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The Kingdom of Saudi Arabia is one of our international development partners that support ICDDR,B with unrestricted funds...

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ICDDR,B Board of Trustees: November 2009 Meeting

The ICDDR,B Board of Trustees (BoT) had its second meeting of 2009 on 22-23 November at the Centre's Sasakawa International Auditorium.

The Board approved the final Strategic Plan 2020 that incorporated

The outgoing Chair, in his speech delivered in an open session to the Centre staff on the concluding day, welcomed his successor and wished him a successful tenure, with a note of appreciation for his wisdom and enthusiasm as a member of

Development Project); and Project Manager of a bilateral Burkinabé-German primary healthcare programme in rural Burkina Faso, West Africa. He has wide-ranging teaching experience at the Swiss Tropical Institute and many other Swiss, German, Austrian, and American universities.

Dr Lorenz has professional affiliations with, and special appointments in, a number



The November 2009 Meeting of BoT in full session

major recommendations made at its June 2009 meeting, calling it a clear and succinct statement of the strategic direction of the Centre for the next ten years. The Board congratulated Executive Director Professor Alejandro Cravioto and Centre staff for compilation and publication of the Plan through a participatory process and rigorous brainstorming exercises.

Dr Nicolaus Lorenz of Switzerland, who has been on the Board as a member since 2007, was elected Chairperson for a three-year term from January 2010. He replaces Dr Timothy Evans of the World Health Organization, who served in this position since July 2007.

the Board. The new Chair also appreciated the outstanding performance, knowledge, and dedication of Dr Evans who led the Board for more than two years.

Dr Nicolaus Lorenz is Head of the Swiss Centre for International Health at the Swiss Tropical Institute, as well as the Vice-Director of the Institute. His experience includes various senior roles, such as Executive Manager of the European Respiratory Society; Deputy Head of the Department of Public Health and Epidemiology and the Swiss Centre for International Health of the Swiss Tropical Institute; Program Director of the Dar es Salaam Urban Health Project (Swiss-Tanzanian

of national and international institutions.

Dr Lorenz had his MD degree from the University of Basel, Switzerland, where he completed his earlier medical studies. He has an MSc-Diploma in Community Health in Developing Countries from London School of Hygiene & Tropical Medicine. Dr Lorenz completed an Executive Master of Business Administration for the non-profit sector diploma from the University of Applied Sciences in North-West Switzerland in 2006.

As an author, Dr Lorenz's contributions to various peer-reviewed journals on health systems

management, health economics, and monitoring and evaluation of health interventions have enriched scientific literature.



This meeting also welcomed Argentinean national Dr Norma Binsztein at her inaugural meeting as a new Trustee in 2009. For 14 years, she was Chief of the Department of Bacteriology at the Instituto Nacional de Enfermedades Infecciosas-ANLIS "Carlos G. Malbrán" in Buenos Aires under the Ministry of Health of Argentina, until 2007. With a doctoral degree in Biology from the University of Buenos Aires, Dr Binsztein developed her research career in diarrhoeal diseases, especially cholera and shigellosis, and gastroenteritis caused by food-borne pathogens.

Dr Binsztein has, to her credit, more than 50 publications in national and international journals and has coordinated more than 15 postgraduate courses in the field of food-borne pathogens.



The Board approved the extension of tenure of Dr Ann Larson of Australia, Dr Mohammad Jalal Abbasi-Shavazi of Iran, and Professor AHM Towhidul Anwar Chowdhury of Bangladesh.

Five committees to deal with five key organizational areas, namely Programme, Finance, Audit, Human Resource, and Fund Development, were reconstituted with new Chairs and Deputy Chairs from among the Trustees.

The sessions concluded with a decision to hold the next meeting on 18-20 June 2010 ■

Bamboo skirt: A simple device to protect date-palm juice from Nipah virus contamination

There is no one who would not be scared of a disease with more than 70% case-fatality rate, with no standard treatment available.

Consuming raw date-palm juice collected from a source you don't know about may transmit Nipah virus which causes a fatal febrile disease with infection in the brain; the disease is called Nipah encephalitis, and there is no remedy currently available. However, if the juice, traditionally popular in rural Bangladesh and elsewhere

in the region, is collected using a simple local technology developed by ICDDR,B scientists, one doesn't need to be deprived of its taste for the sake of preventing disease.

