

19TH ANNUAL CONFERENCE OF KACH



5th & 6th October 2007

SOUVENIR



Organized By
Department of Community Medicine
Kempegowda Institute of Medical Sciences
Bangalore - 560 070

In **Dysmotility** associated with reflux disorders



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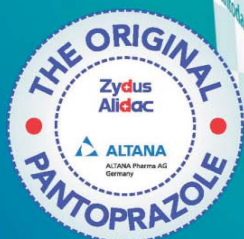
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**19th Annual Conference
of
Karnataka Association of Community Health**

October 5-6, 2007

SOUVENIR

Organised By

Department of Community Medicine
Kemepegowda Institute of Medical Sciences
Bangalore - 560070

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ಕರ್ನಾಟಕ ರಾಜ್ಯಪಾಲರ ಸಚಿವಾಲಯ
KARNATAKAGOVERNOR'SSECRETARIAT

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FAX : 080-22254150

ಕ್ರಮಾಂಕ
NO. ೮೫/13/MSU/07

ಅ.ಪೆ. ಸಂಖ್ಯೆ ೫೦೩೩
P.B. NO. 5033
ರಾಜ ಭವನ, ಬೆಂಗಳೂರು
RAJ BHAVAN, BANGALORE
PIN : 560 001



September 13, 2007

MESSAGE

His Excellency the Governor of Karnataka is glad to know that Kempegowda Institute of Medical Sciences is organizing the 19th Annual Conference of Karnataka Association of Community Health at Bangalore during October 2007.

The theme of the Conference "Community Health Country's Wealth" is timely and hence the need of the hour. Health is a vital aspect for the well being of people and it is quite appropriate that the Conference has chosen to concentrate its deliberations on this important concept. The Governor hopes a large and knowledgeable set of experts in the field would be able to find ways to make this idea not only a reality but also a successful experiment.

His Excellency conveys his good wishes to the organisers for the success of the Conference.

(K.V. Jagannatha)

Officer on Special Duty to Governor

H. D. KUMARASWAMY
CHIEF MINISTER



VIDHANA SOUDHA, BANGALORE-560 001

DATED : 13.09.2007.

CM:MS:841:07.



Message

It is pleasing to note that **Kempegowda Institute of Medical Science** is organising 19th Annual Conference on Community Health during October 2007.

The initiative by this prestigious institute has inspired many to take up work in this releavent field and has played an instrumental role in creating awareness among general public about community health.

I wish the conference every success and also wish that KIMS continues to play its monumental role in keeping up community health standards.

It is my hope that the souvenir that is going to be brought out to commemorate the occasion comes out beautifully with meaningful writeups.


(H.D. Kumaraswamy)

Dr. M.K. Sudarshan,
Principal and Professor, KIMS
Chairman,
Organizing Committee of KACH,
BSK II Stage,
Bangalore – 560 070.

“ಸುವರ್ಣ ಕರ್ನಾಟಕ ~ 2006”

ಬಿ. ಎಸ್. ಯಡಿಯೂರಪ್ಪ
ಉಪ ಮುಖ್ಯಮಂತ್ರಿ

ದೂರವಾಣಿ : ಕಛೇರಿ : ೨೨೨೫೩೮೩೫
೨೨೦೩೩೨೩೪
ನಿವಾಸ : ೨೨೨೫೫೮೦೧
೨೨೩೮೯೯೧೦

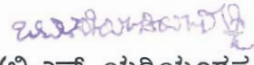
ವಿಧಾನಸೌಧ, ಬೆಂಗಳೂರು - ೫೬೦ ೦೦೧



ದಿನಾಂಕ...31/7/07

ಸಂ ದೇ ಶ

ಕೆಂಪೇಗೌಡ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಸೈನ್ಸ್ ಸಹಯೋಗದಿಂದ ಕರ್ನಾಟಕ ಅಸೋಸಿಯೇಷನ್ ಆಫ್ ಕಮ್ಯುನಿಟಿ ಹೆಲ್ತ್ ಸಂಸ್ಥೆಯು ತನ್ನ 19ನೆಯ ವಾರ್ಷಿಕ ಸಮ್ಮೇಳನವನ್ನು ನಡೆಸುತ್ತಿರುವ ವಿಚಾರ ತಿಳಿದು ತುಂಬಾ ಸಂತೋಷವಾಯಿತು. ಕೆ.ಎ.ಸಿ.ಹೆಚ್. ಸಂಸ್ಥೆಯು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ತೀವ್ರ ಕಾಳಜಿಯನ್ನು ವಹಿಸುತ್ತಾ ಬಂದಿದೆ. ಸಾಮೂಹಿಕ ಕಾಯಿಲೆಗಳನ್ನು ತಡೆಯುವಲ್ಲಿ ಈ ಸಂಸ್ಥೆ ಗಣನೀಯ ಪಾತ್ರವನ್ನು ವಹಿಸುತ್ತಾ ಬಂದಿದೆ. ನಗರಸಭೆ, ಪುರಸಭೆ ಹಾಗೂ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿರ್ದೇಶನಾಲಯದ ಸಹಯೋಗದೊಂದಿಗೆ ಅನೇಕ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳುವುದರ ಮೂಲಕ ಈ ಸಂಸ್ಥೆ ಸಾರ್ವಜನಿಕರಲ್ಲಿ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ಜಾಗೃತಿ ಮೂಡಿಸುತ್ತಿರುವುದು ಸಂತಸದ ವಿಚಾರ. ಈ ಸಮ್ಮೇಳನ ಸರ್ವೇಶ್ವರಿಯಲ್ಲೂ ಯಶಸ್ವಿಯಾಗಲೆಂದು ಅಶಿಸುತೇನೆ.


