

# APPNE

## 21st Annual Meeting

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*A special thank you to all of our members for another great year!*



**Association of Pakistani  
Physicians of New England**

# President's Message

Safana Mushtaq, MD

As I reflect on the past year, I am filled with pride and gratitude for the meaningful contributions APPNE has made to our community. Together, we've continued to grow, welcome new members into our fold, and strengthen the bonds that define our APPNE family. To each new colleague who joined us, my heartfelt welcome.

I extend my deepest thanks to our dedicated Working Committee, whose tireless efforts made so much possible, and to our Advisory Committee, whose wisdom and guidance have been our steady compass. Your commitment is the backbone of our success.

Education remains at the heart of our mission. This year, we hosted a series of impactful webinars to support young Pakistani physicians and graduates as they navigate their journey toward U.S. residency. These sessions have been a source of empowerment and clarity for many, and we are proud to stand beside them.

I'm especially pleased to share that APPNE is now supporting Deaf Reach Pakistan. Our fundraising dinner on January 31 helped establish a satellite school in Pakistan, and we are now committed to raising an additional \$15,000 to cover its operating costs for the coming year. This initiative reflects our shared belief in inclusive education and sustainable impact.

We've continued our community outreach through blood drives and other service projects, and I couldn't be prouder of our team and our collaborators. Special thanks to PAGB, Friends of Indus Hospital, SIUT NA, and Helping Hands, your partnership has amplified our reach and deepened our impact.

As we celebrate our 21st year, I want to close with a special note of appreciation to the families who stand behind us, our spouses, children, and loved ones. Your support is our foundation, and we are truly blessed.

APPNE will continue to build, serve, and uplift. The journey ahead is bright, and I look forward to walking it together.

Warm regards,

*Safana Mushtaq, MD*  
*President, APPNE*

# Secretary's Report

## Syeda Maria Sayeed, MD, RhMSUS

The APPNE board continued its journey into 2025, bringing renewed energy and vision. Throughout the year, APPNE remained highly engaged in organizing educational seminars, cultural gatherings, charitable initiatives, and community service programs. Below is a summary of the organization's activities and contributions during 2024–2025.

### 1. Annual Meeting 2024

The Annual Meeting was held at Mechanics Hall in Worcester, Massachusetts, on October 6th, 2024. The event featured a keynote presentation by Dr. Syed Ahsan Naqvi on "Unfolding the 2020 COVID Pandemic." The evening concluded with a qawwali performance by Imran Aziz Mian, bringing together APPNE members, their families, and community guests for an engaging balance of education and culture.

### 2. Residency and Mentorship Webinars

APPNE organized several webinars to support international medical graduates and young professionals. These sessions were led by Dr. Syeda Maria Sayeed and Dr. Safana Mushtaq, supported by a dedicated panel of local as well as national experts.

- December 2024: Ace Your Residency Interview – strategies for excelling in interviews.
- January 2025: Residency Match 101 – post-interview preparation, rank order lists, and SOAP process.
- May 2025: U.S. Clinical Experience – securing observerships, strong letters of recommendation, and visa support.
- August 2025: ERAS Application and Personal Statement 101 – crafting impactful applications with expert input.

### 3. Mentorship Program

APPNE continued to strengthen its mentorship program for medical graduates from Pakistan and beyond. Through the efforts of dedicated volunteers, APPNE helped graduates secure observerships, mini-CEX evaluations, and provided step-by-step guidance for residency preparation. The program also emphasized personal career development, ensuring that young physicians received support in navigating the complexities of the U.S. medical system.

### 4. Board Meetings

An in-person board meeting was held at Dr. Mushtaq's residence on August 16th. At this meeting, new members were welcomed into APPNE.

A virtual Board meeting on 9/24/2024 via Zoom.

### 5. Spring Meeting 2025

The Spring Meeting was held on May 17th, 2025, at Grace Chapel in Lexington, MA. The keynote lecture was delivered by Dr. Uzma Siddiqui on obesity and GLP-1 receptor agonists. Attendees also enjoyed Urdu poetry, live music, and karaoke, making the event both educational and entertaining. The meeting was well received and appreciated for its blend of scholarship and culture.

### 6. Summer Picnic 2025

The APPNE Summer Picnic took place on June 29th, 2025, at Salisbury Beach State Reservation, MA. Families gathered to enjoy traditional food, kite flying, cricket, and games for all ages. The picnic was heavily attended by medical students and graduates, physicians, their families, and friends from the community, providing a vibrant and relaxing environment that strengthened community bonds.

# Secretary's Report

## Syeda Maria Sayeed, MD, RhMSUS

### 7. Blood Donation Drives

In partnership with the American Red Cross, APPNE organized two blood drives at the Islamic Center of Boston, Wayland, MA. The first was held on January 19th, 2025, followed by another on June 14th, 2025. These drives reflected APPNE's dedication to supporting public service and promoting community health.

### 8. DeafReach Project

APPNE supported the DeafReach NA Annual Dinner on January 31st, 2025, in Natick, MA, benefiting education for deaf children in Pakistan. Additionally, APPNE funded a satellite school for deaf education in Shahdadt, Sindh. The current fundraising goal is to raise \$15,000 to cover the school's running cost for one year. Donations are accepted through APPNE's website.

