

### Profile



#### **Prof. Azad Khan's profile in The Lancet**

Earlier this year, the Lancet published a profile of Professor AK Azad Khan, President BADAS, titled 'Azad Khan: Prime mover behind NCD programmes in Bangladesh'.

The article is written by Richard Lane, Web Editor

at The Lancet (see *Lancet* 2012: 379; (9187); 703)

The article traces the life of Prof. Azad Khan from his childhood in Barisal to the present. It dwells on his growth as a gastroenterologist and researcher under the affectionate tutelage of Dr. Sidney Truelove at Oxford University. Their path-breaking work on the role of sulphasalazine in ulcerative colitis was published in *The Lancet* in 1977.

On his return to Bangladesh in 1977, he worked as a gastroenterologist, an interest which he retains till this

day. However, he realized that rapid urbanisation would bring about an increase in non-communicable diseases (NCDs). Dr. Md. Ibrahim, the founder of BADAS, was to inspire him to become involved in the organisation. This association would 'change the course of his life , and help develop BADAS into the second largest health care provider after the government. In the profile, Lane highlights the diverse nature of Dr. Azad's capabilities as researcher, academician, organizer and his belief that training of primary care practitioners and nurses, in particular, are vital to the Bangladesh's health system. He also lauds the contribution of Dr. Azad in 'putting NCDs at the heart of Bangladesh's health system'.

14<sup>th</sup> November is a landmark day for diabetes, as this day is observed as UN Day for Diabetes. This was the result of the tireless efforts of Dr. Azad and BADAS , and the then President of IDF, Prof. Martin Silink. The Government of Bangladesh supported the resolution.

In June this year Dr. Azad will be awarded the honorary fellowship of the University College London (UCL), UK.



## Microbiology

### Bacteria and Antibiogram Report

**Table-I***Pattern of organisms isolated from different samples*

Organisms	Blood	Urine	Respiratory Secretions	Pus / Wound	Total
Escherichia coli	44	1089	23	113	1269
Klebsiella sp	9	192	57	111	369
Acinetobacter sp	19	34	173	40	266
Pseudomonas sp	34	46	55	93	224
Staph aureus	11	112	23	204	350
Gr D Enterococcus sp	0	175	3	26	204
GrD Non Enterococcus	1	22	-	3	26
Salmonella sp (Typhoid gr)	29	-	-	-	29
Proteus SP	-	11	3	-	14
Enterobacter	-	8	4	13	25
Candida sp	60	178	78	8	324
Streptococcus sp	1	28	2	10	41
Serratia marcescens	-	2	1	1	4
Providencia sp	-	1	1	1	3
Citrobacter sp Coagulase negative Staph	8	618	7	421	1189
Morganella sp.	-	3	-	3	6
Haemophilus sp	-	-	-	-	0
Streptococcus pneumoniae	1	-	-	-	1
Flavobacterium sp.	3	-	2	-	5
Corynebacterium sp.	-	4	-	-	4
Edwardsiella sp.	-	-	-	-	0

**Table-II***Major organisms isolated from outdoor, indoor, ICU and SCABU patients*

Organisms	OutdoorN	IndoorN	ICUN	SCABUN	TotalN
E. coli	549	703	22	9	1283
Klebsiella	121	227	30	4	382
Acinetobacter	29	85	181	10	305
Pseudomonas	61	135	48	3	247
Staph aureus	163	184	11	4	362
Salmonella sp.	17	11	-	1	29
Gr D Enterococcus sp.	69	131	3	1	204
Gr D Non enterococcus	8	14	3	-	25
Candida sp.	30	257	53	48	368
Proteus sp.	36	32	5	1	74
Streptococcus sp.	23	19	-	1	43
Enterobacter sp.	14	11	1	-	26
Citrobacter sp	39	77	5	7	128
Coag NS	7	2	-	-	9

