NEWS IN BRIEF

WHO Guidelines on Child Sexual Abuse

The WHO has recently released guidelines regarding management of children up to 18 years of age who have been victims of sexual abuse. The problem is ubiquitous. A study in 2011 states that 18% of girls and 8% of boys worldwide have suffered sexual abuse. The key message is to put the interests of the child first. Ensuring safety, offering confidentiality, presenting all possible choices, being especially sensitive to additional issues like gender identity and disabilities, and providing care without discrimination should be the main goals.

The recommendations state that care givers should be careful to avoid additional trauma while taking history, performing examination and documenting data. Children who present within 72 hours must be offered post-exposure prophylaxis to prevent HIV. Emergency contraception must be offered to girls who have presented within 5 days. Hepatitis B and HPV vaccine may be offered according to national guidelines. Cognitive behavioral therapy is advised for children who manifest post-traumatic stress disorder.

The consequences of sexual abuse are both immediate as well as long-term. Till we are able to ensure a safe society for children to grow up in, the guidelines will help in improving immediate care of these traumatized children. (*http://www.who.int/reproductivehealth/topics/violence/clinical-response-csa/en/*)

Indian is Deputy Director at WHO

Dr Soumya Swaminathan, a pediatrician by training, has been appointed to be Deputy Director of Programs in the WHO. This will be the highest post ever held by an Indian in the WHO. Dr Swaminathan is an alumnus of the Armed Forces Medical College and the All India Institute of Medical Sciences. She is well known internationally for her work on tuberculosis, and she has been the Director of the National Institute of Research in Tuberculosis in Chennai for several years. Since then she has moved on to being the Director General of Indian Council of Medical Research (ICMR) and the Secretary, Department of Health Research, Ministry of Health and Family Welfare.

She has undertaken large trials to test various strategies to deliver anti-tubercular therapy in the community, especially underserved areas. She has also been instrumental in scaling up the use of molecular diagnostics for TB surveillance and care. Most recently she is part of the TB Zero City Project, which aims to create "Islands of elimination" working with local governments, institutions and grassroots associations. Thirty years of dedicated clinical research in the important area of tuberculosis will hold her in good stead to handle the onerous responsibilities now resting on her capable shoulders. (*The Hindu 4 November 2017*)

Mandatory Clinical Trial Data Reporting

In 2007, the ICMR launched a free online Clinical Trials Registry of India (CTRI), hosted at the ICMR's National Institute of Medical Statistics (*http://nims-icmr.nic.in, www.ctri.nic.in*). Since 2009, the Drugs Controller General of India (DCGI) has mandated registration of clinical trials in the CTRI. Further, editors of biomedical journals of 11 major journals of India have declared that only registered trials would be considered for publication.

From April 2018, it will become compulsory for all organizations and persons who have registered for clinical trials to disclose outcomes of the trials within one year of completion. The move has been made to increase the visibility of negative trial results. Trials with positive results are far more likely to come to public view and be published, whereas negative data are equally important to get a big picture of the truth.

Organizations which do not comply will be blacklisted, which means future trials will not be registered, and they will not be considered for grants. The number of trials registered with CTRI has risen steadily from 545 in 2009 to 1,327 in 2017. The CTRI has 8,950 trials registered as on June 30, 2017, of which 2,036 have been completed and 28 terminated. (*The Indian Express 23 November 2017*).

Drug-resistant Malaria in South East Asia

Artemisinin combination therapies (ACTs) have become the cornerstone of the treatment of falciparum malaria throughout the malaria endemic world. Artesunate resistance in falciparum malaria was first documented in Western Cambodia in 2007. Since then, Dihydroartemisinin- piperaquine combination has been the first line therapy for falciparum malaria in Cambodia. However, over the past 10 years, the drug-resistant strain has spread to northeastern Thailand, southern Laos and eastern Myanmar.

Recent work by Prof Arjen Dondorp and his colleagues in the Oxford Tropical Medicine Research Unit in Bangkok has revealed some sinister developments. Falciparum has now become resistant to both artermisinin and piperaquine. Cambodia has now switched over to the artemisinin-mefloquin combination that is still effective.

The number of malaria cases in South East Asia are relatively few, compared to Africa which accounts for 92% of cases. In the 1950's and 1960's, there were two waves of drug-resistant malaria when resistance to chloroquine and sulphadoxine-pyrimethamine swept from South East Asia to the rest of Asia and Africa resulting in huge number of deaths.

The fear is of history repeating itself, unless artimisinin-resistant malaria is contained and eradicated in Cambodia, Thailand and Vietnam. (*The Lancet Infectious Diseases October 2017*).

Gouri Rao Passi
gouripassi@gmail.com