(ಬಿ.ಎಸ್. ಯಡಿಯೂರಪ್ಪ)
ಉಪ ಮುಖ್ಯಮಂತ್ರಿ

ಡಾ. ಎಂ.ಕೆ. ಸುದರ್ಶನ್
ಪ್ರಿನ್ಸಿಪಾಲ್ ಅಂಡ್ ಪ್ರೊಫೆಸರ್,
ಕೆಂಪೇಗೌಡ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಮೆಡಿಕಲ್ ಸೈನ್ಸಸ್ &
ಛೇರ್ಮನ್, ಆರ್ಗನೈಜಿಂಗ್ ಕಮಿಟಿ ಆಫ್ ಕೆಎಸಿಹೆಚ್
ಬನಶಂಕರಿ 2ನೇ ಹಂತ, ಬೆಂಗಳೂರು-70.

“ಸುಸರ್ವ ಕರ್ನಾಟಕ ~ 2006”

ಆರ್. ಅಶೋಕ
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಚಿವರು
ಮತ್ತು ಬೆಂಗಳೂರು ಜಿಲ್ಲಾ ಉಸ್ತುವಾರಿ
ಸಚಿವರು

ದೂರವಾಣಿ : ಕಛೇರಿ : 22251639
22033009
ನಿವಾಸ : 28382335
28386998
ವಿಧಾನ ಸೌಧ, ಬೆಂಗಳೂರು - 560 001

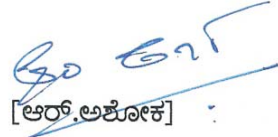


No. HFW/11/675/2007
Date : 2007

ದಿನಾಂಕ 17-9-07

: ಸಂ ದೇ ಶ :

ಕೆಂಪೇಗೌಡ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ, ಬೆಂಗಳೂರು ಇವರು ಕರ್ನಾಟಕ ಸಮುದಾಯ ಆರೋಗ್ಯ ಸಂಘದ 19ನೇ ವಾರ್ಷಿಕ ಸಮ್ಮೇಳನವನ್ನು ಅಕ್ಟೋಬರ್ 5-6, 2007 ರಂದು ಏರ್ಪಡಿಸಿರುವ ವಿಚಾರ ತಿಳಿದು ತುಂಬಾ ಸಂತೋಷವಾಯಿತು. ಕರ್ನಾಟಕ ಸಮುದಾಯ ಆರೋಗ್ಯ ಸಂಘವು ರೋಗಗಳ ನಿಯಂತ್ರಣ ಮತ್ತು ತಡೆಗಟ್ಟುವಿಕೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ತನ್ನನ್ನು ತೊಡಗಿಸಿಕೊಂಡಿರುವುದು ಸ್ವಾಗತಾರ್ಹ ವಿಚಾರ. ಈ ಸಮ್ಮೇಳನದಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯದ ಹಿತಾಸಕ್ತಿಗಳ ಬಗ್ಗೆ ಚರ್ಚಿತವಾಗಿ, ಅವುಗಳನ್ನು ಕಾರ್ಯರೂಪಕ್ಕೆ ತರುವಲ್ಲಿ ಕೆಂಪೇಗೌಡ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆಯು ಶ್ರಮಿಸಲೆಂದು ಆಶಿಸಿ, ಸಮ್ಮೇಳನವು ಯಶಸ್ವಿಯಾಗಿ ಜರುಗಲೆಂದು ಹಾರೈಸುತ್ತೇನೆ.


[ಆರ್.ಅಶೋಕ]

ಡಾ: ಬಿ.ಜಿ. ಪರಶುರಾಮುಲು,
ಸಂಘಟನಾ ಕಾರ್ಯದರ್ಶಿಗಳು,
ಕೆಂಪೇಗೌಡ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ,
ಬನಶಂಕರಿ 2ನೇ ಹಂತ,
ಬೆಂಗಳೂರು-560 070

“ಸುವರ್ಣ ಕರ್ನಾಟಕ”

ಡಾ|| ವಿ.ಎಸ್. ಆಚಾರ್ಯ
ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಚಿವರು

ಸಂಖ್ಯೆ : ವೈ.ಶಿ.ಸ./ /07

ದೂರವಾಣಿ : ಕಛೇರಿ : 22252292
22034002
ಮನೆ : 22252297
22257897

ಕೊಠಡಿ ಸಂಖ್ಯೆ : 38
ವಿಕಾಸಸೌಧ, ಬೆಂಗಳೂರು 29.08.2007/7001



ದಿನಾಂಕ :

ಸಂ ದೇ ಶ

ಕರ್ನಾಟಕ ಅಸೋಸಿಯೇಷನ್ ಆಫ್ ಕಮ್ಯೂನಿಟಿ ಹೆಲ್ತ್ ರವರು ಕೆಂಪೇಗೌಡ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯದ ಕಮ್ಯೂನಿಟಿ ಮೆಡಿಸಿನ್ ವಿಭಾಗದ ಆಶ್ರಯದಲ್ಲಿ ತನ್ನ 19ನೇ ವಾರ್ಷಿಕ ಸಮ್ಮೇಳನವನ್ನು ದಿನಾಂಕ:05.10.2007 ರಿಂದ 06.10.2007 ರವರೆಗೆ ನಡೆಸುತ್ತಿರುವುದು ಸಂತೋಷದ ವಿಷಯ. ಅನೇಕ ಮಾರಣಾಂತಿಕ ರೋಗಗಳು, ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳ ಬಗ್ಗೆ ಸಾರ್ವಜನಿಕರಿಗೆ ಸರಿಯಾದ ತಿಳುವಳಿಕೆ ಇಲ್ಲದೆ ಇರುವುದರಿಂದ, ಅದರಲ್ಲೂ ಬಡಜನರು, ಕೂಲಿ ಕಾರ್ಮಿಕರು ಹಾಗೂ ಗ್ರಾಮೀಣ ಜನತೆಗೆ ಅರಿವು ಮೂಡಿಸುವುದು ಈ ಸಂದರ್ಭದಲ್ಲಿ ಮಹತ್ವದ್ದೆನಿಸಿದೆ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಸಮ್ಮೇಳನವು ಅರ್ಥಪೂರ್ಣವಾಗಿರಲೆಂದು ಆಶಿಸಿ ಸಮ್ಮೇಳನವು ಅತ್ಯಂತ ಯಶಸ್ವಿಯಾಗಲೆಂದು ಶುಭಕೋರುತ್ತೇನೆ.

