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 **The Indian EXPRESS**

Hyderabad: CSIR-CCMB announces development of potential mRNA vaccine against Covid-19

Currently, the mRNA vaccine candidate is undergoing pre-clinical challenge studies to evaluate its efficacy to protect against live virus infection.

By: [Express News Service](#) | Hyderabad |
Updated: May 14, 2022 11:04:57 am



The team at the Atal Incubation Centre-CCMB (AIC-CCMB) led the development of the vaccine candidate. (Representational).

The CSIR-Centre for Cellular and Molecular Biology (CCMB) in Hyderabad, which leads the development of mRNA vaccine technology in India, has now announced the development of a potential mRNA vaccine candidate against SARS-CoV-2. The

 **The Indian EXPRESS**

Tuberculosis not only affects the lungs, but also women's reproductive health; know more

Female genital tuberculosis (FGTB) takes a toll on the fallopian tubes, uterine lining, ovaries, cervix, and vagina/vulva

Written by [Jayashree Narayanan](#) | Pune |
May 12, 2022 12:30:48 pm



How is tuberculosis connected to reproductive health? (Source: Getty Images/Thinkstock)

Unlike commonly believed, tuberculosis or TB does not only affect the lungs but may also impact other vital organs like the liver, bones, brain, and even the reproductive health, medical ...

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mRNA vaccine technology so developed is indigenous and devoid of technology contributions from elsewhere.

The team at the Atal Incubation Centre-CCMB (AIC-CCMB) led the development of the vaccine candidate. "We observed robust immune response against SARS-CoV-2 spike protein in mice, upon administration of two doses of the mRNA. The anti-spike antibodies generated were found to be more than 90 per cent efficient in preventing the human ACE2 receptor binding to the [coronavirus](#)," said Dr Rajesh Iyer, a scientist involved in the project.

Currently, the mRNA vaccine candidate is undergoing pre-clinical challenge studies to evaluate its efficacy to protect against live virus infection. "The current war with [Covid-19](#) pandemic has brought to light many vaccine technologies, and India's vaccine programme is highly lauded. However, we lacked the potent mRNA vaccine technology, as developed by Moderna or Pfizer/BioNTech to combat Covid-19 in the USA and Europe. The developed technology is different from the mRNA vaccine being developed from Genovio Bio, which is based on self-replicating RNA," said Dr Madhusudhana Rao, CEO of AIC-CCMB and the lead scientist of this work.

He added that the AIC-CCMB team was able to establish mRNA vaccine technology and develop a home-grown mRNA vaccine candidate against SARS-CoV-2 in less than a year since the inception of the project.

Even though Covid-19 is waning, the vaccine platform holds promise for many infectious diseases that India faces. "This a proof-of-principle wherein we have shown that we can replicate the mRNA vaccine technology end-to-end. The beauty of this technology is in its modularity and rapid turn-around times. That means with significantly less effort, the developed technology can be used to sire vaccine for other infectious diseases like

dengue, tuberculosis or malaria," said Dr Vinay Nandicoori, director of CCMB.

He added that the Council of Scientific and Industrial Research (CSIR), the largest research and development organisation under the Ministry of Science and Technology in India, has undertaken far-sighted initiatives to establish capacities within India in modern health technologies as part of its programme on self-reliance. Nandicoori said mRNA vaccines are among the leading vaccine technologies today and the world witnessed the power of the first mRNA vaccines during the pandemic.

Vaccines work by training our immune system to identify disease-causing micro-organisms and eliminate them quickly when they encounter them subsequently. mRNA vaccine technology does this by introducing an mRNA of the micro-organism of concern. This mRNA in the host cells gives rise to the microbial protein or a part of it, which trains the immune system to evade it when the real infection happens with the same live micro-organism.

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Tuberculosis not only affects the lungs, but also women's reproductive health; know more

...experts say. Declared as a public health emergency by World Health Organization (WHO) in 2005, tuberculosis is also a significant contributor to maternal mortality as it is among the three leading causes of death among women aged 15–45 years in high burden areas, according to a National Center for Biotechnology Information study

Why does it happen?

Explaining how it affects reproductive health, Dr Bharati Dhorepatil, consultant [infertility](#) expert,

NOVA IVF fertility, Pune said the tuberculosis bacteria (TB bacillus) infects the fallopian tubes, in turn, leading to its blockage. It also affects the uterus lining, which leads to thinning of the endometrium lining and scanty menses. "This blockage of the fallopian tubes and thinning of endometrium lining leads to fertility issues," she said.



