MedEdu Tabuk

Weekly Newsletter

Department of Medical Education, Faculty of Medicine, University of Tabuk

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INTRODUCING OUR EDITORIAL BOARD

Message From the Editor- Dr. Tanveer Raza

The Editorial board members are ambassadors of the newsletter who reflect the prestige of the publication. The editorial board of the weekly newsletter, **MedEdu Tabuk** consists of a group of prominent academics from the Faculty of Medicine, University of Tabuk. The board also includes our esteemed colleagues representing the Faculty of Applied Medical Science, University of Tabuk and King Fahad Specialist Hospital, Tabuk. We also have a dedicated group of student representatives from the Faculty of Medicine. Faculty Editorial board members have been selected with the advise of the deanship of Faculty of Medicine. They will meet in the next academic year to discuss the future of the newsletters. It is my great pleasure to introduce to you our members.

Dr. Tanveer Raza

Dr. Khalid Alhazmi

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The Editorial Board- Dr. Tanveer Raza

Kingdom of Saudi Arabia
Ministry of Higher Education
University of Tabuk
Faculty of Medicine

المملكة العربية السعودية
وزارة التعليم العالي
جامعة تبوك
كلية الطب

(قرار إداري)

- إن عميد كلية الطب .
- وبناءً على الصلاحيات المخولة له .
- ولما تقتضيه مصلحة العمل .

(يقرر ما يلي)

أولاً : تشكيل لجنة تحرير الرسالة الإخبارية للتعليم الطبي بكلية الطب من أعضاء هيئة التدريس التالية أسمائهم .

ex officio member	١. د. مرعي بن محمد العمري
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Editor	١٢. ممثل من كلية العلوم الطبية التطبيقية
Editor	١٣. الطلاب المحررين من كلية الطب
secretary	١٤. أ. سعود بن عوده المطوي

ثانياً : يكون التكليف لمدة عام اعتبارا من ٥/٩/ ١٤٣٩ هـ .

ثالثاً : على جميع الجهات المعنية تنفيذ قرارنا كل فيما يخصه .

والله ولي التوفيق ...

عميد الكلية

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I am very happy to introduce our newly formed Editorial Board.

1. **Dr. Marai M Alamri,** Dean of Medicine (ex officio member)
2. **Dr. Tanveer Raza** (Editor-in-Chief)
3. **Dr. Khalid Alhazmi** (Deputy Editor-in-Chief)
4. **Prof Maghdy Alshami**
5. **Prof Eman Serry**
6. **Dr. Ahmad Fallata**
7. **Dr. Tareq Maghrabi**
8. **Dr. Mohammed Hussen Sheikh**
9. **Dr. Mohammad Zubair**
10. **Dr. Elham Albalawi**
11. Representative from King Fahad Hospital, Tabuk
    - **Dr. Mohammad Mominul Islam**
12. Representative from Faculty of Applied Medical Science, University of Tabuk
    - **Dr. Eltayib Hassan Ahmed**
13. Student Editors, Faculty of Medicine, University of Tabuk
    - **Dr. Ibrahim Albalawi**
    - **Dr. Altoairqi Lamis Majed**
    - **Dr. Aljohany O. Sulaiman**
    - **Dr. Rawabi Naif AlSubaie**
14. **Mr. Saud Alatawi**- Administrator

How we Celebrate Eid

Dr. Abdullah Alatawi
Vice Dean for Development and Quality
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I spent EED holiday away from my family as I was working in King Khalid hospital in Najran, but I felt at home as new friends made me feel welcomed and we celebrated EED morning with a traditional breakfast from Najran cultural food and it was just a great experience.

EED is a time to smile and make others smile too , and the joy was a gift that every one received.