(ಡಾ:ವಿ.ಎಸ್.ಆಚಾರ್ಯ)

ಡಾ:ಎಂ.ಕೆ.ಸುದರ್ಶನ್,
ಪ್ರಾಂಶುಪಾಲರು,
ಕೆಂಪೇಗೌಡ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಹಾಗೂ
ಅಧ್ಯಕ್ಷರು,
ಕಮ್ಯೂನಿಟಿ ಹೆಲ್ತ್ ಕಂಟ್ರೀಸ್ ವೆಲ್ತ್ ಸಮ್ಮೇಳನ,
ಕೆಂಪೇಗೌಡ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ,
ಬನಶಂಕರಿ,
ಬೆಂಗಳೂರು.

**Rajiv Gandhi University
of Health Sciences
Karnataka**

4th 'T' Block, Jayanagar, Bangalore - 560 041.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ
ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ

4ನೇ 'ಟಿ' ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 0041

Dr. P. S. Prabhakaran, M.S.
Vice-Chancellor

☎ Off.: 2696 1926, Fax : 080-2696 1927
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drpsp@india.com



No.PS/ 35 /2007-08

14.08.2007

MESSAGE

I am very happy to note that the Karnataka Association of Community Health is organizing the 19th Annual Conference on 5th and 6th October 2007.

The main theme of the conference is Community Health Country's Wealth which is aptly coined and I wish the deliberations during the conference will focus on the importance of population health and social determinants of health.

I hope the Souvenir being released on this occasion will be highly interesting and informative.

I take this opportunity to congratulate the organizers of this conference, which is the need of the hour.

I wish the Conference a grand success.


Dr.P.S.PRABHAKARAN

To
Dr. M K Sudarshan
Principal & Professor
Kempegowda Institute of Medical Sciences
Bangalore

Organizing Committee

Chief Patron

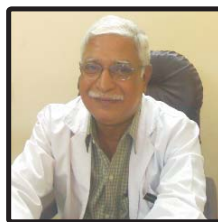


Dr C Vittal

Patrons



Sri R Manjunath



Dr K M Srinivasa Gowda

Chairman



Dr M K Sudarshan

Organizing Secretary



Dr B G Parasuramalu

Joint Organizing Secretary



Dr Gangaboraiah

Treasurer



Dr H S Ravish

Scientific Committee



Dr M K Sudarshan



Dr Gangaboraiah



Dr D H Ashwath Narayana

Finance Committee



Dr D H Ashwath Narayana



Dr B J Mahendra



Dr M S Rajanna



Dr R Chethana



Dr K Rohit



Dr B S Pradeep



Dr V P Sudhashree

Souvenir Committee



Dr N R Ramesh Masthi



Dr Gangaboraiah



Dr G Praveen



Ajay Hegde

Catering Committee



Dr T V Sanjay



Dr S P Prashanth Kumar



Dr A C Shyam



Mr J Rajesh

Accommodation and Transportation Committee



Dr B M Rudraprasad



Dr G M Someshwar



Mr M K Chandrashekar

Reception Committee



Dr Chitra Nagaraj



Dr Jayanthi Srikanth



Dr K S Seema



Dr R Reena



Dr N Shakila



Mr Dharmaraj



Mrs Shivamma

2.00 PM to 2.30 PM	Dr Munichoodappa, Endocrinologist, Bangalore Hospital, Bangalore
2.30 PM to 3.00 PM	Dr M Geetha Bhat, Endocrinologist, MS Ramaiah Memorial Hospital, Bangalore.
3.00 3.40	Dr S R Keshava Murthy, Prof & HOD of Paediatrics, KIMS, Bangalore.
3.00 PM to 3.20 PM	Initiation of Zinc Low Osmolar ORS in Management of Acute Diarrhea.
3.20 PM to 3.40 PM	Dr. Antony, Project Officer (Health), UNICEF, Hyderabad.
3.40 PM – 4.00 PM	Implementation of IMNCI in Karnataka.
4.00 5.30	Dr. Shalini S Shah, APO (Health), UNICEF, Hyderabad.
	High Tea KIMS, Bangalore
	{Sponsored by Karnataka Health Promotion Trust (KHPT), Bangalore}
	Dr K L Ravi Kumar, Prof & HOD of Microbiology, KIMS, Bangalore
4.00 PM to 4.15 PM	Introduction to UoM / KHPT and its activities in the region.
	Dr Reynold Washington, Director –STI HIV care & Surveillance, KHPT.
4.15 PM to 4.25 PM	Sankalp Project
	Dr. Prakash, Deputy Director- STI HIV care & Surveillance (Project Sankalp- Gates funded HIV prevention programme in Karnataka)
4.25 PM to 4.35 PM	Samastha Project
	Dr. Krishnamurthy, Deputy Director- STI HIV care & Surveillance , KHPT
4.35 PM to 4.45 PM	Latest updates in the field of HIV prevention
	Dr Gajanan, Regional Manager- Care & Support, KHPT.
4.45 PM to 5.00 PM	HIV/AIDS capacity building initiatives in the state.
	Dr John Stephen, Associate Professor, Dermatology, St Johns academy of health sciences.
5.00 PM to 5.10 PM	Key research findings
	Dr B M Sangameshwar, Consultant – STI HIV Research & Surveillance, KHPT.
5.10 PM to 5.25 PM	Costings & economics of HIV programmes in Karnataka
	Dr V P Sudhasree, Consultant, London School of Hygiene & Tropical Medicine, University of London.
5.25 PM to 5.30 PM	Question & Answer session
5.30 5.45	Dr S Pruthvish, Professor , Community Medicine, MSRMC, Bangalore.
6.00 7.00	Dr S Pruthvish, Professor , Community Medicine, MSRMC, Bangalore.
	Vice Chancellor ,RGUHS, Bangalore
	IAS, Commissioner, HFWS, Government of Karnataka
	President, Vokkaligara Sangha
7.00 PM to 7.30 PM	General body Meeting of KACH
7.30 PM to 8.30 PM	Cultural Programme
8.30 PM onwards	Dinner

