating procedure in place at the airport, health department sources said all passengers coming from Category C

countries had to go through a rapid antigen test.

"In case the test comes positive, the patient is quarantined till he/she is negative. Since, we don't have any direct flights from South Africa [which first reported the Omicron variant] right now, we check the travel history of passengers and carry out random tests," Pakistan had reported its first confirmed case of Omicron variant a few days back.

"The National Institute of Health, Islamabad has been able to confirm that a recently suspected sample [of a female patient] from Karachi is indeed the 'Omicron variant' of 'Sars-CoV2,'" the National Command and Operation Centre (NCOC) had said in a tweet.

"This is the first confirmed case but continued surveillance of identified samples in its place to identify tracks," the NCOC added. It has also allowed Pakistanis to travel inbound from category C countries; the Netherlands, Hungary, Ukraine, Ireland, Zimbabwe, Slovenia, Vietnam, Poland, Croatia, South Africa, Mozambique, Namibia, Lesotho, Eswatini and Botswana.

Pandemic Pushed 500 Million People into Poverty: WHO The pandemic disrupted health services globally making it even more difficult for people to pay for healthcare, according to a joint statement from both organizations The World Health Organization and The World Bank

Geneva: More than half a billion (500 million) people globally were pushed into extreme poverty last year as they paid for health costs out of their own pockets during the height of the Covid-19 pandemic, the World Health Organization and the World Bank said.

The pandemic disrupted health services globally and triggered the worst economic crisis since the 1930s, making it even more difficult for people to pay for healthcare, according to a joint statement from both the organizations.

"All governments must immediately restore and accelerate efforts to ensure every one of their citizens can access health services without fear of the financial consequences," WHO Director General Tedros Adhanom Ghebreyesus said.

Tedros urged governments to increase their focus on healthcare systems and stay on course towards universal health coverage, which the WHO defines as everyone getting access to health services they need without financial hardship.

Healthcare is a major political issue in the United States, one of the few industrialized countries that do not have universal cover for its citizens.



Globally, the pandemic made things worse and vaccination coverage dropped for the first time in ten years, with deaths from tuberculosis and malaria increasing.

"Within a constrained fiscal space, governments will have to make tough choices to protect and increase health budgets," Juan Pablo Uribe, global director for health, nutrition and population at World Bank, said.

Meanwhile, Austria ended lockdown restrictions for vaccinated people across most of the country on Sunday, three weeks after reposing strict rules to combat a rising wave of coronavirus infections. The rules, which vary by region within the country, largely allow for the reopening of theaters, museums and other cultural and entertainment venues on Sunday. Shops will follow on Monday. Some regions are reopening restaurants and hotels on Sunday, while others will wait until later in the month. In all cases, there will be an 11pm curfew for restaurants, and masks will still be required on public transportation and inside stores and public spaces.

Chancellor Karl Nehammer last week called the move an opening with a catch, giving each of Austria's nine regions the ability to loosen or tighten restrictions based on the local situation. Unvaccinated people will still be subject to the lockdown restrictions and should remain at home for all but a handful of specific reasons, like buying groceries, going to the doctor or exercising.

SEARLE NUTRITION

A product of Switzerland

حاملہ اور دودھ پلانے والی
خواتین کے لئے غذائی سپلیمنٹ



NI-Mom is a High Quality Nutritional Supplement for Pregnant and Lactating Mothers which can Enhance Milk Production during Lactating Period.

SEARLE
The Searle Companies Limited
5th Fl, Corby, 2nd Main, 1st F, C,
Block 10, E, S-11 C-15, Toba Tek Singh,
37 Gulshan-e-Faisal, Karachi - Pakistan



A WARM WELCOME TO A NEW LIFE ...

- NI-Mom میں اعلیٰ معیار کا Protein شامل کیا گیا ہے جو کہ بے بی کی جسمانی نشوونما میں مدد کرتا ہے
- NI-Mom میں DHA شامل ہے جو کہ بے بی کی ذہنی نشوونما میں اہم کردار ادا کرتا ہے
- NI-Mom میں Prebiotics بھی شامل ہیں جو حمل کے دوران آپ کو قبض کی ہونے والی شکایات سے محفوظ رکھتے ہیں
- NI-Mom میں اس کے علاوہ تمام ضروری غذائی اجزاء شامل کیے گئے ہیں جو حمل کے دوران آپ کی اور آپ کے بے بی کی غذائی ضرورت کو پورا کرتے ہیں

IMPORTANT NOTICE: NI-MOM'S MILK IS NOT FOOD FOR YOUR BABY AND SHOULD BE PREPARED ACCORDING TO THE INSTRUCTIONS ON THE PACKAGING.

