Issue: 14, July, 2021

# AHMEDABAD FAMILY PHYSICIANS ASSOCIATION

**Late Dr. Sandip J. Dave**
President

**Dr. Pragnesh Vachharajani**
Secretary

**Dr. Dhirendra Sanandia**
Acting President

## "NO ONE IS SAFE TILL EVERYONE IS SAFE"

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Imm. Past President

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# FROM THE PRESIDENT AND SECRETARYS` DESK

FROM THE PRESIDENT AND SECRETARYS` DESK

HELLO COLLEGUES,

SEASON`S GREETINGS.  AS OF NOW WE ALL ARE HAVING SOME RESPITE AS CASES OF COVID ARE VERY LOW. AND MOST OF US ENJOYGING HEALTHY SEASON.

WE ARE GETTING SOME INPUTS ABOUT CASES OF CHIKUNGUNYA AND DENGUE IN SOME PARTS OF AHMEDABAD, PLEASE BE WATCHFUL.

APART FROM THIS WE HAVE ORGANIZED GOOD NUMBER OF WEBINARS IN UPCOMING MONTHS. PLEASE ATTEND THEM IN LARGE NUMBERS .ANY SUGGESTING REGARDING CONTENT AND SPEKAERS ARE WELCOME.

WE HAD CELEBRATED DOCTORS DAY BY WAY PAYING TRIBUTE TO COVID WARRIORS WHOM WE HAVE LOST BY OGANIZING BLOOD DONATION CAMPS IN VARIOUS PARTS OF AHMEDABAD.

WE ARE THANKFUL TO MANINAGAR MEDICAL ASSOCIATION, PALDI VASNA MEDICAL ASSOCATION AND CREATORS GROUP FOR JOINING HANDS WITH US. WE COULD COLLECT ABOUD 50+ UNITS OF BLOOD.

DO ENCOURGE US TO SUCH KIND OF SOCIAL ACTIVITIES.

IT IS A PRIDE TO HOST FIRST MEETING FOR YEAR 2021-2023 OF FFPAI-OUR PARENT BODY ON 10TH OF OCTOBER. WE ARE EXPECTING GOOD NUMBER OF DELEGATES FROM ACROSS INDIA.

FRINDS KEEP THE GUARD; ENCOURAGE VACCINATION TO ALL ELIGIBLE PATIENTS AND RELATIVES.

THANKING YOU

# JAI AFPA,JAI FFPAI,JAI IMA

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# AHMEDABAD FAMILY PHYSICIANS ASSOCIATION

## PRESENTS WEBINAR ON

# PNEUMOCOCCAL DISEASE PREVENTION IN OLDER ADULT

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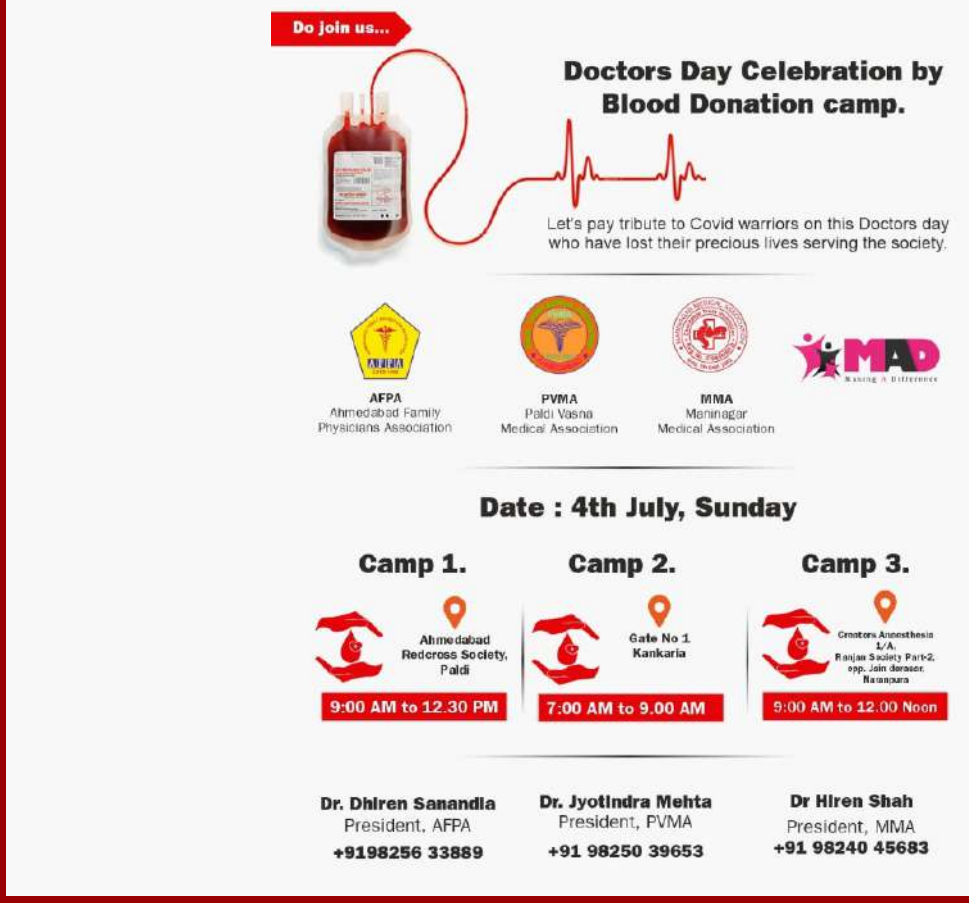
**5th August 2021**