06.10.2007

09.00 A	9.30 A	B.
		C.† : Dr A S Wantamutte, Professor & H O D of Community Medicine, JNMC, Belgaum
9.30AM to 10.00AM		D. - Joint Secretary, Medical Council of India, New Delhi.
		C.†
10.00A	11.15A	(Sponsored by Project Directorate (NRHM), Government of Karnataka)
		C.† : Dr Ravi Narayan, Community Health Advisor, CHC, Bangalore
10.00AM to 10.45AM		A new strategy for better rural health care.
		: Dr. G.V.Nagaraj, Former Director of Health & Family Welfare services, Govt. of Karnataka, Bangalore
10.45AM to 11.15 AM		Present status of NRHM in Karnataka & challenges in its implementation
		: Dr. P.K Srinivas, Project Director, RCH, Directorate of Health & Family welfare services, Government of Karnataka, Bangalore.
11.15 AM to 11.45 AM		High Tea
11.45 A	12.30	C.†
		(Sponsored by Karnataka State AIDS Prevention Society)
		: Dr Lalitha, State Programme Coordinator, Clinton Foundation.
		C.† : Dr Sanjiv Lewin, Professor of Pediatrics, St. Johns Medical College Hospital, Bangalore
12.30	1.00	C.
		: Dr Pawan Murthy, Regional Coordinator, NPSP, Bangalore.
		C.†
1.00PM to 2.00PM		Lunch
2.00	3.30	(Auditorium, Hall -I, II, III, IV &V) & Poster presentation: Hall -VI
3.30 PM to 3.45 PM		High Tea
3.45	4.15	(A , 4)

, B			
1	Dr M K Sudarshan	38	Dr S Shalini
2	Dr B G Parasuramalu	39	Dr Dinesh
3	Dr Gangaboraiah	40	Dr T Kalpana
4.	Dr D H Ashwath Narayana	41	Dr M S Gowtham
5	Dr R Chethana	42	Dr L N Deepa
6	Dr N. R Ramesh Masthi	43	Dr Akshay
7	Dr T V Sanjay	44	Dr S N Manjunath
8	Dr Chitra Nagaraj	45	Dr P Pallavi Sargi
9	Dr H S Ravish	46	Dr C J Nirmala
10	Dr Jayanthi Srikanth	47	Dr Anitha
11	Dr B M Rudra Prasad	48	Dr P Shankar
12	Dr K S Seema	49	Dr Sujayashree
13	Dr R Reena	50	Dr K Punith
14	Dr A C Shyam	C,B	
15	Dr G Praveen	51	Dr Dominic Misquith
16	Dr G M Someshwar	52	Dr Dara S Amar
17	Dr S Prashanth Kumar	53	Dr Arvind Kasthuri
18	Dr N Shakeela	54	Dr T Sulekha
B C, B		55	Dr B Ramakrishna Goud
19	Dr M P Sharada	56	Mr A S Mohammad
20	Dr J S Ranganath	57	Dr R Naveen
21	Dr Selvi Thangaraj	58	Dr Rashmi Rodrigues
22	Dr Riyaz Bhasha	59	Dr Deepthi N Shanbhag
23	Dr Shobha	60	Dr Twinkle Agrawal
24	Dr Jyothi Jadav	61	Dr Pretesh R Kiran
25	Dr K S Ravish	62	Dr Farah Naaz fathima
26	Dr P Subhas Babu	63	Mr R M Christopher
27	Dr R Radha	64	Mrs Rathna Kumari
28	Dr Nadeem Ahmed	65	Mr Chikkaraju
29	Dr Santosh M Biradar	66	Dr Christe Minj
30	Dr Shashidhara Barki	67	Dr Anupa Lucas
31	Dr Nataraj Naidu	68	Dr Rekha Sonavane
C,B		69	Dr R Deepthi
32	Dr K Jayanth Kumar	70	Dr Aditi Krishnamurthy
33	Dr S Pruthvish	71	Dr Shailendra Kumar
34	Dr M Dayananda	72	Dr Shashi Kumar
35	Dr T Hemanth	C, B	
36	Dr G Suman	73	Dr Vinay
37	Dr K Lalitha	74	Dr Jayashree Seeri

