Guidelines for the Management of Dengue

The Dengue virus is transmitted into the human body with the bite of several species of female mosquitoes of the Aedes type, principally A. aegypti. It is a small, black and white domesticated urban mosquito that lays its eggs in containers commonly found in and around homes, for example, flower vases, old automobile tires, buckets that collect rainwater, and trash in general. It typically takes 3 to 14 days for the Dengue virus to incubate before the body experiences acute fever.

There are five Dengue viruses. Infection with one type usually gives lifelong immunity against that particular type, but only short-term immunity to the others. A number of tests are available, which include detecting antibodies to the virus or its ribonucleic acid.

The signs and symptoms of Dengue range from mild to high fever with severe headache, pain behind the eyes, muscle and joint pain, and rash. At present, the vaccine against the Dengue virus is in the experimental phase. Thus far, preventing and treating the infected person is the best way to defeat the disease.

The most effective way to control the mosquito that transmits Dengue is its larval control, including eliminating, cleaning or chemically treating water-holding containers that serve as the larval habitat. Some of the main reasons for the sudden upsurge in Dengue include uncontrolled urbanization and high population growth, resulting in substandard housing, inadequate water, sewer and waste management issues.

According to the data collected by the WHO, an estimated 500,000 people with severe Dengue require hospitalization each year, with one type usually giving lifelong immunity against that particular type, but only short-term immunity to the others. A number of tests are available, which include detecting antibodies to the virus or its ribonucleic acid.

The Punjab Government has declared Dengue a ‘social issue,’ with a proposal to involve every person in the society for the eradication of the disease. At the first outbreak of the epidemic in Punjab back in 2011, the Government had introduced the Dengue Epidemic Control Regulations 2011, which are reinforced almost every year to combat the disease.

The regulations empower health inspectors to undertake inspection of different premises to spot breeding larva. In case of violation, the owner pays the cost of elimination. The rules also bind health authorities as well as the educational institutions to promote public awareness against Dengue.

The Punjab Healthcare Commission has been contributing towards the Punjab Government’s drive to create awareness about effective prevention strategies for the consumption of the general public as well as building capacity of the General Practitioners (GPs), in early diagnosis and prompt treatment based on the latest guidelines as they are the first point of contact.

Below are some general guidelines for GPs dealing with Dengue patients:

1. If a patient with a high fever is seen with a flushed face/extremities and a positive tourniquet test (even with normal white count) with leukopenia (WBC < 5000 /mm3) without any focus of infection, it is very likely that the patient is suffering from dengue fever.
2. Ensure adequate oral fluid intake.
3. If the patient is vomiting, has diarrhoea or is dehydrated, the total fluid requirement will depend on the degree of dehydration.
4. Avoid all nonsteroidal anti-inflammatory drugs in any form as they may induce severe bleeding.
5. Advise patients/parents to return immediately for review if any of the following occur beyond day three:
   - Clinical deterioration with settling fever
   - Bleeding tendency including intermenstrual bleeding or menorrhagia
   - Severe abdominal pain
   - Lethargy or irritability/restlessness
   - Cold and clammy extremities
   - Inability to tolerate oral fluid

We hope you find this newsletter useful and look forward to hearing your feedback!