Pregnant women with a confirmed diagnosis of TB should initiate treatment without any delay (Source: Getty Images/Thinkstock)

Female genital tuberculosis (FGTB) takes a toll on the fallopian tubes, uterine lining, ovaries, cervix, and vagina/vulva. It can damage the fallopian tubes and cause [infertility](#). Genital TB damages the lining of the uterus, following which adhesions are seen within the womb causing Asherman's syndrome, Dr Richa Jagtap, clinical director and consultant, reproductive medicine, NOVA IVF Fertility, Mumbai, told [indianexpress.com](#).

Once the fallopian tubes are impacted, the fertilised egg is not able to enter the tube and reach the uterus or the womb. If the endometrium lining is impacted, then there will be no fertilised embryo implantation in the uterus. The quality and [chronic inflammation](#) will reduce the egg reserve as well, explained Dr Dhorepatil.

Why does TB occur?

It occurs owing to a bacterium called mycobacterium [tuberculosis](#) that spreads from

person to person via the tiny droplets released into the air when one coughs and sneezes. Active TB, a type, is an illness in which the TB bacteria are rapidly multiplying and invading different organs of the body. Miliary tuberculosis affects the entire lung tissue which can prove [fatal](#).

Symptoms

Coughing, chest pain, weight loss, poor appetite, tiredness, fever, night sweats, and chills. Other symptoms reported are menstrual irregularities such as [oligomenorrhoea](#), hypomenorrhoea, amenorrhoea, menorrhagia, dysmenorrhoea, metrorrhagia, pelvic pain and abnormal vaginal discharge, informed Dr Gowri Kulkarni, head of operations, MediBuddy.

Complications of TB in [pregnant women](#) include spontaneous abortion, small for date uterus, preterm labour, low birth weight, and increased neo-natal mortality. Acquiring an active TB infection in pregnancy can put the mother and baby at risk, cautioned Dr Padma Srivastava, consultant obstetrician and gynaecologist, Motherhood Hospitals, Lullanagar, Pune.

"Genital TB can lead to spontaneous abortion and [ectopic pregnancy](#). An endometrial biopsy, and menstrual blood culture, can help in diagnosing genital TB. A laparoscopy can help to understand the damage caused to the genital organs. It is essential to tackle genital TB as soon as it is detected. Those with genital TB are treated with [ATT](#) (anti-tubercular treatment), which helps in pregnancy if diagnosed earlier. Women with genital TB can conceive with the help of assisted reproductive technologies (ART) like IVF when there is a blockage of tubes and when the lining is very thin. They can be treated only with IVF (test tube baby process)," said Dr Dhorepatil.

Diagnosis

Based on one's medical history and symptoms, a complete physical examination is done through various tests like tissue-based PCR or gene expert for the diagnosis of this condition, Dr Jagtap informed.

"Pelvic tuberculosis is best diagnosed on laparoscopy and hysteroscopy which gives direct view and opportunity to take specific tissue biopsy for testing. Hysterosalpingogram (HSG) can also be done to evaluate tubal patency, where a radio-opaque dye is introduced via the cervix into the uterus to check for tubal block, irregular structure of [fallopian tubes](#) and signs of adhesions," she said.

Pregnant women with a confirmed diagnosis of TB should initiate treatment without delay.

"Maximum cases of [infertility](#) are due to TB, which can affect both partners. TB of the uterus may not be symptomatic, but she may come with vague period complaints, or no periods/scanty periods complaints. Multi-disciplinary approach with a chest physician, if needed gives excellent cure rates. However, if patients come late with multi-organ involvement, then prognosis is poor. Active TB is not a contraindication for the termination of pregnancy. But the anti-TB drugs may cause effects specifically in first trimester. Even though, there are many government programs, there is still a taboo related to TB and even afterwards, diagnosed patients are reluctant to treatment," noted Dr Meeta Nakhare, gynecologist Lokmanya Hospital.