□ C,B	D C,D†
75 Mr Narasimha Murthy	109 Dr Maya S. Kakhandki
76 Dr Mangala Subramaniam	110 Dr S R Kakhandki
77 Dr Harshitha	111 Dr Manjula Pujari
78 Dr Akshitha	112 Dr Pushpa S Patil
79 Dr Padmaja	113 Dr Shadashivappa
80 Dr Bhupinder Kaur Anand	D A C,B
A ,B	114 Dr K Kishore
81 Dr Shashi Kiran	115 Dr S V Divakar
82 Dr M Manjunath	116 Dr R Maheshwaran
83 Dr Umesh Y Ramadurg	117 Dr S N Lalitha
C, s	118 Dr Margarate Menzil
84 Dr N C Ashok	119 Dr Amita Kutare
85 Dr Madhu	120 Dr S Jagadish
86 Dr Manjunath	121 Dr S Saraswathi
87 Dr M Renuka	122 Dr L Hamsa
88 Dr Syed Yunus Zama	□ ,B
89 Dr S V Chandrashekar	123 Dr Basavaraj
C,B	124 Dr Gangadhara Goud
90 Dr A S Wantamutte	125 Dr Siddaram.S. Metri
91 Dr Shobha Karikatti	126 Dr M L Tejaswari
C, s	127 Dr A R B Sameena
92 Dr M S Rajanna	C, s
93 Dr Venkatesh	128 Dr B J Mahendra
94 Dr Shashikala	129 Dr B R Harish
95 Dr J Ashok	130 Dr Shivaramakrishna
96 Dr P Seema	C, s
97 Dr Ravish	131 Ms Ana Maheshwari
98 Dr Deepa	132 Ms Richa Kaushal
99 Dr Sister Niveditha	133 Ms Shikha Singh
C,D	134 Mr Kavshik Tiwari
100 Dr Rini Ravindran	135 Mr Vivek Raj
101 Dr Nagarajachari	E A, s
102 Dr D R Rashmi	136 Dr J P Majra
103 Dr R Manjula	137 Dr Dasacharya
104 Dr B K Patil	AA C,B
105 Dr D Kiran	138 Dr Srikanth S Yarnal
106 Dr R Sarvamangala	s, s
107 Dr Manasi Jayaprakash	139 Mr Viren Kaul
108 Dr Geetha Lakshmi	

19[□] A AC C
D 26/09/07)

C,
140 Dr Kapate Rajashekar
141 Dr Ajay Kumar
142 Dr Asha Jagtap
143 Dr G Boramma
144 Dr Meenakshi
145 Dr Srinvas Reddy
146 Mr S D Patil
147 Mr Gavimath
148 Post Graduate
149 Post Graduate
150 Post Graduate
151 Post Graduate

E C,
152 Dr. Sheela P Haveri

C,
153 Dr Deepika Fernandis
154 Dr Aravind Vasudevan

C, B
155 Dr Mahadevamurthy
156 Dr G Lokesh

A
157 Dr Raghuram

158 Dr Gangadhara Swamy, ESI
159 Dr Sujatha, ESI
160 Dr V P Sudhashree, KHPT
161 Dr K Rohit, RIA
162 Dr D M Koradhanyamath, KHSDRP
163 Dr G M Venkatesh, KHSDRP
164 Dr N Chitra, KIMS
165 Dr Shubratha, KIMS
166 Dr Ravindra, RNTCP

167 Dr K Basappa
168 Dr A N Arumugam
169 Dr C Shivaram
170 Dr M K Vasundhara
171 Dr P N Halagi
172 Dr S V Rama Rao
173 Dr P V Ashwath
174 Dr G Nanjappa
175 Dr C R Krishna Murthy
176 Dr G N Dasappa
177 Dr K B Makapur
178 Dr T D Masilamani
179 Dr N S N Rao
180 Mr A N Vishwanath
181 Dr C Prasanna Kumar
182 Dr D K Srinivasa

The Department of Community Medicine was started on 1st April, 1981 under the guidance of Dr.M.K.Sudarshan with the objective of providing good quality training in Community Medicine to the Medical students enrolled for MBBS (basic medical degree) and MD (Community Medicine). Since then the department has always remained in the forefront, known for its active role and major initiatives in the Institute. The Department also conducts research activities, training programs and provides preventive and community health services which have benefited the health and welfare of the people. The department was shifted to the new campus at Banashankari 2nd stage in May 2007.

The Department has conducted more than 150 research projects and has more than 100 publications to its credit.

The Department started MD Course in 1992 and has produced sixteen Post Graduates till Date. Four of them have secured the **F** in the RGUHS Examinations. The Department is also offering PhD. course under Rajiv Gandhi University of Health Sciences.

E AC E E E

The department has been successful in achieving the following -

- x Launch of **A C** a State level Public Health Association, in June 1985 at KIMS and publication of Karnataka Journal of Community Health during 1985 to 1995.
- x the Distance learning programme of Health & Family Welfare Management for Medical Officers of South India under **F (F) D**, since 1993,
- x Editorial Office for **C** (1995 onwards).
- x Programme study centre for Karnataka and Goa region of (Government of India) for **B C** **(D C)** for Medical Officers (1997 onwards).
- x The Department is the Headquarters of **A C**.
- x The Department is the Headquarters of **A (A) Foundation**.

A E EA C EC (F):

- x WHO ... APCRI - Indian Rabies Survey.
- x Early Diagnosis and Prevention System(EDPS) along with John Hopkins, USA .
- x Intra Dermal Rabies Vaccine (IDRV) Clinical Trials.

- x Clinical Trials of Subcutaneous, Rush and Sublingual Immunotherapy among patients suffering from Nasobronchial Allergies and Chronic Urticaria.
- x Prevalence study of Food Allergy in Urban Area in association with EUROPREVALL.
- x Evaluation of World Bank assisted projects for Government of Karnataka.
- x WHO and UNICEF Projects.
- x Phase III and IV Clinical Trials of Rabies Vaccines (more than 15).
- x Evaluation and Monitoring of National Health Programmes.

ACADEMIC ACTIVITIES

- x MD Course since 1992, MCI approved
- x PhD Course under Rajiv Gandhi University of Health Sciences.
- x Many conferences, workshops, seminars viz., International, National, Regional and State level conducted for Medical and Para-Medical personnel.
- x WHO Day, World Asthma Day, World Rabies Day and AIDS Day observed regularly every year.
- x CME on Medical Statistics for PGs and Staff of Medical Colleges
- x Epidemiological and Statistical guidance to PGs and Staff of other disciplines of our College and researchers from various other institutions.