The device is simple and involves covering the shaved surface area and the opening of the sap collection-pot in the tree with a bamboo skirt that bars access for fruit bats. Among the fruit-bats, *Pteropus giganteus*, also known as the 'flying fox', are assumed to be the natural reservoir of Nipah virus.

Bamboo skirt placed around the juice-collection system



Like other fruit-bats in Bangladesh, *Pteropus* are pests that contaminate agricultural products, like date-palm sap through their saliva by licking or by urinating.

The ICDDR,B team of scientists conducting the trials with bamboo skirts have found the device to be a promising intervention, and researchers are now trying to assess the most appropriate size and wrapping material for the skirt for maximum protection from contamination by the fruit-bats.

Since 2001, scientists have identified eight outbreaks of Nipah virus infection in the central and western regions of Bangladesh. The studies are funded by the US-based Centers for Disease Control and Prevention, with the Institute of Epidemiology, Disease Control and Research of the Bangladesh Government as collaborating partner.

In addition to this preventive measures, two low-cost drugs—Amiloride and Chloroquine—commonly used in the treatment for hypertension and malaria respectively, are under trial in some countries in the region, following news published in ScienceNOW in April 2009 that a group of scientists led by Robin Buckland of the French National Institute for Health and Medical Research (INSERM) found these to be effective in cases with Nipah encephalitis. ICDDR,B is planning to conduct a clinical trial with Chloroquine.

Although awareness-building activities at field level have been started by the ICDDR,B scientists, they call for a larger mass-media campaign, along with activating an interpersonal communication network at the grassroots level, to popularize the bamboo skirt, especially during November-January, the peak season for collection and intake of the date-palm juice in the country ■

Double trouble! ICDDR,B discovers influenza link to childhood pneumonia

Respiratory tract infection, especially pneumonia, is the leading cause of childhood mortality worldwide. Improved management practices—standardized by ICDDR,B—mean that diarrhoea is no longer a fatal disease; however, pneumonia now accounts for 20% of childhood deaths in developing countries, including Bangladesh.

core ICDDR,B donors. A recently-concluded study conducted by a team of ICDDR,B scientists, led by Dr W Abdullah Brooks of the Health Systems and Infectious Diseases Unit, found that an unexpectedly large proportion of childhood pneumonia cases had earlier been infected with influenza. The finding has a far-reaching



A child receiving treatment for pneumonia at ICDDR,B

As a result, the Centre has strengthened its research on pneumonia and influenza over the past few years supported by increasing commitment from various international partners, including the US Centers for Disease Control and Prevention, the US Department of Health and Human Services, the PneumoADIP Project of the Johns Hopkins Bloomberg School of Public Health, Thrasher Research Fund, Bill & Melinda Gates Foundation, and the

implication, opening up an avenue to better understand the aetiology of childhood pneumonia. The pneumonia was also observed to be more commonly associated with influenza A (H3N2) than either A (H1N1) or B infections.

The online edition of *naturenews*, in its 5 October 2009 issue, highlighted the findings of this study and commented that although some hospital-based studies in India, Thailand, and

Hong Kong indicated an association of influenza with pneumonia, ICDDR,B's work is "the first prospective, population-based study in a tropical or subtropical area to analyse the problem more rigorously."

The study involved surveillance of 16,062 children attending the ICDDR,B urban clinic in Kamalapur, Dhaka, in which 8,198 cases of pneumonia were identified and confirmed. Ninety influenza-positive children developed pneumonia during their illness. Given the large sample size in a community setting, representing 16,043 child-years of observation, the finding that childhood pneumonia is associated with influenza among children aged less than 5 years, is significant. Younger children with influenza were found to be more susceptible to pneumonia. Dr Brooks said, "We found that two-thirds of these influenza-associated pneumonias occurred in very young children—those under two years old. That didn't surprise us because complications of influenza are known to occur more frequently in this age-group."

The study concluded that the contribution of influenza viruses to early childhood pneumonia appears under-appreciated in high pneumonia-endemic tropical settings and suggests that influenza vaccine trials against childhood pneumonia are warranted.

