

THE JAN AUSHADHI CAMPAIGN

A brave new initiative began this July in the country – The *Jan Aushadhi* Campaign. The idea was long overdue. India's large generic drug industry supplies affordable medicines to more than 100 countries. While it has earned the sobriquet of 'pharmacy of the world', it is preposterous that the common man in India's major health expenditure is on drugs.

This campaign launched by the Department of Pharmaceuticals will provide quality medicines at rock bottom prices to the masses. The trick is to remove the various intermediaries between the drug maker and the consumer. The first *Jan Aushadhi* store began in Amritsar 6 years ago, and there are a 100 odd stores currently functioning mainly in Northern India. However, over the years the program foundered in the murky waters of shortage, stockouts and an inefficient supply chain management. This year, the country aims to resurrect the scheme and launch over 1000 *Jan Aushadhi* shops across the country. Based on sales of various drugs, the government has identified 504 drugs including antibiotics, painkillers, vitamins and some drugs used in specialties such as cardiology, neurology and gastroenterology. The Medical Council of India and Indian Medical Association have also been consulted to enable more cooperation from doctors to prescribe generic names. A mobile application has been developed to help consumers get the generic name of a particular drug. Once the brand is rolled out, the government also plans to make it mandatory for public hospitals to prescribe it wherever possible. There are concerns on whether the government will be able to maintain and monitor quality of all such products sold since they will be procured from different firms. But officials are optimistic that procurement norms and sampling will help to control quality. (*The Hindu 18 June 2015*)

NON-INVASIVE SCREENING FOR DOWN SYNDROME

A large study of pregnant mothers from Great Ormond Street Hospital has shown that Non-invasive Prenatal Testing (NIPT) for Down syndrome is 99.2% accurate. In the NIPT, the maternal blood is tested for trisomies in fragments of fetal blood around the tenth week of pregnancy. Cell-free DNA from the mother's blood is analyzed for maternal and placental DNA. After sequencing, these DNA fragments are compared to a reference genome, usually from the mother's white blood cells.

Worldwide, the test has contributed to about 50-70% reduction in invasive procedures such as amniocentesis. False positives – though low – can result from a twin that died in the womb, abnormal or mosaic cells from the placenta, or a health condition in the mother, such as cancer. It is interesting that the NIPT can also pick up pre-symptomatic cancer in pregnant women. In a review of three case reports published online on June 5 in *JAMA Oncology*, researchers sequenced maternal cell-free DNA from 4000 pregnant women. Three women had abnormal genome profiles that did not appear to belong to the mother or fetus, raising suspicion for maternal cancer. The

women underwent whole-body scanning with MRI, which revealed cancer in all three. Pathologic and genetic tests confirmed the diagnoses. Genetic analyses of the tumor biopsy specimens confirmed that they matched the genome results found in the NIPT plasma. The UK's National Screening Committee is now planning to assess whether the NHS should offer the test to all pregnant women this year.

(*Medscape Medical News 11 June 2015*)

CHOLERA VACCINE

An oral, cheap cholera vaccine "Shanchol" from *Shantha* has been found to be effective in reducing rates of cholera in Bangladesh. In this real-life cluster randomized open label trial, two doses of the vaccine were given 14 days apart to participants above 1 year in the urban slums of Dhaka, and compared it with 'vaccination plus behavioral changes like hand washing', and with no intervention. Overall vaccine coverage was around 65%. Total effectiveness was 53% in the vaccination group and 58% in the 'vaccination plus behavioral change' group. Even with moderate vaccine coverage, the incidence of life-threatening cholera in children below 5 years went down by 40%. (*The Lancet 8 July 2015*)

AMERICAN ACADEMY OF PEDIATRICS OPPOSES TELEMEDICINE IN UNKNOWN PATIENTS

A policy statement by the American Academy of Pediatrics (AAP) has condemned virtual visits by physicians for patients whom they have not previously seen. In an article by the Committee on Pediatric Workforce published in the journal *Pediatrics*, they have come down strongly on "ask-a-doc" services. The AAP believes that the primary care physician must be responsible for the patients, and guide them through the health care system. "The use of telemedicine care by virtual health care providers, such as those linked to retail-based clinics, entrepreneurs, or insurers whose business model is to provide health care services to patients via smart phone, laptop, or video-consult kiosk without a previous physician-patient relationship, previous medical history, or hands-on physical examination (other than what can be accessed via the technology), can undermine the basic principles of the patient-centered medical home model," the committee commented. Many other State Medical Associations and specialty services also feel the same.

However, the AAP strongly supports the use of telemedicine in the context of established physician-patient relationships. It calls for an expansion in the use of the technology to increase patient access to care, to enable pediatricians to care for more patients, and to allow them to learn from subspecialists during remote consults. Virtual visits can also reduce missed appointments, increase adherence to care plans, enhance disease management, reduce patient travel, and can result in fewer missed work school days. (*Pediatrics. 2015;136:202-9*).

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