Polioc idle a challenge for Pakistan

Pakistan is one of the last remaining polio endemic countries in the world, along with Afghanistan and Nigeria. Twelve cases of Polio were identified in 2018 and six in the year 2019 till date. In response to the upsurge in cases and persistent transmission of the virus in the environment, the Pakistan Polio Eradication Program, conducted multiple vaccination campaigns in different parts of the country. A special Polio vaccination round was conducted in February 2019 in all of 39 districts of the country, providing vaccination to more than 10.9 million children under the age of five. With the initiation of an expanded age vaccination campaign, an additional 72,000 children between five and ten years were vaccinated against Polio. In order to strengthen the perception in favor of Polio vaccination, the Communication for Eradication Strategy has been successfully implemented. As a result, the number of vaccine refusal fell by 27 per cent between September 2018 and January 2019 National Immunization Day campaigns, while the number of total missed children fell by 31 per cent. Polio vaccine was introduced during the 1950s and 1960s, resulting in a significant drop in Poliovirus-infected cases. Until 1988, when the Global Eradication Initiative, supported by the World Health Organization, UNICEF, Rotary International and NGOs, along with national governments of Polio-affected countries was launched, more than 1,000 children were getting paralyzed worldwide every year. Since then, the incidence of Polio has decreased by 99 per cent. Poliomyelitis, conflicts, hard to reach population and poor infrastructure are a few common challenges faced by the countries that constitute the one per cent of the world population still living under the fear of Poliovirus. Polio is incurable and the only way to defeat this disease caused by the highly infectious Poliovirus is to vaccinate children between the age of two months and six years. The virus invades the nervous system and paralyses the infected person and in extreme cases can cause mortality. The crux of the immunization program lies in reaching every child at the right age to check the transmission of Poliovirus which spreads through feco-oral route.

The most challenging areas for Pakistan have been the crossing points between Pakistan/Afghanistan border. According to Aziz Memon, the National Chair of the Pakistan Polio Plus Committee, the Government has increased the number of manned transport posts, where children are vaccinated against the virus. By the end of December 2018, 1.6 million children had been vaccinated at more than 380 such points.

http://polioeradication.org/who-we-are/
Access to quality healthcare is a basic fundamental human right, but in spite of all the advancements in medical sciences and related technologies, healthcare has been the leading cause of morbidity and mortality, increased awareness about medical errors has forced governments, globally, to not leave the management of quality care in the hands of medical professionals only. Regulating healthcare establishments (HCEs) thus becomes imperative.

Bringing HCEs in the ambit of law has been challenging, particularly because of the complexities of defining and measuring quality. Regulatory control systems exist in many forms and are broadly aimed at directing organizations to focus on societal objectives. Whether these broad goals are achieved often depend on both the nature of the controls and also on how the organizations being regulated respond to the controls. The healthcare regulation approaches range from total governmental control to total social control depending on the context, but the two most common healthcare regulatory strategies are licensing and accreditation.

Licensing is a process by which a governmental authority such as a regulatory body permits a healthcare organization to provide healthcare services based on meeting the minimum service delivery standards. The purpose of licensing is to protect basic public health and safety. Licensee is initially based on some form of external evaluation or examination using minimum standards or capabilities. An important purpose of hospital licensing is the ‘improvement of hospital practices by educational methods so that such practices eventually exceed the minimum requirements of the basic law and its original standards’. Accreditation is usually voluntary, sponsored by a non-governmental agency, in which healthcare organizations are evaluated against pre-established performance standards. Healthcare regulation is one of the neglected components of health systems in developing countries due to weak regulatory capacity, weak institutions and lack of priority to healthcare regulation. Pakistan has been no exception, making regulation of HCEs all the more challenging.

In Pakistan, health is a devolved subject, where provinces are responsible for the provision of healthcare services. In view of the practice of compromising quality in both the public and private health sectors and the continuously rising number of medical errors reported, especially in the media, the Punjab Government passed the Punjab Healthcare Commission Act-2010 to regulate the service providers Punjab. The Act called for the development of the Punjab Healthcare Commission for the implementation of regulations. As per the Act, no healthcare service provider and HCE can provide healthcare services without being registered and licensed with the Punjab Healthcare Commission.