### 9. UMass Chan Scholarship Fund

The UMass Chan Medical School Scholarship is an established initiative proudly supported by APPNE. In 2025, APPNE successfully raised \$25,000 to continue sponsoring deserving medical students. This scholarship underscores APPNE's commitment to advancing medical education.

### 10. Medical Education Collaborations

In April 2025, APPNE partnered with APPNA Academy for the HIV Certification Course, focusing on HIV and HCV co-infections with contributions from international and U.S.-based experts. This program provided physicians with essential updates on infectious disease management and highlighted APPNE's role in advancing medical education.

### 11. Professional Development Webinars

In August 2025, APPNE hosted a Financial Education Webinar on investment strategies, led by financial advisor Shariq Yousfi. The session covered investment vehicles including stocks, bonds, ETFs, mutual funds, and Shariah-compliant strategies. This initiative reflected APPNE's dedication to the financial well-being and professional development of its members beyond clinical medicine.

In conclusion, APPNE's activities in 2024–2025 reflected a balance of professional development, cultural enrichment, mentorship, and community service. From residency guidance to charitable projects, the board demonstrated its commitment to advancing education, fostering unity, and strengthening community ties. The organization continues to grow as a source of support and pride for Pakistani physicians in New England.

# APPNE Profit and Loss, Compared to Last Year

## January - September, 2025

### Association of Pakistani Physicians of New England

#### PROFIT AND LOSS AS COMPARED TO LAST YEAR

January 1 - September 23, 2025

	Jan 1 - Sep 23, 2025	Jan 1 - Sep 23, 2024 (PP)	Total Change
<b>INCOME</b>			
Conference Income		4,289.43	-4,289.43
Donations	1,939.00	8,295.75	-6,356.75
Membership	150.00	850.00	-700.00
UMass Scholarship		1,500.00	-1,500.00
Uncategorized Income		1,260.00	-1,260.00
<b>Total Income</b>	<b>2,089.00</b>	<b>16,195.18</b>	<b>-14,106.18</b>
<b>GROSS PROFIT</b>	<b>2,089.00</b>	<b>16,195.18</b>	<b>-14,106.18</b>
<b>EXPENSES</b>			
Bank Charges & Fees		0.25	-0.25
Charitable Contributions	645.00	250.00	395.00
Dues & Subscription		500.00	-500.00
Insurance	880.00	880.00	0.00
Legal & Professional Services		989.24	-989.24
Meetings & Seminars		700.00	-700.00
Meetings Expense			
Fall Conference		5,392.74	-5,392.74
Spring Conference		5,305.00	-5,305.00
<b>Total Meetings Expense</b>		<b>10,697.74</b>	<b>-10,697.74</b>
Paypal Merchant Fees	7.45	174.49	-167.04
UMass Foundation Donations		5,000.00	-5,000.00
Website Development & Marketing		528.88	-528.88
<b>Total Expenses</b>	<b>1,532.45</b>	<b>19,720.60</b>	<b>-18,188.15</b>
<b>NET OPERATING INCOME</b>	<b>556.55</b>	<b>-3,525.42</b>	<b>4,081.97</b>
<b>NET INCOME</b>	<b>\$556.55</b>	<b>\$-3,525.42</b>	<b>\$4,081.97</b>

# HIV in Pakistan: Are We Only Seeing the Tip of the Iceberg?

Dr. Nida A. Mirza

In the 1980s, when the world first began hearing about HIV, the disease carried a sense of fear and mystery. Over the decades, many countries have managed to bring it under control. Global HIV infections have dropped by more than half since the mid-1990s. In the United States, for example, new cases fell by 12% between 2018 and 2021, thanks to widespread testing and access to treatment.

But while the world has moved forward, Pakistan is moving in the opposite direction. The first case of HIV in Pakistan was reported in 1987. At the time, it seemed like a rare disease, affecting only a handful of people. Fast forward to today, and the numbers tell a sobering story: nearly 290,000 Pakistanis are estimated to be living with HIV, according to UNAIDS. Even more troubling, only about one in three people know they are infected, and an even smaller number are receiving life-saving medication.

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## Outbreaks That Shocked the Nation

For years, HIV was seen as a disease that happened elsewhere. Early cases were linked to people working abroad or unsafe blood transfusions. That perception changed in 2004, when Pakistan recorded its first outbreak among people who inject drugs in Larkana, Sindh. Since then, the epidemic has expanded far beyond drug use.

In recent years, Pakistan has faced multiple HIV outbreaks, many of them shocking in scale. The most infamous was in Ratodero, Sindh, in 2019. Hundreds of children were diagnosed with HIV after being exposed to unsafe medical practices. Other outbreaks in Punjab and Sindh have been linked to re-used syringes and poor infection control. These are not isolated incidents; they are signs of a much larger problem.

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## Following the Path of Hepatitis C

To understand the risk, consider hepatitis C. Like HIV, it spreads through infected blood and unsafe medical practices. The first case in Pakistan was detected in 1989. Today, Pakistan has the highest number of hepatitis C cases in the world—12 million people, with 150,000 new infections every year. Most of those infections occurred not in high-risk groups, but in everyday healthcare settings.

HIV may be on the same path. Already, it is spreading beyond key populations such as drug users and sex workers. Increasingly, new infections are being reported among men, women, and children with no apparent risk factors. If hepatitis C could silently spread to millions, HIV may do the same if we do not act now.

