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A quarterly Magazine

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Current News

Herd immunity may take 4.6 years due to vaccine nationalism

Vaccine access and vaccination rates are high in upper-income countries but remain low to non-existent among lower-income and lower-resource countries.

At current global vaccination rates, it will take 4.6 years to achieve worldwide herd immunity against COVID-19. This lengthy time gap will likely allow variants of the virus to develop and spread, potentially rendering current vaccines ineffective.

Treating vaccines as public goods rather than market commodities is the way to improve vaccine equity. This may involve scaling up existing vaccination distribution programs, developing new ones, and temporarily waiving vaccine patent protections.

At least 159 countries have begun their COVID-19 vaccine rollout. However, vaccines remain scarce in many low-resource nations, and vaccination rates low to non-existent. According to a new perspective piece in the New England Journal of Medicine, global vaccine inequity will make it very difficult to end the current pandemic and prepare for the next one.

https://www.medicalnewstoday.com/articles/herd-immunity-may-take-4-6-years-due-to-vaccine-nationalism

Your Second Vaccine Dose is Key against COVID-19 Variants

New research shows how important it is to get both doses of the COVID-19 vaccine. A new study showed that vaccine effectiveness rose from 33 percent to between 60 and 88 percent after a second dose, depending on the variant and vaccine type.

Experts say these findings are encouraging and that as many people should get vaccinated as possible to stop the virus from reproducing.

By now, most of us are very familiar with the new cards issued after receiving our first of a two-dose regimen of the COVID-19 vaccine. It documents the type of vaccine you received and the date and it typically has a reminder of when you should get your critical second dose.

Recent research confirms that after only one dose of a two-dose vaccine, you'll only have "a relatively weak immune reaction" against the novel coronavirus. However, in a more recent study finds that a second dose does more than shield you from a SARS-CoV-2 infection, it provides powerful protection against coronavirus strains

https://www.healthline.com/health-news/your-second-vaccine-dose-is-key-against-covid-19-variants# What-we-know-about-the-COVID-19-variants



Message of the Chairman Infectio

Dear Readers,

We successfully launched special edition of Infectio magazine in 1st quarter of 2021. Now, we are issuing a new edition which mainly focuses on non-communicable infectious disease.

In this edition, we have presentation on healthcare problems related to upcoming Eid festival particularly Congo Hemorrhagic Fever and Dengue. We are also thankful to Ms. Moti Khan (Clinical Dietitian, AKUH) who explained about the dietary habits that need to be followed in this season

Currently we have been received fake news regarding vaccination which need to be condemned and encourage your family and relatives to be a part of this vaccination campaign which could be a safety wall against COVID-19

Moreover, we have incorporated guidelines and precautionary measures to be implemented during Eid-ul-Adha and also nutritional tips for healthy individuals

We further acknowledge SAMI Pharmaceuticals for their support to medical community and also grateful to the countless efforts of our contributors and editorial team members for this issue of Infectio magazine

Prof. Dr. Ejaz Ahmed Vohra Chairman Editorial Board Dean Post graduate (Clinical) Head, Department of Medicine Dr. Ziauddin University Hospital Karachi



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Crimean-Congo Hemorrhagic Fever

Infectio

Summarized by: Prof. Ejaz Ahmed Vohra Dr. Ziauddin University - Karachi

Crimean-Congo Hemorrhagic Fever

Crimean-Congo Hemorrhagic Fever is an infection caused by Crimean-Congo Hemorrhagic Fever Virus (CCHFV), a Nairovirus belonging to the Bunyaviridae family. It is a zoonosis an animal disease that can spread to humans primarily affecting wild animals and domestic livestock. Humans become ill with CCHF when they are bitten by infected ticks or when coming into contact with infected animal blood or tissues.

