January-June 2025 | Vol. 2, No. 1

BSM NEWSLETTER

BANGLADESH SOCIETY OF MEDICINE

We are for comprehensive patient care and education

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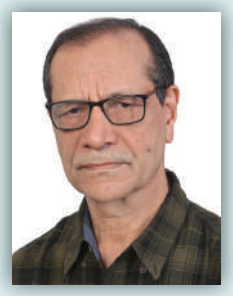
Call for Teaching and Training in Infectious Diseases



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Bangladesh has multiple infectious diseases prevalent in the country. Some infections are vaccine preventable still available (example, measles, chicken pox, tetanus, rabies, whooping cough) but diagnosis and treatment is forgotten, some are at the verge of elimination as public health problem (example, filariasis, leishmaniasis, malaria, leprosy). Commonly prevalent infections like organisms causing diarrhea and acute respiratory illness, dengue, typhoid, leptospirosis, typus, encephalitis, NIPAH, Japanese encephalitis even scabies sometime difficult to exclude by objective means posing management challenges. For some imported infections diagnosis and treatment is extremely challenging for example, cutaneous leishmaniasis.

Non communicable diseases are cutting short of longevity due to inadequate and sub-optimal management of infections. It has been reported from Infectious Diseases (ID) Hospital, Dhaka that among several hundred cases of chicken pox admitted include children population having hematological and other solid cancers and under treatment. Immunosuppressed conditions and subjects under dialysis some time end up with untreatable/unconfirmed infections. Nipah infection, rabies, post vaccination rabies/encephalitis cannot be confirmed for patient care anywhere in the country posing a human right issue.

Multi drug resistance across pathogens include fungal infections. Diagnostic challenge persists everywhere due to non-availability of microbiological facilities in most of the medical college hospitals even. New generation of investigations using microbiological genetics are hardly available for diagnosing infections.

Management of infections at times empirical (non-acceptable in treatment) not rational though in the era of evidence-based medicine. COVID-19 was an opportunity for providing critical care for infectious diseases was not utilized for scaling out and sustaining to address other infectious diseases. Enough emphasis is not being provided for prevention of infections by adult vaccination among the conditions where indicated from yearly flu vaccination to pneumococcal vaccination not to speak about herpes zoster vaccine. Infection prevention by community measures of waste disposal and hospital measures of very known methods (like proper WASH,

segregation and disposal of infectious waste) are not in the priority lists. Due interest on Infection Prevention and Control (IPC) during the COVID-19 pandemic could not raise and sustain our attention. Having a large number of specialized education in medicine cannot be a complacence of ignoring teaching and learning infectious diseases in graduate and postgraduate education in a country having large number & variety of infectious diseases. During the very early days of medical education there were ID hospitals and isolation units attached with each medical schools/colleges virtually remain in a pattern of 'archive' currently. It would be rational to set up separate ID wards and units having faculty with relevant skill sets to deal with existing infections or prepare for the emerging ones. In its own right we should agree to provide opportunity to next generation medical professionals, including in MBBS and nursing education, to learn infectious diseases in the same rigor as it deserves. Much appreciated separate Residency program started in a very limited scale by BCPS and Chattogram Medical University needs to be scale out widely for the sake of providing appropriate opportunity of care to our patients. Faculty to be developed to teach, train and how to treat infectious diseases scientifically to the health professionals. Can we have a fast track of such teaching-training initiative?

Improving Clinical Management of Dengue in Bangladesh: Position Statement from Bangladesh Society of Medicine

Dengue is *Aedes* transmitted viral disease currently considered to be a global health problem. "Dengue is one disease entity with different clinical presentations and often with unpredictable clinical evolution and outcome" (WHO Dengue Guideline 2009).[1] "In Bangladesh we have deficiency everywhere- Leadership, Health System weakness, multi-stakeholder collaborations, implementation of National guideline based integrated vector control, improved access to diagnosis & management and improved case management of hospitalized severe cases". (Editorial *J of Bangladesh Coll Phys Surg,* Dengue supplement 2024).[2] Dengue management is an example of multi-sectoral approach (Government, policy makers, community/field workers and doctor led team). If big three (Government, policy makers and community/field workers) fails, entire load will be on the doctors. The performance of physicians, nurses, and other human resources in managing dengue cases has been found to be inadequate due to deficit in multiple aspects including medical education and requires urgent attention.

Problem 1:

Dengue mortality in Bangladesh is high in comparison with other high burden countries.

Solution: We need actions to reduce mortality due to dengue. Early detection and appropriate management of cases with & without warning signs, and with severe disease will be helpful.

Problem 2:

Dengue data from Bangladesh is incomplete. It is not known what proportion of the cases are documented.

