

PREGNANT WOMEN TOLD TO AVOID COUNTRIES WITH ZIKA OUTBREAKS

NEW YORK: Pregnant women should avoid traveling to Latin America and Caribbean countries that have outbreaks of a tropical illness linked to birth defects, health officials said Friday. The illness is caused by the Zika virus which is spread through mosquito bites.

It causes only a mild illness in most people. But it's been spreading around the world, and there's mounting evidence linking it to a terrible birth defect, especially in Brazil. Late Friday, US health officials said pregnant women should consider postponing trips to 14 destina-

tions - Brazil, Colombia, El Salvador, French Guiana, Guatemala, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Suriname and Venezuela.

They also advised women who are trying to get pregnant or thinking of getting pregnant to talk to their doctor before traveling to those areas, and to take extra precautions to avoid mosquito bites.

What is Zika?

Zika (ZEE'-ka) is the name of a virus discovered in a monkey in the Zika forest of Uganda in 1947. It is native to tropical Africa, Southeast Asia, and the Pacific Islands. But infections have exploded recently in Latin America and the Caribbean. It is spread through bites from the same kind of mosquitoes that can spread other tropical diseases, like chikungunya and dengue fever.

What are the symptoms?

Experts think that only about 1 in 5 people who are infected with the Zika virus develop any symptoms. For those that do, Zika illness usually involves fever, rash, joint pain, and red eyes - which usually last no more than a week. There is no medicine or vaccine for it. Hospitalizations are rare, and deaths

from Zika have not been reported.

Why is it a concern now?

Two reasons. First, there's been growing evidence linking Zika infection in pregnant women to a rare condition called microcephaly, in which the head is smaller than normal and the brain has not developed properly. US health officials are heading to Brazil, where there's been a recent spike in the birth defect, to further study the actual risk to pregnant women. More than 3,500 cases have been reported in Brazil since October.

Second, the threat seems to be moving closer. Infections are occurring in our southern neighbor, Mexico, and the kind of mosquitoes that can carry the virus are found along the southern United States, too. Experts think it's likely the pests may end up spreading the virus here, though probably on a smaller scale than what's been seen in the tropics.

Have there been cases in the US?

At least 26 Americans have been diagnosed with Zika since 2007, all of them travelers who are believed to have caught it overseas. In addition, a person in Puerto Rico who had not traveled was diagnosed with the illness last month.

What's the advice?

Last month, the Centers for Disease Control and Prevention advised US travelers to take protection themselves against mosquito bites if they visit places in Latin America or the Caribbean where Zika has been spreading. The advice includes wearing long sleeves and long pants and using insect repellent. On Friday, the CDC came out with an alert asking pregnant women - at any stage of pregnancy - to postpone travel to 14 destinations in Latin America and the Caribbean.

In Brazil, most of the mothers who had babies with the condition - called microcephaly - were apparently infected during the first trimester, but there is some evidence the birth defect can occur later in the pregnancy, said the CDC's Dr Cynthia Moore.

Another CDC official, Dr Lyle Petersen, said the virus seems to remain in the blood only about a week or two. Why hasn't a link between Zika and the birth defect been noted earlier? Previous outbreaks were much smaller, and the problem may have occurred less often - and so was harder to recognize, he said. There's another travel alert for pregnant women already in place, discouraging travel to areas where malaria is spreading. —AP



NEW YORK: This 2003 photo provided by the Centers for Disease Control and Prevention shows a female *Aedes albopictus* mosquito acquiring a blood meal from a human host. —AP

SI LEONE PUTS OVER 100 PEOPLE IN QUARANTINE AFTER NEW EBOLA DEATH

FREETOWN: Sierra Leone's government on Saturday urged the public not to panic as it announced that more than 100 people had been quarantined following a new death from Ebola just as the country seemed to have overcome the epidemic. The World Health Organization on Friday confirmed

that a 22-year-old woman who died after falling ill near the Guinean border last week had tested positive for the tropical fever. The announcement came a day after West Africa was celebrating the end of the outbreak after Liberia became the last of the three worst-hit countries in the region to be declared Ebola-

free. Sierra Leone had received the all-clear last November, and Guinea in December.

Health officials in Freetown said they had placed a total of 109 people who had been in contact with the student before her death in isolation. Of those, 28 were considered "high risk" and three contacts had

yet to be located, Ishmael Tarawally, the national coordinator of the Office of National Security, said at a press conference.

"We are worried and concerned about this new development but call on the general public not to panic and more than ever before, all Sierra Leoneans must work together to prevent further infection," he said.

The woman died in the northern Magburaka township in the district of Tonkolili but Tarawally said "active case investigations" were ongoing in all the districts where the victim was known to have recently travelled. Those include the districts of Kambia, Port Loko, Bombali and Freetown. "The source of infection and route of transmission is being investigated and the government urges all Sierra Leoneans to continue being vigilant," Tarawally added. The country's chief medical officer, Dr Brima Kargbo, said that when the woman arrived at Magburaka Government Hospital she showed "no signs or symptoms that fitted the case definition of Ebola".

