

Communicable Disease Newsletter

Can treatable sexually transmitted infections be eliminated from the South-East Asia Region?

The control of sexually transmitted infections (STIs) is improving in the South-East Asia (SEA) Region as a whole, with several countries documenting clear declines in disease incidence in recent years. This was one of several conclusions of a recent expert group meeting called by WHO Regional Office for South-East Asia (SEARO) to discuss the current status of STIs and opportunities for their control and elimination.

Current STI burden

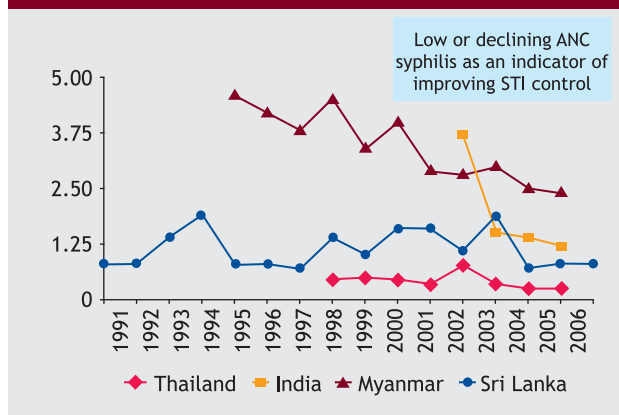
According to WHO estimates, 340 million new curable sexually transmitted infections occurred in 1999, about half of them in Asia. Asia is also the second-most severely affected continent by the HIV pandemic. The situation has changed in recent years as a result of STI control and HIV prevention efforts that have been underway in the Region. Moreover, it has been observed that HIV epidemics in the Region have largely followed trends in STI control as a whole. Where STI control has remained strong, as in Sri Lanka, HIV epidemics are slow to develop. Where STI control interventions have been scaled up, as in Thailand and parts of India and Myanmar, rapidly growing HIV epidemics have been halted and reversed. In such cases, STI rates have proven to be sensitive markers of sexual transmission trends, often declining years before HIV declines become measurable.

Opportunities for control and elimination of STIs

The experts also noted that although STI surveillance remains weak in many countries, several important STIs appear to have declined to low levels or been eliminated in several countries. These include chancroid and syphilis. For example, in Sri Lanka prevalence of syphilis declined from

7.1 per 100 000 population in 1989 to 0.7 per 100 000 population in 2003. In Thailand, prevalence of syphilis declined from 0.41 per 1000 population in 1989 to 0.02 per 1000 population in 2004. No case of chancroid has been reported in Thailand since 1998. In addition, declining trends in maternal syphilis have been reported in these and other countries as STI control efforts have improved (Fig. 1).

Fig. 1: Antenatal syphilis prevalence trends in the SEA Region



Source: WHO/UNAIDS epidemiologic fact sheets

These data suggest that initiatives for disease-specific STI control, including elimination of chancroid and control of syphilis, would be feasible for the SEA Region. This, however, would require intensification of control efforts for ulcerative STIs together with strengthening of related surveillance.

Eliminating congenital syphilis

The second proposed control initiative focuses on congenital syphilis. An estimated two million pregnancies per year are affected by maternal syphilis in the world, and most of them go undetected. Adverse pregnancy outcomes – spontaneous abortion, stillbirth, perinatal death, low birth weight, neonatal infection and sequelae – occur in up to 80% of these pregnancies.

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However, simple interventions using sensitive diagnostic tests and effective antibiotic treatment exist to prevent these adverse outcomes. By screening pregnant women for syphilis and providing treatment to those in need, congenital infections can be minimized. Screening and treating women for syphilis during pregnancy is among the most cost-effective public health interventions. In addition, there are important benefits of treatment for mothers and their partners, as well as synergies with prevention of mother-to-child transmission of HIV.

The incidence of congenital syphilis of course can be reduced further by controlling the transmission of infectious

syphilis in the community, and therefore there is a need for linkage with broader STI control.