ACADEMIC ACTIVITIES : **ARC (Allergic Reaction Clinic)**

ARC of the Department situated in KIMSH&RC is providing specialist Anti-Rabies Treatment. This Unit is a referral center and many pioneering Clinical Trials have been conducted on Rabies Vaccines/Immunoglobulins. The Unit is also engaged in CME Programmes, training for Medical personnel throughout Karnataka including BBMP Doctors.

ALLERGY CLINIC

Allergy Clinic of the Department is situated in KIMSH&RC. The Activities of this specialty Clinic includes diagnostic procedures like Skin Prick Test, Patch test and therapeutic procedures like Rush Immunotherapy, Sublingual Immunotherapy and Subcutaneous Immunotherapy to patients with allergic disorders.

COMMUNITY MEDICINE ACTIVITIES : **RAH (Rural Health Training Centre)**

The Department of Community Medicine runs the Rural Health Training Centre (RHTC). The RHTC is situated at Kengeri about 15 Kms from Bangalore towards Mysore. The Activities include training of undergraduate students, Interns & Post Graduate students, Research Projects, Specialty Clinics etc.

BA EA A CE E

The Department of Community Medicine runs the Urban Health Training Centre (UHTC). The UHTC is situated in Parvathipura, Urban poor locality near the College. The activities include training of undergraduate students, Interns & Post Graduate students, Research Projects with focus on MCH and FP, etc

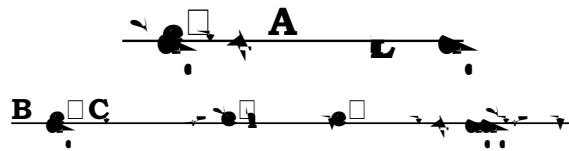
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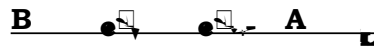
1. Dr M K Sudarshan, Principal and Professor
2. Dr B G Parashiramulu, Professor and Head
3. Dr Gangaboraiah, Associate Professor, (Statistics)
4. Dr D H Ashwath Narayan, Associate Professor
5. Dr R Chethana, Associate Professor
6. Dr N R Ramesh Masthi, Associate Professor
7. Dr T V Sanjay, Assistant Professor
8. Dr Chitra Nagaraj, Assistant Professor
9. Dr H S Ravish, Assistant Professor
10. Dr Jayanthi Srikanth, Assistant Professor
11. Dr B M Rudraprasad, Assistant Professor
12. Dr K S Seema, Tutor
13. Dr R Reena, Tutor
14. Dr A C Shyam, P.G cum Tutor
15. Dr G Praveen, P.G cum Tutor
16. Dr G M Someshwar, P.G cum Tutor
17. Dr S Prashanth Kumar, P.G cum Tutor
18. Dr N Shakila, P.G cum Tutor

B. EAC A

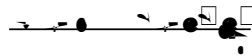
1. Mr M K Chandrashekar, HE
2. Mr Dharamaraj, MSW
3. Mr J Rajesh, MSW
4. Mr H C Shivamma, MSW
5. Mr T Ramakrishna, Driver
6. Mr M K Lingaraju, Driver
7. Mr H C Somashekar, Driver
8. Mr Mune Gowda, Driver
9. Mr Devaraju, Driver
10. Mr Nanjappa, Driver
11. Mr M S Krishnappa, Driver
12. Mr Narasimha Reddy, Driver
13. Mr M C Mudde Gowda, Attender
14. Mr S Shivanna, Attender
15. Mr D Hanumanthe Gowda, Attender
16. Mr T Thimme Gowda, Attender
17. Mr Somashekar, Attender
18. Mr Siddalinge Gowda, Attender
19. Mrs Sarojamma, PHN
20. Mrs Parvathamma, TA
21. Mrs Tulasi, TA
22. Mrs Padma, Helper



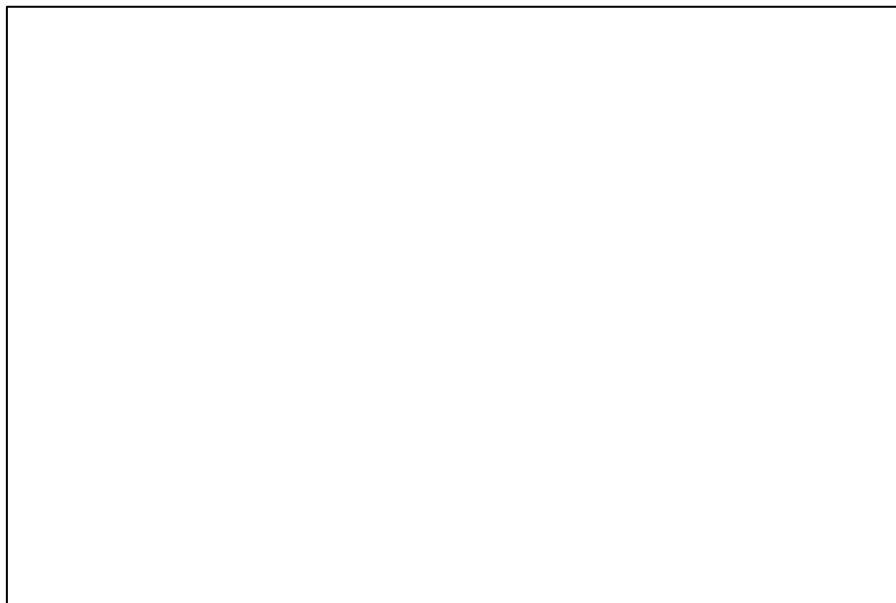
1. Dr K Basappa
2. Dr A N Arumugam
3. Dr S V Rama Rao
4. Dr S Lingaraju
5. Dr V Ramakrishna
6. Dr Nirmala Kesari
7. Dr Kushanth Singh