"She had no fever or redness of the eyes when she was examined at the outpatient ward. What was detected was dizziness. We are now going to revisit the Ebola case definition," he added. The Ebola outbreak, which began in Guinea in December 2013, killed more than 11,000 people and was the deadliest outbreak of the virus yet. —AFP



MONROVIA: This file photo taken on August 31, 2014 showing children walk past a slogan painted on a wall reading "Ebola". —AFP

HAWAII REPORTS FIRST US CASE OF ZIKA-LINKED BRAIN DAMAGE

WASHINGTON: The United States has reported its first case of a newborn suffering from brain damage linked to the mosquito-borne Zika virus that has caused birth defects in Latin America. The baby, born in a hospital in Oahu, suffers from microcephaly, a rare condition that means its brain and skull are abnormally small, the Hawaiian state health department said late Friday. The mother was probably infected with the virus early in her pregnancy while living in Brazil in May 2015 and transmitted it to the fetus, the health department said. It added that neither mother nor child is still infected and that there is no danger to anyone in Hawaii. There is no vaccine to prevent the disease. The Zika virus, which

can impair normal intellectual development in newborns, has affected several thousand babies in Brazil in recent months.

The case in Hawaii was confirmed by the federal Centers for Disease Control and Prevention (CDC). "We are saddened by the events that have affected this mother and her newborn," said Sarah Park, a Hawaiian state epidemiologist. She said it underscored the warning issued Friday by the CDC for pregnant women to avoid traveling to regions or countries where Zika has been found. Most are in Latin America, including Brazil, and the Caribbean. The Zika virus, which is transmitted by mosquitos, cannot spread between humans. It often produces flu-like symptoms

(fever, headaches and joint pain) as well as skin rashes and conjunctivitis. Those symptoms appear within three to 12 days of the mosquito bite.

In 80 percent of cases, the infection goes unnoticed, and it is very rarely fatal. In Brazil, more than 3,500 cases of microcephaly were recorded between October and January, just as the Zika epidemic was spreading. Tests indicated that in at least four cases, the fetus developed the malformation during pregnancy because of the virus, the CDC said. It said that 26 cases of Zika infection have been diagnosed in the United States since 2007 among people who contracted the disease outside the country. —AFP

MAN DIES AFTER BEING LEFT BRAIN-DEAD IN FRENCH DRUG TRIAL

RENNES: A man who was left brain-dead after suffering serious side-effects during a drugs trial in France died yesterday, according to the hospital which had been treating him. Five other volunteers hospitalized a week ago when the drugs trial went wrong were "in a stable condition", the hospital in the western city of Rennes said in a statement. The private laboratory Biotrial was testing a new pain and mood disorder medication for Portuguese pharmaceutical company Bial on humans for the first time, in what is known as a Phase I trial, to test the drug's safety.

A total of 108 volunteers took part in the trial, 90 of whom received the drug at varying doses while the rest were given placebos. The six men who were hospitalized were the group which received the highest dose. Pierre-Gilles Edan, head of the neurology department at the Rennes hospital said Friday that three of the men were suffering a "handicap that could be irreversible" and another also had neurological problems. The sixth volunteer had no symptoms but was being monitored.

"The 84 other volunteers exposed to



RENNES: In this file photo French Health Minister Marisol Touraine, left, and Professor Gilles Edan, the chief neuroscientist at Rennes Hospital, address the media during a press conference held in Rennes, western France. —AP

the drug" have been contacted, said the hospital. Ten of them came in to be examined and did not have the "anomalies" seen in the hospitalized patients. The incident is the worst of its kind ever to have taken place in France, which has launched three separate probes to determine whether the tragedy was caused by an error in the trial's procedures or in the sub-

stance tested. Bial is cooperating with the investigation and vows it followed "international best practice" in developing the drug. "Our principal concern, at the moment, is taking care of participants in the trial," Bial said in a statement on Friday.

Damaged for life

Such serious mishaps are rare during

the development of a drug, which begins in the laboratory before being animal tested and then three phases of human trials before it can be brought to market. France's public body ONIAM, which is responsible for compensating the victims of medical accidents, said it had in its files only around 10 cases of accidents during drugs trials over the past 15 years, and "with consequences infinitely less serious" than the case in Rennes.

Although a rarity, there have been precedents in other countries. A comparable accident took place in 2006 in London when six people taking German drug manufacturer TeGenero's TGN1412, which it was developing to treat certain types of cancer and other immunological diseases, fell seriously ill, with one suffering from multiple organ failure. Two of the volunteers were in a critical condition and one lost all his fingers and toes. The victims said they had the impression that their brains were on fire and that their eyes were coming out of their sockets. Although they all survived, experts said at the time that their immune systems would be damaged for life. —AFP



MINNEAPOLIS: In this Jan 14, 2016 photo, Dr John Hick, a Hennepin County Medical Center emergency physician and a national expert in disaster planning, demonstrates preparation of an injection at the Hennepin County Medical Center in Minneapolis. —AP

STATES HONE HEALTH CRISIS PLANS TO ACTIVATE IN CATASTROPHES

ST PAUL, Minnesota: The scenarios are grim: A pandemic influenza swamps the availability of hospital ventilators. A chemical spill exhausts antidote supplies and decontamination abilities. A terror attack overwhelms ambulances and trauma centers. A big earthquake, wildfire or hurricane throws emergency rooms into crisis. At the prodding of the federal government, state health departments nationwide are hurrying to complete "Crisis Standards of Care" plans to guide medical professionals in such catastrophes and determine what should trigger them. It's no easy task: Plan architects must navigate the ethical and legal minefields that would arise if there are more patients than providers at hospitals, clinics and other medical settings are set up to handle in usual fashion.

