

# IPH NEWS

## Public Health

**Excellence in Higher Public Health Education**

*October 2014*

*Patron in-Chief*  
Prof. Maaz Ahmad

*Patrons*  
Prof. Farkhanda Kokab  
Prof. Zarfishan Tahir  
Prof. Rubina Sarmad  
Prof. Seema Imdad

*Editor in Chief*  
Prof. M. Shahid Iqbal

*Editors*  
Dr. Malik Shahid Shaukat  
Dr. Anjum Razzaq  
Dr. Naeem Asghar

*In-charge Publications*  
M. Azeem Malik

IPH News is published monthly by Institute of Public Health Lahore for non profitable educational purposes. Editorial correspondence to IPH News should be addressed to the Editor in-Chief, IPH News, Institute of Public Health, 6 - Abdur Rehman Chughtai (Birdwood) Road, Lahore, Pakistan. Tel #: 092-42-99200708-99200906. Fax #: 092-42-99200868. website: www.iph.punjab.gov.pk Printed and Published by the Department of Publications of IPH, Lahore.



### IPH Conducts Seminar on CCHF

Crimean Congo Hemorrhagic Fever is endemic in Pakistan and multiple cases occur each year also involving the health care personnel taking care of such patients. The associated high mortality makes its occurrence a front page news. Being a public health issue, IPH keeps its faculty and students apprised of this menace and the present seminar on 16 October 2014 was in the same context. Dr. Sheeraz Akbar, FCPS-II trainee talked about the historical and

epidemiological aspects of the disease. Dr. Fariha Liaqat, another FCPS-II trainee presented the clinical signs and symptoms and management. Dr. Abida Fareed FCPS-II trainee commented on the prevention of CCHF with special reference to vector control. Prof. Shahid Iqbal, Head of the Infectious Disease Department closed the session by thanking the participants.  
**Reported by Abida Fareed**

### Research Season Starts

IPH being the only public health institute in Punjab is also the main hub of research in public health. Although the funding provided by the government of the Punjab does not include any head for research, each year around 80 post graduate students conduct research projects on their own as a part of their degree awarding program namely MPH, MMCH, MHM & MPhil Community Medicine. The students have this year been allocated 2 topics each which apparently is an uphill task. They will go through the whole process of writing a synopsis, collecting data, analyzing data and then writing a dissertation. They will be presenting and defending their research as

a part of their examination by the end of the year. So, not much to enjoy this winter other than journals, books and internet....



### WORLD HEALTH DAYS IN OCTOBER 2014

	From	To
International Day of Older Persons	01 October 2014	01 October 2014
Breast Cancer Awareness Month	01 October 2014	31 October 2014
World Sight Day	09 October 2014	09 October 2014
World Mental Health Day	10 October 2014	10 October 2014
World Food Day	16 October 2014	16 October 2014
World Osteoporosis Day	20 October 2014	20 October 2014
World Polio Day	24 October 2014	24 October 2014

**H**ealthy **L**ifestyle  
**E**xercise regularly-**E**at healthy-**R**educe Stress-**D**rink plenty of Water

## DISASTER MANAGEMENT - TRIAGING TO MAXIMIZE THE SURVIVALS

Dr. Neelam Raheel & Dr. Irshad Nabi Sandhu

**T**riage is defined as the process of sorting victims, as of a battle or disaster, to determine medical priority in order to increase the number of survivors. Triage has its origin from the French language, sorting, sifting, from trier to sort. In Old French it means to "more at TRY". The term triage may have originated during the Napoleonic wars and French doctors used the term further during treating the battlefield wounded at the aid stations behind the front.

Division of patients for priority of care is usually categorized as:

- Those who will not survive even with treatment
- Those who will survive without treatment
- Those whose survival depends on treatment

If triage is applied, the treatment of patients is not delayed by useless or unnecessary treatment of those in the other groups. Triage originated in military medicine, when the medical teams faced limited resources along with many wounded soldiers. It is used in civilian settings during disasters or epidemics and in emergency rooms. Triage decisions are made after relatively quick examination; patients in lower-priority groups should be re-examined periodically.