To get licensed, the HCE is required to successfully implement Minimum Service Delivery Standards (MSDS), developed by the PHC. The Commission is also mandated to develop the framework and procedures for the accreditation of the HCEs and issue necessary guidelines and instructions in this regard. The Commission has a well-defined and transparent process for licensing of HCEs, which is initiated when the owner, manager or person-in-charge of a HCE registers with the Commission. The next step involves the submission of an application for a license accompanied by prescribed documents and fee. On submission of this application, complete in all respects, a HCE is provisionally licensed. HCEs are then invited to nominate staff for training on MSDS, intended to facilitate HCE staff in the implementation of standards. After allowing HCEs a reasonable period of time to ensure implementation, a pre-assessment is carried out, where PHC surveyors further assist HCE staff in identifying and eliminating lacunas in MSDS implementation. A formal inspection assessing the HCE’s eligibility for a regular license constitutes the final step in the licensing process, where a HCE is deemed eligible upon demonstration of desired compliance levels with the MSDS.

Inspections

The PHC’s inspections can broadly be classified into three categories. While pre-assessments serve as a facilitative intervention to assist HCE staff in the implementation of MSDS, regular inspections are formal, objective assessments of MSDS compliance at a HCE, thus determining its eligibility for the regular license. Inspection teams also conduct special inspections to assess and monitor the implementation of certain key indicators identified as crucial for patient safety.

Complaints Management

The PHC utilizes a responsive and robust complaint management system to investigate and decide on cases of medical negligence, malpractice, administrative failure and harassment and damages to property.

Anti-Quackery

With the mandate to ban quackery in all its forms and manifestations, the PHC is running a proactive, consolidated and comprehensive campaign against quacks. Data from the census of HCEs in Punjab, along with complaints received through various mediums, is being used to take decisive action against perpetrators of quackery.

Capacity Building Workshops

The PHC conducts capacity building workshops, with specifically designed modules elaborating each standard and functional area of the MSDS, to familiarize HCE staff with the standards and train them on the practical aspects of their implementation.
PHC’s role in improving psychiatric treatment

The Punjab Healthcare Commission regulates all Healthcare Establishments (HCEs) including psychiatric and addiction treatment and rehabilitation facilities. The Commission is mandated to close quality gaps through its regulatory functions of registration and licensing, anti-quackery and complaints management.

Hence, over the years, the Commission has helped all types of HCEs in improving their performance, and those failing to comply with the instructions emanating from the PHC were either closed or partially stopped from providing services.

As of March 31, 2019, the PHC’s inspection teams have visited 83 centers working as either dedicated Addiction Treatment Centers (ATCs) or providing psychiatric treatment within category-I HCEs. Thirty-eight ATCs were completely sealed, 24 centers were asked to stop functioning until they rectify the anomalies in the system, while 6 centers were partially sealed. So far, 57 cases have been concluded. Two ATCs were exonerated while another two were asked to stop indoor services. Fine to the tune of 9.6 million has been imposed. A total of around 854 patients were evacuated from these facilities.

According to the PHC inspection reports, the quality of psychiatric treatment delivered at the aforementioned ATCs were abysmally poor. Not only were psychiatric facilities absent, but the entire atmosphere was deplorable. The case of Amir Chishti Hospital in Shad Bagh, Lahore, is a case in point. The facility, according to the PHC’s inspection team “was kept in utter subhuman conditions, patients were crammed in the small space available and lying on the floor side by side very close to one another. Mats, blankets, quilts, pillows and towels in use were found extremely dirty and unhygienic. A number of inmates were found infected with scabies, lice and other skin infections.”

Further probing revealed that many ATCs were being used by criminals as a hideout.

As discussed, psychiatry is one of the most neglected areas in Pakistan. There is a dearth of facilities and infrastructure in the public sector, while the private sector exploits people either by providing below the mark treatment or by charging exorbitantly high fee to justify high quality care.

Mental Healthcare in Pakistan

When people are diagnosed with kidney failure or heart disease, there is a treatment plan and a known discussion about modifications to the lifestyle choices that cause or aggravate these ailments. However, when someone is diagnosed with mental illness, it is either swept under the carpet or camouflaged as some physical ailment. To many, the mind happens not to be a part of the physical being. To be mentally unwell is either taken as being lunatic or psychopath or under the influence of a spiritual power. Since a hush-hush culture prevails around mental illness, cures are usually sought in herbal treatment, exercise of evil spirits or in practicing one’s faith. Stigmatization, discrimination and exclusion of mentally ill people is due to a widespread lack of awareness about causes, symptoms and cures.