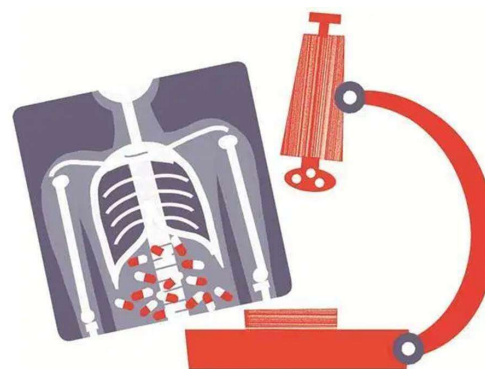


'One in 6 women, more than one in 5 men want TB positive status of family member to remain secret'

Despite being a curable disease, TB can still be a stigmatizing illness, mainly due to people's ignorance of its causes and transmission, states the NFHS report.

Written by [Anuradha Mascarenhas](#) | Pune |

Updated: May 10, 2022 9:02:06 am



Tuberculosis has re-emerged as a major public health problem in many parts of the world, often as a concomitant illness to HIV/AIDS.

One in every six (16%) women and more than one in every five (23%) men have said that they would want the TB positive status of a family member to remain a secret, according to the National Family Health Survey-5 (2019-21).

Despite being a curable disease, TB can still be a stigmatizing illness, mainly due to people's ignorance of its causes and transmission, states the NFHS report.

Tuberculosis has re-emerged as a major public health problem in many parts of the world, often as a concomitant illness to HIV/AIDS. In most developing countries, TB continues to be a serious health threat even in the absence of HIV/AIDS due to the public health challenges

posed by poor sanitation, poverty, and high illiteracy.

In India, the government's aim has been to end TB by 2025 – five years ahead of the global Sustainable Development Goal of 2030. According to the NFHS-5 report, in India, 70 per cent of both women and men who have heard of TB correctly mentioned coughing or sneezing as a mode of transmission for TB.

However, more than three-fifths of the population that has heard of TB has some misconceptions regarding its transmission.

The proportion of women who have heard of TB has increased slightly from 87 per cent in 2015-16 to 93 per cent in 2019-21, while that in men has increased from 88 per cent to 91 per cent. The proportion of women who report that TB is spread through the air by coughing and sneezing has remained almost the same (from 69% in 2015-16 to 70% in 2019-21), whereas the proportion decreased slightly for men, from 72% in 2015-16 to 70% in 2019-21.

In the same period, the knowledge that TB can be cured increased slightly from 89 per cent to 90 per cent among women and from 91 per cent to 92 per cent among men, according to the NFHS-5 report, which was released recently.

Between 2015-16 and 2019-21, the overall prevalence of medically treated tuberculosis decreased from 305 persons per 100,000 to 222 persons per 100,000, and the prevalence among men decreased from 389 persons per 100,000 to 283 persons per 100,000. The prevalence among women decreased from 220 persons per 100,000 to 162 persons per 100,000.

The prevalence of medically treated TB is higher in households where cooking takes place inside the house, without a separate room for cooking (291 persons per 100,000), than in households where cooking takes place in a separate room of the house (178 persons per 100,000) or in a

separate building (258 persons per 100,000). But it is highest of all in households cooking in other places not specified in the table (357 persons per 100,000), according to NFHS-5 data.

Among the states, the number of persons suffering from medically treated TB ranges from a low of 24 persons per 100,000 in Chandigarh to a high of 634 persons per 100,000 in Sikkim, 626 persons per 100,000 in Meghalaya, 624 persons per 100,000 in Mizoram, and 616 persons per 100,000 in Nagaland.

In addition to Chandigarh, two states have prevalence below 120 persons per 100,000: Haryana (105 persons per 100,000) and Chhattisgarh (112 persons per 100,000)



TB activists start monthly meetings to resolve issues faced by TB patients

Mumbai: With the ongoing Covid-19 pandemic causing a setback for the country's programme to eliminate tuberculosis (TB), non-government organisations (NGO), TB activists, survivors, and officers will hold a meeting every month to discuss the needs and challenges of its treatment in the country



In this picture taken on March 22, 2022, a doctor checks

Gautam Kamble's chest x-rays, who is diagnosed with tuberculosis, during a routine consultation at the Médecins Sans Frontières (MSF) clinic, which treats people with drug-resistant tuberculosis, in Mumbai. - When Covid-19 ripped through India in 2020-21, several million people are thought to have died. Desperate efforts to stem the pandemic hurt the battle against another huge killer: tuberculosis. (Photo by Punit PARANJPE / AFP) / TO GO WITH India-Health-tuberculosis-vaccine.FOCUS by Glenda KWEK (AFP)Published on May 13, 2022 07:24 PM IST

BySomita Pal

Mumbai: With the ongoing Covid-19 pandemic causing a setback for the country's programme to eliminate tuberculosis (TB), non-government organisations (NGO), TB activists, survivors, and officers will hold a meeting every month to discuss the needs and challenges of its treatment in the country.