### Types

#### Simple Triage

Simple triage is usually used in a scene of an accident or "mass-casualty incident" (MCI), in order to sort patients into those who need critical attention and immediate transport to the hospital and those with less serious injuries. This step can be started before transportation becomes available.

Upon completion of the initial assessment by medical or paramedical personnel, each patient may be labeled which may identify the patient, display assessment findings, and identify the priority of the patient's need for medical treatment and transport from the emergency scene. At its most primitive, patients may be simply marked with colored flagging tape or with marker pens. Pre-printed cards for this purpose are known as "triage tags."

#### Advanced Triage

In advanced triage, doctors and specially trained nurses may decide that some seriously injured people should not receive advanced care because they are unlikely to survive. It is used to divert scarce resources away from patients with little chance of survival in order to increase the chances of survival of others who are more likely to survive.

The use of advanced triage may become necessary when medical professionals decide that the medical resources available are not sufficient to treat all the people who need help. The treatment being prioritized can include the time spent on medical care, or drugs or other limited resources. This has happened in disasters such as volcanic eruptions, mass shootings, earthquakes, thunderstorms, and rail accidents. In these cases some percentage of patients will die regardless of medical care because of the severity of their injuries. Others would live if given immediate medical care, but would die without it.

In these extreme situations, any medical care given to people who will die anyway can be considered as care withdrawn from others who might have survived (or perhaps suffered less severe disability from their injuries) had they been treated

instead. It becomes the task of the disaster medical authorities to set aside some victims as hopeless, to avoid trying to save one life at the expense of several others.

If immediate treatment is successful, the patient may improve (although this may be temporary) and this improvement may allow the patient to be categorized to a lower priority in the short term. Triage should be a continuous process and categories should be checked regularly to ensure that the priority remains correct. A trauma score is invariably taken when the victim first comes into hospital and subsequent trauma scores taken to see any changes in the victim's physiological parameters. If a record is maintained, the receiving hospital doctor can see a trauma score time series from the start of the incident, which may allow definitive treatment earlier.

In an advanced triage process injured people are sorted into categories. Conventionally there are five classifications with corresponding colors and numbers although this may vary by region.

**Black / Expectant:** They are so severely injured that they will die of their injuries, possibly in hours or days (large-area burns, severe trauma, lethal radiation dose), or in life-threatening medical crisis that they are unlikely to survive given the care available (cardiac arrest, septic shock, severe head or chest wounds); their treatment is usually palliative such as being given painkillers, to reduce suffering.

**Red / Immediate:** They require immediate surgery or other life-saving intervention, and have first priority for surgical teams or transport to advanced facilities; they "cannot wait" but are likely to survive with immediate treatment.

**Yellow / Observation:** Their condition is stable for the moment but requires watching by trained persons and frequent re-triage, will need hospital care (and would receive immediate priority care under "normal" circumstances).

**Green / Wait (walking wounded):** They will require a doctor's care in several hours or days but not immediately, may wait for a number of hours or be told to go home and come back the next day (broken bones without compound fractures, many soft tissue injuries).

**White/Dismiss (walking wounded):** They have minor injuries; first aid and home care are sufficient, a doctor's care is not required. Injuries are along the lines of cuts and scrapes, or minor burns.

### Outcome

The knowledge of triage system among doctors and nurses and its implementation in the emergency units to have proper and effective prioritization of patients will lessen the financial burden and the overcrowding problems in emergency departments. Mortality can be reduced considerably.