In conclusion, recent declines in STIs indicate that STI control is improving in the Region and raise new opportunities for control and elimination. Essential elements include improving STI control efforts in order to eliminate selected STIs of public health importance and to slow HIV transmission, as well as strengthening of STI surveillance to better monitor progress in STI control and to assess HIV prevention efforts.

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Recent outbreaks and communicable disease emergencies

Avian influenza in South-East Asia Region: an update

There were 36 cases of influenza A (H5N1) reported globally in 2008; 21 were from the South-East Asia Region and 95% (20) of them were from Indonesia. Global mortality in 2008 was 78%; mortality in Indonesia was 85%.

The first poultry outbreak of Highly Pathogenic Avian Influenza (H5N1) in Indonesia was reported in December 2003. Since that time, the virus has spread to 31 of 33 Indonesian provinces and it remains endemic in Java, Sumatra, Bali and South Sulawesi, with sporadic outbreaks reported from other areas.

The first case of human avian influenza was reported in Indonesia in July, 2005. Since then over 1500 suspected cases of avian influenza were investigated; 135 cases were confirmed and 110 were fatal (case fatality rate: 81%). All confirmed cases were reported from Java, Sumatra, Sulawesi and Bali islands.

Chikungunya outbreak in Narathiwat Province, Thailand, August-September 2008

The outbreak was notified from Narathiwat Provincial Health Office in Thailand on 5 October to Bureau of Epidemiology (BOE), Ministry of Public Health of an increase of fever, rash and joint pain with preliminary diagnosis of chikungunya fever. A joint Rapid Response Team from Central, Regional, Provincial and District investigated to verify diagnosis and assess the situation in order to implement control measures.

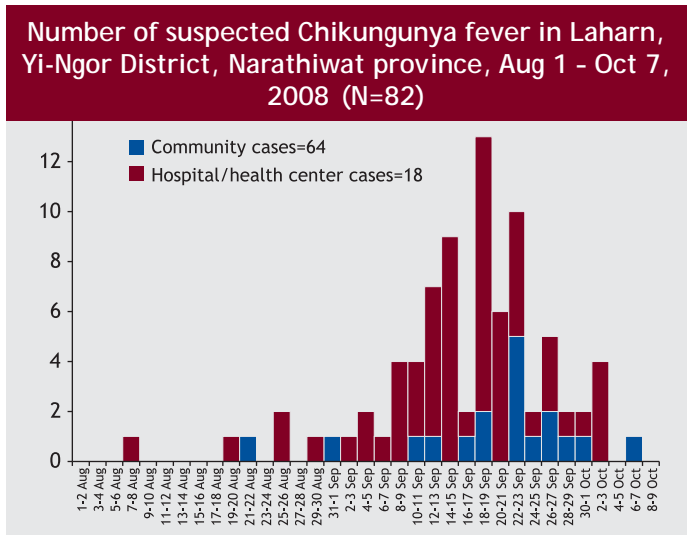
The medical records of patients (fever, rash and joint pain) who came for treatment from 1 August to 7 October 2008 in a district health centre, district and provincial hospitals reviewed, blood specimens for laboratory tests were collected and an entomological survey in the village performed.

Preliminary results identified 18 cases in the health-care settings. Active case finding identified an additional 64 cases. The index case was identified on 7 August 2008. The median

Cumulative number of confirmed human cases Influenza A (H5N1) and deaths reported from countries of the SEA Region to WHO as of 10 September 2008

Country	Total (2004-2008) Cases	CFR(%) Death	Reported years
Bangladesh	1	0	2008
Indonesia	137	112	2005-2008
Myanmar	1	0	2007
Thailand	25	17	2004-2006
SEA Region	163	128	2004-2008
Global	387	245	2003-2008

Note: Total number of cases includes number of deaths. WHO reports only laboratory-confirmed cases.



Source: Bureau of Epidemiology, Ministry of Public Health, Thailand

age of cases was 56 years old (8-81), with a male-to-female ratio of 1:2. A majority of the patients developed fever (65.8%) followed by a rash on trunk and extremities (63.4%) and joint pain (86.6%). Some cases developed severe arthralgia, which disabled mobility.