Clinical features

After an incubation period, usually of 3-7 days (ranging from 1 to 13 days), the disease is characterized by a sudden onset of febrile illness with headache, myalgia, backache, joint and abdominal pain and vomiting. This is frequently followed by hemorrhagic manifestations that may range from petechiae to ecchymoses appearing on the mucous membranes and the skin; the most common bleeding sites are the nose, gastrointestinal system, uterus, and urinary and respiratory tracts. Necrotic hepatitis may occur. Large ecchymosis and uncontrolled bleeding from venipuncture sites are common features. The convalescent period begins in survivors about 10-20 days after the onset of illness. The length of the incubation period varies depending on several factors, including the viral dose and the route of exposure, and is often shorter following nosocomial infection.

Transmission mode

Humans become infected through bites of infected ticks or by contact with infected blood or other livestock tissue. Nosocomial transmission may occur through direct contact with infected blood or body fluids, or through contaminated medical equipment or supply.

Risk groups

Major risk groups include farmers, veterinarians and abattoir workers in endemic areas, and most of the affected cases deal with agriculture and/or domestic animal husbandry and slaughtering activities. Meat itself is not the source of infection because the virus is inactivated by post-slaughter acidification of the tissue, and CCHF virus does not survive cooking. Healthcare workers are the second most affected group when nursing CCHF patients with severe bleeding and hemorrhages in a hospital setting without strict barrier nursing procedures. Outdoor activities in endemic areas are a risk factor for tick exposure.

Diagnosis

Direct diagnosis of CCHF is done by detection of viral genome by RT-PCR up to 10–15 days post onset of illness. Serological detection of specific IgM antibodies can be done starting day five. Crimean-Congo hemorrhagic fever IgG seroconversion or four-fold titer increase can help the diagnosis, but it is delayed. As CCHF is considered a highly hazardous pathogen, sample shipment and handling require specific protocols.

Management and treatment

Since there is no validated specific antiviral therapy for CCHF, treatment relies on supportive including the administration care. of thrombocytes, fresh frozen plasma, and erythrocyte preparations. Oral or intravenous ribavirin has been used with reported success, although with no confirmed benefit. The value of immunoglobulins from human recovered patients for treatment has to be re-evaluated.

Source: https://www.cdc.gov/vhf/crimean-congo/index.html



Protect yourself from Crimean-Congo haemorrhagic fever

Crimean-Congo haemorrhagic fever is a disease caused by a tick-borne virus transmitted to people either by tick bites or through contact with infected animal blood or tissues during and immediately after slaughter.



Preventing infection Protect yourself from tick bites

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World Health Organization 1. Avoid tick-infested areas.

- 2. Wear light coloured clothing to easily spot ticks.
- 3. Wear protective clothing (long sleeves, long pants).
- Tuck your pant legs into your socks so that ticks cannot crawl up inside of your pant legs.
- 5. Use chemical repellent with DEET (on skin) and acaricides (tick killer) on boots and clothing

Common symptoms

The onset of symptoms usually occurs between 1 and 13 days following infection by a tick bite or contact with infected blood or tissues.



If bitten, never crush a tick with your hands:

WHO-EM/CSR/203/E



Gently pull out all of the tick from your skin.

Wash your hands rigorously with soap and water and apply antiseptic on the bite.

Use fine-tipped tweezers to remove the tick, placing the tweezers

as close as possible to the skin. Do not twist or jerk the tick.



What to Eat this Eid

Ms. Moti Khan Department of Nutrition and Food Services The Aga Khan University Hospital

EID UL ADHA is a holy occasion for the Muslims around the world and being called as the "Festival of Sacrifice". As per the religious practice, during the festival, people do Qurbani & distribute meat and say out the takbeer before and after Eid prayers across the three days of celebrations. Often Muslims sacrifice their best halal animals and the meat is then divided into three parts, one share is given to the poor and needy, another is kept for home and the third is given to relatives. The key attraction of this EID is the gathering with variety in meat dishes prepared and shared.

The interesting part of this EID is about seeing the nutritional value of the meat cooked during this occasion including mutton, beef, organs, trotters and brain (maghaz) etc. The term 'meat' describes as the muscle tissue that provides steaks, joints, cube cut and minced meat and also organs like liver and kidneys which are termed 'offal'. Red meat includes beef, mutton, lamb and organs of the slaughtered animals during this occasion.

