



SIHFW: an ISO 9001:2008 certified Institution

E-Newsletter
State Institute of Health and Family Welfare
(SIHFW), Jaipur, Rajasthan

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From the desk of the Director:-

Dear readers

Greetings from SIHFW, Rajasthan!

It is a matter of great delectation that our e-news letter has started taking a recognizable shape now and some of our viewers are regularly sending their constructive feedbacks.

We appreciate your interest and hope this issue on Tuberculosis will also engross your attention.

Happy reading and wishes for happy holi.

Director



Health Days in March 2012

World Water Day -22 March 2012

World TB Day -24 March 2012

Tuberculosis

Infection and transmission

Tuberculosis (TB) is an infectious bacterial disease caused by *Mycobacterium tuberculosis*, which most commonly affects the lungs. Transmission mainly through air-borne route (Droplet, droplet nuclei). Left untreated, each person with active TB disease will infect on average between 10 to 15 people every year. Overall, one-third of the world's population is currently infected with the TB bacillus.

- 5-10% of people who are infected with TB bacilli (but who are not infected with HIV) become sick or infectious at some time during their life. People with HIV and TB infection are much more likely to develop TB.

Global Scenario

WHO estimates that the largest number of new TB cases in 2008 occurred in the South-East Asia Region, which accounted for 35% of incident cases globally.

There were an estimated 8.8 million incident cases of TB (range, 8.5 million–9.2 million) globally in 2010. 1.1 million Deaths (range, 0.9 million–1.2 million) among HIV-negative cases of TB and an additional 0.35 million deaths (range, 0.32 million–0.39 million) among people who were HIV-positive.

India :Tuberculosis Profile

(source: www.who.int/tb/country/data/profile/en/index.html)
Population 2010 (millions) 1225

Estimate of burden 2010	Number in Thousand	Rate (per 100 000)
Mortality (excluding HIV)	320 (210-470)	26(17-39)
Prevalence (Incl HIV)	3100(2000-4600)	256(161-373)
Incidence (Incl HIV)	2300(2000-2500)	185(167-205)
Incidence (HIV-Positive)	110 (75-160)	9.2(6.1-13)

Common symptoms:

- Cough for two weeks or more, sometimes with blood-streaked sputum
- Fever, especially at night
- Weight loss
- Loss of appetite
-

Commercial Serological tests for TB were stopped as per order issued by DDG-TB ,MoHFW- Gol on July 19,2011, because blood tests fail to accurately diagnose TB,

HIV and TB

HIV and TB form a lethal combination, each speeding the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB bacilli is many times more likely to become sick with TB than someone infected with TB bacilli, who is HIV-negative. TB

is a leading cause of death among people who are HIV-positive.

Drug-resistant TB

Drug-resistant TB is caused by inconsistent or partial treatment, when patients do not take all their medicines regularly for the required period.

A particularly dangerous form of drug-resistant TB is Multi-drug-resistant tuberculosis (MDR TB) which is caused by strains of the tuberculosis bacteria resistant to the two most effective anti-tuberculosis drugs available - isoniazid and rifampicin. MDR TB can only be diagnosed in a specialized laboratory.

Multi-drug-resistant Tuberculosis requires at least 18-24 months of treatment with medicines which are 100 times more expensive and often highly toxic.

XDR -TB has been reported in India with unregulated availability and injudicious use of second line drugs

Extensively drug-resistant tuberculosis (XDR TB) is a relatively rare type of multidrug-resistant tuberculosis (MDR TB). It is resistant to almost all drugs used to treat TB, including the two best first-line drugs: isoniazid and rifampin. XDR TB is also resistant to the best second-line medications: fluoroquinolones and at least one of three injectable drugs (i.e., amikacin, kanamycin, or capreomycin). (World Health Organization [WHO] definition for cases detected on initial susceptibility testing.)

The emergence of extensively drug-resistant (XDR) TB, particularly in settings where many TB patients are also infected with HIV, poses a serious threat to TB control, and confirms the urgent need to strengthen basic TB control and to apply the new WHO guidelines for the programmatic management of drug-resistant TB.

The Stop TB Strategy, the Global Plan to Stop TB, 2006–2015 and targets for TB control

In 2006, WHO launched the new Stop TB Strategy. The core of this strategy is DOTS, the TB control approach launched by WHO in 1995. Since its launch, 41 million patients have been

treated under DOTS-based services. The new six-point strategy builds on this success, while recognizing the key challenges of TB/HIV and MDR-TB. It also responds to access, equity and quality constraints, and adopts evidence-based innovations in engaging with private health-care providers, empowering affected people and communities, to help strengthen health systems and promote research.