The epidemic curve showed sporadic distribution in the first month and peaked in mid-September, then declined subsequently. Laboratory investigation by HI in 46 paired sera identified 8 cases with four-fold rising titer and 19 cases with titer of 1:20. Out of 28 specimens available for PCR testing, 11 were positive for chikungunya virus.

Entomological survey in four villages found House Index to be 20.8, 5.6, 11.9 and 17.4%, Container Index of 5.8, 1.5, 1.8 and 5.3%, Breteau Index of 31.2, 6.7, 9.9 and 32.9, respectively.

SEARO has notified the outbreak to Outbreak-WPRO in order to inform neighbouring Member States for surveillance in the border area.

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Technical and programme updates

Bangladesh and India discuss avian influenza at a high-level consultation in Dhaka

WHO facilitated a high-level consultation on avian influenza (AI) between Bangladesh and India, which was held in Dhaka on 27-28 August 2008 to develop a common understanding on the most appropriate surveillance and response mechanism for AI control through mutual technical cooperation and cross-border collaboration.

The consultation discussed the mechanism of cross-border collaboration at points of entry, strengthening surveillance and response and prevention and control of AI in border areas. Both delegations agreed to designation of focal points for information sharing and development of appropriate coordinating mechanisms for cross-border collaboration. The consultation helped to develop confidence and mutual understanding in tackling the AI problem, and on the need for development of core capacities for implementation of IHR (2005) in both countries. An MoU will be formulated based on the recommendations and it will be signed by both countries. The next meeting will be organized in India to discuss a plan of action based on recommendations from this consultation.

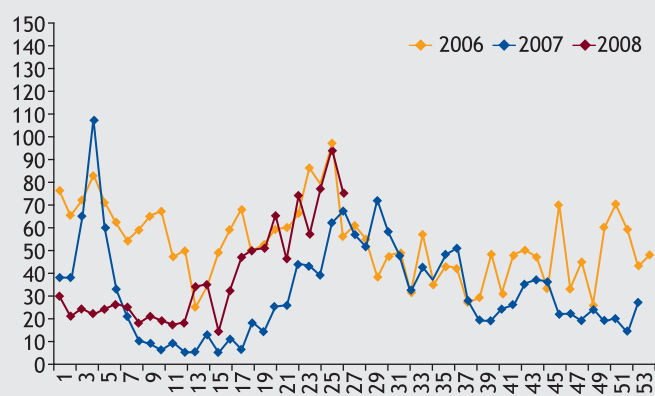
Maldives issues fortnightly communicable disease surveillance report

Maldives undertakes regular surveillance of 10 common communicable diseases. These are: ARI, viral fever, diarrhoea, conjunctivitis, chicken pox, dengue fever, HFMD, chikungunya, mumps and scrub typhus. In January 2008, Maldives initiated publication of a "Fortnightly Epidemiological Report" which provides detailed analysis along with the current situation and three-year weekly trends, including graphs of all the top ten communicable diseases prevalent in the country.

The report is distributed to all concerned, such as policy-makers and as feedback to regional and atoll hospitals for necessary action and planning of control programmes. This

implies that information is not merely collected but analysed and utilized for action also. It covers the upcoming events as well as reports of relevant concluded events held in the country.

Dengue cases reported to DPH weekly
2006 - 28th June 2008



The report is the outcome of successful implementation of SEARO's Integrated Data Management System (SIDAS), which has been customized for Maldives. The system was first adopted in 2006 and became fully operational after modifications and training of staff. A trial run of the application was undertaken for nearly six months. Since 1 January 2008, daily reporting of communicable diseases has started through SIDAS. This is another excellent example of WHO country cooperation and partnership in which the WHO Country Office played the key role of facilitator, the Regional Office provided the technical expertise in building the desired system and building the capacities in the country, and the MoH helped in identifying potential participants who can take the lead in the project.

