

# Editorial

## Breaking the barrier

Technological advancements are an all-pervading phenomena, one which is impossible to miss. And so, our small and relatively remote state has been engulfed with such changes that are hard to ignore. Though physically and geographically hard to access, technology has made its mark on the public.

The virtual world has shrunk and information is now just a click or a swipe away. The state Government is also doing its bit to promote and propagate the integration of technology in every department and systems, albeit in a rather frustrating and for-the-sake-of-it manner. Despite such advancements and progress; or attempts at progress, the plight of a section of the public with disabilities and difficult physical deformities remains almost impossible when it comes to accessing these public facilities and services. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 was an Act to give effect to the Proclamation on the Full Participation and Equality of the People with Disabilities in the Asian and Pacific Region. However, almost two decades on, we still have yet to see even the most basic groundwork to implement the recommendations and directions of the laws which is aimed at making all and every public facility accessible to the differently able and physically challenged persons. More surprising is the fact that these recommendations are not something which would put a financial constraint on the Government as it entails very basic changes and alterations or additions to the present infrastructures to make them more accessible.

The total absence of such facilities at the public places in the state indicates a total lack of regard and consideration for this section of the society more than anything.

Discounting the weak and infirm will only add to the woes of the Government. It should instead focus on making the most of its citizens by empowering them to contribute to the society. The contributions of outstanding persons like Prof. Stephen Hawkins, a multiple paraplegic in the field of science, or that of Marla Runyard, the first legally blind paraplympian to compete in the Olympic Games in Sydney, Australia, or Ludwig Van Beethoven who composed some of the most famous musical compositions after he became completely deaf cannot be ignored. One would surely admire the achievements of Helen Adams Keller, the deaf and blind American author, political activist and lecturer.

All these extraordinary people managed to overcome their physical and mental constraints and outshine everyone in their respective fields because of the support, guidance and understanding provided to them. A government which cannot render even the most basic assistance for its disadvantaged citizens, for all its achievements and advancements, cannot claim itself ideal. Understanding the everyday ordeal of these people can shape the holistic development of a state or a country. It is for all of us to try and make the world that little bit easier for the physically less fortunate citizens, and the Government has a very urgent and important task of living up to its own claims of a fair and considerate setup.

# Viral Hepatitis: Governmental efforts for its Control and Management

By : Santosh Jain Passi & Akanksha Jain (PIB)

**Hepatitis** - an inflammatory disease of the liver is caused due to viral infection. In 2015, it led to nearly 1.34 million deaths worldwide (almost equivalent to that caused by tuberculosis); most of the viral hepatitis deaths being due to chronic liver disease/primary liver cancer (mortality due to cirrhosis - 720,000; hepatocellular carcinoma - 470,000). Over time, mortality due to viral hepatitis is yet on a rise.

**Viral hepatitis** - a public health problem, can be caused by any of the known five hepatotropic viruses, namely - hepatitis A, B, C, D and E which are highly divergent in their structure, epidemiology, mode of transmission, incubation period, signs/symptoms, diagnosis, prevention and treatment options. Globally, 240 million people are living with chronic hepatitis B and 130-150 million with chronic hepatitis C infections.

Global hepatitis report (2017) indicates that a large majority of these individuals lack access to life-saving screening and treatment; as a result, majority are at risk of chronic liver disease and cancer leading to death. Margaret Chan (DG, WHO) has urged all nations to take necessary steps for eliminating viral hepatitis as a public health threat by 2030 and free the world from this leading killer. The Sustainable Development Goal 3 - target 3 (SDG 3.3) calls for a specific action to combat viral hepatitis and water-borne/other communicable diseases. In India, viral hepatitis (A to E) remains a major public health challenge with intermediate to high endemicity for Hepatitis B; an estimated 40 million individuals are infected and the population prevalence being nearly 3-4%. However, there is a wide geographic variation in its prevalence - being the highest among natives of Andaman and Arunachal Pradesh.