Nutrition Profile

Red meat are the main source of essential nutrients includes Iron, Proteins, Zinc, Vitamin B6, Vitamin B12 and Niacin which helps in muscle, tissue repair and building the immune system as well. There is a strong evidence of need to consume protein and iron rich diets among Pakistani population to fulfill the requirement of iron deficiency Anemia as some studies revealed the high prevalence of iron deficiency among women and children in Pakistan.

An average cooked portion of 1 ounce meat has 7-9 grams protein in it. The only natural source of Vitamin B12 is meat

Healthy cooking methods and recommendations:

- Grill, baking, B.B.Q are the most calorie control cooking methods where people on weight management will get benefit as well.
- People with diabetes, high blood pressure and high cholesterol can have red meat consumed during this Eid occasion and have to follow low fat cooking precautions so that they will control their high cholesterol levels including LDL and High Uric acid levels.

 The visible fat on meat called as "Charbi" needs to be removed while cooking.

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- At a time each serving should be 1-3 ounce of meat, organ meats are rich in natural cholesterol and are not recommended to be consumed constantly in all 3 days by the people with high cholesterol, high uric acid levels and diabetes as well.
- The sodium consumption is very common in the form of preserved packet spices used in the cooking of this meat and this will enhance the calorie consumption and obesity amongst the population as well, so it is recommended not to use ready-to-eat packet foods/masalas.

Meat should be complimented with a combination of raw vegetable salads and a lemon squeeze as this will improve iron absorption quickly because of Vitamin C in lemon juice.

Meat temperature and storage precautions:

- Refrigerator temperature recommended for Qurbani meat is 0-4 °C.
- Freezer storage temperature: -18 °C and below
- Refrigerator storage: for 2-3 days
- Freezer temperature can be kept up to 2-3 days.

Offal's and Organs:

- To be cooked fresh once slaughtered, received and washed immediately, organs are not recommended to be freezed.
- The meat needs to be used within 2 hours once slaughtered or else refrigerate/freeze as recommended above.

Thawing:

- Thaw the freeze meat in fridge immersed in water while in its packet at least 1 day ahead of cooking, meat thawing at room temperature is not recommended. No refreezing is advised.
- It is directed not to use external shop mincer machines for mincing the meat as this may result in bacterial contamination/infection.



Nutrition advice for adults during the COVID-19 outbreak



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Proper nutrition and hydration are vital. People who eat a well-balanced diet tend to be healthier with stronger immune systems and lower risk of chronic illnesses and infectious diseases. So you should eat a variety of fresh and unprocessed foods every day to get the vitamins, minerals, dietary fibre, protein and antioxidants your body needs. Drink enough water. Avoid sugar, fat and salt to significantly lower your risk of overweight, obesity, heart disease, stroke, diabetes and certain types of cancer.

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Eat **fresh** and **unprocessed** foods every day

- Eat fruits, vegetables, legumes (e.g. lentils, beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat, brown rice or starchy tubers or roots such as potato, yam, taro or cassava), and foods from animal sources (e.g. meat, fish, eggs and milk).
- Daily, eat: 2 cups of fruit (4 servings), 2.5 cups of vegetables (5 servings), 180 g of grains, and 160 g of meat and beans (red meat can be eaten 1–2 times per week, and poultry 2–3 times per week).
- For snacks, choose raw vegetables and fresh fruit rather than foods that are high in sugar, fat or salt.
- >> Do not overcook vegetables and fruit as this can lead to the loss of important vitamins.
- >> When using canned or dried vegetables and fruit, choose varieties without added salt or sugar.

Eat moderate amounts of **fat and oil**

- Consume unsaturated fats (e.g. found in fish, avocado, nuts, olive oil, soy, canola, sunflower and corn oils) rather than saturated fats (e.g. found in fatty meat, butter, palm and coconut oils, cream, cheese, ghee and lard).
- Choose white meat (e.g. poultry) and fish, which are generally low in fat, rather than red meat.
- Avoid processed meats because they are high in fat and salt.
- >> Where possible, opt for low-fat or reduced-fat versions of milk and dairy products.
- Avoid industrially produced trans fats. These are often found in processed food, fast food, snack food, fried food, frozen pizza, pies, cookies, margarines and spreads.