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Joint HIV, TB, and Malaria mission to Bhutan, 28-31 July 2008

A joint HIV, TB and malaria group visit from the WHO Regional Office for South-East Asia was undertaken from 28 to 31 July 2008 to Bhutan, with the primary objectives of reviewing the implementation of WHO country support in the areas of HIV, TB and malaria control, identify areas for further WHO/Royal Government of Bhutan collaboration, and to discuss how Global Fund resources could be used to

strengthen health system capacity in the country. A similar visit to Nepal was carried out in the first week of February 2008.

Following the team's meetings and in-depth discussions with health and other relevant sectors on progress since 2006, common challenges as well as programmatic issues, and the next steps in terms of country support in the three programme areas, were discussed. Finally, the team debriefed various stakeholders including the Minister of Health.

Strengthening IHR core capacities at provincial and district level: the experience of Lampung EWARS system

The Ministry of Health in Indonesia, in collaboration with the Asian Development Bank, US-CDC and WHO, organized a meeting in Bali in February 2008 to design a road map for the implementation of EWARS in some pilot provinces and at national level in a later stage.

Three provinces were selected for the pilot project: Lampung in Sumatra, Banten in Java and Bali. In August 2008, a first workshop was organized by the MoH, Lampung provincial authorities and the WHO country office with the technical support of the Communicable Disease Surveillance and Response (CSR) subunit in Bangkok to design the EWARS protocol, adapt the computer application for the EWARS system and define the further steps for effective implementation.

The EWARS protocol designed in Lampung defines the role of three main components of Early Warning and Response as is also highlighted in the Early Warning and Response Guidelines recently published by SEARO:

- The detection of a signal by informal and formal systems;
- The identification of the signal by immediate verification and laboratory support;
- The capacity to trigger immediate response through the existing rapid response teams.

One of the main assets of the EWARS in Lampung will be its capacity to link the formal system with other sources of information such as mortality data, laboratory data and animal health data. At the same time, the installation of a computer application will facilitate the standardization of data reporting and analysis, enhance timeliness, standardize indicators production and produce instant epidemiological signals based on pre-defined thresholds.

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Effective strategies in Myanmar to improve TB case management

Myanmar has reached the global targets in TB control in 2006 thanks to a strong political commitment of the Ministry of Health, a dedicated frontline health-care workforce, WHO technical assistance and pooled resource mobilization. In order to maintain the targets at the national level, to further increase the case detection and treatment success rates in low-performing townships, and to ensure the most sufficient application of limited resources, NTP decided to adopt additional strategies, including the cohort review method, which is a systematic review of patients with TB disease and their contacts, particularly those with unsuccessful treatment outcomes (failure, death, absconders, and transfer out). It is a process that motivates staff, reveals programme strengths and weaknesses, indicates staff training needs and, most important, increases the accountability of TB supervisors. Key to conducting successful cohort reviews is to involve all the so-called "case managers", or Basic Health Staff, in a peer-reviewed interactive way by a good facilitator/motivator.

NTP Myanmar has piloted this method in Shwepyithar and Hlaingtharyar townships, where defaulter rates were reduced from 18% and 17% in 2004 to 5% and 7.5% in 2005, respectively, after quarterly cohort reviews were introduced together with other case management strategies like pre-treatment home visits, systematic TB counseling of patients and family, more involvement of community volunteers and defaulter tracing.

On the basis of experiences and lessons learnt, NTP and the WHO Myanmar Country Office have developed national guidelines based on the international and local experiences in the two townships for conducting cohort review meetings. The implementation of these guidelines started in all low-performance townships in Myanmar following training for trainers, and is being closely monitored by NTP and WHO Myanmar. It is therefore expected that a majority of the townships in Myanmar will reach the global TB control targets one year after implementation.

Dr Hans Kluge
WHO Myanmar

NewsBytes

Focus on communicable diseases in South-East Asia: Call for papers for publication in the *Bulletin* of WHO, 2009

In an editorial published in the September issue of the *Bulletin* of WHO, Narain and Shah called for papers on communicable diseases in the South-East Asia Region for inclusion in a special issue of the WHO *Bulletin*, with a deadline of June 2009 for submission of manuscripts.