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## Why the Numbers Look Worse Than They Are

Officially, about 290,000 Pakistanis are living with HIV. But experts believe the true number may be far higher. Why? Because most people have never been tested. In fact, only 35% of people with HIV in Pakistan know their diagnosis. Without testing, infections remain hidden—like the part of an iceberg under water.

# HIV in Pakistan: Are We Only Seeing the Tip of the Iceberg?

Dr. Nida A. Mirza

Globally, the United Nations has set a target known as “95-95-95”: by 2025, 95% of people with HIV should know their status, 95% of those diagnosed should be on treatment, and 95% of those treated should have the virus under control. Pakistan is nowhere close. And until more people are tested, the epidemic will continue to grow unchecked.

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## Stigma and Silence

Part of the problem is stigma. HIV carries a heavy social burden in Pakistan. Many people avoid testing out of fear of being judged or rejected. This stigma is not limited to communities—it can also be found among healthcare workers. Studies have shown high levels of discrimination even in medical settings, making patients less likely to seek help.

Another obstacle is awareness. Surveys have found that less than half of Pakistani women have even heard of HIV/AIDS. Among truck drivers, a group at risk for spreading infections across long distances, many do not know the virus can spread through sharing needles. Low awareness means people are less likely to take precautions or seek testing.

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## What Needs to Change

If Pakistan is to control HIV, a new approach is urgently needed.

- **Expand testing:** HIV tests must be free, accessible, and routine—not only for high-risk groups but for everyone. Pregnant women, dialysis patients, and people receiving blood transfusions should be tested as a matter of standard care.
- **Mobile clinics:** Bringing testing to communities through mobile units can help reach people who rarely visit hospitals.
- **Combine HIV and hepatitis programs:** Both viruses spread in the same way. By integrating resources, Pakistan can expand testing and save costs.
- **Education campaigns:** Awareness is the first step to prevention. Schools, media, and community leaders all have a role to play in spreading accurate information.
- **Fight stigma:** Religious leaders, doctors, and policymakers must work together to end the culture of silence and discrimination around HIV.

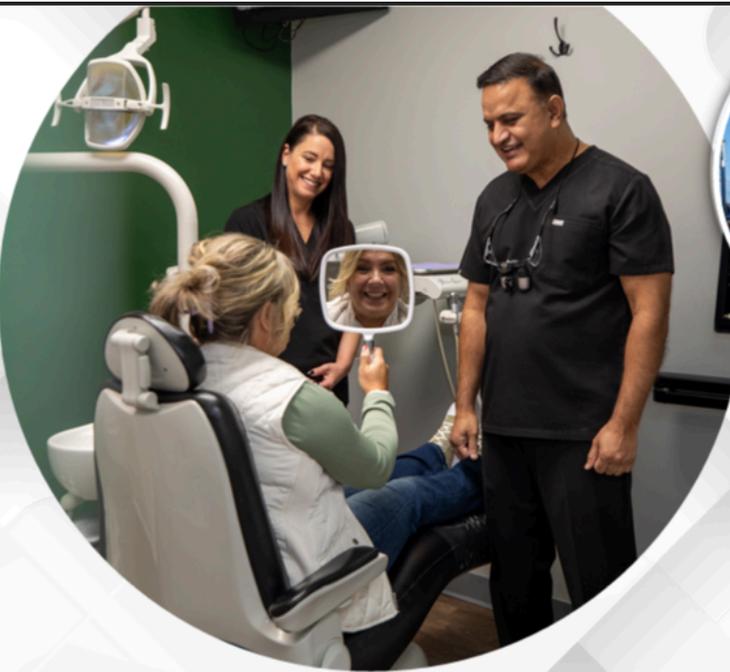
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## The Road Ahead

Around the world, HIV is no longer the deadly epidemic it once was. With proper treatment, people with HIV can live long, healthy lives. The real danger lies in not knowing—because without diagnosis, there is no treatment, and the virus continues to spread.

In Pakistan, the rise of HIV is a wake-up call. We must decide whether to look the other way, or to confront the epidemic with honesty and urgency. Widespread testing, integrated care, and education can turn the tide.

If we act now, Pakistan can still prevent HIV from becoming another hepatitis C story. But if we wait, the iceberg may prove far bigger than we ever imagined.



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# PHYSICIAN BURNOUT: WHEN HEALERS NEED HEALING

Aleeza Lone, Aliya Khan, MD.

Modern day physicians are highly vulnerable to burnout. Their daily life encompasses numerous tasks: managing the household in early morning hours, balancing multiple messages and emails, back-to-back appointments and meetings, dealing with insurance, typing thousands of words into medical records, having no time for lunch, missing family obligations and children's soccer practices, and sleeping late at night. Physician burnout has become one of the most pressing challenges in modern healthcare. Burnout is not simply feeling tired and is not an indicator of a physician's inability to handle workload efficiently. It is described as "losing the spark" for the field of medicine. Days and information become blurred together, compassion and empathy runs low, and patients are now numbers and cases. Gone are those days when curiosity and passion to learn and hear their stories are things of the past. That's a physician burnout: an invisible wound that is spreading across the healthcare system. It's no surprise that 25% to 50% of physicians worldwide feel depleted. "Burnout" is a term first used by Herbert Freudenberger in the 1970s. Freudenberger published extensively on burnout including the seminal 1980 book: "Burnout; The High Cost of High Achievement"

Burnout is described primarily as an organizational problem, not an individual one, and is characterised by emotional exhaustion, cynicism, depersonalization, and reduced sense of accomplishment. Burnout does not only affect physicians. It trickles down to their patients, their organization and medical system. Despite awareness, most physicians still suffer in silence. In 2019, WHO further described burnout in the 11th Revision of the International Classification of Diseases as a "syndrome" resulting from workplace stress that has not been successfully managed. Administrative burdens, high patient loads, long work hours, work-life imbalance, and emotional burden are major factors contributing towards burnout. Burnouts are associated with substantial suffering, such as road traffic collisions, sickness absences for both mental and cardiovascular disorders, reduced productivity, low quality patient care, and early retirement.