**THURSDAY | TIME : 9:30 PM**

**WEBINAR MODERATOR : DR. ANKUR DAVE**


Do join us...
Doctors Day Celebration by Blood Donation camp.
Let's pay tribute to Covid warriors on this Doctors day who have lost their precious lives serving the society.
AFPA
Ahmedabad Family Physicians Association
PVMA
Paldi Vasna Medical Association
MMA
Maninagar Medical Association
MAD
Date : 4th July, Sunday
Camp 1.
Ahmedabad Redcross Society, Paldi
9:00 AM to 12.30 PM
Camp 2.
Gate No 1 Kankaria
7:00 AM to 9.00 AM
Camp 3.
Creators Annesthesia 1/A, Ranjan Society Part-2, opp. Jain derasar, Naranpura
9:00 AM to 12.00 Noon
Dr. Dhiren Sanandia
President, AFPA
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Dr. Jyotindra Mehta
President, PVMA
+91 98250 39653
Dr Hiren Shah
President, MMA
+91 98240 45683


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DOB
30-08-1939
AFPA
DOD
09-08-2020
भावपूर्ण श्रध्दांजली
Dr. Animish Desai
Past President &
Founder Member
DOB: 07th March 1946
DOD: 14th May 2021
AFPA
Shradhdhanjali to
Dr Ashtekar Kamalkant R
DoB: 14.12.1932
DoD: 12.02.2021
AFPA
|| भावपूर्ण श्रध्दांजली ||
Dr Narendra S Shah
DOB: 09.04.1947
DOD: 10.04.2021

# ENTERIC FEVER- TREATMENT & PRESCRIPTION GUIDE

*Enteric fever or typhoid demands special attention and care. The potentially fatal illness emerges during the rainy season and can be effectively managed if diagnosed on time through proper history taking, examination, and investigation.*

## MANAGEMENT OF ENTERIC FEVER

Enteric fever is a systemic illness characterised predominantly by fever and abdominal pain. The organism responsible for the classical enteric fever is Salmonella enterica serotype Typhi (formerly S. typhi). Other Salmonella serotypes, particularly S. enterica serotypes Paratyphi A, B, or C, can cause a similar clinical picture. The term "enteric fever" is a collective term for both typhoid and paratyphoid fevers, and "typhoid" and "enteric fever" are often used interchangeably in clinical practice.

## DIAGNOSIS

The diagnosis of enteric fever is made by isolating S. typhi or paratyphi from a culture specimen. Blood cultures are positive in 50-70% of patients with typhoid, especially in the first week of the illness. Stool culture is positive in 30 to 40% but is often negative by the time the patient seeks medical consultation. Serologic tests such as the Widal test have limited clinical utility in India because positive results may represent a previous infection. The Widal test detects anti-S. typhi antibodies and the minimal titres defined as positive for the O (surface polysaccharide) antigens and H (flagellar) antigens must be determined for each geographical area. When paired, acute and convalescent samples are tested, at least 4 times increase in titres is considered positive. Positive results are seen in 46-94% of cases, usually in the second and third weeks.