In their first meeting, which was organised virtually on April 30 and attended by over 60 participants from across the country, anti-TB crusaders emphasised the need to involve survivors in government programmes, conferences, and policymaking to bring down the cases in India.

Ganesh Acharya, TB survivor/TB-HIV activist, who was part of the meeting, said the aim behind starting a monthly meeting with all stakeholders of the TB programme in the country was to increase community engagement in the programme.

"There has to be a meaningful community engagement. We feel that the TB community-patients and survivors- are not involved in the programme in India," he said.

Acharya also added that they plan to have a meeting with the survivors, activists, NGOs, and officers once every month.

"By having a regular monthly meeting with all stakeholders and the community, we can address various issues like stock-outs of drugs and

testing tools, access to treatment, etc. We can create an informal TB group to address day-to-day issues faced by TB patients like delays in getting the nutritional allowance of ₹500 under the Nikshay Poshan Yojana which is deposited every month into the patient's account," said Acharya.

Meera Yadav, a TB survivor who also runs a TB peer support group said, while in Mumbai, there are TB survivors who are now working as TB champions and involved in the city TB programme as counsellors, in the rest of the country, the active participation of the community is still missing. "The platform will help more interaction between the stakeholders and the community. We would like health departments to involve the community as we are aware of the day-to-day issues," she said.

Speaking about the recent National TB prevalence Survey India (2019- 2021), Acharya said there is no decline in overall TB deaths and numbers in the country. "The prevalence of pulmonary TB infection among the surveyed in India was 21.7%. National TB Elimination Program (NTEP) needs close follow-up of patients completing treatment for early detection of recurrent TB and plan interventions for preventing recurrence of TB," he added.

Blessina Kumar, CEO of the global coalition of TB advocates, who was also part of the April 30 meeting, said, "In the last two years, the attention and focus were only on Covid-19. Now, we have to shift our focus to TB and the monthly meetings will help in getting our concerns heard. We attempt to solve issues faced by TB patients and see that our recommendations are also heard and incorporated in the TB programme."

She said at the present, emphasis on health education by various means and strategies is required for improving the symptom awareness among the general community to improve the healthcare-seeking behaviour and thereby

prevent the further spread of TB. NTEP needs close follow-up of patients completing treatment for early detection of recurrent TB and plan interventions for preventing recurrence of TB. It also needs to prioritise scale-up of molecular test and chest X-ray screening under program conditions for increasing the efficiency of case finding and early diagnosis of TB," said Kumar.

THE TIMES OF INDIA

Nine new TRUNAAT machines for early diagnosis of tuberculosis in Indore

TNN | May 3, 2022, 03.24 AM IST

INDORE: State government has installed nine TRUNAAT machines in health facilities including rural ones in the district for molecular diagnosis of presumptive tuberculosis cases for early diagnosis.

With this, the facilities with molecular testing (TRUNAAT) machines went up to 13 and daily sample testing capacity has more than doubled. Those health facilities are TB Treatment units, where TRUNAAT machines are installed.

The installation of these machines is important because molecular testing of tuberculosis has declined around 75% last year from pre-pandemic level causing lesser notification of new cases in the district, showed records. The TB notification in the same period dipped by 35% in the district, showed records

THE HINDU

Skipping medication a perilous habit, warn doctors

HYDERABAD MAY 11, 2022 00:12 ISI | K Shiva Shanker

Can lead to serious health complications and even death



Missing a dose or two of diabetes or hypertension medication may not seem like a big deal to many people. There are some who even skip it deliberately for several days because it causes no obvious problems -- when they have no symptom/ trouble without the pills, or start taking alternative medicine. General physicians are all too familiar with such cases.

Internal Medicine specialist Hemanth Kalakuntla said he has come across some patients with those non-communicable diseases (NCDs), who skip the medicines and try to trick doctors during consultations. "People with diabetes have to get their fasting and post-lunch blood glucose levels checked through tests before consulting a doctor. Some, who stop taking medicines, skip lunch and undergo post-lunch test so that their blood glucose levels does not reflect as being abnormally high. But we have our own ways to detect their situation," he added.