# PHYSICIAN BURNOUT: WHEN HEALERS NEED HEALING

Aleeza Lone, Aliya Khan, MD.

In 2018, a systematic review of 182 studies of burnout physicians was conducted across 45 countries. Using the 22-item Maslach Burnout Inventory Human Services Survey, burnout had reported prevalence of 25% to 50%. Peck and Porter have characterized burnout as having 8 stages. Hyperactivity is the initial stage of burnout when doctors carry a deep sense of responsibility that motivates them to take on extra work and longer hours, particularly during coverage and physician shortages. Hyperactivity is followed by a stage of exhaustion, then the reduced activity stage, in which productivity and efficiency declines as physicians become disengaged. The fourth stage is emotional reaction, leading to the fifth stage: breakdowns. In this stage, depression leads to impaired cognitive function and decreased motivation. The sixth stage is degradation, where physical withdrawal and social isolation may result in missing work and tardiness. The seventh stage is psychosomatic, and the final stage is despair. Physicians face significant mental health stigma, including the risk of losing their reputation and livelihood when reaching out for help. However, suffering in silence often leads to horrific consequences. Each year, 400 doctors die by suicide in the US. One physician dies from suicide every day.

The good news? Burnout is not permanent and is curable. Many physicians and healthcare wellness programs help physicians to find their lost spark and to rediscover why they chose medicine in the first place. Raising awareness about burnout can improve physician's quality of life, especially in future public health crisis.

"Disappearing Doctors" a global initiative to remove barriers from physician mental health care, seeks to "heal the healers" by raising awareness and advocating for physician mental health and suicide prevention. Research findings have also suggested that small acts of self-care, peer support, work-life balance and organizational change can be a turning point. We cannot expect high standard quality of care for our patients without addressing the issue of physician's mental illness. Without organizational changes, there is little hope of effectiveness of other interventions. Reducing the stigma of mental health struggles is an essential step forward towards improving the current system. The lives of physicians lost in suicide should bring positive structural and organizational changes of our future generation of physicians.

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat [988lifeline.org](https://988lifeline.org)

THIS ARTICLE IS DEDICATED TO ALL THE PHYSICIANS WHO LOST THEIR LIVES IN SUICIDE

*Dr. Jamila Khalil*

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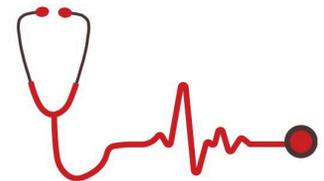


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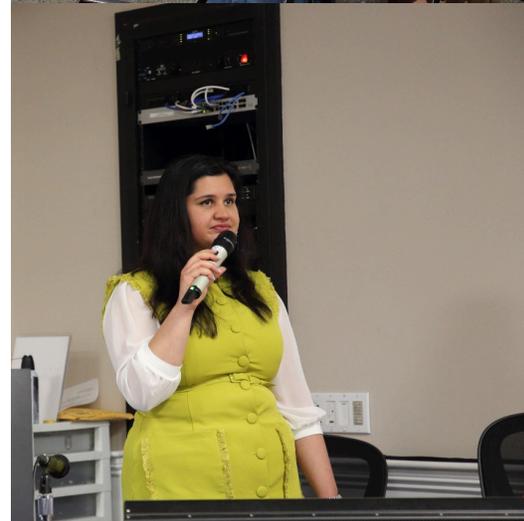
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# Blood Drives



# Celebrations



# Deaf Reach Fundraising



# Support Deaf Reach

**Deaf Reach, founded in 1998 by Richard and Heidi Geary, is a program of FESF that empowers deaf children and youth in Pakistan through education, skills training, job placement and family support. On January 31, 2025, APPNE and New England community members hosted an awareness event that raised funds to build a satellite school in Shadadkot. Foundation is being laid and school is currently under construction. We are currently raising \$15,000 to support its first year of operations. Your generous donations will help change lives.**

**Please use the following link to show your support:**

**<https://appne.org/deafreach-campaign/>**





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## Association of Pakistani Physicians of New England (APPNE)

# Reframing Dementia: From Stigma to Science

Anila Medina, MD MPH

Dementia does not equal Alzheimer's Disease.

65% of healthcare professionals and 80% of the public incorrectly believe dementia is a normal part of aging.

Dementia (Major Neurocognitive Disorder) is a set of symptoms affecting memory, thinking and language that interfere with daily activities of living and independence. When these symptoms are not affecting daily functioning, it is called Mild Cognitive Impairment (Minor Neurocognitive Disorder).

The most common cause of dementia is Alzheimer's disease, others are Vascular (due to history of stroke, diabetes, high cholesterol or hypertension), Lewy Body Dementia, Frontotemporal Degeneration, Limbic-predominant Age-related TDP-43 Encephalopathy (LATE) or a Mixed Pathology. Other causes or contributors are Depression, Traumatic brain injury, Alcohol use, Vitamin B12 deficiency or Hypothyroidism.

