

FROM THE CHIEF EDITOR'S DESK:

Greetings to all from the Journal of International Medicine and Dentistry! We place before our readers the first issue of Volume 3 for the year 2016.

The year has recently seen the release of the latest Biomedical Waste Management Rules, 2016 by the Indian government. The key features of the latest rules are as below-

* More stringent standards for incinerators to reduce emissions and envisage the creation of a bar code system for bags containing such refuse. The new rules also brings vaccination, blood donation and surgical camps under its ambit while providing for pre-treatment of laboratory and microbiological waste, and blood samples and bags on-site as prescribed by the World Health Organization and the National AIDS Control Organization.

* Under the new rules, biomedical waste has been classified into four categories instead of the earlier 10 to improve the segregation of waste at source. Also, the procedure for getting authorization has been simplified. Use of chlorinated plastic bags, gloves and blood bags will be phased out within two years while training will be provided to all healthcare workers, who will also be immunized regularly.

* The new rules say that no occupier may establish an on-site treatment and disposal facility if a common biomedical waste treatment facility is available within a radius of 75 km. The operator of common biomedical waste treatment and disposal facility has to ensure timely collection of biomedical waste from the healthcare facilities and also assist them in conducting training. Under the new rules, the state government concerned will provide land for the setting up of common biomedical waste treatment and disposal facilities.

On the subject of polio immunisation, from 17th April 2016, the globally synchronized switch from trivalent polio vaccine to bivalent has begun in 155 countries and territories worldwide. Objective 2 of the Polio Eradication and Endgame Strategic Plan 2013-2018, calls for the introduction of at least one dose of inactivated polio vaccine (IPV) into routine immunization schedules by the end of 2015, strengthened routine immunization services, and withdrawal of oral polio vaccine (OPV) in a phased manner, starting with the switch from trivalent to bivalent OPV in April 2016. Here, India is all set to introduce injectable polio vaccine (IPV) in its universal immunisation programme (UIP) in a phased manner from November. This will be over and above the oral vaccine. From April, 2016 the trivalent polio vaccine that is currently administered will be replaced by the bivalent variety to reduce incidence of vaccine-derived polio virus. IPV is to be given in addition to the existing oral polio vaccine, in order to boost population immunity.

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Dr. Prashanth H.V.

Chief Editor,

Journal of International Medicine and Dentistry