Solution: Epidemiological surveillance: Recording and reporting of dengue cases will improve dengue data. As per Infectious Disease (ID) Law, 2018 all health care professionals should report the diagnosis of IDs including dengue.[3] An App-based platform should be available from MIS- DGHS, Ministry of Health and Family Welfare, Government of Bangladesh where diagnosis can be reported with outcome (example, as recorded for COVID-19).

Reporting to whom and how? An SOP for reporting by the health care professionals/hospitals should be developed. Diagnosis based on guideline (dengue without warning sign, dengue with warning sign, severe dengue) and outcome (survival, death) should be there.

Case definition of dengue for surveillance: As per WHO (2009) probable cases should be reported, diagnostic confirmation is not necessary for reporting.

Entomological surveillance and continued actions should be linked with epidemiological surveillance.

Problem 3:

Documentation of the cases of dengue are not uniform.

Solution: Doctors at all level and types of hospitals (Upazila Health Complex, District Hospital, Medical College Hospital, Private Hospitals, Private Practitioners) should document and report the cases as per the NGL: (i) Dengue without warning sign, (ii) Dengue with warning sign, (iii) Severe dengue. For reporting

probable cases will be used, confirmed cases as per case definition may also be separated.

Clinical assessment should get importance: skills set and essential investigations needed will be listed.

Problem 4:

Clinical management of dengue is not uniform.

Solution: While managing the cases updated dengue NGL 2025[4] should be followed. There will be monitoring of the cases as per NGL by the team including some 'tasks shifting' to nurses.

Problem 5:

Outpatient management of dengue are not properly recorded.

Solution: A triage system based on severity criteria should be systematically established through introducing 'fever clinic'. A structured recording of the cases of dengue attending the Out Patient Department (OPD) will be made and follow up will be made daily (SOP in place by whom and how, how long?) until recovery. SOP to be prepared and followed. Additional support: toll-free help line for the citizen (16263 or new line), in addition to physical follow up phone based follow up surveillance may be added.

Problem 6:

Patient involvement by engaging the 'care giver' in clinical management is not getting importance.

Solution: Patient/'care giver involvement' will be made while managing the cases of dengue: OPD (understanding basics of management and warning signs by the patient or family member) or while admitted as an 'In-patient' management: what to look for and when to report to the duty nurse (Guideline 2025).[4]

Problem 7:

Investigations for managing the cases of dengue are not available at the time of need.

Solution: Investigations (agreed minimum investigation sets: CBC, hematocrit, NS1/IgG+IgM) should be readily available 24/7. Optional: bed side ultrasonogram, ECG, serum electrolytes, others: creatinine, ALT, Chest X-ray. A clear guideline for payment should be available.

Problem 8:

Logistics for managing the cases are not readily available at the time of need.

Solution: Essential drugs and logistics should be available in the 'wards' (as per the list to be available in the guidelines) without out-of-pocket expenditure. Logistics list: IV fluids and accessories.

Problem 9:

Dengue patients are managed at different places.

Solution: A separate dengue ward including high dependency unit, (HDU-adult and children) in major hospital might improve the situation. Discussion needed: Pros: expertise developed can be utilized, uniformity in documentation and management; cons: space issue, roster management.

Problem 10:

Team approach is missing in management of dengue.

Solution: A team of trained professional (doctor, nurse, technologist) for management and monitoring (including death auditing) be available. Unit heads in the Medical College Hospitals will actively be engaged in discussions on various aspects of management and monitoring with doctors and nurses. A focal person to be designated in each hospital for dengue related activities including communication.

Problem 11:

The training of doctors and the team of health professionals on clinical management of are not adequate.

Solution: Guideline and protocol/SOP based training following a training module will improve the skills for managing cases of dengue. Both physical and online training be arranged. ToT followed by cascade training down to UzHCs, including government and non-government doctors and nurses. Arrangement of training by CDC, DGHS facilitated by faculty from medical colleges- relevant professional societies may be involved (BSM, BPS, BSITD, OGSB). A centralized database of trained doctors and senior staff nurses (SSNs) should be maintained to facilitate their rapid deployment during future outbreaks. Young graduates and postgraduates should be actively motivated and involved in ongoing and future management with a view to strengthening the healthcare response.

Problem 12:

Community engagement for prevention of dengue is not sufficient.

Solution: A structured approach for engaging the community is essential including involving non-health ministry– for example local government (city corporations), education and health (government, non-government, NGOs, civil society). Specific area of concern: (i) construction sites, (ii, iii) within the house including overhead tank, (iv) premises as per WHO guidance available and implemented. A robust monitoring cell should be formed at the district level, led by the Civil Surgeon, to ensure accountability and coordination of activities on the ground. Clear guidelines should be developed to define the scope of management responsibilities across various sectors, in alignment with the national dengue control strategy.

Problem 13:

Gap of knowledge and objective data on dengue are not adequate.

