Health Action in Nepal

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Aid of Life Saving Drugs to Pakistan

Source: Dr. M.B. Bista, Director
Epidemiology and Disease Control Division

At the initiation of Ministry of Health, Department of Health Services, Epidemiology and Disease Control Division, Acting Director General Dr. M.B. Bista with financial support of WHO Nepal, Nepal has donated emergency medical aid to Pakistan as emergency support to the survivors of the Asian Earthquake on 8th October 2005. Altogether 22 items of life saving emergency drugs at the value of 7,500 US dollar were handed over to His Excellency Ambassador of Pakistan Mr. Sohail Amin by honorable Health Secretary Mr. Ram Chandra Man Singh on 17th November 2005.

DOTS PLUS Program in Nepal

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WHO Medical Officer Tuberculosis Nepal

Multiple Drug Resistant (MDR) Tuberculosis is caused by inadequate drug treatment of tuberculosis. These resistant Tuberculosis strains are caused by bad medical practice such as over-prescribing antibiotics or patients not taking the drugs long enough to get rid of the disease. The cost of drug-resistant TB is high, both to the individual patient and society. While first-line drugs used to treat a simple case cost about $10, “second line” drugs to treat multiple-drug resistant TB (MDR-TB) are up to 100 times more expensive. They also have no guarantee of success. It is a problem all over the world, and recent estimates suggest that there are over ¼ of a million cases globally. WHO recommends the DOTS strategy (Directly Observed Treatment Short course) as the best tool in the fight against the development of Drug Resistant Tuberculosis.

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A First Report of Dengue Fever Cases in Nepal

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Dengue is an acute febrile, mosquito-borne, viral illness that may induce hemorrhagic fever and death. Worldwide, there are 50 to 100 million dengue fever cases with 200 to 500 thousand deaths each year. Five percent of hemorrhagic cases are fatal.

Dengue hemorrhagic fever has been reported from northern India. These outbreaks have also occurred in areas that border Nepal. However, in Nepal no outbreaks of dengue have been reported. We report here on the presumptive diagnosis of dengue fever in Nepal.

This study was conducted with the rationale that outbreaks of rash-like illnesses that were not associated with measles or rubella viruses may be associated with the dengue virus. The study took place from January 2004 through June 2005. Serum samples were collected by trained medical officers during outbreaks of rash-like illnesses as part of national measles surveillance. Among 1186 serum samples collected and sent to the National Public Health Laboratory, Department of Health Services, Ministry of Health, Nepal, 617 were anti measles virus IgM and 183 were anti rubella virus IgM positive.

Of the 386 remaining samples, 115 had a sufficient serum quantity for further testing, and these samples were tested using a MAC ELISA (Diagnostic Automation Inc., USA) for IgM antibodies to the dengue virus. Of the 115 samples, 50 (43%) were reactive, 26 (22%) were indeterminate, and 39 (33%) were non-reactive for dengue antibodies. Our data suggests that of 915 (i.e., 617+183+115) persons with a rash-like illness, 5.4% had a presumptive dengue infection. However, this data does have limitations. Our data is presumptive, that is, we have a single measure of serum antibodies not paired sera, as paired sera are necessary for demonstrating a significant rise in serum antibody titers for confirmation of diagnosis. We have also noted that a high number of tests were indeterminate suggesting that this test may not be appropriate for this area.

Finally, dengue is a flavivirus, like the Japanese encephalitis virus that is endemic to Nepal. Cross reactivity between these two viruses may have biased our results. Still, these results were thought worth reporting.

In conclusion, we are making the first report of a considerable number of presumptive dengue fever cases among persons with a rash-like illness in Nepal. Further research including collection of paired sera or other tests are urgently needed to confirm or exclude dengue in this population. If confirmed, control measures must be instituted.

News update in November 2005

National Annual Review Meeting for the Fiscal Year 2004/05, From 13-15 November 05

The Health Sector National Annual Review Meeting was held from 13-15 November 2005 for the fiscal year 2004/05. The focus of the meeting was:
1. Progress report of goals and budgeting in expenses for activities in the fiscal year 2004/05.
2. The progress report of analytical trends of three years (2002/03, 2003/04 and 2004/05) with main health indicators
3. The contribution of External Development Partners (EDP) and NGOs to the activities to achieve the goals of the Health Sector Implementation Plan.
4. The problems / Constraints / Issues raised in the regional review meeting of the fiscal Year 2004/05 in the Regional Health Directorate.
5. The main strategy for better performance especially for the low performance districts in order to improve performance.
**Update of the Japanese Encephalitis Outbreak in 2005**

Seasonal outbreak of Japanese Encephalitis usually occurs every year from July to October with the peak period in August and September. As reported to Epidemiology and Disease Control Division till the end of October 2005, there were altogether 1916 Japanese Encephalitis cases from 19 districts from Jhapa district in the Eastern Region to Kanchanpur district in the Far-Western Region of Nepal. Reports were collected from the 28 Sentinel sites of the Early Warning Reporting System (EWARS) as well as reporting by phone call made from the non-sentinel sites.