Abstract of the paper, with detailed findings and analysis, is now available in the online edition of *The Pediatric Infectious Disease Journal* (http://journals.lww.com/pidj/Abstract/publishahead/Influenza_is_a_Major_Contributor_to_Childhood.99522.aspx), and the full text is scheduled to be printed in March 2010 ■

Dutch-Bangla Bank Foundation supports a new blood bank and transfusion service at ICDDR,B

ICDDR,B serves as a model of collaboration with the Government and people of Bangladesh in a way that respects and supports one another and ultimately benefits the people of Bangladesh and other countries. ICDDR,B currently partners with over 120 diverse organizations both as collaborators and stakeholders (thanks to a long history in developing strong diverse partnerships), including national and international NGOs, ministries and government departments, research institutions, think-tanks, public and private donors, universities, and professional associations. Glimpse in 2010 hopes to snapshot some of these unique collaborations, both local and international, to showcase the teamwork involved as ICDDR,B strives towards a future of healthier people and better lives through the application of evidence-based solutions...



The symbolic cheque handover ceremony held on 3 June 2009 at ICDDR,B

With generous financial support from the Dutch-Bangla Bank Foundation (DBBF), ICDDR,B is setting up a world-class blood bank that will provide transfusion services to patients attending its Dhaka Hospital and others in need. A symbolic ceremony was held on 3 June 2009 to mark the donation of Tk 1,14,76,800 (US\$ 167,960 approximately), where Mr Sayem Ahmed on behalf of Mr M Sahabuddin Ahmed, Chairman of the Dutch-Bangla Bank Foundation and Founder Chairman of the Dutch-Bangla Bank Limited and Dr MA Salam, Acting Executive Director of ICDDR,B, were present.

"ICDDR,B has been serving our country for long with utmost sincerity. They have pioneered many medical breakthroughs in Bangladesh. More importantly, the less fortunate in our society are greatly supported by ICDDR,B in terms of healthcare. Dutch-Bangla Bank as well as the Dutch-Bangla Bank Foundation is honoured to be a part of ICDDR,B's initiatives to set up the most modern blood bank and transfusion service. It falls within our *Donate Blood Start Young*—a safe blood donation campaign started in 2001", said Mr M Sahabuddin Ahmed, Chairman of the Dutch-Bangla Bank Foundation.

Under the guidance and supervision of Dr Anowar Hossain, Head of the Clinical Laboratory Services of ICDDR,B, the newly-created Blood Bank and Transfusion Services Unit is mandated to performing the following functions:

- Achieve self-sufficiency in the supply of quality blood and blood products for in-house consumption and make available for other patients in need.
- Ensure transfusion of safe and quality blood or blood components and minimize unnecessary transfusions through appropriate clinical use of blood and blood components
- Recruit voluntary (non-paid) blood donors and collect blood in accordance with the guidelines of an expert panel on safety of blood and blood products for protection and welfare of donors and recipients
- Review and improve the blood transfusion service from time to time to develop the best practice to limit the transmission cycle of infections
- Screen blood for infectious pathogens, produce blood derivatives, and distribute these to hospitals in accordance with international and local quality standards
- Strive for environmental protection by adopting the 4R principles of waste reduction (Reduce, Reuse, Recycle, and Replace) in activities where practicable
- Act as a reference blood bank to provide support to other hospitals in developing good transfusion practice.

While the Dutch-Bangla Bank Limited is a business enterprise, its Foundation, established in June 2001, is dedicated to working in social arenas with the greatest

need, as part of their corporate social responsibility (CSR). The Dutch-Bangla Bank Foundation carries out diverse social and philanthropic activities in the field of education, health, conservation of nature, social awareness, human rehabilitation, and other programmes to reduce human suffering. The social commitment of the Dutch-Bangla Bank and the Foundation is clearly reflected in their Vision and Mission.