Best wishes
Abdullah

Post vaccination serological testing for HBV vaccinated healthcare workers and medical students

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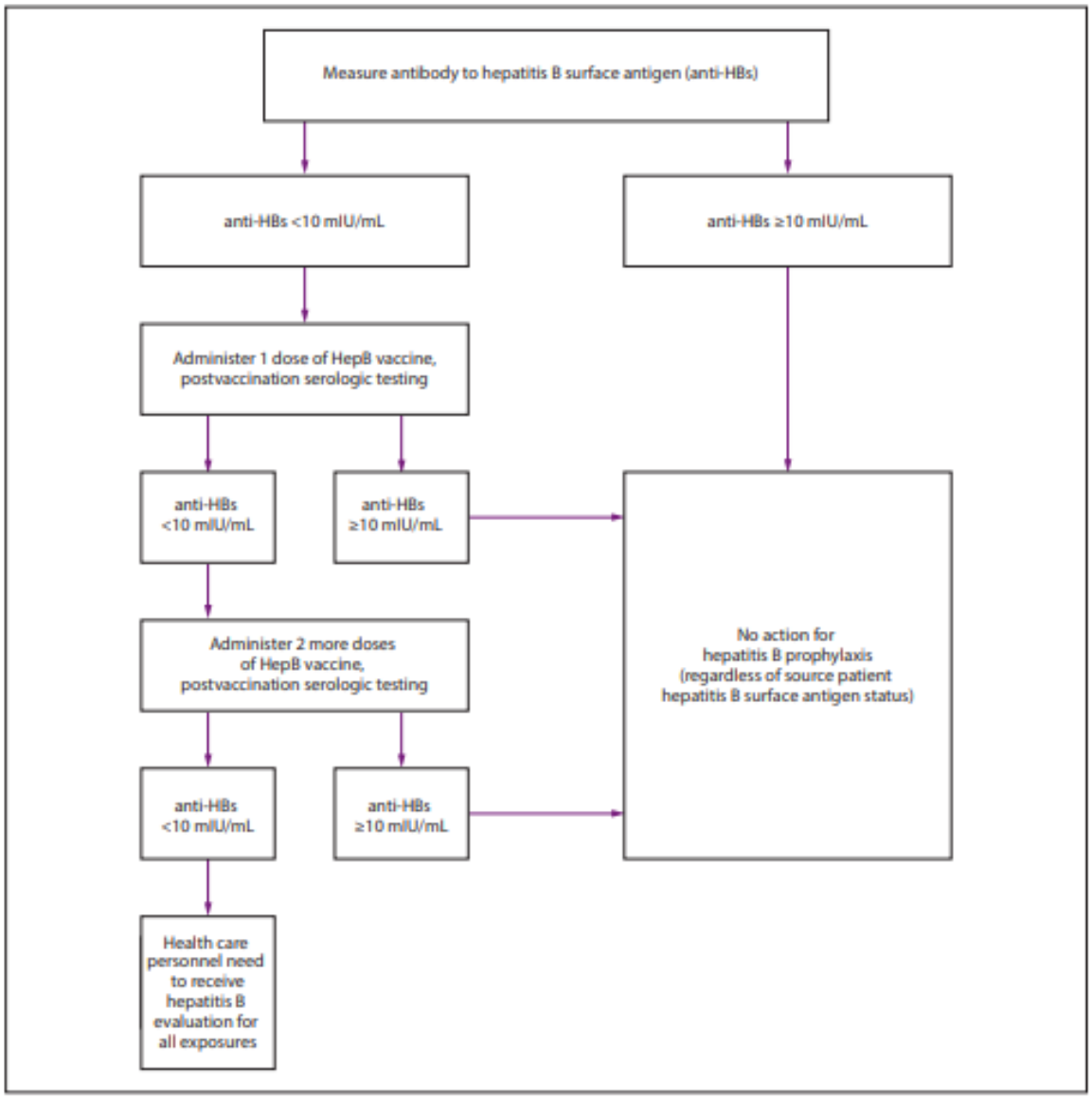
Hepatitis B virus (HBV) vaccine is one of the mandatory vaccines that all healthcare workers (HCWs) should receive before starting their work. Unvaccinated HCWs and/ or those who cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B or Recombivax HB at 0, 1, and 6 months. [1,2]