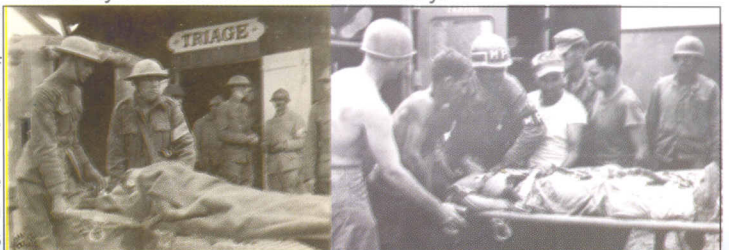


Fig: Triage station, Suippes, France, World War I

## Special Secretary Health Visits IPH



Mr. Suleman Mufti, Special Secretary, Government of the Punjab, Health Department visited IPH on 23.10.2014. He was also accompanied by Mr. Ghulam Farid, Additional Secretary (Development), Govt. of the Punjab, Health Department. Prof. Dr. Maaz Ahmad, Dean IPH, Prof. Dr. Farkhanda Kokab, head of the Epidemiology department and other faculty members welcomed the worthy guests. The Dean, IPH gave a presentation on the history, mission, faculty position, post graduate and under graduate programmes, activities and specialized services provided by IPH. He also talked about the contribution made by the institute in various dengue prevention and control activities in Punjab. The worthy guests appreciated the efforts and offered their cooperation at all levels for improving the organizational performance. **Reported by Naeem Asghar**

## IPH Conducts Seminar on Dengue Related Alert Generation

Government of the Punjab has constituted a committee to generate alerts regarding dengue, of which IPH is a member



along with Health Dept., DEAG, PITB and DGHS. A seminar was arranged in the Conference Hall on 02-10-2014 at 12 mid-day which was attended by the faculty and students of IPH. Prof. Shahid Iqbal, Head of the Infectious Diseases Department, chaired the event. Dr. Anjum Razzaq, a member of the Alert Generation Committee discussed various alerts in detail and also the associated issues in the field. He answered the questions of the participants and apprised them of the practical implications of these alerts. The event was closed by Prof. Shahid Iqbal by thanking the participants for their active involvement in the learning process. **Reported by M. Azeem Malik**

## Environment Inspectors Visit MEP Lab at IPH

As part of their training, the batch of newly inducted Environment Inspectors in Health Department, Govt of the Punjab, visited laboratory & museum of Medical Entomology and Parasitology at IPH on 13 October 2014. The process of vector surveillance was explained to them. Dr. Shahid Latif (MEP Deptt) briefed the participants about various steps involved in the collection of samples, vector identification and



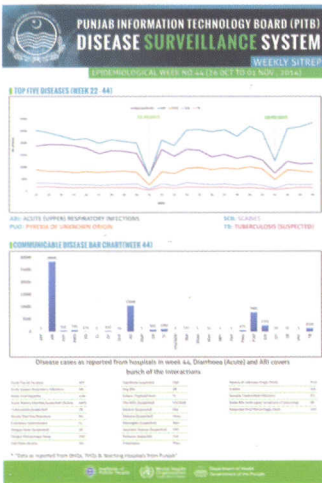
mechanism of results dissemination. He also highlighted the importance of environmental surveillance and environment modification techniques which play a dominant role in prevention and control of the disease outbreak. Mr. Shahzad (Assist. Entomologist) and Mr. Abdul Majeed (Lab. Technician) introduced them with various methods of chemical control and microscopic identification of the vector. The participants found the activity very informative and helpful in preparing them for efficient field work. **Reported by Shahid Latif**

## IPH Conducts Water Testing In Flood Affected Districts

IPH was assigned the task to analyze the drinking water in flood affected districts of Punjab by the Health Department, Government of the Punjab. A total of 1693 water samples from Hafizabad, Chiniot, Sargodha, Sialkot, Gujranwala, Mandi Bahauddin, Jhelum, Khushab, Gujrat, Bahawalpur, Sambreal, Daska, Shujabad, Pindi Bhatian, Jhang, Kharian, Narowal, Bhowana, Malakwal, Multan, Shiekhpura, Muzaffargarh, Kasur, Chakwal, Rajanpur and Lahore were analyzed in the Epidemiological Lab, Department of Epidemiology. 718 water samples were found fit for drinking while 975 water samples were contaminated. The reports were sent to the Health Department and the health administration of respective districts for necessary action. **Reported by Muhammad Aamer Aslam**



