

TB – WE HAVE LOST OUR WAY

In a country which can give the world a Nano, can write world-class software, where individual brilliance is common, our efforts in public health are piteous. On March 24, the World Tuberculosis Day, when national statistics were reviewed, all news was bad news. According to the Directorate General of Health Services, two deaths occur every 3 minutes from the disease. Case detection rates have fallen, especially in China and India. The relapse rate in India is 35% *vis-a-vis* a global rate of 15%. Three lakh children in India leave school annually to look after parents who have contracted the disease. The fate of women is especially pitiable with nearly one lakh having to leave home. The children who are left behind are pushed into malnutrition and sometimes death. Three percent of all new cases are multidrug resistant tuberculosis (MDR TB). And while the cost of treatment of a patient with tuberculosis is around Rs 500 over 6 months in the DOTS program, treating a MDR TB costs around Rs 1,50,000 over 24 to 48 months. And, according to the WHO about 5.2% of all TB cases are associated with HIV. Just considering the economic and social costs of the disease should galvanize the country into immediate action. We need to change our game plan (*Econ Pol Wkly India*, 5 April 2008).

THE WORK-LIFE BALANCING ACT

As the structure of society evolves, the needs and aspirations of people change. How have the needs of doctors changed? The Australian Medical Association (AMA) conducted an online survey of 604 junior and senior doctors to evaluate the need for flexible training and working arrangements and their accessibility to these doctors.

Eighty one percent of the hospital doctors expressed a need for flexible work arrangements to be able to spend more time with family, to look after children or to reduce work related stress. The kinds of flexible arrangements assessed were career break, employer assisted child care, flexible rostering,

home based work, interrupted training, part time training, part time work and ability to purchase additional leave. The chief barriers to change include the institutional mind set, concern about continuity of care of patients, inflexible college training schemes, insufficient technology for home based care.

Interestingly, junior doctors had the greatest demands for a flexible work arrangement. It is increasing obvious that this “Generation X” rate a healthy balance between work, study, leisure and family life to be as important as professional achievement. The exploitative culture of excessive working hours, long shifts and unpaid work is no longer acceptable today (<http://www.ama.com.au>).

FDA APPROVES ROTARIX

Finally, Glaxo SmithKline’s 2 dose live, attenuated rotavirus vaccine has been cleared by the FDA for use in children. It was based on trials of more than 75,000 children in Americas, Asia, Europe and Africa. It has been licensed for use in more than 100 countries. It reduces hospitalization by 96% and prevents severe rotavirus diarrhea by 90%. Its efficacy to prevent any severity of rotavirus diarrhea is 79%. It is indicated in the prevention of G1, G3, G4 and G9 strains. Studies have shown that naturally acquired rotavirus infection protects against severe rotavirus infection of other strains. This vaccine also has this ability. Five phase III clinical trials have been conducted to ensure its safety. The main adverse effects include fussiness, cough, fever, loss of appetite and vomiting. It is contraindicated in certain individuals with an uncorrected congenital malformation of the GI tract. The CDC recommends that children complete the immunization by 6 months of age (*Medical News Today*, 6 April 2008).

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