The hallmark pathology of Alzheimer's disease is accumulation of protein, beta-amyloid plaques and tau tangles in the brain which may begin many years before symptoms are noticed. Sometimes new neuropsychiatric symptoms of anxiety, depression or apathy might be an indication of an underlying neurodegenerative disease.

Dementia presents with cognitive impairment, but it is usually the neuropsychiatric symptoms that have the greatest impact on quality of life, caregiver stress, health care utilization, nursing home care, rapid disease progression, and earlier mortality.

There are about 7 million people over 65 years of age in the United States living with dementia and are cared for by 11 million unpaid caregivers, providing 18 billion hours valued at nearly \$347 billion. Globally there will be 139 million people living with dementia by 2050 of which 70% will be in low- and middle-income countries including Pakistan due to its aging population, lifestyle factors, lack of treatment of chronic conditions and other environmental factors.

Pakistan faces significant challenges in dementia care, including stigma, limited awareness, insufficient trained professionals and inadequate research leading to delay in diagnosis, treatment, lack of support and social isolation.

Educating patients and caregivers about dementia and reframing it as a disease rather than inevitable aging reduces stigma and uncertainty and ensures access to treatment and resources.

In recently published data there are 14 potentially modifiable risk factors for dementia (they can decrease risk of dementia by 45%) including Less education, Physical inactivity, Obesity, Smoking, Alcohol, Social isolation, Air pollution Hearing loss, Vision loss, Hypertension, Hyperlipidemia, Diabetes, Depression and Traumatic brain injury.

Patients should be encouraged to discuss memory concerns with their physicians and get screening tests. An early referral to a dementia specialist either a Geriatrician or a Neurologist for thorough cognitive assessment, an accurate diagnosis and staging of cognitive impairment is needed. This will include more detailed history, physical exam, hearing and sleep evaluation, paper pencil tests, blood tests, MRI brain, PET scan, blood biomarkers and genetic testing for Alzheimer's Disease as appropriate.

# Reframing Dementia: From Stigma to Science

Anila Medina, MD MPH

There is currently no cure for Alzheimer's disease and related dementia, but a range of treatment options and support is available.

First lifestyle interventions including MIND diet, exercise, socializing and good sleep. Next is trying cognitive enhancers including Donepezil or Memantine if appropriate. The new disease modifying treatments for Early-Stage Alzheimer's Disease (mild cognitive impairment or mild dementia) can be offered. These anti-amyloid medications Lecanemab or Donanemab can remove the amyloid protein in the brain and delay the progression of disease by approximately 6 months. They have some serious side effects of brain swelling and bleeding and so careful eligibility assessment and close monitoring is required in specific memory clinics. Non-pharmacological treatment is preferred for distressing neuropsychiatric symptoms and antipsychotic medications are to be used as a last resort.

Caregiver support is provided through elder services, senior centers, Alzheimer's Association (for all cause dementia) and other local resources.

In my opinion, caring for patients living with dementia and their caregivers should be a multidisciplinary team effort with Geriatric Medicine paying attention to multiple coexisting conditions, function and care transitions, Neurology and Neuropsychology incorporating detailed cognitive testing, Psychiatry assisting with neuropsychiatric symptoms and Palliative Care helping with anticipatory guidance and end of life care. This way we destigmatize the problem, decrease caregiver stress, whether care is provided in United States or in Pakistan and avoid unnecessary hospitalization and institutionalization.

Anila Zainab Medina, MD, MPH

Geriatrician, UMass Chan Medical School/UMass Memorial Health



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# What Your Patients Are Reading And Watching

## Asmiah Qayyum, MD

NAION: Non artretic anterior ischemic optic neuropathy

The link between prescribed GLP-1 inhibitors and the development of vision loss due to NAION is proven. Studies have found that the hazard of NAION was 3.24 times higher in individuals exposed to the GLP-1R agonists compared with those who were not, after adjusting for confounders.

- Males had a higher risk of NAION compared to females.
- Those with diabetes as well as those with hyperlipidemia were also at a higher risk.

Ozempic : Is now a renal indication for Semaglutide, the injectable glucagon-like (GLP-1) receptor agonist, has been approved by the FDA to reduce the risk of sustained GFR decline, ESRD end stage kidney disease and cardiovascular death in adults.

Suzetrigine: approved by FDA, trade name Journavx - Vertex, a selective Na channel blocker approver for oral treatment of moderate to severe acute pain in adults. It is a first in this class of drugs to be approved in the US for this.

Cabenuva: First FDA approved injectable, complete regimen for HIV-1 infection that is administered once a month

Vaccine Preventable Diseases, Making Informed Decisions

The following diseases can be prevented with vaccines! Some of these vaccines may require multiple doses for maximal protection long-term.

The below four listed are respiratory viruses –they cause infections that may be mild and cold-like or can be more severe, such as pneumonia.

- COVID-19
- Influenza A and B
- RSV Respiratory syncytial virus (called RSV)
- PSV13 and PPSV23

Below listed viruses are not respiratory viruses, but are vaccine preventable

- Herpes Zoster does not cause respiratory symptoms and instead results in a painful rash for adults 50 and older. Shingrix is offered in two doses 6 months apart
- Hepatitis A and B causes inflammation and disease in the liver during childhood, healthcare professionals and patients on hemodialysis. Engerix-B and Havirax for Hep A.
- Tetanus, diphtheria, pertussis are on schedule from childhood to adult state but needs to be boosted every 10 years.