A theme issue of the *Bulletin of the World Health Organization* would provide the appropriate forum for sharing the Region's successes, future opportunities in disease control, elimination and research with the global community, leading to greater international collaboration and partnership (http://www.searo.who.int/LinkFiles/CDS_Bulletin.pdf). Since the Region is suffering from a high communicable disease burden and risk, greater investment and collaboration will benefit not only the communities it serves, but also the world as a whole.

The International AIDS Conference in Mexico calls for enhanced action against HIV/AIDS

The XVII International AIDS Conference, with the theme, "Universal Action Now", was held in Mexico City from 3 to 8 August 2008 and was attended by over 23 000 delegates.

While the rate of new infections is falling in several countries, it was also increasing in some countries (Kenya and some countries outside of Africa). A resurging trend of the epidemic among men who have sex with men in the Americas as well as other parts of the world is being observed.

There is not much good news on the vaccine front as the vaccine trials failed to show any protection. Similarly, studies on microbicides also have not been encouraging. Pre-exposure prophylaxis with antiretrovirals is also still under trial.

To meet the growing challenges, the US President's Emergency Plan for AIDS Relief (PEPFAR) has committed to spend US\$ 39 billion over the coming five years compared to US \$ 15 billion for the past five. A majority of the Global Fund money is also being made available for HIV/AIDS, in addition to other bilateral and internal partnership resources. The conference emphasized the importance of a unified strategy consisting of "Prevention and Treatment with Community involvement" and called for a commitment to Universal Action for universal access to a) ART, b) rapid/routine screening for HIV (1 billion tests/year), and c) safer sex and family planning information, free condoms, and clean needles for prevention of HIV and other STDs.

Human resource planning for HIV/AIDS

A workshop on human resource planning for HIV/AIDS was organized by WHO/SEARO in collaboration with WHO

headquarters during 22-25 July 2008 in Paro, Bhutan. The activity was important in the context that the SEA Region is second to Africa in having low health workforce density. Only three countries in the Region reach the threshold of 2.3 per 1000 population. None of the countries in the SEA Region has as yet developed a policy on human resources for HIV/AIDS. The meeting recommended that human resource planning for HIV/AIDS should be integrated into overall human resource for health (HRH) development plans of the countries.

In the context of scaling up HIV/AIDS services towards universal access, the need was emphasized to increase the numbers of skilled health workers and to improve productivity of the available staff through equitable distribution, appropriate competencies and skill mix, and empowering substitute cadres, supported by proper policies and legislation. The need to expand and support community-based health workers and community health volunteers to scale up health promotion and prevention of HIV/AIDS was encouraged in the context of the relevant regional strategy.

The need to improve capacities for HRH planning and management, comprehensive integration of HIV/AIDS competencies in the training curricula and institutional capacity-building on HR development are among commonly cited priorities.

Global Fund Round 9 call for proposals

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) opened a new call for proposals from countries to support their fight against the three diseases on 1 October 2008. Round 9 is an additional round supplementing Round 8, which closed on 1 July 2008. Countries may submit proposals by 21 January 2009. Round 9 provides an opportunity for rapid scale-up of country efforts to reduce the burden of the three diseases. Further, Round 9 also provides the opportunity for countries to resubmit and strengthen proposals that may not have been approved under Round 8.

The submitted proposals will first be screened for eligibility and completeness by the Global Fund Secretariat and then reviewed for technical merit by an independent panel of health experts called the Technical Review Panel.

Guidelines and proposal forms are available on the Global Fund's website, www.theglobalfund.org.

Eighteenth Global Fund Board meeting to launch Friends of the Fund South Asia

The Eighteenth Global Fund Board scheduled to meet on 7-8 November 2008 in New Delhi will launch the "Friends of the Fund South Asia" and have an executive session on the Global

Fund's role as a Strategic and Responsible Investor in Tuberculosis. The board will also will consider the report of the TERG 5-Year Evaluation of the Global Fund and international task team on HIV-related travel restrictions.