As post exposure management of HCWs exposed to HBV depends on knowing their response to the vaccine, Centers for disease control and prevention (CDC) and the advisory committee on immunization practice (ACIP) recommend testing all vaccinated HCWs 1-2 months after the last vaccine dose and determine their anti-HBs titer. Anti-HBs titer $\geq$10 mIU/ml is considered adequate and gives lifelong immunity (however, it is not protective against rare escape mutants). HCWs who attain a titer $\geq$10 mIU/ml are considered responders (immune); no further serologic testing or vaccination is recommended (no regular testing, no follow up, no boosters) regardless their type of work. Those HCWs who fail to attain an adequate anti-HBs titer measured after 1-2 month of the last vaccine dose (maximum 6 months after last vaccine dose) should receive a second HBV vaccination series and retested 1 month after the last dose, about 30-50% of them will respond and attain an adequate titer, and thus nothing is required for them on exposure to HBV. Those who fail to attain an adequate antibody titer after reception of the second vaccination series are considered non responders. They should be tested for hepatitis B surface antigen (HBsAg); as some of them may be chronically infected by HBV. For true non-responders who received 2 HBV vaccination series and are HBsAg negative further vaccine doses are of no benefit and they should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain

HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood or blood with unknown HBsAg status. [1,2]

(Fig.1) Pre-exposure evaluation for health care personnel previously vaccinated with complete, ≥3-dose HepB vaccine series who have not had postvaccination serologic testing [3]



Since 1992/1993 HBV vaccine has become one of the mandatory childhood vaccination in KSA and students of faculty of medicine and medical sciences borne 1992/1993 are vaccinated, yet their response should be determined for proper post exposure management. The CDC and ACIP recommend that their antibody titer should be determined before exposure [2]. Some of them although they are true responder yet their antibody titer results may be inadequate; this is

due to waning of immunity; because more than 6 months have elapsed since reception of the last dose of the vaccine. ACIP and CDC recommends for those whose titer is < 10 mIU/ml they should receive a single dose of HBV vaccine and tested after 1 month. Due to presence of memory cells true responders will succeed to attain adequate titer. Those whose titer fails to rise should complete the 2nd vaccination series and their antibody titer is determined 1-2 month after the last dose (Fig.1). (3)

By following these guidelines the immune status of each HCW is known, non infected HCWs fall in two categories; responders (majority) and no prophylaxis is given on exposure to HBV and nonresponders (minority) and they should be promptly managed on exposure to HBV. By following these guidelines our HCWs are adequately protected, appropriately managed and the hospital resources are correctly directed.