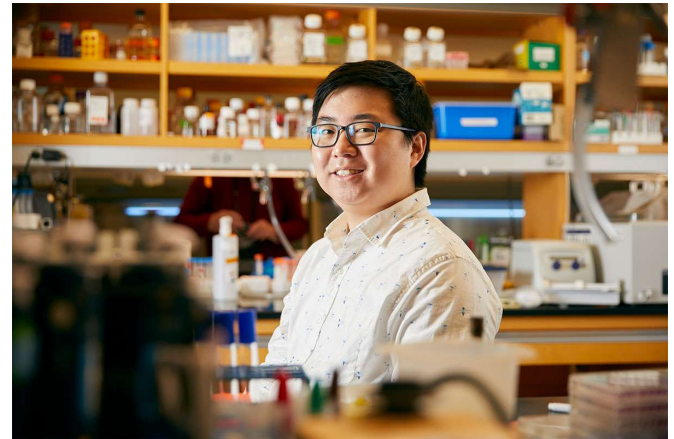
Not sticking to medications for diabetes and hypertension, he said, could cause damage to eyes, kidneys, and worse, lead to brain stroke or heart attack.

Head of Critical Care department at Government Medical College, Nizamabad, Kiran Madhala and his team attend patients in ICUs. Some reasons that patients with the NCDs suffered from severe complications were that they did not get their medicines dosage corrected, or did not make lifestyle changes, thereby worsening their condition.

“Some of the patients were just not aware that they had hypertension or diabetes,” said Dr Kiran, adding that everyone above the age of 30 years should get screened for the NCDs.

Assistant Professor of General Medicine at Osmania General Hospital, Pratibha Lakshmi said a significant per cent of emergency visits to hospitals are by people who stopped taking medicines for various diseases. “This is observed in diseases which require long-term compliance to medicines. Some of the diseases are diabetes, hypertension, tuberculosis, HIV, or diseases related to the heart or kidneys,” she explained.

When people stop taking medicines, they may suffer from health issues which is likely to necessitate complicated treatment, even surgery. Dr Pratibha said all of that could mean damage to health which brings down quality of life, and spending more money, which ultimately burden the patient and the family. The burden on healthcare increases too, she pointed out.



Harim Won | Photo: Kent Dayton

May 12, 2022 – Over the past few years of his PhD research, Harim Won has been laying the groundwork to develop a new type of antibiotic to treat [tuberculosis \(TB\)](#), addressing the long-standing problems of lengthy treatments and [antibiotic resistance](#). Won is using a new approach to turn a normal protein system in the bacterial cell against itself.

Won, who works in the lab of [Eric Rubin](#), adjunct professor of immunology and infectious diseases at Harvard T.H. Chan School of Public Health, is completing a degree in biological sciences in public health.

In January, Won was named a [2022 Harvard Horizons Scholar](#) by the Graduate School of Arts and Sciences. Selected for his promising research, he had the opportunity, along with the seven other Horizons Scholars, to share his work at a mid-April public [symposium](#).

Because TB treatment ranges from six months for typical cases up to two years for multidrug-resistant cases, health care workers travel to patients' homes each day to ensure that antibiotics are taken consistently. The [COVID-19](#) pandemic disrupted this process, particularly in low- and middle-income countries with limited resources. As a result, after years of steadily declining deaths due to TB, the trend has reversed.



A better antibiotic for tuberculosis treatment

The conventional strategy of finding more effective antibiotics has shown limited success over the past few decades. “If you think of a bacterial cell like an electric pencil sharpener, one of the bacterial proteins could be likened to the sharpener’s blades,” Won explained. “If you took Silly Putty and jammed it right in the blades, it would stop that component from working and the sharpener wouldn’t work, like how the bacterial cell would die if an antibiotic molecule jammed up the protein. Instead, what if we could somehow get the pencil sharpener to chew up its own wiring?”

Since a traditional antibiotic molecule fits into one specific site of the protein, a single mutation there can prevent binding and lead to drug resistance.