Such is the power of stigmatization that people would suffer rather get treated. Yasir Mas, a leading psychologist, said in one of his media interviews that “If we consider the process of mental illness development, stigma is a key factor that inhibits people from reporting the signs and symptoms of their mental illness right at the outset. It is an established statistic that on an average, people wait for up to 10 years to report their psychological or emotional problems, and this delay adds to the intensity or complication of the problem”.

According to the WHO’s estimate, mental disorders account for more than 4 per cent of the total disease burden, with mental health burden higher among women. It is estimated that 24 million people in Pakistan are in need of psychiatric assistance. To make matters worse, Pakistan has 0.19 psychiatrists per 10,000 persons, one of the lowest numbers in the WHO’s Western Mediterranean Region, and in the whole world. The WHO recommended psychiatrist to patient ratio is 1:10,000.

Another problem with mental healthcare is that it is not integrated with general medical care. Such neglect at the policy level has contributed in increasing the number of mentally ill people. It is unfortunate that most of the District Headquarters Hospitals in small cities neither have psychiatrists nor psychiatric wards. Patients rely on the judgment of the regular doctors to get treatment on mental health, which usually turns out insufficient with the result that the patients end up suffering at the hands of either a faith healer or a quack.

Mental illnesses include disorders such as schizophrenia, psychosis, bipolar disorder, post-traumatic stress, eating disorders such as anorexia and bulimia, anxiety, depression and neurosis. These are just a few illnesses and there are many other sinister disorders and diseases of the mind.

Not all mental health issues relate to mental disorders. People need professional guidance on issues that induce stress, such as relationship problems, difficulties at work or loneliness. Moreover, people whose mental illness has gone into remission may still require counselling to ensure sustained recovery. Medication alone is not enough to treat most mental disorders. Often, psychological intervention, such as counselling specific psychotherapies and vocational rehabilitation, are equally important.

Often, people tend to confuse mental illness with mental retardation. This frame of mind needs fixing up. The best way to clear away this misconception is to raise awareness, talk about mental health issues and challenge the stigma attached to it. At another level, awareness is needed to start recognizing the brain as any other body organ that can become sick and can be cured by treatment. It is important that information about the brain and how it works is fully grasped so as to understand the effect of a healthy mind on the quality of life and the future of the country.
In the months of February and March, the PHC collectively trained 377 participants, including 161 GPs, 9 Pathologists and 13 Lab Technicians, 85 Hakeems, 80 Homeopathic Practitioners and 29 staff members representing category I HCEs on their respective MSDS.

These training workshops were conducted as part of the Commission’s capacity building program, which serves as a facilitative intervention aimed at enhancing the skill level of those implementing the MSDS at their respective establishments. The program is widely popular among healthcare service providers and has consistently garnered positive feedback from participants.

A delegation of the National Council for Homeopathy (NCH) visited PHC on February 4, 2019. Led by President NCH Homeopathic Doctor Mahmood-ul-Haq Abbasi, the delegation comprised senior council office bearers including Homeopathic Doctors Rao Ghulam Murtaza (Vice-President), Javed Awan, Faisal Saleem, Naeem Hafeez, Aisha Nawaz and Tabassum Hussain. They met with the Chief Operating Officer Dr Muhammad Ajmal Khan, Director Clinical Governance and Organizational Standards Dr Mushqat Ahmed, Director Licensing Dr Muhammad Anwar Janjua, Director Complaints Prof Riaz A. Tanseem and other members of the PHC senior management.

The mission was all praise for the achievements of the PHC in regulating the health sector in Punjab and in ensuring the delivery of quality services through the implementation of MSDS.

According to Section 2 (XXIX) of the Punjab Healthcare Commission Act 2010, a quack is a person providing health services without having registration of the Medical and Dental Council, Council for Tibb, Council for Homeopathy and Nursing Council.