The meeting will consider the recommendations of the Technical Review Panel on the Round 8 proposals and make Round 8 funding decisions. The GF Board consists of 20 voting members and 4 ex-officio nonvoting members.

Training of trainers workshop for respiratory infection control in health-care facilities

A regional workshop on "Respiratory Infection Control in Healthcare Facilities" was held in Bangkok from 1-5 September 2008 to train trainers in the delivery of a newly developed three-day curriculum based on WHO guidelines. In all, 51 individuals from Bangladesh, Cambodia, China, India, Indonesia, Laos, Myanmar, Philippines, Thailand and Vietnam attended. Participants included experts from a wide diversity of backgrounds including infection control nurses, epidemiologists, adult physicians, paediatricians, microbiologists, researchers, managers, policy-makers, experts in monitoring and evaluation and individuals concerned with licensing and accreditation. Attendants also included infection control experts from WHO headquarters, SEARO, WPRO, EMRO and AFRO and from US CDC offices in Kenya and Atlanta, USA.

In addition to presenting the curriculum, which included presentations, exercises and 'skill stations', the workshop also provided sessions on adult learning methods and change management. Examples of good practice in capacity building for infection control were also presented by speakers from Egypt, Vietnam and Thailand. A formal evaluation at the end of the workshop indicated the great majority of participants felt the curriculum to be relevant, useful and user-friendly. The most valued elements were the skill stations, which aimed to develop practical skills in hand-washing, donning and removing PPE and cleaning clinical equipment potentially contaminated with respiratory secretions.

Regional Aviation Medicine Team Meeting and IHR implementation at airports

The second Regional Aviation Medicine Team (RAMT) Meeting is an initiative of the International Civil Aviation Organization (ICAO) to establish joint cooperation between the aviation sector and public health organizations to reduce the risk of spread of avian influenza and similar communicable diseases by air travelers.

The meeting was held on September 12, 2008 in Bangkok, Thailand. Participating were government representatives from Australia, Brunei Darussalam, China, Hong Kong (China), Macao (China), Japan, Malaysia, Nepal, New Zealand, Philippines, Singapore, South Africa, Thailand, United

Kingdom and United States of America and an observer from Canada. AirAsia, Bangkok Airways, Cathay Pacific, Malaysian Airlines and Thai Airways International were the airlines represented. International organizations that participated in the meeting were ACI, CDC, IATA, European Civil Aviation Commission (ECAC), UN System for Influenza Coordination (UNSIC), ICAO and WHO.

The meeting highlighted the importance of collaboration between the aviation sector and state authorities in implementing IHR at airports as its implementation will serve to reduce public health risks, detect relevant health events and ensure appropriate response to public health emergencies.

ASEAN Regional Workshop on "Outbreak Response Logistics", Bangkok, 26 - 27 June 2008

The ASEAN regional workshop on "Outbreak Response Logistics" was carried out in Bangkok on 26-27 June 2008. The two-day meeting was conducted to emphasize the importance of rapid decision-making and multisectoral coordination during an eventual avian and human influenza (AHI) pandemic. Four roundtables were arranged to represent each component of outbreak response logistics, namely: supply and equipment; communication; transport; and security and well-being.

The importance of using a phased approach to disseminate commodities in an outbreak area during a pandemic was underlined, as well as the importance to coordinate across all levels with all key players. Several bottlenecks linked to custom clearance were discussed as well as the need to draw clear standard operating procedures (SOPs) concerning deployment of antiviral drugs and personal protective equipment (PPE). Further simulation exercises are essential to test the capacity of local, national, regional and international players to deliver stockpile commodities in an outbreak zone.