Quality Nutrition for Healthy Life

The SEARLE Company Limited

ReVolutionization

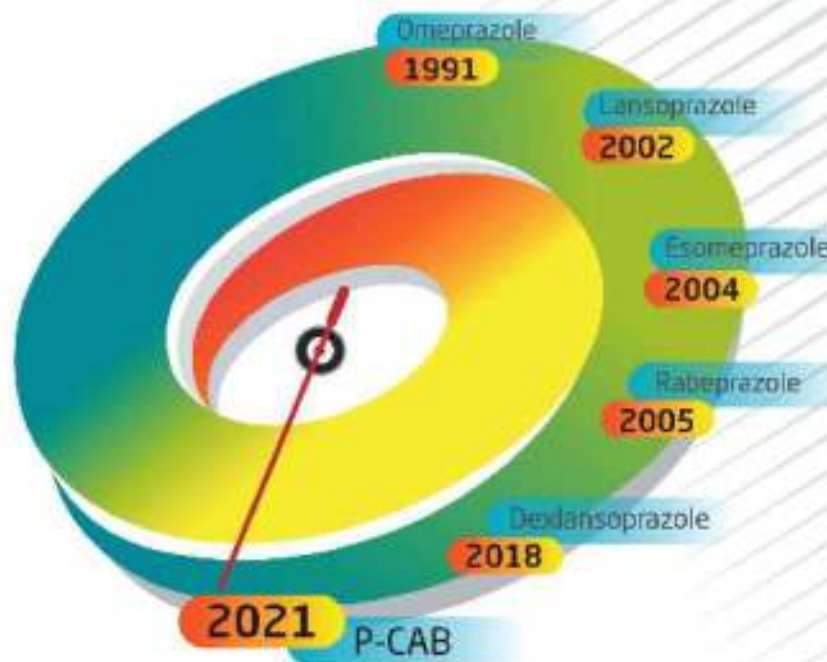


in the management of acid related diseases

Voniza

(Vonoprazan)

10mg & 20mg Tablet



Q.1: What do you think what is the current burden of Diabetes in Pakistan?

Ans: As far as the data is concerned which has been published in International Journals the International Diabetes Association claimed that 467 million people are suffering from diabetes across the world. While 'The National Diabetes Statistics Report 2020' analysed health data through 2018, providing statistics across ages, races, ethnicities, education levels, and regions. Data from this report provides vital perspectives on the current status of diabetes and can help focus in prevention. Management efforts going forward. Estimated numbers are between 250-35 million Pakistanis are diabetics or pre-diabetics.

There has been a continuous increase in the prevalence of prediabetes and diabetes in Pakistan. All parts of the country have been affected, with the highest in Sindh and lowest in Khyber Pakhtunkhwa. The main factors include sedentary lifestyle, growing age, family history, hypertension and obesity.

The current prevalence of type 2 diabetes mellitus in Pakistan is 11.77%. In males the prevalence is 11.20% and in females 9.19%. The mean prevalence in Sindh province is 16.2% in males and 11.70 % in females; in Punjab province it is



12.14% in males and 9.83% in females. There are two surveys conducted within last three years one by Pakistan Endocrine Society and other by (IBIDE) Royal Institute of Diabetes and Endocrinology, one claimed 10% diabetes in adult population while other group suggested 20% adult diabetic patients in addition to that 13% pre-diabetic patients so the overall burden is in between 30% to 33% of total population either diabetic or pre-diabetic.

It is predicted by reliable sources that by 2045 Pakistan will be largest country of diabetic population, around 37 million population labeled with this disease.

Q.2: What is the importance of 1% HbA1c reduction in controlling complications of Diabetic patients?

Ans: Optimal glycaemic control is very important in the management of diabetes. HbA1c is an important indicator of long-term glycaemic control with the ability to reflect the cumulative glycaemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycaemia but also correlates well with the risk of long-term diabetes complications.

Research has also shown that people with type 2 diabetes who reduce their HbA1c level by 1% have 19% less likely to suffer cataracts, 16% less likely to suffer heart failure, 43% less likely to suffer amputation or death due to peripheral vascular disease. We have number of studies in which data shows as that 1% HbA1c reduction has tremendous role in controlling micro-vascular complications like retinopathy, nephropathy and macro-vascular complications like cardiovascular in Diabetic patients.

Q.3: What are the barriers against early insulin treatment in the patients of hyperglycaemia?

Ans: We live in a society where large number of population lives with so many social stigmas and myths.

Therefore, we have two types of barriers against early insulin treatment for the patients of hyperglycaemia. One as our physicians and we called them "Physicians Barrier Syndrome" because they are not fully trained to treat diabetes at an early stage by insulin at Out Patient Department; they are unable to counsel the patient for insulin treatment. Secondly due to huge number of patients it is difficult to convince and address fears of patients. If doctor have no idea about selection of patient for early insulin treatment as per evidence based Medicine, selection of insulin regimen is so difficult because there are many types of insulin injections are available in market, from human insulin to analogues, from low efficacy to super duper insulin strengths, which one is suitable to your patient needs proper knowledge, training and experience of doctor.

Now the barriers from patients side, there are number of myths that insulin is the last option of treatment, needle stigma no one would like to inject two or three times a day, patients assumed that insulin is the cause of renal failure, patients think that insulin causes gain weight on a very rapid pace, patients thought that new and drugs are ineffective that's why insulin has been advised by doctors.

Q.4: How do you signify the type



of insulin, that increases the risk of hyperglycaemia and would you like to share your clinical experience?

Ans: There are three parts of your question; initially insulin was extracted from an animal which is now obsolete from world, a chance of hyperglycaemia was very high with animal insulin, now there are Biphasic Human Insulin and Analogous Insulin. Human insulin should be use before meal sometime 30 minutes before but still chance of hyperglycaemia is still there. Modern



world is using Analogous Insulin which is similar to physiological insulin of human and it's mode of action is also near to human insulin.