Counselling and psychosocial support

While proper nutrition and hydration improve health and immunity, they are not magic bullets. People living with chronic illnesses who have suspected or confirmed COVID-19 may need support with their mental health and diet to ensure they keep in good health. Seek counselling and psychosocial support from appropriately trained health care professionals and also community-based lay and peer counsellors.

#COVID19 #CORONAVIRUS www.emro.who.int/nutrition

Drink enough water every day

- Water is essential for life. It transports nutrients and compounds in blood, regulates your body temperature, gets rid of waste, and lubricates and cushions joints.
- >> Drink 8–10 cups of water every day.
- Water is the best choice, but you can also consume other drinks, fruits and vegetables that contain water, for example lemon juice (diluted in water and unsweetened), tea and coffee. But be careful not to consume too much caffeine, and avoid sweetened fruit juices, syrups, fruit juice concentrates, fizzy and still drinks as they all contain sugar.

Eat less salt and sugar

- When cooking and preparing food, limit the amount of salt and high-sodium condiments (e.g. soy sauce and fish sauce).
- \clubsuit Limit your daily salt intake to less than 5 g (approximately 1 teaspoon), and use iodized salt.
- Avoid foods (e.g. snacks) that are high in salt and sugar.
- Limit your intake of soft drinks or sodas and other drinks that are high in sugar (e.g. fruit juices, fruit juice concentrates and syrups, flavoured milks and yogurt drinks).
- Choose fresh fruits instead of sweet snacks such as cookies, cakes and chocolate.

Avoid eating out

Eat at home to reduce your rate of contact with other people and lower your chance of being exposed to COVID-19. We recommend maintaining a distance of at least 1 metre between yourself and anyone who is coughing or sneezing. That is not always possible in crowded social settings like restaurants and cafes. Droplets from infected people may land on surfaces and people's hands (e.g. customers and staff), and with lots of people coming and going, you cannot tell if hands are being washed regularly enough, and surfaces are being cleaned and disinfected fast enough.



Dengue & COVID-19 Summarized by: Editorial Board Members

Dengue	COVID-19
Dengue is a mosquito-borne viral infection. The virus responsible for causing dengue, is called dengue virus (DENV). There are four DENV serotypes, meaning that it is possible to be infected four times. For this reason, a person can be infected with a dengue virus multiple times in his or her lifetime.	Coronavirus disease 2019 or COVID-19 is a respiratory illness caused by a coronavirus called SARS-CoV-2. It is unclear if antibodies created from a COVID-19 infection can provide protection against getting infected again.
How does it spread?	How does it spread?
Dengue viruses are spread to people through the bites of infected mosquitoes, mainly Aedes aegypti mosquitoes.	The virus that causes COVID-19 is thought to spread mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks.
Signs and Symptoms	Signs and Symptoms
 The most common symptom of dengue is fever with any of the following: Aches and pains (eye pain, typically behind the eyes, muscle, joint, or bone pain) Nausea, vomiting Rash Symptoms of dengue typically last 2–7 days. There is no specific treatment for dengue/severe dengue. Early detection of disease progression associated with severe dengue, and access to proper medical care lowers fatality rates of severe dengue to below 1%. 	 People with COVID-19 have had a wide range of symptoms reported ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty in breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea
Warning Signs — Seek Medical Attention	Warning Signs – Seek Medical Attention
 Watch for warning signs of severe dengue, which generally begin within 24–48 hours after the fever has gone away. If you develop any of the following symptoms, get medical attention immediately: Stomach pain, tenderness Vomiting (at least 3 times in 24 hours) Bleeding from the nose or gums Blood in vomit or stool Feeling tired, restless, or irritable 	Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately • Trouble breathing • Persistent pain or pressure in the chest • New confusion • Inability to wake or stay awake • Bluish lips or face

Source: https://www.cdc.gov/dengue/about/index.html



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Safe Eid ul Adha practices in the context of COVID-19 by WHO

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Background

The Eid ul Adha is a festival marked by social and religious gatherings where Muslim families and friends unite to pray together and give alms, especially in the form of sacrificed animal meat.

