NEWS IN BRIEF

WHO Categorization of Antibiotics

The WHO has categorized antibiotics into 3 groups 'ACCESS', 'WATCH' and 'RESERVE'. In the new Essential Medicines List (EML) 2017 published recently, it seeks to combat the menace of antibiotic resistance. The EML this year has 433 drugs with 20 new drugs added in the list for children. This list is often used by countries to prioritize their public health spending.

In the ACCESS group of antibiotics, the WHO has placed antibiotics that must be readily available and used for a wide range of common infections, including amoxicillin, amoxicillin-clavulanic acid and cephalexin. WATCH group includes antibiotics that are first-line or second-line for a small number of infections; *e.g.*, ceftriaxone for acute bacterial meningitis, piperacillin-tazobactum for hospital-acquired pneumonia, and azithromycin, ciprofloxacin, cefixime, vancomycin and meropenem for various listed infections. RESERVE category has drugs that must be considered last resort drugs – to be used only when all else have failed. This includes colistin, imipenem, aztreonam, and fifth generation cephalosporins – ceftaroline and cefipime.

Other drugs in this year's EML are pre-exposure prophylaxis with tenofovir alone, or in combination with emtricitabine or lamivudine, to prevent HIV infection, and delamanid and clofazimine for the treatment of children with multidrug-resistant tuberculosis. The final decision about whether to categorize oseltamavir in the EML is not yet taken.

The strategy is another attempt to change prescriber behavior and curtail antibiotic resistance. (*http://www.who.int/medicines/publications/essentialmedicines/6th_EMLc2017.pdf?ua=1*)

First Cases of Zika Virus in India

Three persons from Ahmedabad were confirmed to be positive for the Zika virus in January 2017. They were notified to the WHO on 15th May 2017. The delay in reporting has created a furor in public health circles. All three cases were confirmed during routine surveillance in which about 50,000 samples have been tested so far. The cases included a 34-year-old pregnant woman who developed a low grade fever after delivery. Blood sent for dengue testing was found to be positive for Zika virus. Both mother and child are healthy. Another pregnant woman, picked up to be positive for Zika virus infection on antenatal surveillance, has also delivered a healthy baby. The third patient picked up on Acute Febrile Illness (AFI) surveillance is asymptomatic. None of the patients had travelled outside India.

Those infected with the virus may have mild fever, skin rashes, conjunctivitis, muscle and joint pain, or headache. These symptoms normally last for 2-7 days. Exposure to the Dengue virus is considered to increase the risk of developing Zika infection.

In February 2016, Zika was declared a public health emergency of international concern, due to the suspected causal association between Zika virus and microcephaly and Guillain-Barre Syndrome. In India, the WHO has been supporting the Ministry of Health and Family Welfare for enhancing Zika virus surveillance and scaling-up vector control measures among other activities. In addition to National Institute of Virology (Pune) and National Center for Disease Control (Delhi), 25 laboratories have also been strengthened by Indian Council of Medical Research (ICMR) for laboratory diagnosis, while three entomological laboratories are conducting Zika virus testing on mosquito samples. ICMR has tested 34,233 human samples and 12,647 mosquito samples for the presence of Zika virus. Among those, close to 500 mosquitoes samples were collected from Bapunagar area of Ahmedabad district in Gujarat, and were found negative for Zika.

Under the Rashtriya Bal Swasthya Karyakram (RBSK), monitoring for microcephaly has been established at 55 sentinel sites. No increase in number of cases/clustering of microcephaly has been reported from these centers so far. (*The Hindu 28 May 2017; http://www.searo.who.int/india/mediacentre/news/2017/preventing_zika/en/*)

Maternity Leave Increased to 26 Weeks

A landmark bill was passed in parliament to ensure paid maternity leave for 26 weeks to all women working in the organized sector in India. It will apply to all organizations hiring more than 10 people. The entitlement will be for the first two children; the third child will entitle the mother for 12 weeks leave.

The Maternity Benefit (Amendment) Bill also provides maternity benefits for women who legally adopt a child below 3 months of age, and to a mother who uses her eggs to have a surrogate child. Every establishment with more than 50 employees will also have to have a crèche within a prescribed distance. Mothers will be allowed four visits to such creche during working hours.

India now comes third in duration of maternity leave after Canada (50 weeks) and Norway (44 weeks). In the US, there is no provision for paid maternity leave. Though business analysts predict a fall in recruitment of women by business houses, a commentary in the Fortune magazine says that India has put the US to shame in showing the way forward by prioritizing mother and child welfare. (*The Times of India 10 March 2017*)

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