Second part I think it is very important to understand hyperglycaemia, because whenever we start insulin treatment on our patient. The important fear comes in our minds, as well as in the mind of patient because with insulin treatment we will advise thoroughly about monitoring of blood glucose by patient and maintaining its record for next appointment, therefore patient and family is also an alert for hyperglycaemia. Mild hyperglycaemia can be manageable by patient and his family by taking high glucose intake at their home but if the patient is unable to recognize hyperglycaemia, then it is problematic, patient may go into shock or coma and may be hospitalization is required.

Dr. Shakir Hussain
Consultant Diabetologist,
Aga Khan Diagnostic Center,
Kharadar, Karachi

Interviewer: Dr. M. S. Ghauri



Now the third part of your question regarding my experience about type of insulin and hyperglycaemia, as in early days we used animal insulin which is very risky in terms of hyperglycaemia then we have human insulin which is better than animal but now we are living in the era of analogues insulin which has sustained release and very well resemblance with human insulin it is a blessing for the patient and a great relief for the physician from the fear of hyperglycaemia.

Q.5: As you talked about analogue insulin, please share your experience of NovoMix® 30 dual release property for patients?

Ans: That's a very pertinent question, I have great trust of using analogue insulin for my patients, as I have told that analogue insulin is more physiological for human body and its dual release property in which first part release immediate after meal as a bolus to utilize larger portion of meal while second part maintain rest of the meal slowly and gradually to accommodate normal body metabolism. So the physiological flexibility is another excellent property of NovoMix® 30 which allows patient to either inject NovoMix® 30 before meal, after meal or during meal. These analogues have also been associated with lower hypoglycaemic risk, lower levels of postprandial glucose excursions, better adherence, improved Quality of Life and higher patient satisfaction with treatment.

Q.6: How do you differentiate NovoMix® from BHI?

Ans: Biphasic Human Insulin should use 30 minutes before meal and usually patient is not comfortable with the dosage, most significant difference that I have seen is BHI can lead patients to both extremes of hyperglycaemia and hypoglycaemia therefore monitoring of blood glucose is required on regular basis. Quality of life with analogue insulin is excellent as compare to BHI because of convenience of dosage. There are few basic differences, first of all, analogue insulins are modern, advance and more physiological as compare to BHI's, chance of hypoglycaemia and weight gain is much less in NovoMix®, second difference is convenience of dosage you can inject NovoMix® before meal, after meal or during meal. In my clinical practice usage of Human Insulin is 20% and NovoMix® is 80%.

Q.7: Please share your clinical



experience of NovoMix® in controlling HbA1c, FPG and PPG in your diabetic patients?

Ans: We are using NovoMix®, for our both types of patient Type I Diabetes and Type II Diabetes and as I said earlier analogue insulin are more physiological for human body and its dual release property release insulin after meal as a bolus to utilize larger portion of meal while second part maintain rest of the meal slowly and gradually to maintain normal body metabolism. So the physiological flexibility is an excellent property of NovoMix® 30 which allows patient to either inject NovoMix® 30 before meal, after meal or during meal. These analogues have also been associated with lower hypoglycaemic risk, lower levels of postprandial glucose excursions, better adherence, improved Quality of Life and higher patient satisfaction with treatment.

Q.8: How do you compare NovoMix® with other premix analogues for right patient profiles for NovoMix®?

Ans: It is really a good question; there is an International Study on Efficacy and safety of insulin analogues for the management of diabetes mellitus; a meta-analysis. NovoMix and Insulin Inpro versus regular human insulin in which single shot has been given to different patients of type 1 diabetes and evaluate their blood sugar after 5 hours and it was found that 11% glucose reduction excursion in NovoMix and 17% glucose reduction excursion in human insulin. Therefore I can say that chances of hypoglycaemia are comparatively less with NovoMix® and faster peak in blood glucose level. NovoMix are easy to use, easy to start and easy to demonstrate for new patients.

Q.9: How do you compare high mix like NovoMix® 30:50 with Basal-Bolus therapy?

Ans: Although basal bolus therapy is a Gold Standard but less injections shows better treatment adherence. NovoMix® 50:50 is an insulin with specialized combination of fifty percent short acting insulin and fifty percent long acting insulin, this is designed for those patients who require large portion of meal in their daily life so the short acting portion

increases to fifty percent for immediate utilization of meal while long acting insulin is less for maintenance of glucose level and for avoiding hypoglycaemia. NovoMix® 50:50 is an excellent combination for those patients whose Carbohydrate intake is very high and they are satisfied after intake of different types of Carbohydrate meal with each other.

Q.10: What is your advice for young diabetologists for selecting patient profiles for NovoMix® 30?

Ans: My advice for my young colleagues to prefer analogue insulin over human insulin as NovoMix® 30, because as I said earlier that chance of hypoglycaemia with human insulin is 60% higher than analogue insulin. As well as monitoring of blood glucose is required cautiously and family will be very vigilant for hypoglycaemia especially in night time. NovoMix® so easy to use, easy to start and easy to demonstrate for new patients, there are very low chances of hypoglycaemia and weight gain which is major concern of patients. If your patient is on oral treatment and you are planning for insulin regimen in the larger interest of patient you may switch your patient on to NovoMix® 30 that would be helpful in terms of better hyperglycaemic control with life style modifications, exercise and a balance diet should also be advised to overcome complications of diabetes.