# What Your Patients Are Reading And Watching

## Asmiah Qayyum, MD

Always follow the advice of your health care professional.

### MMR

It is the only complete family of vaccines that has helped protect children for decades from measles, mumps, rubella. Varivax for Varicella and Proquad has MMR and Varicella.

Proquad is contraindicated if there is hypersensitivity, in immunodeficiency, three months prior to becoming pregnant and during pregnancy, thrombocytopenia. TB testing prior to administration is advised.

Infections have been confirmed in at least five states so far this year. They have been reported among individuals not vaccinated for measles according to the CDC and Prevention. Every case is among someone who is unvaccinated or whose status is unknown. Always follow the advice of your child's pediatrician.

Antibiotic use among older adults not tied to incident dementia, cognitive decline.

Key takeaways from this article is that

- Antibiotics did not increase the risk for dementia or cognitive decline in Australian adults 70 years and older
- Higher Frequency and long term antibiotic use did not affect this association

Prevalence of Post COVID-19 Condition and Activity Limiting Post COVID - 19 Condition Among Adults:

Data from NHIS showed that 6.9% adults ever had PCC (Long COVID), defined as presence of symptoms lasting three months or longer, that they never had before having COVID-19. Nearly half of them ( 3.4%) had PCC at the time of interview. In 2023 NHIS included a new question for those with PCC to ascertain the degree to which these long -term symptoms reduce the ability to carry out day to day activities compared with a time prior to having COVID -19. The new data is used to describe the prevalence of PCC (ever or current ) and self-reported limitations of activity due to symptoms of PCC.

Exploring the HSV-1 connection and Alzheimer's Disease

University of Pittsburgh has highlighted a novel connection between HSV1 and AD, providing potential new avenues for treatment. HSV-1 may contribute to disease's progression. Studies suggest that it could affect Tau protein behaviour highlighting the virus's potential impact on Alzheimer's pathology. These findings suggest that viral infections may have a broader role in neurodegenerative diseases like Parkinsons and ALS than previously understood. Tau proteins may have a dual role both protective and harmful.

# What Your Patients Are Reading And Watching

## Asmiah Qayyum, MD

Early Oseltamivir use in Hospitalized patients leads to better outcomes for patients hospitalized with Influenza

- Initiating oseltamivir on the day of admission resulted in better outcomes for patients hospitalized with influenza

- It was associated with lower odds of ICU admission, death and lower disease severity

Patients hospitalized with influenza and treated with oseltamivir on the day of admission were less likely to experience severe clinical outcomes with those who were treated later, researchers found.

New Guidelines released by WHO and approved by the FDA for PrEP

Recommend the use of injectable Lenacapavir, the first twice-yearly preexposure prophylaxis (PrEP) option for HIV prevention marketed as Yetzugo, as an alternative to daily oral pills and other shorter acting PrEP.

Requiring only 2 doses a year, Lencapravir could be useful for individuals who face challenges with daily adherence, stigma or access to health care.

Malaria Vaccines: Current Achievements and path forward

Malaria remains a significant global health challenge. FDA has recently approved vaccines RTS, S and R21 for the liver stage of the parasite approved for children only.

Pfs230D1 is designed to halt transmission from infected humans to mosquitoes.

More to come as challenges remain in achieving long lasting and broad spectrum protection.

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### پنجرہ

آج واقعی بہت گرمی تھی اور میں کافی دیر سے بس اسٹاپ پر کھڑا بس کا منتظر تھا، اتنے میں کیا دیکھتا ہوں کہ میرے قریب ہی کھڑا طوطے والا ایک دم زمین پر گر پڑا شاؤد گرمی سے نہ حال ہو کر گرا تھا اور پھر دیکھتے ہی دیکھتے لوگوں کا ہجوم لگ گیا، آخر لوگ گرے ہوئے آدمی کی اس طرح ہی کیوں مدد کرتے ہیں میں نے اپنے آپ سے پوچھا اور پھر خود ہی جواب دیا شاؤد ان دیکھے دوسو سے اکیلے آدمی کو ہمدردی سے روکتے ہیں جب ہی تو لوگ اس طرح طوطے والے سے ہمہ رسی کرنے جمع ہوتے تھے۔ میں بھی آگے بڑھا لیکن میں سوچ رہا تھا کہ یہ دنیا بھی کتنی عجیب ہے آدمی تو بول سکتا ہے، چہنکتا ہے، مانگ سکتا ہے، چہین سکتا ہے۔ پھر بھی دنیا اس کا یہ حال بنا رہتی ہے لیکن پنجرے میں بند طوطا وہ کیا کرے، وہ تو بے زبان ہے وہ اپنی بے چارگی کا اظہار کس سے کرے میں اور آگے بڑھا اور میں نے طوطے کی طرف غور سے دیکھا مجھے اس کی آنکھیں بہت کچھ کہتی دکھائی دیں، جیسے وہ کہہ رہا ہو۔ دیکھو! مجھے دیکھو! مجھے نیچنے والا بھی میرے بکنے کا انتظام نہ کر سکا لیکن میں کتنی ہمت سے اپنے خریدار کا منتظر ہوں، میں نے سوچا تو کیا آج ایک جانور کی قوت برداشت نے ایک انسان کو شکست دے دی لیکن نہیں ایسا نہیں تھا کیونکہ دوسرے ہی لمحے مجھے وہ لوسے کا پنجرہ نظر آ رہا تھا جس میں طوطا قید تھا مگر وہ دوسرا پنجرہ نہ جانے کس چیز کا بنا ہوا تھا جو کسی کو بھی نظر نہیں آ رہا تھا، وہ پنجرہ جس میں طوطے والا قید تھا یہ کسی کو معلوم نہ ہو سکا۔ \*