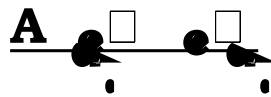


1. Dr C Shivaram
2. Dr P V Ashwath
3. Dr K Suresh
4. Dr M K Sudarshan
5. Dr G V Nagaraj
6. Dr H Sudarshan



1. Dr B J Mahendra
2. Dr N Girish
3. Dr D H Ashwath Narayana
4. Dr M Dayananda
5. Dr V P Sudhashree
6. Dr K Lalitha
7. Dr Bobby Joseph
8. Dr Ramakrishna Goud
9. Dr H S Ravish





● □ () -1



Gangadhara Goud ¹, Siddharam ², N Balakrishna ³ & K S Sridhara ⁴



● □ : i) To study the distribution of Hypertension cases in the relation to socio-economic factors ,ii) To study age and gender distribution of hypertension. iii) To study the risk factors and the role they play in the causation of hypertension.

● □ : Cross- sectional type of study. Source: Patients attending MCH, Bellary. Period of study: 16th August to 15th Sep. 2006. Data was collected by using predesigned proforma from the patients.

● □ : Total 135 patients were studied. The prevalence of hypertension was more among in the age group 45-64 years i.e. 127 were suffering from hypertension (94%). 60.51% patients had normal BMI and 17.16% had overweight. Most number of cases were from (64) upper lower class. Most of them had a habit of smoking, alcohol and both .The Morbidity due to hypertension was high i.e 30% in the age group of 65-70 years followed by 27% in 55-64 years in male and 34% in 45-54 years females. In female the incidence of hypertension was high during the perimenopausal period.

1 Professor, 2 Post Graduate , 3 Professor and HOD, 4 Lecture In Statistics
Department of Community Medicine, Vijayanagar Institute of Medical
Sciences, Bellary.

-2



M Renuka ¹, Sunanda Subramanian ¹ & A K Prabhakar ¹



● □ : To study the prevalence of Xerophthalmia amongst Slum children in the age group of 6 months to 5 years.

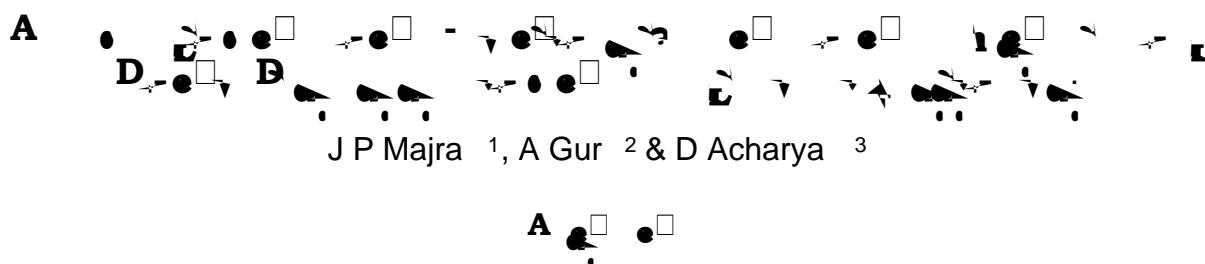
● □ : Sample size - 250 children between the age 6 months to 5 years, of which 139 (55.6 %) were male children and 111 (44.4 %) were Female children .The present study was a cross sectional study conducted in

selected slums under ICDS project area of Mysore City. The study period was from 25th September 2006 to 25th November 2006.

□: Prevalence of Conjunctival Xerosis was 7.6%. No other signs of Xerophthalmia were found. More cases were seen in children above the age of 3 years. Statistically significant relationship between Age, Sex and Xerophthalmia was observed. Relationship between Literacy status of parents, Family Size, Birth Order, Knowledge of VAD, Vitamin A Immunization status, EBF, Recent H/O Anemia, Diarrhea and Respiratory Infection was not statistically significant. No statistically significant relationship was observed between Malnutrition and Xerophthalmia. Present study has revealed that problem of Vitamin A Deficiency is not of Public health significance in this part of the country as not even a single case of night blindness & Bitot spots or other severe manifestations of Xerophthalmia was detected.

1 Associate Professor, Department of Community Medicine, JSS Medical College, Mysore

-3



● □: To assess the KAP of medical practitioners and medical faculty on dental diseases.

● □: The study was carried out in one of the North Eastern States of India on two separate groups of Medical Professionals. Medical faculty in a medical college attending a clinical meeting and general duty medical officers attending an on job training were the study subjects. Sample size was 100. This was a Cross sectional qualitative study. Both the groups were given a pre-designed, pre-tested MCQ type questionnaire to solve on the spot. To summarize the KAP level, respondents were graded on five level scale as poor, fair, good, very good and excellent. Statistical method: Percentages & proportions.

● □: Majority of the respondents 48(48%) had poor, 42(42%) fair and 10(10%) good level of KAP regarding the inter-relationship between systemic and dental diseases. Only 14(14%), 16(16%), 6(6%), 24(24%) and 4(4%) were aware that the periodontal disease may be the possible risk factor for CHD, cerebral infarction, diabetes mellitus, hospital acquired pneumonia and preterm labor (LBW babies) respectively. Only 12(12%) of the respondents were referring all the patients with systemic disorders related to dental diseases to a dentist. Key words: Inter-relationship, systemic and dental diseases, medical professionals, KAP.