There is an evidence of COVID-19 transmission at the human-animal interface. Current evidence suggests that humans infected with SARS-CoV-2 can infect other mammals, including dogs, cats, and farmed mink. However, it remains unclear whether or not these infected mammals pose a significant risk for transmission back to humans. Nevertheless, other zoonotic diseases are associated with livestock and have resulted in disease outbreaks.

Several countries have implemented physical and social distancing measures aimed at interrupting transmission by reducing interaction between people. These measures are fundamental control mechanisms to control the spread of infectious diseases, particularly respiratory infections, associated with large gatherings of people. These measures are gradually relaxing in most countries where the virus has been brought under control; but, in some situations, increases in cases have been subsequently observed.

Social and religious gatherings and animal slaughter are central to Eid ul Adha. Hence, preventive measures, including risk communication and community engagement (RCCE) strategies directed towards individuals, families, communities and governments are required to promote behavioral messages and encourage adoption of key measures to prevent and minimize the spread of the infection.

Overarching considerations

Advice on physical distancing

- Practice physical distancing by strictly maintaining a distance of at least 1 metre between people at all times.
- If physical distancing cannot be achieved, wearing a fabric mask is recommended. It is critical to follow best practices on how to wear, remove and dispose of masks, and performing hand hygiene after removal.

Use culturally and religiously sanctioned greetings that avoid physical contact, such as waving, nodding, or placing the hand over the heart.

Prohibit large numbers of people gathering in public places associated with Eid activities, such as markets, shops. If allowed, a mechanism should be in place to regulate such activities and avoid gathering of people.

Restrict social gatherings, both public and private, and encourage the use of technology for meeting and greeting people to mitigate transmission.

Consider closing of entertainment venues, particularly indoor venues, during Eid to avoid the mass gathering of people.

Advice to high-risk groups

Urge people who are feeling unwell or have any symptoms of COVID-19 to avoid attending events and follow the national guidance on follow-up and management of suspected cases of COVID-19.

Urge individuals aged 60 years and older and anyone with pre-existing medical conditions (such as diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression and cancer) not to attend gatherings, as they are at a higher risk of severe disease and death from COVID-19.

Mitigation measures for physical gatherings

The following measures should be applied to any gathering occurring during Eid ul Adha, such as prayers, communal meals or banquets.

Venue for prayers

- Consider holding the event outdoors if possible; otherwise, ensure that the indoor venue has adequate ventilation and air flow.
- Shorten the length of the event as much as possible to limit potential exposure between people.
- Give preference to holding smaller services with fewer attendees more often, rather than hosting large gatherings.
- Adhere to physical distancing among attendees, both when seated and standing, through creating and assigning fixed places, including when praying, performing wudu (ritual ablutions) in communal washing facilities, as well as in areas dedicated to shoe storage.





• Regulate the number and flow of people entering, attending and departing from worship spaces, or other venues to ensure safe distancing at all times.

Encourage healthy hygiene

- Ensure that handwashing facilities are adequately equipped with soap and water and provide alcohol-based hand rub (at least 70% alcohol) at the entrance to and inside mosques.
- Ensure the availability of disposable tissues and bins with closed lids and disposable liners, and guarantee the safe disposal of waste.
- Provide visual displays of advice on physical distancing, hand hygiene, respiratory etiquette, and general messages on COVID-19 prevention.

Frequently clean worship spaces, sites, and buildings

Enforce routine cleaning of venues where people gather before and after each event, using detergents

and disinfectants.

• Keep the premises and facilities clean and maintain general hygiene and sanitation.

Charity

When the faithful distribute meat, consider the physical distancing measures in place and encourage nominating one household member to perform and order the sacrifice, preferably through centralized agencies or services. To avoid the crowded gathering associated with distribution of meat, consider using centralized entities, agencies, and institutions, which should adhere to physical distancing throughout the whole cycle (collecting, packaging, storing and distribution).