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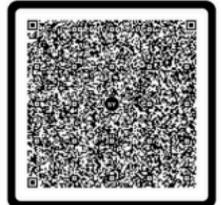
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# Awards & Recognition

## By APPNE

### **Dr. Adnan Hyder - Dean of School of Public Health at BU**

APPNE congratulates Dr. Adnan Hyder on his appointment as the new Dean of the Boston University School of Public Health! Dr. Hyder is a graduate of Aga Khan University in Pakistan. He is a globally renowned doctor, an innovative scholar, and a researcher who has devoted more than two decades to improving health care globally targeted towards low and middle income countries. He is our pride and we welcome him to our community.



### **Professor Adil Najam - President of WWF International**

Mr. Najam is a globally respected scholar in climate policy and international relations. He is the President of WWF International, one of the world's leading conservation organizations. He is the Dean Emeritus of Boston University's Pardee School of Global Studies where he served as the founding dean (2014-2022) and continues as a professor of international relations and earth environment. His past roles include Vice Chancellor of LUMS, a faculty position at MIT, TUFTs and Oxford and contributions to the IPCC's Noble Peace Prize winning work. He has received Pakistan's Sitara-i-Imtiaz and Hilal-i-Imtiaz for his global impact on education and climate research.



### **Dr. Gazala Alam - Family Physician**

Dr. Alam is a distinguished family physician from Pakistan whose healing touch extends beyond the clinic into the realm of literature and learning. A gifted poet, her contributions to Urdu poetry reflect depth, grace, and cultural resonance. Her verses speak to the soul, and her commitment to nurturing young minds through education is truly commendable. Her poetry collection, *On Being Human* (2024) blends Urdu and English verse, offering soulful reflection on identity, empathy and resilience.

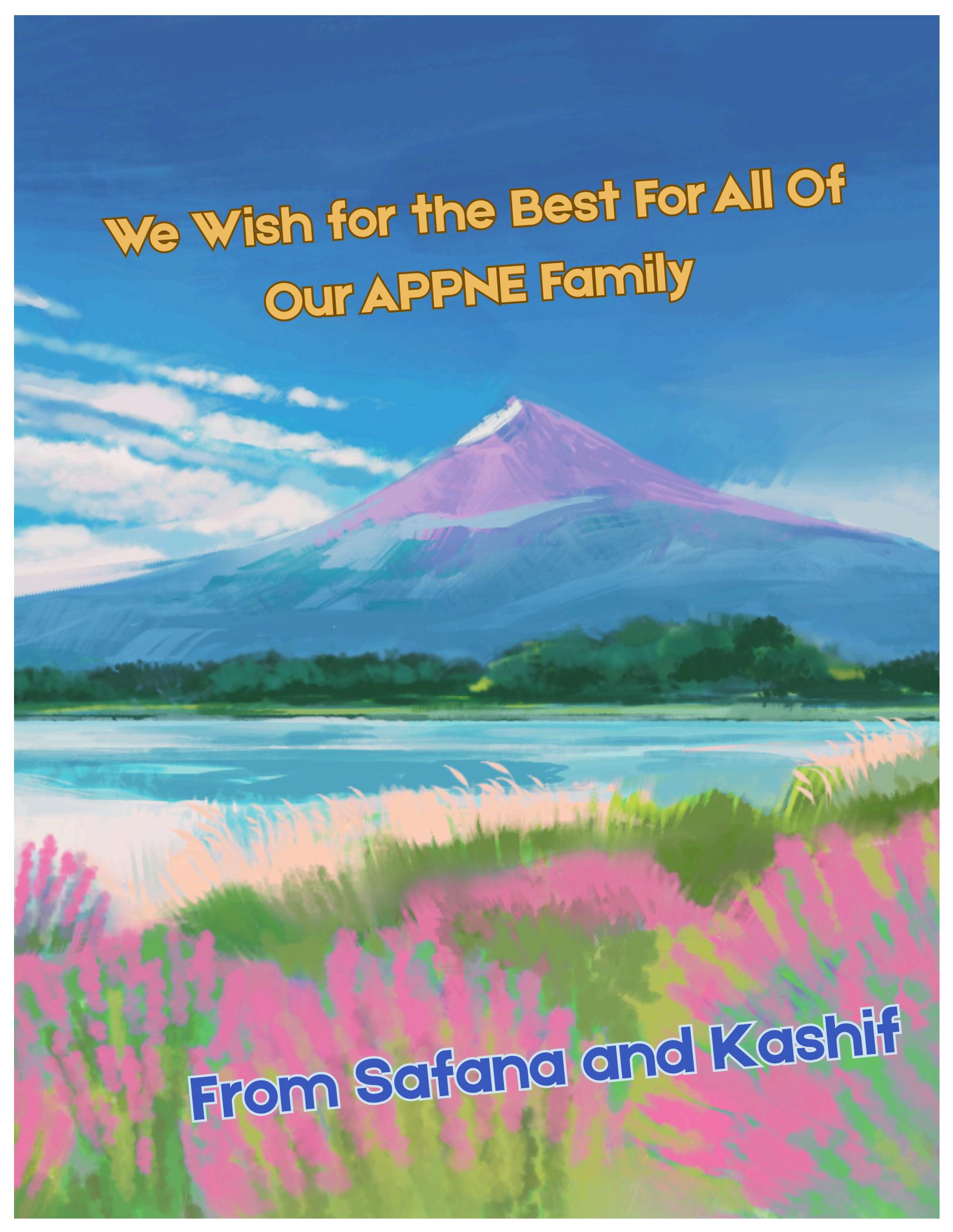
Whether guiding patients or inspiring students, Dr. Alam embodies compassion, creativity, and quiet brilliance. She is a cherished voice in both medicine and literature, and a source of pride for all who know her.