NovoMix® 30
(Biphasic Insulin aspart)

Trust Confidence Control



For trade inquiries, please contact:
Novo Nordisk Pakistan
95-2224471-1, 21-7857565-1

For general inquiries, please contact:
0800-46686

Novo Nordisk Pharma (Pvt) Ltd.
113, Shahdholi Road, Clifton, Karachi, Pakistan.
Tel: +92 21 3526 0820, Fax: +92 21 3517 2613
Web: www.novonordisk.pk

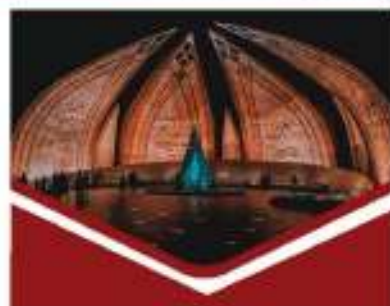


15th ANNUAL CONFERENCE OF
PAKISTAN SOCIETY FOR THE STUDY OF LIVER DISEASES

PSSLD 2021

December 3-5, 2021, Serena Hotel, Islamabad

“Hepatology in Changing Times”



Islamabad: Pakistan Society for the Study of Liver Diseases (PSSLD) organized its 15th Annual Meeting from 3rd to 5th of Dec 2021 at the Serena Hotel. The theme of the meeting was “Hepatology in Changing Times”. This was a hybrid Conference with most of the local faculty present and all the international stars and some local faculty presenting their papers online. The conference was also aired live by Zoom and Facebook, so people who could not come could still attend the conference in real time. This was managed via the PSSLD App with a special page for the conference.

Despite the restrictions in place because of the Covid scare and the news of the new variant spreading the meeting was very well attended. In most of the sessions the speakers were talking to a full house. During one session extra seats had to be brought in to accommodate the audience. The industry also took an active part in the meeting and displayed stalls with the new drugs and technologies.

The aim of this conference was to bring together leading national and international experts and researchers. The international experts were selected for their published research in the fields in which they were expected to talk. Local speakers were



Graham Foster (UK)



Arun Sanyal (USA)



Mario Rizzetto (Italy)



Bilal Hameed (USA)



Roger F. Butterworth (Canada)

selected not only for their research and publications but a conscious effort was made to include younger blood in the faculty.

COVID-19 pandemic has overshadowed all other communicable illnesses and their impact. Who has set the aim to eliminate Hepatitis by 2030 but for the past year and a half not much work has been done on that. Elimination of Hepatitis seems to be on the back burner now. Pakistan has big burden of Hepatitis B and a much bigger burden of Hepatitis C, for this reason we need to direct our efforts toward elimination and not get derailed by this pandemic.

The scientific committee of 15th Annual Meeting of PSSLD had laid out a three-day program to understand the latest trends of Liver diseases. An effort was made to highlight the important and the common and also give enough time to the upcoming new therapies and to the liver transplant which is taking a firm hold in many centers in Pakistan now.

First day of the conference started with the first two sessions devoted to the Post Graduate Workshop. The speakers were given special scenarios and problems in hepatology. In the first session complications of chronic Liver Disease were discussed by PSE, AKI, PPSID, Ac-DCS, and PVT. Among the speakers were eminent scholar like Dr. Roger



National Anthem during the Inaugural Session of 15th Annual Meeting, Islamabad 2021



Sajid Jilani (USA)



Nohika Faisal (Canada)



Syed Anjum Ali Gardool (UK)

Butterworth and one of the pioneering liver transplant hepatologists in Pakistan, Dr. Najamul Hassan Shah.

In the second session clinical vignettes were discussed by the speakers who had already been given a case scenario to deal with by the scientific committee. Dr. Akat Akani, Dr. Ghias Un Nabi, Tayyab and Dr. Nadeem Tahirani were among the presenters in this session.

Fatty liver is becoming more common as obesity. There is a talk about changing names and converting

(NAFLD) to Metabolic (Dysfunction) Associated Fatty Liver Disease (MAFLD). Obesity is being renamed as Metabesity. All this and more was delivered by experts in the past lunch third session.

The role of surgery and endoscopic management of Obesity/ Metabesity was explained by a surgeon. Dr. Arun Sanyal delivered a state of the art lecture in the end. The keynote last session of the first day dealt with the Cholestatic Liver Diseases and Autoimmune Hepatitis. Among the speakers were Dr. Andrew Vekros from UK and Dr. Naci Ozmec from Turkey.

This was followed by the inauguration ceremony of 15th Annual Meeting of PSSLD. The Chief Guest was Prof. Musaddiq Khan, Chair Scientific Committee.

Dr. Mohammad Salih was the first to address the gathering. He outlined the difficulties he had to face among this scientific program. It was his initiative that a lot of young people got a chance to present their work and stand shoulder to shoulder with their teachers and mentors. He appreciated the help he had from the other members of the scientific committee. Chair organizing committee Dr. Anjum Ali Gardool was next to speak to the audience.



Group Photo: Faculty of PSSLD after Free Paper Session during 15th Annual Meeting, Islamabad 2021

Hilvel

Sildenafil + Valsartan 400+100mg



The Unified Control

Hilfo-B

Tenofovir Alafenamide 25mg Tablets



Be Right on Target

Jezeta

Ezetimibe + Atorvastatin

LOWER LDL
THE LONGER LIFE



WHO
PROMOTING HEALTHY LIFESTYLES
AND WELL-BEING
FOR ALL
Blocking Towards a Healthy Future



Prof. Musaddiq Hussain (chief guest), Prof. Zaigham Abbas (President PSSLD), Prof. Saad Hamid, Prof. Masood Siddiq, Prof. Anjad Salamat (Chair Organizing Committee), Dr. Mohammad Saleh (Chair Scientific Committee) and Dr. Anna Sabharwal (General Secretary PSSLD) addressing the Inaugural Session of 15th Annual Meeting, Islamabad 2021



Nurah Terrault (USA)



Nemat Ormeci (Turkey)



Adel Ahsad Butt (USA)



Nadeem Tehani (UK)



Imran Waked (Egypt)

Dr. Saad Sadq Hamid. The last session of the day was five papers. Eight papers were presented by invited speakers who had submitted their abstracts. Panel of judges assessed the quality of the papers and after the five papers the same panel went out judging the sixty two posters displayed.