**World Hepatitis Day (28<sup>th</sup> July)** which is celebrated every year, is an opportunity to step up national/international efforts for raising awareness as well as encouraging prevention, diagnosis and treatment of viral hepatitis at global level so as to achieve its elimination by 2030. Elimination of viral hepatitis has now been firmly put on the map. At the 69<sup>th</sup> World Health Assembly (Geneva), 194 governments adopted WHO's first

Global Health Sector Strategy on Viral Hepatitis (2016-2021) with a goal of eliminating hepatitis B and C in the next 13 years. The community responded by launching 'NOhep' - the first ever global movement to eliminate viral hepatitis by 2030. Theme for the year 2017 is 'Eliminate Hepatitis'. Despite variations in viral hepatitis antigens, during acute phase of the disease - most of the symptoms are common which include fever, fatigue, anorexia, nausea, vomiting, abdominal pain, chalky-grey stools, joint pain and jaundice. However, the mode of transmission varies; while hepatitis A and E are transmitted via oral-faecal route, hepatitis B, C and D are transmitted through unsafe blood transfusions or contaminated needles/syringes (particularly among the drug users), sexual-transmission or even mother-to-child transmission. Unlike A, B and C, viral hepatitis D and E are less common.

**Hepatitis A virus (HAV)** is often present in the faeces of infected individuals and is commonly transmitted through contaminated water/food and seldom through unsafe sex (incubation period: 15-50 days). In most cases, the infection is mild and the recovery is not only complete but it also confers long-term immunity. However, sometimes severe infections can be life threatening. The patients need appropriate dietary management and supportive treatment. Individuals residing in unsanitary environmental conditions are most vulnerable to this infection; though, safe and effective vaccines are available for its prevention.

**Hepatitis B virus (HBV)** is commonly transmitted through infected blood and semen/ other body fluids, particularly during the transfusion of contaminated blood/ blood products, use of contaminated needles/syringes (esp. in the case of drug users) or sexual contact with an infected person; and sometimes from infected mothers to infants at the time of birth with an incubation period of 45-160 days, this infection accounts for nearly 30% of liver cirrhosis and 40-50% of the liver cancer cases in India. The patients need regular monitoring to assess the progression of liver disease and some may also need antiviral drug treatment. In this case too, safe/ effective vaccines are available

to prevent the infection.

**Hepatitis C virus (HCV)** is also transmitted through infected blood and semen/other body fluids - mode of transmission and treatment options being almost similar to HBV (incubation period: 14-180 days). In 2014, Institute of Liver and Biliary Sciences reported an approximately 12 million individuals living with chronic Hepatitis C infection; and that the states of Punjab, Haryana, Andhra Pradesh, Puducherry, Arunachal Pradesh and Mizoram had a higher prevalence. However as yet, there is no vaccine available to provide protection against this virus.

**Majority of the chronic Hepatitis B or C patients are incognizant of the infection; and are, thus, at a serious risk of developing cirrhosis or liver cancer.**

**Hepatitis D virus (HDV)** - a RNA virus, requires hepatitis B virus for its replication; and therefore, occurs only in HBV infected individuals. Worldwide, nearly 15 million people are chronically co-infected with HDV and HBV; and this dual-infection can be much more serious registering worst outcomes. Mode of transmission is more or less similar to that of HBV except that the vertical transmission from mother-to-child is rather rare. Although, no effective anti-viral treatment is available for HDV, hepatitis B vaccine provides protection against this infection too.

**Hepatitis E virus (HEV)** is a small virus with single-stranded RNA genome which is mostly transmitted via contaminated water or food (incubation period: 2-10 weeks). Globally, about 20 million people are infected with HEV which is responsible for nearly 56,600 deaths/year. Though it occurs worldwide, its prevalence is highest in South East Asia. Pregnant women infected with hepatitis E (particularly in the 2<sup>nd</sup>/3<sup>rd</sup> trimester), are at an increased risk of acute liver failure, foetal loss and mortality. This infection is more common in immunosuppressed individuals - particularly those with organ transplant or on immunosuppressive drugs. The disease is usually self-limiting but in certain cases, it may lead to acute liver failure. Effective preventive approaches include quality water supply, proper human excreta/waste

disposal, food safety and strict adherence to WASH practices. Though China has developed vaccine against HEV, it is yet not available in India/other countries. India is among the 11 countries carrying nearly 50% of the global burden of chronic hepatitis. Realizing the dangers of hepatitis B in particular, in the year 2004, nearly 1.2 million Indian children were vaccinated with three doses of Hepatitis B under a pilot project. Thereafter, in 2007-08, our government included Hepatitis B vaccination under the expanded Universal Immunization Programme. Further, during the 12<sup>th</sup> Five Year Plan, Govt launched the National Programme for prevention and control of viral Hepatitis. Further, it instituted the National Viral Hepatitis Surveillance Programme (estimated budget: 30 crore) under the aegis of National Centre for Disease Control which aimed at training the manpower/health care functionaries with special emphasis on training of trainers and development of IEC material for the community and the health-care providers.