Mission

Dutch-Bangla Bank engineers enterprise and creativity in business and industry with a commitment to social responsibility. "Profits alone" do not hold a central focus in the Bank's operation; because "man does not live by bread and butter alone"

Vision

Dutch-Bangla Bank dreams of better Bangladesh, where arts and letters, sports and athletics, music and entertainment, science and education, health and hygiene, clean and pollution-free environment and above all a society based on morality and ethics make all our lives worth living. DBBL's essence and ethos rest on a cosmos of creativity and the marvel-magic of a charmed life that abounds with spirit of life and adventures that contributes towards human development

Although blood transfusion services are a lifesaving measure when individuals experience acute blood loss due to injuries, haemorrhage during pregnancy, and in a

number of disease conditions and syndromes, sound screening for infectious pathogens is often ignored in Bangladesh, especially during emergencies. About 51% of blood comes from professional donors, 19% from relatives, and 30% from voluntary unpaid donors. Of them, 35% suffer from hepatitis B and C and 22% from syphilis. Half of all blood collected is used for thalassaemia patients.

Since the Bangladesh Government developed a National Policy on Safe Blood Transfusion to contain transfusion-associated infections in the country, ICDDR,B's international standard blood bank is expected to serve as a model for others to follow. The blood bank will operate on a non-profit basis, especially for the poor; blood products will also be made available to the public at a minimum charge.

Dr Anowar Hossain has encouraged persons to come to the bank for voluntary blood donation. "By donating blood one can save lives. A healthy person can donate blood at an interval of three to four months. It helps generate new red cells which give more oxygen-carrying capacity enabling the individual to thrive with more energy to work", he said.

Renovation of a space allocated for the blood bank at the first floor of the outpatient building of the Dhaka Hospital is complete. Recruitment and training of staff are in progress. Dr Naushad Hossain, previously employed in a private hospital in Dhaka city, has been appointed Head of the Blood Bank. The process of getting a license from the Government of Bangladesh is ongoing; some important logistic components and testing reagents are to arrive. ICDDR,B expects to launch the blood bank in January 2010 ■

Contributed by Sumona Liza

The Kingdom of Saudi Arabia continues supporting ICDDR,B

The Kingdom of Saudi Arabia is one of our international development partners that support ICDDR,B with unrestricted funds. The newly-arrived Saudi Ambassador Dr Abdullah Bin Naser Al-Busairi, in his first visit to ICDDR,B on 9 November 2009, re-assured continued support to the Centre, handing over a cheque to Executive Director Professor Alejandro Cravioto. The Ambassador was accompanied by Mr Sami Jamil Al-Hindi, Deputy Head of Mission in Bangladesh. The distinguished guests toured the Dhaka Hospital, where they were particularly

Development (AusAID); Canadian International Development Agency (CIDA); Department for International Development (DFID), UK; Embassy of the Kingdom of the Netherlands (EKN); Government of Bangladesh (GoB); Swedish International Development Cooperation Agency (Sida); and Swiss Agency for Development and Cooperation (SDC).

Dr Abdullah Bin Naser Al-Busairi and Mr Sami Jamil Al-Hindi applauded the Centre's lifesaving humanitarian service to patients suffering from diarrhoeal disease



His Excellency Dr Abdullah Bin Naser Al-Busairi and Mr Sami Jamil Al-Hindi being briefed by Professor Alejandro Cravioto and Dr Mark Pietroni on activities of the Centre's Nutrition Rehabilitation Unit

interested in the counselling services for mothers/caretakers of convalescent young patients.

Unrestricted development funds are mostly spent for humanitarian service, providing free treatment to diarrhoea patients at the ICDDR,B hospitals in Dhaka and Matlab, and the Saudi Government has generously been providing this kind of support since 1981. Other partners which contribute this kind of financial support include: Australian Agency for International

and malnutrition. The two distinguished visitors expressed how moved they were to witness firsthand the hard work and commitment of the doctors, nurses, and scientists of ICDDR,B in their daily routine of saving lives. Professor Alejandro Cravioto highlighted the intimate ties that the Centre has strengthened over the years with Saudi Arabia and mentioned the two leading Saudi scientists who have previously acted as Trustees on the Centre's Board ■

Facing the Challenge of Climate Change: Some Changes to ASCON XIII

The 13th Annual Scientific Conference (ASCON XIII), scheduled for 8-11 February 2010, has been postponed due to unavoidable circumstances. New dates and venue for the Conference will be announced soon.

With climate change issues earlier announced under the central theme "Facing the Challenge of Climate Change", now submissions may also include general issues of child and maternal health, nutrition and food security, enteric diseases, population issues, environment, clinical and community-based studies, social and behavioural issues, health economics, monitoring, and evaluation.