On the 3rd day of the morning session was dedicated to hepatocellular carcinoma, its diagnosis management and outcomes. Speakers included Radiologist Dr. Aziz Raza from Islamabad and Dr. Waqar Dogar the joint leading surgeon in Gujrat. The second session of the day was about transplant and pediatric hepatology. Dr. Khalid Munir (USA), Dr. Faizal Saad Dar, Dr. Nasir Fakhar (Iran) and Dr. Zaigham Abbas were among the experts called to speak. These two sessions were followed by a couple of simultaneous workshops. One workshop was conducted by Dr. Asif Amir Nawaz and his team on 'Liver Disease and Pregnancy'. He was helped in this by Dr. Rizwana Chaudhry. The second workshop was conducted by Dr. Zaid Azam and Dr. Asif Baig on 'Hepatocellular Carcinoma'. After workshops closing ceremony organized in which Prof. Zaigham Abbas distributed cash prizes to the winners of Oral and Poster presentations.



Prof. Zaigham Abbas (President PSSLD) presenting Souvenir to Prof. Musaddiq Hussain (chief guest), during the Inaugural Session of 15th Annual Meeting, Islamabad 2021

Dr. Musaddiq Khan was then invited to address the hall. He had trained with Dr. Thomas Starzl in Pittsburgh.

He was under training there when the world's first liver transplant was done. He reflected on the old times and how Hepatobiliary surgery in general and liver transplant surgery in particular had developed over time. His speech was full of light hearted comments about how science had evolved over time and all proven wrong the beliefs held by the doctors and public alike. The Inaugural session was followed by a dinner.

The 2nd Day of the event started with a session of state of the art lectures by world renowned experts on the management of HBV and HCV, in general and post-liver transplant.

In this were speakers like Dr. Nurah Terrault from USA and Dr. Graham Foster from UK. This was followed

by a session on Liver Failure. Both Acute Liver Failure (ALF) and Acute on Chronic Liver Failure (ACLF) were discussed and their differences highlighted by experts. The role of drugs in causing liver failure and the role of liver transplantation and it's especially its timing was discussed upon and the outcomes were explained. In the end there was another state of the art lecture by Dr. Mario Rizzetto on HIV. The 3rd session was focused on elimination of hepatitis. Vaccinations, and which included names like Dr. Imran Waked, Dr. James Wai Kuo Shih and elimination programs were deliberated in detail by the speakers.



Fakhron Nurhaza Kasi (USA)



Andrew Yemina (UK)



Khalid Munir (USA)

He thanked the members of the organizing and scientific committees for their support and the long hours of work they all put in to make this meeting a success. He spoke about the uncertain times and the threat of Covid Infection rendering plans difficult to execute. Nevertheless the organizing committee took a chance to hold a Hybrid meeting which was and obvious triumph. He also thanked the industry for their help and support in these arduous times.

Near to the podium was the President of the PSSLD Dr. Zaigham Abbas. Dr. Abbas congratulated the organizers on their achievement of

holding a hybrid meeting with such flying colors. He also expressed his gratitude to the audience, guest speakers, chairs, speakers, panelists, and sponsors. He especially thanked the faculty, both local and foreign, for sparing time out of their schedules and attending the meeting. He appreciated the foreign faculty that some of them had to get up in the middle of the night to come to attend this conference online.

He was followed by Dr. Masood Siddiq, immediate past President and member steering committee. He thanked the participants and appreciated the efforts of the

organizing committee. He also thanked the Chief Guest for his time and stay for the 16th Gastroenterology. Next to come to the dais was Dr. Saad Sadq Hamid, the second president of PSSLD and member steering committee. He too appreciated the organizing committee and was especially impressed by the large number of free papers and abstracts received by the scientific committee. He told the audience that in any scientific meeting the success was measured by the number of abstracts received, and that this conference had done well in attracting so many papers from all over Pakistan.



Audience during 15th Annual Meeting, Islamabad 2021

Global Choice
For Hepatoprotection



50 Countries and More than 50 Years of Trust
1966 - 2021

SEE
CIRRHOSIS

THINK
HEPATIC ENCEPHALOPATHY

START
Hepa-Merz



- Hepa-Merz Granules
- Hepa-Merz Infusion

Hepa-Merz®
L-ornithine-L-aspartate

brookes
life, by science



 **métier** Groupe
L'abc

City News

Alarming High Number of Prisoners at Malir Jail found to be Infected with Hepatitis B and Hepatitis C during Screening Camp

Karachi: Despite having the rules requiring screening of newly incarcerated inmates for major infectious diseases, an alarmingly high number of prisoners at Malir district jail were found to be infected with hepatitis B and hepatitis C during a screening camp.