The six components of the Stop TB Strategy are:

- **Pursue high-quality DOTS expansion and enhancement.**
- **Addressing TB/HIV, MDR-TB and the needs of poor and vulnerable populations.**
- **Contribute to health system strengthening based on primary health care**
- **Engage all care providers.**
- **Empower people with TB, and communities through partnership.**
- **Enable and promote research.**

The strategy is being implemented as described in The Global Plan to Stop TB, 2010-2015. The Global Plan is a comprehensive assessment of the action and resources needed to implement the Stop TB Strategy and to achieve the following targets:

- Millennium Development Goal (MDG) 6, Target 8: Halt and begin to reverse the incidence of TB by 2015;
- Targets linked to the MDGs and endorsed by the Stop TB Partnership:
 - by 2015: reduce TB prevalence and death rates by 50% relative to 1990;
 - by 2050: eliminate TB as a public health problem (1 case per million population).

Progress towards targets

The treatment success in the 2008 DOTS campaign was 86% overall, surpassing the 85% target for the first time. The treatment success target was met by 13 of the 22 high-burden countries. However, the regional average cure

rates in the African, American and European regions were below 85%.

It is estimated that the global TB incidence rate peaked in 2004. Therefore, the world as a whole is on track to achieve the MDG target of reversing the incidence of TB. Incidence rates are falling in five of WHO's six regions (the

exception is the South-East Asia Region, where the incidence rate is stable). All WHO regions are on track to achieve the 50% mortality and prevalence reduction target, except for the Africa region (although rates of mortality are falling).

SIHFW in Action

(1.) Trainings organized:

S. No.	Date	Title	Cadre /Total Participants	Agency
1.	Jan 31-Feb 02, 2012	IEC/BCC	Dist. IEC Coordinator	DM&HS
2.	Feb 01-03,2012	ICTC team Training	Lab. Tech,counselor/24	RSACS
3.	Feb 06-07,2012	Consultation Workshop on Pre School Curriculum	Consultant/Teacher	UNICEF
4.	Feb14-15,2012	ToT for Wash	Lecturer/Teacher/RO	SFHSE
5.	Feb14-15,2012	Workshop on Prison Visiting System	NGO representatives	CHRI
6.	Feb15,2011	Review Meeting of Focus District Coordinators and Divisional Coordinators	Div.MCH/RI Coordinator	UNICEF
7.	Feb 15-17,2012	HBPNC Supervisor TOT	MO/BMCH/BAF/27	NIP I
8.	Feb 20-22,2012	ICTC team Training	Lab. Tech/counselor/32	RSACS
9.	Feb 21-22,2012	Developing training Manual for CCE	Consultants, coordinators, Vice-principals,	UNICEF
10.	Feb 23-25,2012	RI TOT	BCMO/BMCH/BHS/DPHNM/18	NIP I
11.	Feb 27-29,2012	ICTC team Training	Lab. Tech/counselor/44	RSACS
12.	Feb 27 to May 06	PDC	Middle level managers/16	MoHFW

(2.) Monitoring/Field Visits:

- Dr. Richa, RCH consultant-Medical monitored BEmOC Training on Feb 10-11 at Pratapgarh District
- Mr. Ankur-Asudani, Consultant RCH Management made monitoring visit on Feb 01, 2012 at Kota District for NSSK training
- Mr. Ankur-Asudani Monitored CAC training at Kota from Feb - 14-15, 2012
- Ms. Nirmala Peter and Ms. Indu Chaudhary did Monitoring of BEmOC Training on Feb 25, 2012 at Ummed Hospital, Jodhpur



Planned Training/Workshop/Meeting/ Visits

- ICTC team training
- Professional development course for middle level managers
- Foundation course for newly recruited Medical officer
- Training on Routine immunization for medical officer
- Trainings of MO on NPCDCS & NPHCE .
- Training on appreciative inquiry for UNICEF, March 03-06, 2012
- SIHFW, Bhuvneshwar to visit SIHFW, Rajasthan March 21-26, 2012
- Visit of PDC participants from m RHFW TC-Indore on March 02-06, 2012
- Visit of PDC participants of Mohali on April 16-21, 2012

Visitor to the Institution

Country Head Ipas Mr. Vinoj visited institute with Ms Karuna Singh, State head Ipas and shared his feed back through mail "Dear Dr Akhilesh,
It was a pleasure to meet you today along with my colleague Karuna. We thank you for your commitment to ensure that the trainees undergoing CAC training through SIHFW go on to offer safe abortion services at their government sites. We are sure that the

efforts you are instituting of getting volunteers for the training, central nomination of trainees by SIHFW, post training follow of providers, etc will increase the number of women getting safe services.