Newer rapid antibody-based diagnostic tests have moderate diagnostic accuracy. An enzyme-linked immunosorbent assay (ELISA) for antibodies to the capsular polysaccharide Vi antigens may be useful for the detection of carriers, but not for the diagnosis of acute disease. Polymerase chain reaction (PCR)-based diagnostics have limited sensitivity because of low oncentration bacteraemia. Newer antibody tests to detect serum immunoglobulin A (IgA) against haemolysin E may prove promising in the future.

## TREATMENT

The treatment of enteric fever has been complicated by the development of resistance to ampicillin, trimethoprim-sulfamethoxazole, and chloramphenicol. Growing resistance to fluoroquinolones is nowadays a big therapeutic challenge. Enteric fever is usually treated with a single antibacterial drug. Antibiotic selection depends upon the severity of illness, local susceptibility patterns, whether oral medications are feasible and the clinical setting. The main options are fluoroquinolones, third-generation cephalosporins, and azithromycin. Carbapenems are reserved only for suspected infection with extensively drug-resistant (XDR) strains.

For patients who have severe disease (e.g. systemic toxicity, depressed consciousness, prolonged fever, organ system dysfunction, or other features that prompt hospitalisation), initial therapy with a parenteral agent is appropriate. The local susceptibility pattern in a geographic region where infection was likely acquired helps in choosing the appropriate parenteral drug.

1. The initial therapy with ceftriaxone is usually appropriate.
2. If ceftriaxone is not available, cefotaxime is a reasonable alternative.
3. If the strain is susceptible to fluoroquinolones, a parenteral fluoroquinolone is then the pre ferred treatment.
4. Fluoroquinolones are considered to be the drug of choice for susceptible isolates. Of the fluoro quinolones, levofloxacin, ciprofloxacin and ofloxacin are effective.
5. Norfloxacin is very poorly absorbed and should not be used.
6. If a fluoroquinolone cannot be used, alternatives include azithromycin and third-generation cephalosporins.

## EXTENSIVELY DRUG-RESISTANT TYPHOID

Typhoid fever caused by a strain resistant to chloramphenicol, ampicillin, trimethoprim-sulfamethoxazole, fluoroquinolones, and third-generation cephalosporins. The strain remains susceptible to azithromycin and carbapenems, which are the main treatment options.

The dosage schedule and duration of antibiotics are listed below. Once symptoms improve, the patient can be switched to an oral agent, selected based on the results of susceptibility testing. There is no convincing evidence to suggest that combination antimcrobial therapy is superior to monotherapy for enteric fever.

## ANTIBIOTIC OPTIONS AND DOSES FOR TREATMENT OF TYPHOID FEVER

| | Adults | Children | Duration |
|---|---|---|---|
| Ciprofloxacin | Oral: 500mg twice daily | Oral: 30 mg/kg per day in two divided doses (maximum 1000 mg per day) | 7 to 10 days |
| | IV: 400 mg twice daily | IV: 20 mg/kg per day in two divided doses (maximum 800 mg per day) | |
| Ofloxacin | 400 mg orally or IV twice daily | 15 to 30 mg/kg per day orally in two divided doses (maximum 800 mg per day) based upon limited experience; optimal paediatric dose is not known | 7 to 10 days |
| Ceftriaxone | 2 g IV once or twice daily | 50 to 100 mg/kg IV in one or two divided doses (maximum 4 g per day) | 10 to 14 days |
| Cefotaxime | 1 to 2 g IV every six or eight hours | 150 to 200 mg/kg IV per day in three to four divided doses (maximum 8 g per day) | 10 to 14 days |
| Cefixime | 200 mg orally twice daily | 20 mg/kg orally in two divided doses (maximum 400 mg per day) | 10 to 14 days |
| Azithromycin | 1 g orally once then 500 mg orally daily OR 1 g orally once daily | 10 to 20 mg/kg orally once per day (maximum 1000 mg per day) | 5 to 7 days |
| Meropenem | 1 to 2 g IV every eight hours | 20 to 40 mg/kg every eight hours (maximum 6000 mg per day) | 10 to 14 days |