According to a press release, 71 inmates at the district jail were found infected with hepatitis B and C at a 10-day vaccination/screening camp, which concluded at the prison. The infected prisoners, it said, were also drug addicts.

A total of 5,390 inmates were vaccinated against hepatitis B at the camp, which included awareness sessions on the blood-borne viral infection.

Dr Zafiqur-Ali Dhanjoo, additional director of the Hepatitis Program, Sindh, who led the camp, said the staff carried out PCR (polymerase chain reaction) tests of 3,467 prisoners.

"Hepatitis B and C are common among prisoners. The reason is the use of contaminated syringes that prisoners shared for injecting drugs. Our aim for holding the camp was to protect prisoners and their families," he said.

About the relevant prison rules, he said that while there were rules in place requiring screening of new prisoners for infectious diseases, he was not aware of their status of

implementation. Asked about rehabilitation of drug addicts, he said the focus of his department was hepatitis.

"It's the first time we carried out the hepatitis screening of all inmates at the jail in a camp. Now, when these inmates have been identified, we will carry out further investigation into their individual cases to look into their disease status and to provide treatment."

In the case of hepatitis C, he said, the medicine was generally given for only three months whereas the treatment of hepatitis B would continue for life.

Last year, the federal minister for human rights while presenting a report before the Islamabad High Court (IHC) stated that at least 5,189 prisoners housed in jails across the country were suffering from diseases like HIV/AIDS, and hepatitis C.

According to experts, there are between 12 million and 150 million people infected with either hepatitis B or C in Pakistan, while at least 130,000 new cases are reported every day.

Independent data suggests that hepatitis B and C have proved far more lethal than Covid-19 so far, taking between 200 and 325 lives every day in the country. The actual number of infections may be far higher since a large number of cases go unreported.

Protest Over Police Failure to Probe CMC Student's Death



Dudur: A large number of citizens and social activists observed hunger strike on a call for protest given by Sindh United Party at local press club against police failure to arrest the culprits involved in the mysterious death of Noshreen Shah Kamal.

The student of fourth year of MBBS was found hanging from a ceiling fan at her hostel room at Chaudhry Medical College on Nov 24.

The SUP leaders who led the strike said that the Sindh government, administration of Shaheed Mohtaram Benazir Bhutto Medical University and district administration of Larkana did not want to take legal action against the suspects who were responsible for the death of the medical student.

They said that 21 days had passed since Noshreen Shah's death but investigation had not yet been started in a proper manner, and demanded judicial inquiry into the case.

Omicron Variant Spreading at an Unprecedented Rate: WHO WHO Expert Bruce Aylward Strenuously Warns Against "Jumping to a Conclusion that this is a Mild Disease"

Geneva: The World Health Organization (WHO) warned Tuesday Omicron was spreading at an unprecedented rate and urged countries to act, as drug maker Pfizer said its coronavirus pill was effective against the variant.

Dutch primary schools will close early as Europe battles a fresh wave of infections and hospital admissions, while British Prime Minister Boris Johnson faced a major parliamentary test seeking to impose fresh COVID-19 curbs.

Early data suggests it can be resistant to vaccines and is more transmissible than the Delta variant, which was first identified in India and accounts for the bulk of the world's coronavirus cases.

WHO chief Tedros Adhanom Ghebreyesus said reports the strain had been reported in 77 countries and "probably" spread to most nations undetected "at a rate we have not seen with any previous variant". Omicron now accounts for around 3% of cases in the United States, a figure that is expected to rise rapidly as has been seen in other countries.

The United States is the nation hit hardest by the pandemic, and it crossed 850,000 known Covid-19 deaths on Tuesday, according to a Johns Hopkins University tracker.

Although Britain on Monday confirmed what is thought to be the world's first Omicron death, there is no proof yet that the variant causes more severe illness.

The WHO on Tuesday provided room for cautious optimism saying Africa had recorded a massive rise in cases over the past week but a lower number of deaths compared with previous waves. But it urged countries to act

swiftly to ease transmission, protect their health systems and guard against complacency.

WHO expert Bruce Aylward strenuously warned against "jumping to a conclusion that this is a mild disease". "We could be setting ourselves up for a very dangerous situation."

The warning came as Pfizer on Tuesday said clinical trials of its COVID-19 pill reduced hospital admissions and deaths among at-risk people by almost 90%.

The American drug maker said its new treatment, Paxlovid, held up against Omicron in lab testing. Chief executive Albert Bourlais called the news a "game-changer" and said he expected approval from the US medicines regulator as early as this month.

"This news provides another potentially powerful tool in our fight against the virus, including the Omicron variant," added US President Joe Biden.

A real-world study from South Africa has shown two doses of the Pfizer-BioNTech vaccine was 70% effective in stopping severe illness from Omicron.

Researchers called the results encouraging, though it represented a drop compared with earlier strains, underlining the threat of the coronavirus. And the WHO added that low vaccination rates in regions including Africa — where Omicron was first detected — would provide breeding grounds for new variants of the virus, which has known to have claimed more than 5.5 million lives around the world.

Europe is the global coronavirus

hotspot, recording 62% of the world's total cases in the past seven days, while the five countries with the world's highest infection rates are all European.

The Netherlands followed other European nations in reintroducing restrictions on Tuesday as Prime Minister Mark Rutte announced primary schools will shut next week and a night-time lockdown will be extended over Omicron fears.

Schools will close from December 20 instead of on December 25 due to concerns that children, among whom infection rates are the highest, could pass it on to older relatives.