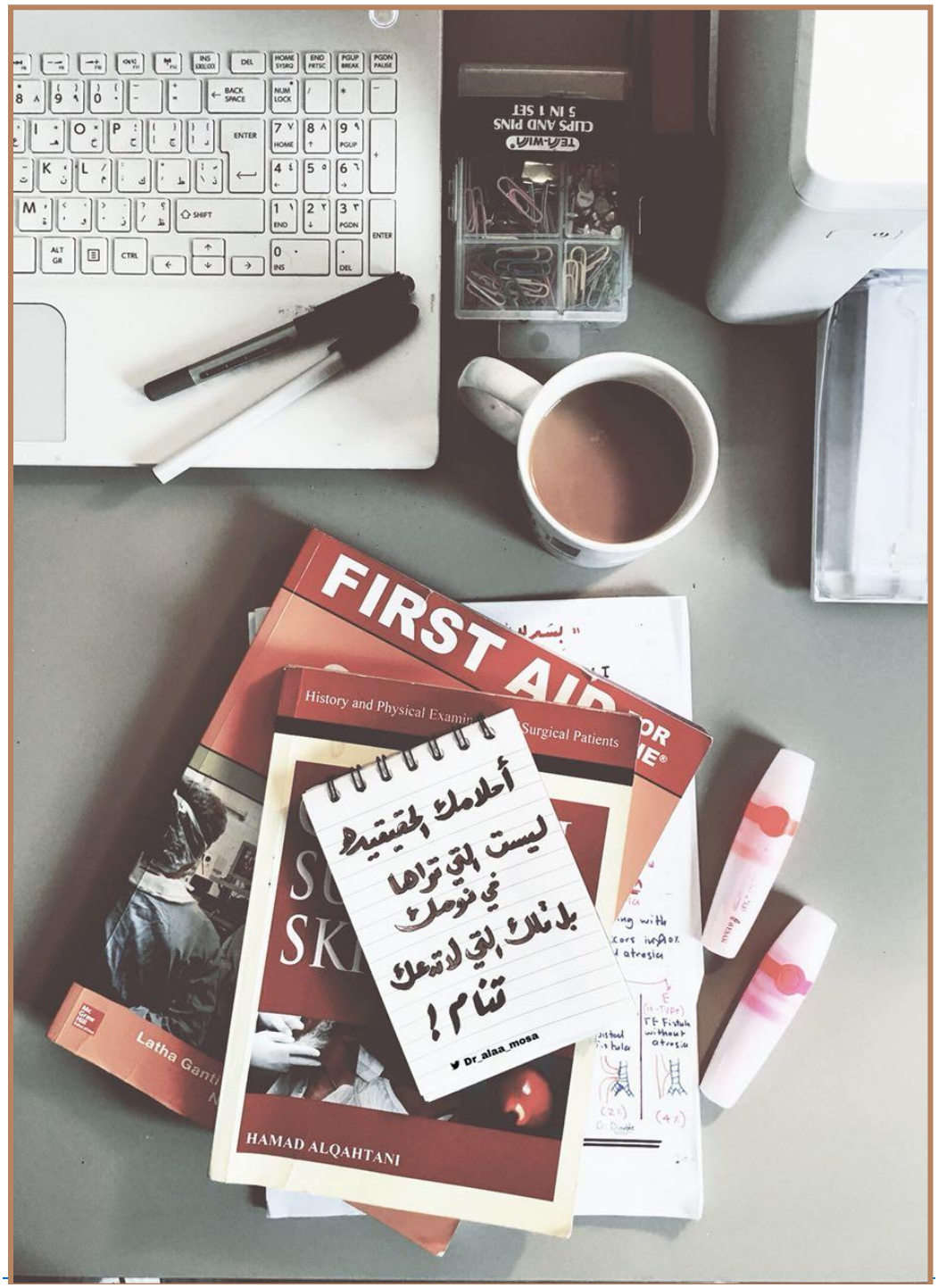
References

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011; 60(RR-7).
2. CDC. Prevention of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices. MMWR, 2018; 67(RR1):1–30. 3
3. IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

Opinion form MedEdu Tabuk: Do you think Flexner Report is responsible for making Medical Education "**Elitist**"? In order to make medical education efficient, it was not only responsible, for the closure of half of the Medical Schools in America, but also making it more expensive and restrictive to different groups of the society.

STUDENT SECTION- A Photo taken by Dr. Alaa reflecting student life

Dr. Alaa AlGhaithi
Intern
Faculty of Medicine, University of Tabuk



Student Section: PHANTOM LIMB PAIN

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After a part of the body such as arm or leg is amputated, there's a chance of could feel pain in the limb that's no longer there. This is known as phantom limb pain. It's most common in arms and legs, but some people will feel it when they have other body parts removed, such as a breast.

The exact cause of phantom pain is unclear, but it appears from brain and spinal cord , During (MRI) or (PET) — portions of the brain that had been neurologically connected to the nerves of the amputated limb show activity when the person feels phantom pain. Other cause may be that: After an amputation, areas of the spinal cord and brain lose input from the missing limb and adjust to this detachment in unpredictable ways. The result can trigger the body's most basic message that something is not right: pain, or the brain may remap that part of the body's sensory circuitry to another part of the body. In other words, because the amputated area is no longer able to receive sensory information, the information is referred elsewhere — from a missing hand to a still-present cheek, for example.

A number of other factors are believed to contribute to phantom pain, including damaged nerve endings, scar tissue at the site of the amputation and the physical memory of pre-amputation pain in the affected area.

There are deferent way to treat this pain by drugs such as painkillers and antidepressant or non drug such as nerve stimulation by TENS ,acupuncture or mirror box therapy :It has two holes -- one for the remaining limb and one for the stump -- and a mirror in the center. When patient put his limb and stump inside will see the reflection of the intact arm or leg in the mirror. It tricks the brain into thinking he has both limbs as you do therapy exercises.

As I mentioned The reason for this pain, despite the many studies, remains uncertain to this moment, like many miracles in this medicine which we have not yet reached.

Despite everything we reach and try to reach, the greatness of God is greater and greater than our abilities.