On a personal note, I am extremely impressed with the managerial systems you have put in place to make SIHFW an efficient and accountable organization. It was a pleasure to learn from you and I look forward to continued interaction with you.

Warm regards,Vinoj “

Capacity Building of Staff

- ToT for WASH-SWSHCE Cell,RCEE &UNICEF (Feb 13-14,2012) Ejaz Khan , Dr Richa, Hemant , Diya, Nirmala Peter, Richa Chhabra
- HBPNC Supervisors ToT -NIPI (Feb 15-17,2012) Divya, Dr Richa, Rajni, Nirmala Peter
- ToT ON Human Rights at HCM-RIPA by NHRC, New Delhi: Mr. Hemant from SIHFW

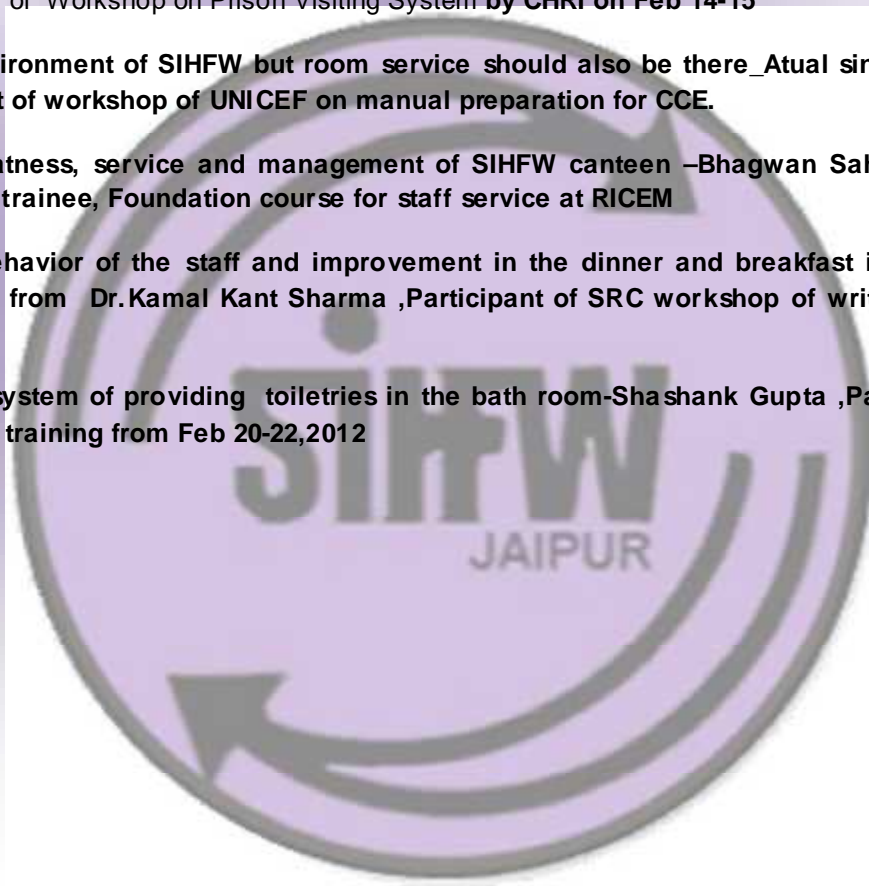
Other Highlights

- Celebrations-
 - Birthday party of Director
 - Parantha Party : Lunch hosted by Director for Staff



The Guest reactions

- I liked the environment of the campus and attitude of the Staff caretaker-S.N.Agarwal, participants of Workshop on Prison Visiting System by CHRI on Feb 14-15
- I liked environment of SIHFW but room service should also be there_Atual sing Chauhan Participant of workshop of UNICEF on manual preparation for CCE.
- I liked neatness, service and management of SIHFW canteen –Bhagwan Sahaya Meena ,RAS 2010 trainee, Foundation course for staff service at RICEM
- I liked behavior of the staff and improvement in the dinner and breakfast is expected comments from Dr.Kamal Kant Sharma ,Participant of SRC workshop of writers on Feb 22-24,2012
- I like the system of providing toiletries in the bath room-Shashank Gupta ,Participant of ICTC team training from Feb 20-22,2012



Health in news

Global

Public health, influenza experts agree H5N1 research critical, but extend delay

17 February 2012 -- Public health and influenza experts reached consensus on two urgent issues related to the newly created H5N1 influenza viruses: extending the temporary moratorium on research with new laboratory-modified H5N1 viruses and recognizing that research on naturally-occurring H5N1 influenza virus must continue in order to protect public health

Extremely cold weather challenges health and social services

Extremely cold weather increases mortality and poses a high health risk to many, particularly children and elderly, homeless or intoxicated people. The health sector needs to prepare for cold spells and winter health problems, to prevent and mitigate the adverse health effects of cold temperatures.