"When they are facing these decisions the last thing you want to do is make it up as you go along," said Dr John Hick, an emergency physician at Hennepin County Medical Center in Minneapolis and a national expert in disaster planning. "Don't leave this on the shoulders of the caregiver at the bedside." Major emergency response planning isn't new, but this process is focused on catastrophic events that would go beyond the ability of individual hospital systems to manage. The Ebola outbreak that killed thousands in Africa and put about a dozen patients in US hospitals focused new attention on the wider health system's readiness to handle something so dramatic. Closer to home, the examples used are Hurricane Katrina and the deadly 2011 tornado in Joplin, Missouri.

Hospital admission

Once a disaster like those imagined by the planners is designated a crisis by a state official or a panel, care would shift from focusing on individual patients to sharing "limited resources" so that there are "best possible health outcomes for the population as a whole," as described by the Institute of Medicine, a national advisory body. That could mean people without acute conditions are denied hospital admission, scarce antiviral medicine is distributed more selectively, medical equipment is substituted with other devices and people judged unlikely to survive don't get typical interventions.

Such trade-offs are unimaginable to some in modern medicine, according to Judy Marchetti, an emergency preparedness manager helping write the Minnesota Department of Health's plan. "Five people need a ventilator and you have one venti-

lator, do you reallocate it or is it first-come, first-serve?" Marchetti said. But some doctors consider the conversation misguided, find the terminology about differing standards worrisome and chafe at the idea that physicians would need special instructions to handle calamities the right way.

Dr Carl Schultz, director of the Center for Disaster Medical Services at the University of California at Irvine, sees it as a move to shield providers from liability for actions during disasters - even if the prospect of being successfully sued is small. "Bad medical care is worse than no medical care at all," Schultz said, adding, "Even disaster victims can be mismanaged. Just because it is a disaster does not mean you throw out any responsibility." At the request of federal agencies, the Institute of Medicine developed a framework to guide states in making their plans. Federal money tied to the effort sets a mid-2017 deadline for completion.

Possible update

Arizona completed its 148-page plan in February. Andrew Lawless, who led the project for the Department of Health Services, said it was tough to create a plan that meshes with ones that hospitals and emergency managers already have in place for care surges. Lawless' team held an exercise in May to hunt for gaps that might be addressed in a possible update. "We asked our stakeholders to come in and try to kick holes in the plan," Lawless said. Other states aren't even at that point. Minnesota's health agency expects to hire a special facilitator soon and wants to have a version by December.

Texas got going in June 2013 and originally set a Jan 31 deadline, but that won't be met. The Department of State Health Services is examining "the best way to move forward considering the size, scope and diversity of the state," said spokeswoman Christine Mann. Kentucky also has slowed its planning, citing in part a drop-off in 2014 in federal funding for the project. "We recognize the importance of Crisis Standards of Care plans in a health emergency," said Dr Kraig Humbaugh, senior deputy commissioner at the Department of Public Health. Until a statewide plan comes together, he said the agency "has developed a template that hospitals can use to formulate their own plans." Hick said the public should be comforted that discussions of worst-case scenarios are occurring. But, he acknowledged, "it's time-consuming planning for an event that may not happen." —AP

DOG BLESS YOU: PETS HEAD TO CHURCH IN SPAIN

MADRID: Dogs, cats, rabbits and even iguanas, many decked out in colorful sweaters to keep warm, trooped into Spanish churches yesterday for a blessing on the Day of Saint Anthony, patron saint of animals. Pet-owners lined up around the block of the Church of San Anton in central Madrid to wait for a priest who stood at the entrance of the building to sprinkle holy water on their animals. "For those of us who are believers we believe it provides health and well-being to the animal as well as their owner," said 40-year-old waiter Francisco Javier Carvajal Aceves as he waited in line with his 13-month-old Chihuahua Lula cradled in his arms.

"Animals also are beings created by God and deserve to be blessed," he added as other dogs wait-

ing with their owners barked in the background. Aceves said he has come to the church every year to have his pets blessed since he moved to Madrid from Mexico 16 years ago. He dressed his dog in a red and white sweater, while other pet-owners brought their dogs in brightly-colored coats or with bows in their fur. One woman brought a grey rabbit inside a red gym bag to be blessed, an elderly man cradled a white dove in his hand and a young man took an iguana in a shoebox.

Blanca, a 54-year-old decorator, waited for half an hour for her turn to have her Labrador Retriever blessed by a priest. "You always have to wait because a lot of people in Madrid have pets and everyone wants to come to have them blessed," she said. —AP