## IPH Officially Joins Weekly DSS Bulletin Team



PITB in collaboration with Health Department, Govt. of the Punjab has been collecting online data of 26 priority diseases from various health facilities all over Punjab since 2012. Last year, PITB and Health Department started publishing a weekly bulletin based on the data collected from the DSS dashboard. Lately it was decided to take other stakeholders on board to improve the quality of the publication and to make it more user-oriented. PITB and Health Department are now officially joined in by Institute of Public

Health Lahore, King Edward Medical University and World Health Organization. Dean IPH along with Dr. Anjum Razzaq (epidemiology Deptt) is attending weekly meetings headed by Additional Secretary Health (Technical) to review the weekly bulletin. **Reported by Anjum Razzaq**

## IPH Announces Admission in Post Graduate Courses

IPH has asked for applications from medical graduates for admission in post graduate courses of MPhil Community Medicine, MPH, MHM and MMCH on printed forms available from IPH Medical Education Department. The last date for submission of applications is 18th of November 2014 followed by Entry Test on 7th of December 2014. The classes are expected to convene during the first week of January 2015. **Reported by Muhammad Zahid**

## IPH Conducts Seminar on Hepatitis C

Hepatitis C is a disease of the developing world. To emphasize upon its importance and updates regarding management of chronic Hepatitis C, Department of Infectious Diseases hosted a seminar in the Conference Hall of IPH on 30th October 2014 at 12:30 pm which was attended by students and staff of IPH.



The seminar started with recitation from the Holy Quran. Dr Shahid Iqbal (Head of Department of Infectious Diseases) opened the session by discussing different aspects. The definition and epidemiology of Hepatitis C was discussed by Dr Muhammad Aamer Aslam (Department of Epidemiology). Bacteriology and diagnostic modalities were elaborated by Mr. Obaidullah, microbiologist (Department of Bacteriology). Later on, management approach and updated options were discussed by Dr Umar Farooq Dar (Department of Infectious Diseases). The session was closed by Dr Shahid Iqbal by thanking the participants. **Reported by Umar Farooq Dar**



## IPH Conducts Dengue Awareness Seminar in APWA College Lahore

Govt. APWA College organized a seminar "Dengue - prevention is better than cure" at college auditorium on 28th October 2014 as a part of their awareness activities. IPH was requested to send related experts to apprise the students on the issue. While addressing the participants, Dr. Shahid Latif from Department of Medical Entomology & Parasitology explained the link between the agent, host & environment. He emphasized upon the lifestyle changes, environmental modifications and other preventive measures to be taken necessarily at personal, domestic and community level regarding the disease prevention. The Aedes mosquito activity and its relation with the minimization techniques of human-mosquito interaction were explained to the audience as a take home message. Later the speaker answered the questions of the participants. The Principal thanked the speaker and the participants for a very interactive session. **Reported by Shahid Latif**

## Routine IPH Activities During October 2014

Activities	No.
Vector surveillance of parks with ovitraps in Lahore	50
Test for NSI Antigen in the Larvae of Aedes Aegypti	1006
Ongoing research projects on dengue	10
Small group discussions on dengue	27
Dengue virus tests performed (IgM, IgG, NS1)	31
Persons receiving health education on dengue	2569
Clients receiving family planning services	38
Expectant mothers receiving antenatal care	75
Mothers receiving post natal care	13
Patients utilising public dental health services	175
International polio vaccination	26
Children receiving vaccination of :	
BCG	19
Pneumococcal	34
Pentavalent	34
Tetanus Toxoid	34
Oral Polio	93
Measles	15
Anti-Rabies vaccination given to dog bite victims	2099
Patients having sputum tested for AFB	426
Patients having sputum cultured for AFB	400
Tests for Hepatitis B	17
Tests for Hepatitis C	17
HCV PCR tests performed	192
CBC tests performed	18
Infants & children receiving health care	161
Adults receiving health care	208
Research methodology sessions	27
Computer training sessions	27
Water samples tested for faecal contamination	230
Daily report on dengue disease & surveillance	31