WHO upholds guidance on hormonal contraceptive use and HIV

Women living with HIV or at high risk of HIV can safely continue to use hormonal contraceptives to prevent pregnancy. The experts recommended that women living with HIV, or at high risk of HIV, continue to use hormonal contraceptives to prevent pregnancy, but emphasized the need to also use condoms to prevent HIV acquisition and transmission. They also stressed the need for further research on the issue and the importance of offering a wider choice of contraceptive options. **Source** <http://www.who.int/en/>

India

Cervical cancer kills 11 Indian every 7 mins

Mumbai: One woman dies every seven minutes of cervical cancer. Breast cancer claims one life every 10 minutes. In 2025, these cancers will kill one victim each in 4.6 and 6.2 minutes.

The figures and projections are for India by Globocan 2008, a software prepared by the World Health Organization's International Agency for Research on Cancer (IARC). The software is updated every few years to help public health officials to prepare a battle plan against cancer.

India clearly needs to fine-tune its anti-cancer strategies. In 2008, 72,825 women died of cervical cancer and 53,592 of breast cancer. There are region-wise nuances: while all-India statistics show that cervical cancer is the deadliest for women, breast cancer is the biggest worry in the metros. "In villages, there is poor hygiene (especially genital), which explains the higher incidence of cervical cancer. But in cities, the incidence of breast cancer is increasing due to late pregnancy, shorter period of breastfeeding and, mainly, obesity. These factors are not present in villages," said Dr Rajan Badwe, director, Tata Memorial Hospital (TMH). Experts say corrective steps can be taken to beat the projections. Devieka Bhojwani, vice-president, Women's Cancer Initiative of the TMH, said women today-even in rural areas-do not step back from getting themselves checked.

Cancer has India its deadly grip		
type	Incidence	Deaths
	Current	
Cervical	1.34L	72,825

Breast	1.15L	53,592
	2025 Projection	
Cervical		1.15L
Breast		85,229

Source Tol Feb22, 2012

Dr JK Das takes over as Director of NIHW on Feb.24, 2012

Rajasthan

“Children do not have enough to eat: minister”

Health Minister AA Khan said malnutrition is a real problem in developing countries ,especially in India. Malnutrition in children is not just a cause of their death, but is a hurdle in their growth.

He said malnourished child not only gets physically affected but even his/her mental ability is affected. While accepting the world survey report on malnutrition A life free from Hunger by Save the Children at Health Directorate, he said the State is making efforts to improve health facilities in Rajasthan with schemes such as free medicine,CMBPL raksha Kosh and JSY scheme among others.

The report was presented by Save the children brand ambassador actor Kunal Kapoor ,campaign coordinator Pragya Vatsya and State program Head Prabhat Kumar. Source: HT Feb 16,2012.

Electrocardiologists' meet begins in city

Jaipur: Cardiologists and physicians who take an interest in disorders of rhythms of the heart (arrhythmia) have congregated in the capital for discussions.

The Indian Society of Electrocardiology is holding its three day annual conference, ISECON 2012, which began here on Friday. This conference is the first platform of its kind for ECG awareness at the root level and to share experiences for preventing cardiovascular risk factors.

About 600 delegates from India and neighboring countries are attending the meet. Some top arrhythmia experts from across the country will visit the conference as faculty while a few experts are coming from the United States, Europe and the Asia Pacific region.

The unique feature of the conference is that the event will host a virtual cath lab training program with a live demonstration.

Interactive sessions on live CRT implantation, interactive session on pacemaker indication, mode selection and pacemaker ECG and dual chamber pacemaker workshop for cardiologists and LV lead placement workshops are scheduled during the conference. Source: TOI Feb 23,2012

Upcoming events:

Workshop on “MDGs in upcoming 12th FYP in Rajasthan” (March 17-18, 2012) with UNICEF support by State Planning Board, Rajasthan

We solicit your feedback:

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