## CORTICOSTEROIDS FOR SEVERE INFECTION

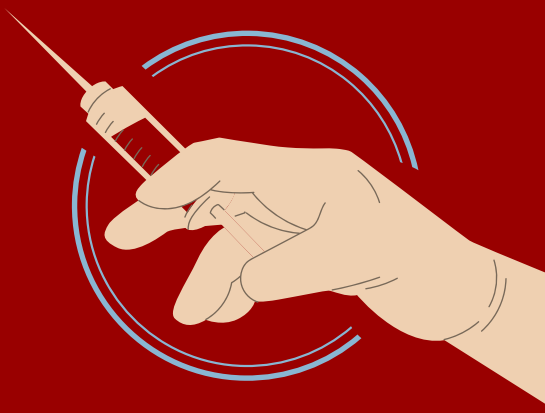
For patients with enteric fever and severe systemic illness (delirium, obtundation, stupor, coma, or shock), adjunctive therapy with dexamethasone (3 mg/kg followed by 1 mg/kg every 6 hours for a total of 48 hours) has been suggested.

## RELAPSE

Relapse of enteric fever after clinical cure can occur, usually 2-3 weeks after resolution of fever. The risk of relapse depends on the antibiotic used to treat the initial infection. Relapsed infection should be treated with an additional course of antibiotics, guided by a susceptibility pattern. Usually, the isolate has the same susceptibility pattern as the initial infection. A longer treatment course with a third-generation cephalosporin is also accepted.

## VACCINES

Several typhoid vaccines have been licensed in India. None are completely effective against S. typhi and none have been demonstrated to provide protection against paratyphoid fever caused by S. paratyphi A.



1. Vi-TT typhoid conjugate vaccine (TCV): This consists of the Vi polysaccharide antigen linked to tetanus toxoid protein. Typbar-TCV (Bharat Biotech, India) is the representative vaccine of this type; it is administered as a single IM dose. The need for revaccination for continued protection is uncer tain. Typbar-TCV is the only WHO-prequalified typhoid conjugate vaccine. Another Vi-TT conjugate typhoid vaccine, PedaTyph (Bio-Med, India), is also available in India. Emerging evidence suggests good efficacy of TCV. Conjugate vaccines appear to be more immunogenic and better at inducing long-term memory responses compared with other typhoid vaccines
2. Vi polysaccharide vaccine: This consists of the Vi polysaccharide antigen, administered as a single IM/SC dose. Revaccination is recommended every 2-3 years.
3. Ty21a vaccine: This is a live oral vaccine that consists of an attenuated S. typhi strain Ty21a; administered in 3-4 doses taken on alternate days. Revaccination is recommended every 3-5 years. There is some evidence that the Ty21a vaccine may confer partial protection against S. paratyphi B.

Adverse effects associated with these vaccines are generally mild (eg, fever or injection site pain or

Ahmedabad family physicians association  is inviting executive committee of ffpai for in person meet at Ahmedabad.

## Date of meeting 10/10/2021
## Sunday.

TENTATIVE PLANNING:

**8TH OCTOBER, FRIDAY:** Arrival during the day.

Welcome dinner with office bearers.

Evening visit to famous places in Ahmedabad.

**9TH OCTOBER:** Statue of Unity tour: full day. 5 am to 12 midnight.

**10TH OCTOBER**

Meeting

Mega Cme for Ahmedabad members and Introduction of delegates of ffpai

11am to 1 pm : meeting.

Lunch.

Departure to respective location.

Dr.Abhay Dixit
President, ffpai

Dr.Dhirendra Sanandia
President Afpa

For queries please call
9825086839.

Family Security Scheme

# FEDRATION OF FAMILY PHYSICIANS` ASSOCIATION OF INDIA

FFPAI IS RUNNING THIS SCHEME FOR ITS MEMBERS AND SPOUSE.