Won has turned to other fields for inspiration, taking an approach called targeted protein degradation that has been used to create [cancer](#) drugs. Adapting the strategy for bacteria, instead of one antibiotic molecule sticking to one bacterial protein, the method uses a two-headed molecule that binds to both a target protein and a protein system called a protease. “We can think of a protease like a garbage disposal in the cell. Its jobs include chewing up old proteins or ones that are messed up for one reason or another. With targeted protein degradation, you’re taking a normal system in cells and redirecting it to destroy proteins that are causing disease,” he said.

Compared to a traditional antibiotic, the two-headed molecule can theoretically attach anywhere on the target protein and protease, not just at one site—giving researchers more options for designing the drug and combatting antibiotic resistance.

In proof-of-concept experiments, Won used genetic engineering techniques to modify potential target proteins and the protease. He added tags that brought the two parts close to

each other inside the cell, mimicking the role of the two-headed molecule. He found that the protease could indeed degrade the target proteins and affect the bacteria, either by reducing bacterial growth or making the bacteria more sensitive to an existing antibiotic.

Won performed the experiments in a petri dish using a bacterial strain that models TB, so the next steps include testing using TB bacteria and animal models of the disease. Once the experiments identify the best target proteins, the lab will collaborate with chemists to find a molecule that binds to the proteins and the protease.

“Our approach to developing new antibiotics is largely to try to figure out ways to gum up the works in the organism that is causing an infection,” said Rubin. “Harry is taking a very different way, turning an essential bacterial system against itself. It opens up a completely new path toward developing anti-infective medications.”

More broadly, Won views antibiotic development as a matter of justice. “Exposure is not equal in [infectious diseases](#), and accessibility of treatments is also not equitable. The best way I can think of to make our world healthier is being involved in the process of making new medicines that help people,” he said.

– [Jessica Lau](#)

So:

<https://www.hsph.harvard.edu/news/features/harim-won-tuberculosis-antibiotic/>

தமிழகத்தில் நிகழாண்டில் 34,239 பேருக்கு காசநோய் பாதிப்பு

By DIN | 19th May 2022 01.35pm

தமிழகத்தில் நிகழாண்டில் 34,239 பேர் காசநோயால் புதிதாக பாதிக்கப்பட்டு உள்ளனர். காசநோயை முழுமையாக ஒழிக்கும் நோக்கில் மத்திய, மாநில அரசுகள் பல்வேறு முயற்சிகளை முன்னெடுத்துத் வருகின்றன. அதுமட்டுமன்றி, 2025-க்குள் அந்நோயை முற்றிலும் ஒழிக்க வேண்டும் என்ற இலக்குடன் பல்வேறு திட்டங்கள் செயல்படுத்தப்படுகின்றன.



அதன் பயனாக காசநோய் பாதிப்பு தொடர் விழிப்புணர்வு மேம்பட்டு வருகிறது. தமிழகத்தைப் பொருத்தவரை காசநோயைக் குணப்படுத்தும் விகிதம் கணிசமாக உயர்ந்து வருவதாகத் தகவல்கள் தெரிவிக்கின்றன. அந்த நோயின் தாக்கத்தால் பாதிக்கப்படும் நோயாளிகளில் 84 சதவீதம் பேரை முதல் சிகிச்சையிலேயே குணப்படுத்துவதாகவும், தொடர் சிகிச்சைகள் மூலம் மீதமுள்ளவர்களையும் பூரண குணமாக்குவதாகவும் சுகாதாரத் துறை அதிகாரிகள் தெரிவித்துள்ளனர். அதுமட்டுமன்றி, சிகிச்சை காலத்தில் நோயாளிகளுக்கு ஊட்டச்சத்து அளிப்பதற்காக நிதியுதவிகளும் வழங்கப்பட்டு

வருவதாகக் கூறியுள்ளனர். இந்த நிலையில், கடந்த இரு மாதங்களில் தனியார் மற்றும் அரசு மருத்துவமனைகளில் காசநோய் பாதிப்புடன் அனுமதிக்கப்பட்டிருந்தோரின் தரவுகளை ஆய்வு செய்தபோது நாடு முழுவதும் 7.60 லட்சத்துக்கும் மேற்பட்டோருக்கு அந்நோய் தாக்கம் இருந்தது தெரியவந்துள்ளது. குறிப்பாக உத்தரப் பிரதேசத்தில் மட்டும் 1.73 லட்சத்துக்கும் மேற்பட்டோர் காசநோயால் பாதிக்கப்பட்டுள்ளனர். தமிழகத்தை எடுத்துக் கொண்டால் 34,239 பேருக்கு அந்நோயின் பாதிப்பு இருந்தது. அவர்களில், தனியார் மருத்துவமனைகளில் 7,264 பேரும், அரசு மருத்துவமனைகளில் 26,975 பேரும் முதல்கட்ட சிகிச்சை பெற்றதாகத் தகவல்கள் தெரிவிக்கின்றன.