France on Tuesday registered 63,465 new coronavirus cases — its highest daily total since April — even with more than 77% of its population having had at least one shot. Neighboring Britain, the ruling Conservative government on Tuesday suffered a major parliamentary rebellion as almost 100 of its MPs rejected new restrictions on the country's response to Omicron.

Boris Johnson's administration will introduce new rules on mask-wearing, daily testing to avoid hotspots and vaccine passes for certain settings in England.

But many MPs from his own party believe the measures, which only passed with opposition support are excessive and undermine basic freedoms.

Scientists have predicted the true number already infected with Omicron in Britain could be as high as 200,000 a day, while the English Premier League reported a record cascade that threatened further disruption to fixtures.



Friends[®]

Optical & Hearing Aid Centre



Hearing Care Centre
a member of
Siemens Audiology Group

SIEMENS

سماعت آلہ

Exclusive Branch NOW IN CLIFTON

Friends Hearing & Vision Gallery SASI Royal Residency, Behind Calico Petrol Pump
Opp. Sahay Sweets Main Clifton Block-7,
Karachi. Ph: 35308011, 35308012

Head Office: Opp. K.M.C., Head Office (Light House) Before City Court, M.A. Jinnah Road, Karachi. Ph: 33694611. 28. Fax: 99-01-39214874

Regent Plaza: HOTEL REGENT PLAZA, Main Entrance Parking Area, Main Shikhar-e-Faisal, Karachi. Phone: 35631356-57

Goldenside Signal: MAIN RASHID Minhas Road, After M. Bazar, Gulshan-e-Iqbal, Block-5, Karachi. Ph: 34810378-79

www.friendsoptical.com info@friendsoptical.com www.facebook.com/friendsoptical

Special offer Rs. 1000/=

Glucocard Sigma meter.
(Free 10 strips, 10 Lancelot, One lancet device, pouch & box)

Bring this advertisement and get special discount on Glucometer

GLUCOCARDTM Σ
GT-1070



- Japanese Technology.
- 25 years experience.
- Life Time Warranty.
- Fast and accurate result in 7 Seconds.
- Measurement range 10 - 600 mg/dl.
- 250 tests results memory.



Marketed By:
S. Ejazuddin & Co.

Diagnostic Division: 236-C,
Block-2, P.E.C.H.S. Society,
Shahrah-e-Quaidon, Karachi.

Ph: 021-34537151- 34537254
Mobile: 0300-9275803
Email: weqar@sejazuddin.com
Web: www.arkray.com

Patron Name: _____ Contact No: _____

National News



300 Doctors and Nurses of Pakistan Institute of Medical Sciences (PIMS) Promoted in the Next Basic Pay Scale

Islamabad: In an unprecedented move, over 300 doctors and nurses of Pakistan Institute of Medical Sciences (PIMS) have been promoted to the next basic pay scales (BPS).

Chairman of Young Consultants Association Pakistan Dr. Asfandyar Khan said the promotions could not have been possible without efforts of the Special Assistant to Prime Minister (SAPM) Dr. Faizul Sultan, Federal Secretary (Health) Amir Ashraf Khawaja and Additional Secretary Nabil Anwar and it has put an end to apprehensions of employees.

It is worth mentioning that during November 2020, President of Pakistan Dr. Arif Alvi had promulgated the Medical Teaching Institutions (MTI) Ordinance. According to the initial draft, the hospital's Board of Governors (BoG) was to deal with all affairs of PIMS once it became an MTI.

The members were appointed and notified by the Ministry of Health on the recommendation of a search and nomination council. The BoG had overall superintendence and control over the functions of the hospital, the hospital director, medical director, nursing director and finance director of the hospital.

Employees had held a number of protests and strikes against the BoG

as they believed that they will lose their status as civil servants. The ministry had assured them that they will not lose their status.

The departmental promotion committee (DPC) chaired by Additional Secretary Nabil Anwar has promoted over 300 doctors and nurses of the hospital.

According to documents, two senior doctors Amir Magbool and Fozia Sabir have been promoted to BPS 20. As many as 29 doctors have been promoted as assistant professors and senior registrars and 70 medical officers have been placed in BPS 18. More than 200 nurses have been promoted from BPS 16 to 17 and from BPS 17 to 18.

Dr. Khan said employees were thankful to the management of the hospital. "Dean of MTI Prof. Riaz Taj also supported promotion of all the consultant nurses and other staff of PIMS. We congratulate all young consultant nurses and all supporting staff on their well-deserved promotions", he said.

Meanwhile, president of Young Consultants Association Pakistan Dr. Harid Butt said it was a major development for employees and hoped that the government will ensure that all grievances of employees, across the country, will be addressed.

Community Takes Up Cudgels Against Smog by Monitoring Air Quality in Lahore

The Environment Protection Department top officials still claim that it's fog that the Lahorites in particular and the people of central Punjab in general breathe in

Lahore: Being on the top of the list of the most polluted cities of the world for Lahore is not uncommon these days in the ranking of the IQAir, a Swiss company that monitors air quality across the globe. It was shown as the most polluted city of the world. Lahore was on the top of the list again with 362 AQI, followed by Bishkek in Kyrgyzstan.

IQAir collects data of air quality of the city from various independent sources that keep an eye on air pollution levels in various areas of the city. The website gives the real-time air quality index. It shows pollution levels in Lahore and other cities of Punjab and Pakistan. The other city that witnesses air pollution like Lahore's is Faisalabad that sometimes shows air quality even worse than that of the provincial metropolis.