## THE MAIN BENEFITS OF THE SCHEME ARE:

- DEATH BENEFIT: On death of a member, his nominee, heir or heirs shall be paid Fraternity Contribution collected from the members of the scheme at 350/member.
- PERMENANT DISABILITY BENEFIT: member who has become permanently physically /mentally disabled, thereby rendering him unfit to practice his profession, will be Eligible to receive all the benefits and shall not have to pay any further Fraternity Contribution or Annual Membership Subscription. The permanent physical / mental Disability is subject to confirmation by medical borad.

## WHO CAN JOIN?

- He should be LIFE member of the Unit to which he belongs.
- His age should be under 65 years.
- Spouse of the members can also join as associate member along with member and get all the benefits of the membership

## IMPORTANT POINTS:

- After becoming the member the benefits start after lapse of 1 year.
- The Accounting year will be from April to March (Total No. of deaths during the period).
- The member would be sent Notice of payment of his Fraternity contribution every year by the month of April.
- A member will be contributing for 25 years from joining the scheme or till his death.
- After 25 years he will be paying yearly fee till he survives (Now it is Rs. 100/- per year).
- As soon as we come to know of the death through his death certificate within 10 – 15 days maximum we settle the claim.

**FOR MORE DETAILS CONTACT THE OFFICE DURING WORKING HOURS ON WORKING DAYS.**

## FEES – SUBSCRIPTION AND CONTRIBUTIONS

(1) ADMISSION FEES: Age wise, non-refundable admission fees

(2) FRATERNITY APPROPRIATION FUND : Every member shall pay Rs.5000/- towards “Fraternity Appropriation Fund” along with admission fees. This security deposit will be refunded to the nominee after the death of the member or to the member with the benefit of permanent disability after adjusting the recovery if any. No interest shall be payable on refund of payment towards Fraternity Appropriation Fund.

(3) ANNUAL MEMBERSHIP SUBSCRIPTION: Every member of the scheme shall pay Rs.100/- every year as Annual Membership Subscription, before 30th June.

(4) FRATERNITY CONTRIBUTION: Every member of Family Security Scheme shall pay Fraternity Contribution of Rs.500/- per death of member. Out of Rs.500/-, Rs.150/- will be credited to the Corpus Fund and balance of Rs.350/- will be paid to the nominee of the deceased member or the permanently disabled member. If a member pays every year his fraternity contribution continuously and regularly for 25 years,

| AGE GROUP | ADMISSION FEES | FRATERNITY APPROPRIATION FUND | ANNUAL MEMBERSHIP SUBSCRIPTION | TOTAL |
|---|---|---|---|---|
| UP TO AGE OF 30 YEARS | RS 1000 | RS 5000 | RS 100 | RS 6100 |
| ABOVE 30,BELOW 40 YEARS | RS 2000 | RS 5000 | RS 100 | RS 7100 |
| ABOVE40,BELOW 50 YEARS | RS 3000 | RS 5000 | RS 100 | RS 8100 |
| ABOVE 50,BELOW 55 YEARS | RS 4000 | RS 5000 | RS 100 | RS 9100 |
| ABOVE 55, BELOW 60 YEARS | RS 5000 | RS 5000 | RS 100 | RS 10100 |
| ABOVE 60 BELOW 65 YEARS | RS 10000 | RS 5000 | RS 100 | RS 15100 |

**1000 RS EXTRA JOINING FEES FOR ASSOCIATE MEMBERS.**

## DOCUMENTS REQUIRED.

- PROOF OF AGE:BIRTH CERTIFICATE/PASSPORT/ADDHAR CARD/PANCARD
- MARRIAGE CERTIFICATE OR COPY OF PASSPORT WITH SPOUSE NAME IN CASE OF ASSOCIATE MEMBERS
- ALL THE DOCUMENTS MUST BE ATTESTED BY LOCAL BRANCH PRESIDENT/SECRETARY AFTER VERIFYING WITH ORIGINAL.

## FOR MORE INFORMATION PLEASE CONTACT

(1) DR ABHAY DIXIT

(2) DR PRAGENSH VACHHARAJAN

(3) DR MEHUL SHELAT

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- Dr. Biren Gandhi
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- Dr. Mehul Shah & Team
- Dr. Bhupesh Shah & Team
- Dr. S. Bhattacharya & Team

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