

Daily Times 27/10/05

World Health Day today

Health

12 mothers die every day from maternity complications

LAHORE: World Health Day (WHD) will be celebrated around the world today with a 'Make every mother and child count' theme.

The World Health Organisation (WHO) has decided to celebrate this day with the aforesaid theme to help raise awareness about the increasing mortality rate of mothers and infants around the globe, especially in developing countries.

The theme of the WHD is based on the objectives of Millennium Development Goals (MDGs) to make the world a healthy place by 2015. Of the eight MDGs, two directly and two indirectly relate to mother and child health. The directly related MDGs include "reduce under-five mortality by two thirds" and "reduce maternal mortality by three quarters."

The indirectly related MDGs include empowerment of women and enhancing women's education and awareness. "We have focused on this important theme because 2005 is a critical year for maternal, newborn and child health," said Dr Lee Jong-wook, WHO director general, in his message on the day.

According to the latest facts given in the National Health Forum held in Islamabad last week, one mother dies every 20 minutes of maternity complications in Pakistan. That comes to 72 deaths per day.

The infant (under 1-year-olds) mortality given in the forum was 77 per 1,000 yearly. The mortality rate of children under five was 102 per 1,000 yearly in Pakistan.

"Lack of exclusive breastfeeding, delayed and non-

vaccinations, diarrhoea and infectious diseases are other major reasons behind these high rates. These can be prevented by the mother at home," M Ismatullah Chaudhry, the WHO Punjab operations officer, told Daily Times.

Chaudhry said that about 50 percent (150 out of 300) RHCs were without WMOs. He said although there were projects like the National Lady Health Workers programme, Women's Health Project and Mother and Child Health project by the provincial and district governments with the support of federal government, "these projects are still incomplete".

Professor Dr Yasmin Rashid, a gynaecologist, told Daily Times that according to UNICEF studies, Pakistan was the seventh most populous country of the world with a population of over 154 million. "It has one of the highest maternal mortality rates in the world, which is estimated between 340 and 600 per 100,000 live births," she said. She said that the problem prevails not only in rural areas but also in the cities. She said that it was a matter of concern that 95 percent of births in rural areas and about 60 percent of births in urban areas were attended by traditional birth attendants, who are mostly untrained.

She said that pregnancy related problems and complications were avoidable through effective health education and early detection of high-risk pregnancies.

"It is now recognised that most maternal deaths can be prevented by avoiding delays in seeking medical care," she said. A number of activities have been planned to celebrate World Health Day in Lahore. **WAQAR GILLANI**

THE hepatitis A virus accounts for 20-25 per cent of all clinical hepatitis worldwide. Therefore, it may be referred to as an infectious hepatitis.

EPIDEMIOLOGY: HAV is spread by the faeco-oral route. Parenteral spread may very rarely follow transfusion of blood from a donor who is in the incubation stage of the disease. Children of school age are most often affected. Adults are usually infected by spread from children.

There are about 7000 cases of HAV per year in the UK:

- * Fifteen per cent of cases are associated with foreign travel, of which 50 per cent are associated with travel to the Indian subcontinent

- * Three per cent implicate food contamination — most commonly shellfish. Epidemics may occur, usually associated with water or food contamination.

CLINICAL FEATURES: Hepatitis A virus infection has a two to six week incubation during which time the virus replicates in the liver and is shed into the faeces. Faecal excretion of the virus declines once the infection becomes asymptomatic.

Typically, there is a prodrome with non-spe-

Hepatitis A

cific symptoms such as mild fever, joint pain, malaise and non-specific gastrointestinal symptoms. This may then be followed by jaundice, pruritus and tender hepatomegaly. The urine may be dark and the stools pale.

The hepatitis is usually mild. In children, it is frequently, sub-clinical. Adults tend to experience a more serious and prolonged disease.

Malaise, tenderness and minor abnormalities of hepatic function may persist during convalescence.

SEROLOGY: There is a rise in serum transaminases 22-40 days after the exposure. Serum antibody to HAV appears as the stool becomes negative for virus:

- * Serum IgM anti-HAV implies recent infection; it persists for two to six months, rarely for up to one year, in low titer.

- * Serum IgG anti-HAV persists for many years and probably conveys immunity to further infection with HAV.

TREATMENT: The treatment has little effect

on altering the course and is mainly supportive. Bed rest is preferable but is less necessary in young, previously fit persons. In acute hepatitis B, gammaglobulin is advocated and this should help limit the disease.

Admission to hospital is recommended if the attack is severe or the patient is unwell and lives alone. A low-fat, high carbohydrate diet may be advised. It is popular primarily because it is highly palatable.

Measures should be taken to prevent transmission, such as careful attention to washing hands and personal hygiene. Patients are infectious for two to three days before and about a week after the development of jaundice.

Alcohol and potentially hepatotoxic drugs should be withdrawn, preferably for up to one year after the attack.

In fulminant acute liver failure, liver transplantation may be indicated; this, however, is a contentious issue. Acute liver failure has a high mortality, but the indications and timing of transplantation have yet to be determined.

PROGNOSIS: The prognosis of HAV hepatitis is excellent:

- The illness is self-limiting without chronic

sequelae and rarely persists for more than three months (recovery is usual about 10 days of illness).

- It accounts for less than one per cent of the cases of fulminant viral hepatitis.

- The mortality in large epidemics is less than one per 1000.

- Viral carriage in faeces is transient

- There is only one subtype of the virus — patients develop antibodies and become immune to further infection.

PREVENTION: Prevention by isolation of patients and contacts is rarely effective as the virus is excreted in the faeces for as long as two weeks before the appearance of jaundice. Passive immunization with immune serum globulin is recommended for travellers to highly endemic areas and to close personal contacts of sufferers. Preliminary testing for anti-HAV avoids giving immunoglobulin indiscriminately.

Active immunization with hepatitis A vaccines has now replaced immune globulin in many non-emergency situations and the high incidence of hepatitis A is such that it is the most common infection in travellers that may be prevented by vaccination. — *Dr Sabeena Jalal Khan*