### **Dr. Raffia Qutab - Family Physician**

Dr. Raffia Qutab is a dedicated family physician and educator, actively engaged in her community and numerous professional organizations. She serves in leadership and advocacy roles within APPNA, AMA, APPNE, MMS, WMS, MWAP, and FJMCAANA—working to advance healthcare policy, support women in medicine, and empower international medical graduates.





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Our APPNE Family**

**From Safana and Kashif**

# Hearing Impaired

## By Ghazala Alam

**Hearing impaired**

**I am different  
I may not hear like you  
But I can still hear**

**I listen  
From my heart  
I feel what is said to me**

**I listen  
Watching your lips  
I read your words  
That speak to me**

**I listen  
With my eyes  
I see the human  
In the person  
Across from me**

**I listen  
With my touch  
I feel the warmth  
You have for me**

**My world is different  
Yet, I'm like you  
But more resilient  
My challenges are unique  
But I conquer them  
My hands talk for me  
But they're quiet !**

**As your world drowns in its own chatter  
My conversations are silent  
My creator bestowed on me  
The unique skills  
To complete my world  
That makes me special !!!**

**Ghazala Alam MD**

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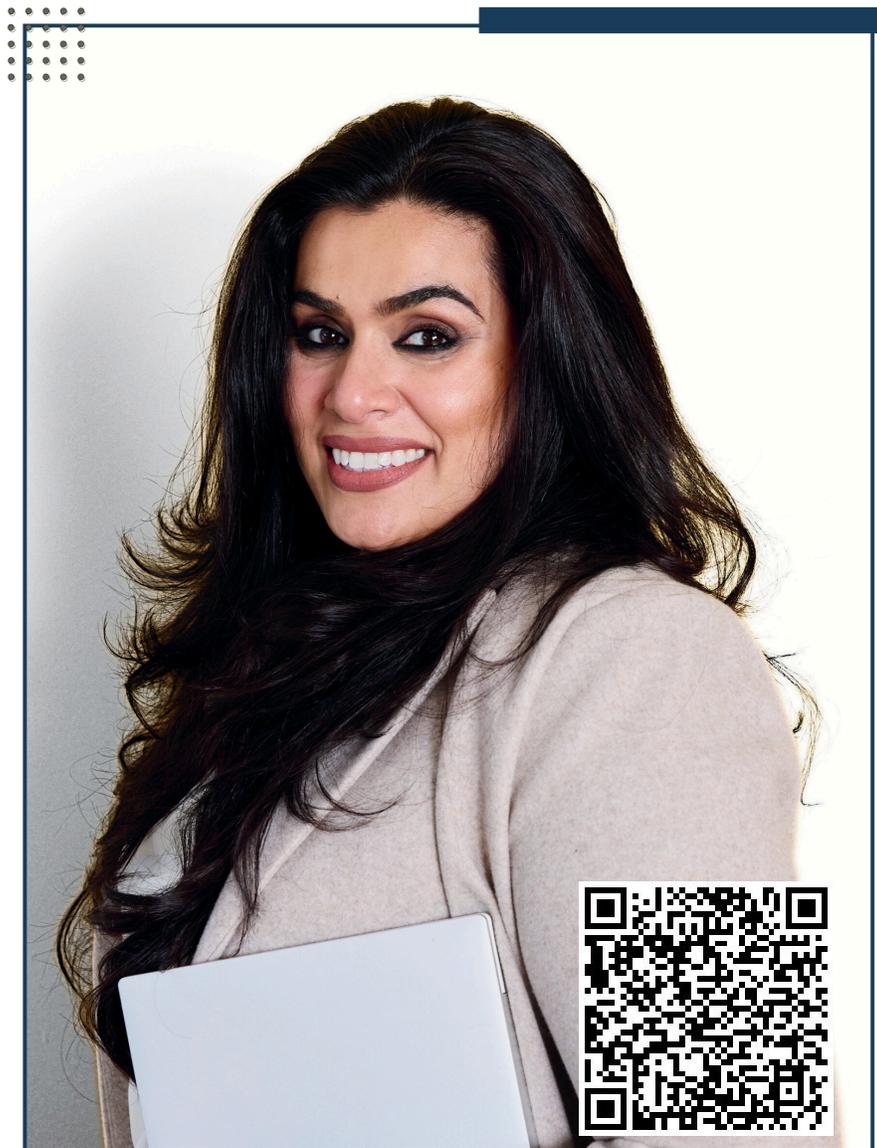
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