Solution: Dengue priority research be identified and funded. Example, (i) Factors causing higher percentage of death: (a) immediate from already conducted death audit and (b) prospective study, (ii) Predictors of severe dengue in (a) adults, (b) children, (iii) health systems readiness for clinical management of dengue.

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1. WHO (2009). Dengue Guidelines for Diagnosis, Treatment, Prevention and Control.
2. Rahman M R (2023). Editorial: Prevention of Dengue Deaths, Bangladesh Perspective. J of Bangladesh Coll Phys Surg 2023; Dengue Supplement; 41: 1-5.
3. http://bdlaws.minlaw.gov.bd/act-details-1274.html
4. DGHS (2025). National Guideline for Clinical Management of Dengue.

A New Dawn for Medical Leadership in Bangladesh

In the wake of the transformative July-August uprising and the birth of a new Bangladesh, the Bangladesh Society of Medicine (BSM) has taken a significant step forward. A newly energized 27-member convening committee of BSMCON has been formed to reflect the spirit of progress and renewed national commitment, which is steered by Prof. Dr. Md. Monir-Uz-Zaman as Convener and Dr. Mohammad Zakaria Al-Aziz as Member Secretary, both renowned personalities in the field of medicine.

Scientific Session & the Inaugural Committee

To mark this new start, the inaugural session of the new committee was held on 16th February 2025, accompanied by a scientific seminar which was delivered by the keynote speaker, Professor of Medicine, FM Siddiqui. It was a highly engaging & insightful talk on 'Artificial Intelligence in Medicine'. His brilliant insights showcased the enormous future opportunities and potential that AI can bring for diagnostics. This session was replete with real-life case examples and treatment planning. The attendees were inspired and knowledgeable, and it was a testament to our ongoing dedication to modernizing medical knowledge in our nation. He emphasized that artificial intelligence has the potential to change the upcoming medical practice as an aid to clinicians by enhancing the diagnosis of complex conditions, such as specific enzyme deficiencies, and by enabling more personalized treatment management with the demonstration of a young IBD case in the US.

New Team Leading Medicine: Introducing the Convening Committee

Following the seminar, Prof. FM Siddiqui formally introduced all the members of the newly formed central and branch convening committees. The ceremony was made even more special by the lively presence of esteemed life members of BSM, who lent their cordial support to the new leadership.

A Message of Unity and Future Possibility

Under the new dynamic leadership, the Bangladesh Society of Medicine is poised to play a pivotal role in shaping the future of healthcare in the country. Stay tuned for upcoming activities, seminars and updates as BSM continues its journey forward!

Moderator Training Session Held Ahead of 24th BSM Annual Congress!!

As part of the preparations for the upcoming 24th Annual Congress of the Bangladesh Society of Medicine (BSM), a dedicated moderator training session was successfully held on 15th April 2025 at the Dhaka Club. This time-demanding initiative aimed to enhance clinicians' proficiency in conducting sessions properly while also serving as a collegial gathering for internists.

The session was adeptly conducted by Dr. Abdun Nur Tushar, a distinguished media personality, television presenter, and freelance trainer. He virtually introduced the key characteristics of an effective moderator to the participants. In a scientific program, a moderator is considered an equal, sometimes even more efficient than the speakers, panelists, or audience members. The moderator's primary role is to create a neutral environment that bridges the audience with the speakers, which is necessary to keep the discussion running smoothly. He emphasized the moderator's responsibilities before, during, and after the presentation. Prior communication with the organizing committee and familiarity with the speakers and their topics were highlighted as valuable preparations. Alongside exhibiting good posture and gestures, moderators should introduce speakers and topics clearly and within five lines. Ensuring basic technical arrangements is a significant task for moderators. Additionally, preparing some questions before the Q&A session can facilitate smooth facilitation. These questions should be addressed in reverse order and answered exclusively by the speakers, without further clarification from the moderator. After the session, moderators are expected to write a feedback report. Overall, the session was quite vibrant and engaging.

Chaired by Professor Dr. Md. Monir-uz-Zaman, Convenor of BSM, the event emphasized the importance of all these preparatory activities, which would ensure that all preparations were in place to have a smooth congress experience with maximum impact. Among the dignitaries who attended were a few members of the BSM convening committee, especially Associate Professor Dr. Mohammad Zakaria Al-Aziz, the member secretary of BSM, and Associate Professor Dr. Md Shahabul Huda Chowdhury, member Secretary, scientific sub-committee, whose presence marked the importance of the session.

With this engaging session, the stage is set for an inspiring and impactful BSMCON 2025.

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Published for Bangladesh Society of Medicine
Secretariat, Room no- 513, Phone: 01794669312
E-mail: bsmedicine1999@yahoo.com
Printed by: Asian Colour Printing, Mobile: 01835180135