**Table-III**

<i>ABST pattern of major Gram negative organisms isolated</i>					
Antibiotics	% Resistant				
	E. coli (N=1280)	Klebsiella (N=378)	Acinetobacter (N=298)	Pseudomonas (N=244)	Salmonella (N=29)
Imipenem	3.3	9.1	75.9	37.9	ND
Ceftriaxone	68.5	65.5	93	87.0	0
Ceftazidime	68.9	65.6	90.6	56.0	ND
Cefixime	72.7	69.4	96.6	97.7	3.5
Augmentin	86.7	89.1	94.9	96.4	ND
Piperacillin	53.6	83.9	88.3	27.0	ND
Tazo/piperacillin	20	57.1	85.1	16.1	ND
Amikacin	18.3	28.6	84.7	47.9	57.1
Neflomicin	22.4	31.8	77.4	47.7	ND
Gentamicin	33.9	40.4	86.7	61.8	ND
Ciprofloxacin	84.1	67.7	88.2	52.0	34.5
Cotnnoxazole	58.6	56.7	87.0	81.6	17.2
Nitrofurantoin	189	57.8	88.2	95.0	ND
Colistin	0	0	17	20	ND
Nalidixic acid	ND	ND	ND	ND	95.6
Azithromycin	ND	ND	ND	ND	22.2
Chloramphenicol	8.9	22.2	90.0	ND	18.5
Ampicillin	ND	ND	ND	ND	56.2

**Table-IV**

<i>ABST pattern of major Gram positive organisms isolated</i>		
Antibiotics	Resistant	
	Staph aureus (N=359)	Enterococcus (N=205)
Penicillin	ND	38.9
Ampicillin	75	18.8
Oxacillin	32.9	ND
Cephalexin	60.7	ND
Augmentin	59	ND
Amikacin	17.2	74.6
Netimicin	8.7	41.2
Gentamicin	26.1	33.8
Nitrofurantoin	12.7	5.2
Rifampicin	9.9	ND
Fusidic acid	12.2	ND
Erythromycin	78.2	ND
Vancomycin	0	1.8
ND=Not done		

**Table-V***ABST pattern of major Gram negative organisms of ICU*

Antibiotics	% Resistant			
	Ecoli (N=22)	Klebsiella (N=30)	Acinetobacter (N=181)	Pseudomonas (N=47)
Imipenem	13.6	48.3	95.5	72.3
Ceffriaxone	95.5	96.7	99.4	100
Ceftazidime	95.5	100	99.4	72.3
Augmentin	100	100	100	100
Piperacillin	66.7	86.7	94.3	37.8
Tazo/piperacillin	40	66.7	91.7	28.6
Amikacin	40.9	86.2	98.9	72.3
-Netilmicin	59.1	83.3	88.4	69.6
Gentamicin	68.2	96.7	98.3	91.3
Ciprofloxacin	100	100	98.3	66.0
Cotrimoxazole -X	81.8	86.2	97.2	72.3
Colistin	0	0	1.1	33.3

**Table-VI***Multidrug resistant organisms isolated from various samples*

Organisms	Total isolated	Category of resistant organisms	N	%
Staph aureus	359	MRSA	118	32.9
Salmonella sp.	29	NARST	28	96.5
Ecoli	1280	ESBL	603	47.1
Klebsiella sp.	378	ESBL	112	29.6
Enterobactersp.	26	ESBL	4	15.4
Citobactersp	1 121	ESBL	29	23.9
Enterococcus sp.	205	VRE	2	1.2

BST= Antibiotic sensitivity test. NARST=Nalidixic acid resistant S. typhi, .SBL=Extended spectrum beta lactamase, VRE=Vancomycin Resistant nterococcus, ND = Not done

## Academic Achievement

<b>Name</b>	<b>Job Title in BIRDEM</b>	<b>Degree/Specialty</b>
Dr. Farzana Bilquis Ibrahim	Registrar (Surgery)	FCPS (Plastic Surgery)
Dr. Md. Mahbubur Rahman	Senior Medical Officer	MD (Gastroenterology)
Dr. ASM Areef Ahsan	Consultant CCM	MD (Critical Care Medicine)
Dr. Sufia Zannat	Medical Officer (Neurology)	FCPS (Medicine)