As per a high level meeting held on the 9th October 2005, by HMGM/WHO and WHO, it was decided that Program for Immunization Preventable Diseases (IPD) of WHO would be responsible for Acute Encephalitis Syndrome Surveillance through their expanded data collection from 52 sentinel sites. In the IPD Acute Encephalitis Syndrome Surveillance, the cases were confirmed by laboratory test, a case based assessment was made of each case and reporting. The vast majority of suspected encephalitis cases is now tested by IgM ELISA, which is an “enhanced EWARS.” These data belongs to the Department of Health Services. However, the overall responsibility for this data lies with Epidemiology and Disease Control Division (EDCD). EDCD uses the data send from IPD WHO as the official data of the Ministry of Health and Population (MOHP). As reported from IPD/WHO to EDCD, there were altogether 2784 Japanese Encephalitis cases till 30 November 2005.

Every year His Majesty Government (HMG) launches programmes like awareness campaigns, immunization of children and distribution of mosquito nets at affordable prices. In addition, Ministry of Health and Population, Department of Health Services, EDCD has planned interventions on Japanese Encephalitis mass vaccination campaign-for children 1 to 10 years of age in high endemic district during the Fiscal Year 2006/07.
**Forthcoming News in 2005**

**Training on Public Health in Emergencies for District Rapid Response Team**

The training on Public Health in Emergencies for District Rapid Response Team is going to be held from 21-22 December 2005 in Janakpur in the Central Region of Nepal with the support of the World Health Organization.

Altogether 30 participants (representatives from Regional Health Directorate and District Disaster Relief Committee, District Health Officer, Medical Officer, Public Health Officer, in charge of Primary Health Center, and Senior Program Officer of Nepal Red Cross Society (NRCS)) will participate in this training from 6 districts (Dhanusha, Sarlahi, Mahottari, Siraha, Sindhuli and Rauthat) of the Central Region.

The main objective of the training is to enhance the disaster response capacity at the district level. This training program helps encourage the RRTs to initiate a coordinated emergency preparedness in close cooperation with the relevant institutions like NRCS.

**Workshop on Outbreak Investigation and Response training for Influenza-like illness for Rapid Response Teams (RRT) in the Eastern Region**

The workshop on “Outbreak Preparedness and Response Training for Influenza Like Illness in the Central and Mid-Western Region” was held in October 2005 with the support of WHO. Altogether 68 RRT members participated from 14 districts. Furthermore the same workshop was held from 15-17 November 2005 in Regional Health Training Center, in Dhanukta with the support of the World Bank. Altogether 30 Rapid Response Team (RRT) members (Medical Officers, Public Health Nurse, Health Assistants, Vector Control Assistants, Auxiliary Health Workers, EPI Supervisors, Statistician Assistants, Auxiliary Nurse Midwives) from 3 Districts (Terathum, Dhanukta and Siraha) participated in the Eastern Region workshop. In addition the Regional Health Director also participated in this workshop.

The specific objectives of the workshop were as follows:

1. To strengthen the capacity of RRT to perform Communicable Disease Outbreak Investigation
2. To re-orient RRT on Surveillance of Communicable Diseases
3. To re-orient RRT on response to Outbreak
4. To orient RRT on preparedness and management of Influenza Like Illness in the context of Influenza Pandemic and
5. To re-orient RRT on the role of laboratories in outbreak investigation.

During the workshop, all participants were trained on investigation and response using an example of Influenza-like illness. This will help the district RRT for preparedness as well as undertaking timely outbreak investigation and containment.

**Participants from the Central, Eastern, and Mid-Western Regions of Nepal**

Outbreak Investigation and Response Training for Influenza like Illness for Rapid Response Team from October to November 2005

- **Districts of Central Region**
- **Districts of Eastern Region**
- **Districts of Mid-Western**

Total RRT members provided with the training in 17 districts = 98
News update in November 2005

3 Day training on Snake Bite Management in the Eastern and Mid-Western Region in November 2005

The 3-day Awareness program on Snake bite management training was held in Nepalgunj in the Mid-Western Region from 11-13 November and in Biratnagar in the Eastern Region from 15-17 November 2005 for Public Health Inspectors, Health Assistants, Staff Nurses, Senior Auxiliary Health Workers/AHWs, Auxiliary Nurse Midwives (ANM) and representatives from Army Camp.

Altogether 30 participants participated in each training especially from snake bite affected districts like Kanchanpur, and Kailai in Far-Western Region, Dang, Bankey, Bardiya and Surkhet in the Mid-Western Region and Kapilvastu in the Western Region and in the Eastern Region of Nepal, participants attended from Jhapa, Morong, Sunsari, Saptari, Siraha, Udayapur, and Dhanusha.

The main objective of this 3 day training was to train on an effective first Aid Treatment to paramedics and Nurses of Hospitals, District Public Health office, Primary Health Center, Health Posts and Sub Health Post level for the reduction of mortality from snake bites.

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