Poultry business to be compartmentalized in Indonesia

Indonesia has issued new regulation to control the avian influenza (AI) disease for poultry business, namely compartmentalization and zoning. Compartmentalization and zoning are parts of an important solution recommended by Office Internationale de Epizootical (OIE) to control and free an area from poultry diseases, especially AI. According to the regulation, in compartmentalization there will be three steps required: preparation, action, and certification. During assessment, a poultry operation has to comply with good breeding practices and good farming practices that include management, animal health, biosecurity and wastes treatment. Well-managed and properly located poultry farms will receive an AI Case Free Certificate and AI Free Certificate that valid for one year. The certificate will be evaluated regularly and can be withdrawn if an AI infection is found on the farm.

INTERPOL conducts table-top exercise on bioterrorism

The second International Table-top Exercise on Bioterrorism was organized by INTERPOL in Kuala Lumpur from 19 to 20 August 2008 to encourage and enhance information-sharing, as well as preparation for and coordinated response to an international bioterrorism incident. The scenario of an intentional release of pneumonic plague agents by a terrorist group coursing through a three-month period was discussed in the exercise. The role of WHO in considering this event as a public health emergency of international concern was incorporated in the deliberations. The cooperation needed between law enforcement and health sectors was also emphasized.

New diagnostic test for TB

One of the barriers to appropriate treatment in MDR-TB patients is the lengthy diagnostic process of conventional techniques that is not well-suited to public health settings serving vulnerable populations. A rapid diagnostic test that can function in high-burden settings can facilitate spread of MDR-TB.

WHO has now recommended “line probe assays” for rapid MDR-TB diagnosis worldwide. This policy change was driven

by data from recent studies, including a large field trial — conducted by the Foundation for Innovative New Diagnostics (FIND) together with South Africa’s Medical Research Council and National Health Laboratory Services — which produced evidence for the reliability and feasibility of using line probe assays under routine conditions. The diagnosis and reporting of MDR-TB in high infection areas is now possible using this technology within 2-3 days, and perhaps even more accurately thus enabling proper treatment to begin promptly.

Diagnostic kits for emerging viral infections developed in South-East Asia Region

The National Institute of Virology, Pune, India (an institution of Indian Council of Medical Research and WHO Collaborating Centre for Arboviruses) has been producing ELISA-based diagnostic kits for the diagnosis and surveillance of emerging viral infections, viz. dengue fever, Japanese encephalitis and chikungunya. The diagnostic kits utilize the viral isolates that are prevalent within the Region. These diagnostic kits are supplied to the National Vector Borne Disease Programme of India as well as, through WHO, to several other countries. Efforts are in progress to transfer the technology to commercial manufacturer for augmenting the production to meet the growing demand of these reagents.

Recent SEARO publications

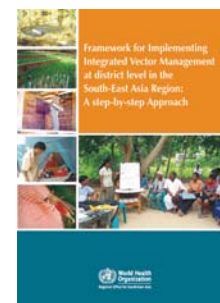


Since 2002, Ten of the 11 countries in the Region have obtained from the Global Fund lifetime budgets totaling US\$ 1.69 billion. SEARO has invested more than US\$ 3 million in providing its Member countries with assistance from proposal writing and grant negotiation support to implementation and reporting. This document describes the valuable experience gained by the countries of South-East Asia Region in applying and implementing Global Fund grants.

http://www.searo.who.int/LinkFiles/CDS_HTM-01.pdf

The integrated vector management approach is a rational decision making process that aims to optimally utilize the available resources and integrates several effective chemical, biological and environmental measures to control vector borne diseases. This document provides a generic guidance to develop and implement integrated vector management at district level.