Reference: https://www.who.int/publications/i/item/safe-eid-al-adha-practices-in-the-context-of-covid-19-interim-guidance





COVID-19 VACCINES



Myth

COVID-19 vaccines are not safe.

Fact

All of the available vaccines have been proven to be safe and effective. Safety has been a top priority in the development, approval, and production of these vaccines.

Myth

COVID-19 vaccines were developed too quickly, and the process was rushed.

Fact

The COVID-19 vaccine clinical trials were rigorous and thorough. No shortcuts were taken in the development of these vaccines. Development of the COVID-19 vaccines was quicker than previous vaccines due to efforts to run different clinical trial phases at the same time as well as widespread commitment to minimize or eliminate waiting periods before documentation produced from trials was reviewed.

Myth

COVID-19 vaccination will give me COVID-19.

Fact

The currently available COVID-19 vaccines in the U.S. do not use the live virus in their formulation. The Pfizer, Moderna, and Johnson & Johnson vaccines are designed to provide protection against COVID-19 without SARS-CoV-2 infection.

Myth

COVID-19 vaccines from Pfizer and Moderna that use mRNA will alter my DNA.

Fact

mRNA is not able to change an individual's DNA. Rather, the mRNA in these vaccines provides your body a recipe for making the SARS-CoV-2 spike protein. This allows your body to show this protein to your immune system so that it is ready to prevent infection if you do encounter the COVID-19 virus.

Myth

COVID-19 vaccines were developed using fetal tissue.

Fact

None of the COVID-19 vaccines used fetal tissue in their development or production.

Myth

COVID-19 vaccination is a way to track and control the general public via microchipping.

Fact

There is no "microchip" in any of the COVID-19 vaccines. These vaccines were developed to promote public health and protect individuals from contracting SARS-CoV-2 infection. The vaccines will not track people who get it nor gather personal information about you.



Winners of Lucky Draw Reported by: Dr. Shuja Ajaz

Winners of Lucky Draw

The editorial board of **Infectio**[®] magazine is pleased to announce the names of winners for quiz from the 12th edition. The lucky draw was held in a meeting at Dr. Ziauddin University Hospital, Karachi. Following are the names of Lucky winners drawn randomly by **Prof. Ejaz Ahmed Vohra** and his team.

We congratulate the winners and once again thanks all contestants for their participation in quiz

1	Dr. Shahzad Hafeez	Lahore
2	Dr. Haroon Hamid	Lahore
3	Dr. Irfan ul Haq	Lahore
4	Dr. Sama Mukhtar	Karachi
5	Dr. Tehreem Ansari	Karachi
6	Dr. M.N Lal	Karachi
7	Dr. Abid Zafar	Chiniot
8	Dr. Muhammad Rafay	Chiniot
9	Dr. Muhammad Sadiq	Faisalabad
10	Dr. Sadida Amir	Faisalabad
11	Dr. Zeeshanul Haque	Hyderabad
12	Dr. Waseem Raja	Nawabshah
13	Dr. Chetan Hotwani	Mirpur Khas

14	Prof. Afzal Khan	Peshawar
15	Dr. Ambreen Ahmad	Peshawar
16	Dr. Abdul Khaliq	Peshawar
17	Dr. Irfan Ullah	Nowshera
18	Dr. Sajid Munir	Kohat
19	Dr. Qasim Khan	Mardan
20	Dr. Saima Hanif	Abbottabad
21	Dr. Habib Jadoon	Abbottabad
22	Dr. Raheel Jahangir	Abbottabad
23	Dr. Gayyan Prakash	Swat
24	Dr. Ashfaq Ahmed	Swat
25	Dr. Muhammad Uzair	Timergara

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Quiz & Answer

Choose the correct answer

Which antibiotic(s) can be used in a patient who has had an anaphylactic reaction to penicillin?

a) Cefuroxime

- b) Meropenem
- c) Clarithromycin
- d) All of the above



Scan this QR code to submit your response

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