The monitoring of air quality offended the authorities so much that the Punjab minister for environment protection last month sought action of the Federal Investigation Agency (FIA) against these monitors under the cybercrime laws, accusing them of misreading and misinforming the public.

"During the smog season, some unscrupulous elements with mala fide intention are trying to damage the image of Pakistan by reporting misleadingly the reading of Air Quality Index (AQI) from different unauthorized sources in Lahore."

The Environment Protection Department top officials still claim that it's fog that the Lahorites in particular and the people of central Punjab in general breathe in.

One of the initiatives monitoring the air quality of Lahore is the Pakistan Air Quality Initiative (PAQI) that claims to provide community-driven air quality data and resources to increase social awareness. The initiative was launched in 2016 by installing very first monitors.

"Two monitors were installed in Lahore, as many in Karachi and one each in Islamabad and Peshawar. Now we have approximately 30 monitors across Pakistan and about 30 of them are in Lahore and all of them are working," Abdul Omar, the founder of PAQI, told Dawn.

PAQI bought the monitors on its own while some of them were bought by individuals and companies, he says. After installation of monitors, he adds, they go through two weeks remote validation process using artificial intelligence and comparing it with the satellite data.

Regarding the quality of data and the monitors, Mr. Omar says that he had presented his findings about two years back in a conference at the Sustainable Development Policy Institute, Islamabad about the data quality.

"There are more questions about the data quality of the government monitors as even in one city two different monitors give varying readings and it's often unbelievable what the EPD is putting. Our monitors have been validated by various international organizations. The ones we are using are a part of US's environment program for air quality monitoring. The question is really not of their quality but of the government monitors, which lack in many aspects."

Abdul Omar says the government has not provided the real-time data as ordered by the Lahore High Court. Real-time data is needed to make timely decisions such as closure or opening of schools and monitoring of results of any action government takes to control smog, he stresses.

The EPD website gives AQI of the last 24 hours of different areas of Lahore but not real-time reading; however, even its own figures of monitors from four sites of Lahore paint a horrific picture. According to its website, the PM2.5 levels at the

National Hockey Stadium, Gulberg on Wednesday was 401 and it was 420 at IATA, Phase 6. However, it did not show the PM2.5 levels at other two stations of Town Hall and Township Block 1 where CO2 (carbon dioxide) or NOx (nitrogen dioxide) levels were shown.

Environmental lawyer and activist Ahmad Raafy Alam has himself installed a monitor at his house. Talking about the letter of the minister seeking action, he says, "I don't know what the minister was talking about. The cyber laws are implemented when there is crime. Installing air quality monitors at one's house by any citizen is not a crime."

He further says: "The US consulate has installed a monitor, which is expensive as it costs around USD100,000. People have installed monitors across the city, which check the PM2.5 levels and they are not too expensive". He says the government monitors of EPD and Urban Health actually show a worse situation compared to private ones.

He says the data is collected through crowd sourcing, which happens across the world, information is no more a domain of the government only.

The PAQI in its report, presented in the Sustainable Development Policy Institute, shows that lockdown implemented in the wake of the Covid-19 in Lahore has had telling effects, which could be a way out for the policymakers. As a result for the lockdown, NO2 levels saw a drop of 49pc from March 1 to April 15, 2020. "The large drop in central and peripheral regions appears linked to traffic emissions and power generation (particularly in NW and South)."

Regarding the impact of the lockdown on Lahore, it further says "the particulate matter (PM2.5) pollution

shows a sharp drop since the start of lockdown on March 23, 2020. PM2.5 pollution reached Punjab's Environmental Quality Standards of 15 for one day on April 6, 2020."

During the period of two months, the PM2.5 level reduced by 63pc while NO2 (nitrogen dioxide) reduced by 53pc. According to the report, during the whole year of 2018, Punjab's environmental quality standards of upper limit of ambient air was there just for 17 days, and in 2019, the air was safe for just 18 days while it was safe for 71 days-day in the lockdown when there was almost no traffic on roads and industrial activity was zero.

For solution to the problem, the PAQI suggests the model of China, which launched a 12-year-plan to improve air quality and reduced PM2.5 levels by 30pc. It revised laws on environmental and atmospheric pollution, implemented stricter emission standards, upgraded fuel standards for transport, promoted cleaner use of coal and made a transition to cleaner energy. It suggests five categories of solutions to resolve Pakistan's air pollution problem. The categories are industrial emission, agriculture, urban waste, transportation and monitoring and action.

Besides the monitors of PAQI and US Department of State (Consulate), IQAir on its website identifies 12 monitors working in Lahore under various categories like government, educational (schools/universities) and corporate (private companies) categories. There are 14 anonymous monitoring stations mentioned on the website which have been installed by individuals.

Instead of living in a state of denial and proving the monitors wrong, the government should take them on board and make solid policies to curtail pollution levels and smog.

گزشتہ ۲۰ سال سے تیزابیت سے راحت پہنچا رہا ہے۔

ٹرائسٹیل

• تیزابیت • گیس • بدہضمی • سینے کی جلن



Efroze

Efroze Chemical Industries (Pvt.) Ltd.

تمام دوائیوں کی نقل سے دور رکھیں۔ طبعی زیادہ غراب ہو تو ڈاکٹر سے رجوع کریں۔