While HAV vaccination strategies need to be revisited, India yet needs to prioritise the development/ availability of HCV and HEV vaccines. Despite concerted efforts under Swachh Bharat Abhiyan, safe drinking water and adequate sanitation practices yet need to be accorded a high priority. Observing utmost safety during injection/blood transfusion practices as well as ensuring safety of blood play an important role in the prevention of viral hepatitis. There is a dire need to position a dedicated trained public health functionary for addressing the issues relating to viral hepatitis.

**Despite several challenges in the prevention, management and eradication of viral hepatitis in our country, joint coordinated action by all the stakeholders at a common platform and an early initiation of the comprehensive action plan would surely help in achieving our expected targets and making India a viral hepatitis free nation!**

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## Loss of SBI Passbook

My Pass Book of SBI bearing A/C No 1038344029 is lost on the way from SBI, Paona Bazar Branch to my residence, Keishamthong Elangbam Leika Imphal on 22nd July 2017.

If anybody finds it, please intimate the find or hand it over to the undersigned.

S/-  
**Hanjabam Nandiram Sharma**  
Keishamthong Elangbam Leikai, Imphal  
Mobile No. 986294429

## National and International News

### NDFB militant killed in encounter with security forces

**Guwahati, July 25:** A suspected National Democratic Front of Bodoland (NDFB) militant was today killed in an encounter with security forces in Kokrajhar district of Assam, defence sources said. The encounter took place between a joint team of Army and police personnel and the militants at Bansbari village under Panbari police station limits, a defence

spokesman said. The joint team had launched an operation at the village last night on the basis of specific information that some militants were moving around in the area. An AK series rifle, several rounds of ammunition and a grenade were recovered from the spot. Combining operations were continuing, the spokesman said.

### 19 rescued from flood-hit areas of Rajasthan

**Jaipur, July 25:** Rescue operations today resumed in rain-hit areas of Rajasthan's Jalore district where 19 people have been rescued from inundated areas.

Seven persons, who had taken shelter on a tree, were airlifted by rescue teams. Relief operations are also taking place in Jalore, Sirahi and Pali districts which are facing flood-like situation due to incessant rainfall.

"Rescue operations resumed today in Jalore where columns of the Army and NDRF teams have been deployed. One NDRF team is in Pali and two NDRF and one SDRF team is in Sirahi. Food packets and water bottles are being dispatched for villages which are surrounded by water. Hemant Gera, Secretary- Disaster Management and Relief Department, told PTI. Jalore Collector Laxminarayan Soni said where airlifting people is not possible, boats of NDRF are being dispatched to rescue them. "Besides, packets of food and water bottles are being distributed in localities and villages which are inundated and efforts to rescue people from such locations is also underway, he said. Pali District Collector Sudhir Kumar

said nearly 150 people were rescued yesterday and the situation is now under control. "No rescue operation was carried out today. People are being shifted to safer locations and arrangement of food and drinking water is being made, he added.

WHENEVER YOU SEE CONSTRUCTION AND MINING EQUIPMENTS, JUST THINK OF US



### Scientist, academician Yash Pal passes away

**New Delhi, July 25:** Eminent Indian scientist Professor Yash Pal, noted for his contribution to the study of cosmic rays as well as for being an institution-builder, died last night. Condoling his death, Prime Minister Narendra Modi said on Twitter, "Pained by Professor Yash Pal's demise. We have lost a brilliant scientist & academician who made a lasting contribution to Indian education." The former University Grants Commission chairman, who started his career at the Tata Institute of

Fundamental Research (TIFR), had been awarded India's second highest civilian honour, the Padma Vibhushan. "Thank you Professor #YashPal for all the Science! It's sad to see you gone, it's a huge loss, but you'll always stay with us. Om Shanti," Minister of Science and Technology and Earth Sciences Harsh Vardhan tweeted. His body will be cremated at the Lodhi Road electric crematorium here at 3PM, his family announced in an obituary notice.

### PM congratulates Kovind on being sworn in as Prez

**New Delhi, July 25:** Prime Minister Narendra Modi today congratulated Ram Nath Kovind on being sworn in as the President. Kovind was today sworn in as the 14th president of India. "Very inspiring address by President Kovind, which beautifully summed up the essence of India's strengths, democracy & diversity," Modi said in a tweet. "Congratulations to Shri Ram Nath Kovind ji on taking oath as the President of India," the prime minister said. Kovind was sworn in by Chief Justice of India J S Khehar in the Central Hall of Parliament.