கோவையில் பாஸ்ட் மையத்தால் காசநோய் பதிவு அதிகரிப்பு: திட்ட அதிகாரிகள் தகவல்

19th May 2022 01.14 AM

கோவை: கோவையில் தனியார் மருத்துவமனைகளில் அமைக்கப்பட்டுள்ள பாஸ்ட் மையத்தால் காசநோய் பதிவு அதிகரித்துள்ளதாக காச நோய் தடுப்பு திட்ட அதிகாரிகள் தெரிவித்துள்ளனர். நாடு முழுவதும் காசநோயை 2025 ஆம் ஆண்டுக்குள் ஒழிப்பதற்காக மத்திய அரசின்கீழ் தேசிய காசநோய் ஒழிப்புத் திட்டம் செயல்படுத்தப்பட்டு வருகிறது. காசநோயாளிகளை முன்கூட்டியே கண்டறிந்து உரிய சிகிச்சை அளித்தல், காசநோய் பரவுவதைக் கட்டுப்படுத்தல் ஆகியவை இத்திட்டத்தின் முக்கிய நோக்கமாக உள்ளது. ஆனால், காசநோய் பாதிப்பின் உண்மை நிலவரங்களைக் கண்டறிவதில் அரசுக்கு பெரும் சிரமம் இருந்து

வருகிறது. அரசு மருத்துவமனைகளில் பதிவு செய்யப்படும் காசநோயாளிகளின் விவரங்கள் எளிதில் அரசுக்கு கிடைத்துவிடுகிறது. தனியார் மருத்துத் வமனைகளில் காசநோய் தடுப்பு சிகிச்சைசை மேற்கொள்பவர்களின் விவரங்கள் பெறுவதில் சிரமம் ஏற்பட்டது. இந்நிலையில், தனியார் மருத்துத் வமனைகளில் சிகிச்சைக்கு வரும் காசநோயாளிகளின் முழுமையான விவரங்களை பதிவு செய்யும் வகையில் பாஸ்ட் திட்டத்தை செயல்படுத்த தமிழக அரசு அறிவுறுத்தியது. அதன்படி, கோவை மாவட்டத்தில் 14 தனியார் மருத்துத் வமனைகளில் கடந்த மார்ச் மாதம் பாஸ்ட் திட்டம் செயல்படுத்தப்பட்டது. இதனைத் தொடர்ந்து, கோவையில் காசநோய் பதிவு அதிகரித்துள்ளதாக அதிகாரிகள் தெரிவித்துள்ளனர். இது தொடர்பாக காசநோய் தடுப்பு திட்ட அதிகாரிகள் கூறியதாவது: கோவையில் மாதந்தோறும் சராசரியாக 70 முதல் 100 பேருக்கு காசநோய் கண்டறியப்பட்டு வந்தது. பாஸ்ட் திட்டம் அறிமுகப்படுத்தப்பட்ட பின் கடந்த இரண்டு மாதங்களாக காசநோயாளிகளின் எண்ணிக்கை அதிகரித்துள்ளது. அதன்படி மார்ச் - 152 பேருக்கும், ஏப்ரல் -150 பேருக்கும் காசநோய் கண்டறியப்பட்டுள்ளது. இதற்கு முன் தனியார் மருத்துவமனைகளில் காசநோய்க்கு சிகிச்சை எடுத்துத் கொள்பவர்களின் விவரங்கள் கிடைக்காமல் இருந்தன. இத்திட்டத்தின்கீழ் தனியார் மருத்துத் வமனைகளில் சிகிச்சைக்கு வரும் காசநோயாளிகளின் விவரங்கள் இணையதளத்தில் பதிவேற்றம் செய்கின்றனர். பின் மாவட்ட காசநோய் தடுப்பு திட்டத்தின்கீழ் விவரங்களைப் பெற்று பாதிக்கப்பட்டவர்களுக்குத் தேவையான சிகிச்சை அளிக்கப்படுகிறது என்றனர்.

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