http://www.searo.who.int/LinkFiles/Tools_&_Guidelines_SEA-MAL-255_Bookfold.pdf



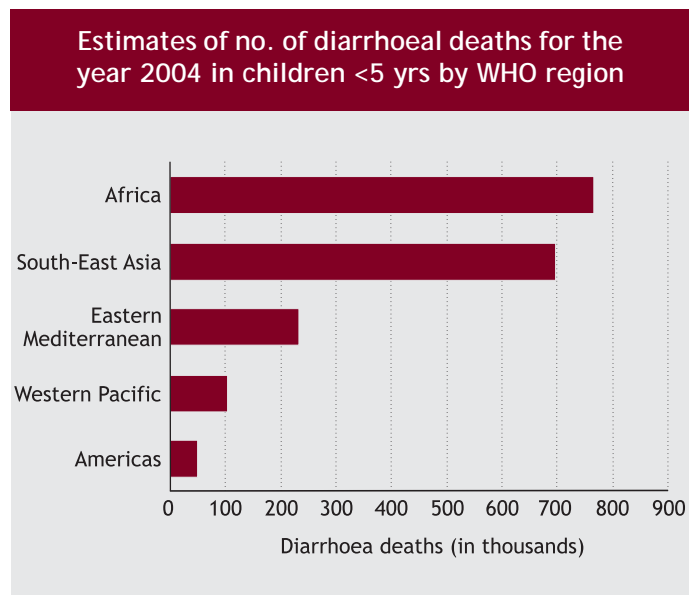
Forthcoming conferences and meetings

5 th Global TEPHINET Conference (http://www.tephinet2008malaysia.com/)	Kuala Lumpur 1 st -6 th November 2008
Second SAARC Conference on TB, HIV/AIDS and Respiratory Diseases (http://www.saarctb.com.np/downloads/Conference.pdf)	Kathmandu, Nepal 15-18 December 2008

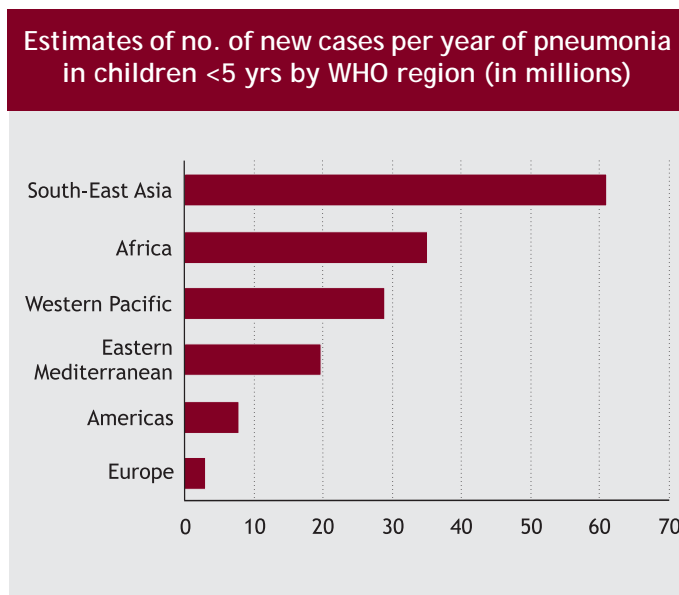
Surveillance corner

Pneumonia and acute diarrhoea in the SEA Region

Pneumonia and acute diarrhoea are among the three leading causes of death among children below the age of five: pneumonia, diarrhoea and measles in that order. The last also kills due to complications of pneumonia or diarrhoea or dehydration. The South-East Asia Region suffers disproportionately from the burden of these two communicable diseases: more than 40 percent of annual 156 million cases of pneumonia and similarly 37 percent of 1.87 million annual deaths from diarrhoea worldwide occur in the SEA Region.



Source: Boschi-Pinto C, et al. Bull of the World Health Organ. 2008; 86:710



Source: Rudan I, et al. Bull of the World Health Organ. 2008; 86 (5)

The figures above tell the whole story! What can the health community in the Region do and what responsibilities do the policy-makers have, for such an unacceptable situation? Even more so, because deaths due to these conditions are immensely preventable, with simple and cost-effective interventions which can be made easily available and accessible! The situation of premature and unnecessary deaths among children is a cause for great concern and requires urgent action that is comprehensive, multisectoral and sustainable.

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Design, pre-press support and layout: TPD

Printing: M/s Kriti

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 Communicable Disease Newsletter is a communication of the Department of Communicable Diseases, WHO/SEARO.

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