1 Associate Professor, 3 Professor, Department of Community Medicine, K S Hegde Medical Academy, Mangalore & 2 Reader, A B Shetty Memorial Institute of Dental Sciences, Mangalore

-4



S D Basavaraj¹, H L Tejeshwari², K S Sridhar³ & N Balakrishna⁴



Feeding during the infantile period is the most important determinant in health and development of any child, as it eliminates the need for complex, costly therapeutic interventions to prevent and to treat complications of malnutrition due to incorrect feeding practices.

A :

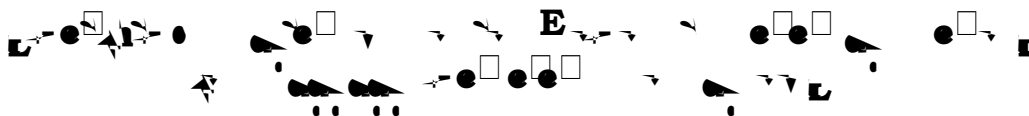
- i). To know the duration of breast feeding, age of weaning, foods used for weaning.
- ii). To know the immunization status.

A : A Cross-sectional study was done among the parents of infants attending pediatric OPD at District hospital Bellary for a period of one month i.e. 18th July to 17th August by using predesigned proforma. Results were analysed by percentages & Chi-square test.

A : The study revealed that 6 out of 18 (62%) have fed colostrums; 20% have fed sugar as prelacteal feed; 35% have exclusively breast feed; 48% started weaning at correct age and 86% were completely immunized.

1 Associate Professor, 2 Post Graduate, 3 Prof and HOD, 4 Lecture in Statistics, Department of Community Medicine, Vijayanagar Institute of Medical Sciences, Bellary.

-5



N R Ramesh Masthi¹, J R Rajesh² & Dr Gangaboriah³



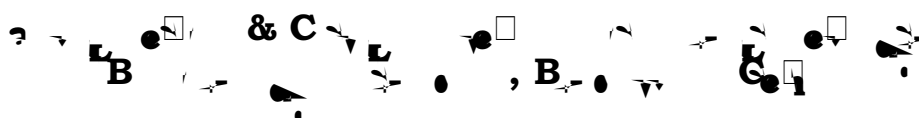
- ii) To compare the different Socio Economic Status Scale(SESS),
- ii) To identify a suitable SESS method for assessment at the household.

A : Study place- RHTC and UHTC field practice area, Study subjects- Families residing in rural and urban areas. Study duration- 3months. Study design- Descriptive study, Sampling-Systematic random sampling. Sample size- 60 families -30 rural & 30 urban.

□: A total of 60 families were interviewed. 30 from rural area and 30 from urban area. We observed that Comparison of the scales give different social classification. Scores given on same variable by different scales vary. Prasad scale has more difference compared to other scales. We observed a single standard of living index Scale could be used both in urban and rural areas. SLI scale can be modified depending on need when compared to other scales. To conclude standard of Living Index scale can be used for assessment of the household with reasonable accuracy.

1 & 3 Associate Professor , 2 Medico social worker, Department of Community Medicine, Kempegowda Institute of medical Sciences, Bangalore

-6



Jayashree S Seeri¹ & M Vinay¹

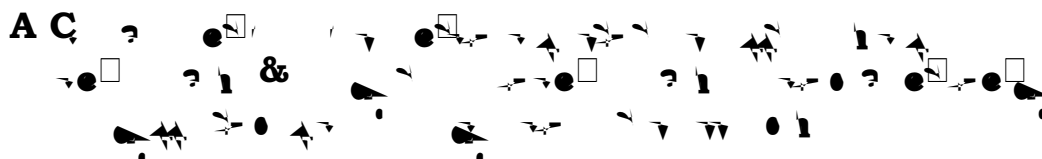


□: To study the utilization of various RCH services in Bhuvaneshwarinagar area [UHTC, RRMCH], Bangalore City. Study design: Cross sectional

□: A total of 357 families were studied. A total of 1461 people were surveyed. Sex ratio was 937 females /1000 males. Of the 707 females 403 were in the reproductive age group. Of these 375 were married and the mean age at marriage was 19.5 years. 24% were married before 18 years of age. The Couple Protection Rate was 57.1% of which majority was tubectomy [76.1%]. 12.3 % had 3 or more children. 32.8% of the married females suffered from RTI. Of the 362 couple with children, only 62.2% had regular Antenatal checkup and 66.3% were immunized. 31.5% had received Iron tablets during pregnancy. 86.2% of the deliveries were institutional. There were 113 under 5 children of which 72.6% were completely immunized. Of the 96 mothers of under 5 children, 78.1% were aware of ORT. Only 58.4% of under 5 children had received Vitamin A prophylaxis.

1 Assistant Professors, Department of Community Medicine, Raja Rajeshwari Medical College & Hospital, Bangalore - 74

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B M Rudraprasad¹, B G Parasuramalu², M S Rajanna³ & Gangaboraiah⁴

A

A : To compare the clinical efficacy of Pharmacotherapy & Rush immunotherapy among patients suffering from Nasobronchial allergy.

A : i) To describe the socio demographic factors among patients receiving Pharmacotherapy or Rush immunotherapy, ii) To identify the reasons for selecting Pharmacotherapy or Rush immunotherapy, iii) To describe the nature and frequency of symptoms, iv) To evaluate the allergic status of the patients by using allergy symptom diary and treatment diary used by the patients during the treatment.

A : Place of study: Allergy Clinic, (PM Unit) KIMSH and RC, Bangalore. Study design: Non randomized Clinical trial Duration of study: Sixteen months (November 2004 to February 2006). Study subjects: 50 patients with clinical signs and symptoms of nasobronchial allergy were included in the study. 25 patients each were put on pharmacotherapy (PT) and Rush immunotherapy (RIT).

A : Majority of the patients were in the age group of 25-34 years i.e. 48% and 32% respectively. Most of the patients were from urban area belonging to upper middle class. The common symptoms in both the groups were sneezing (PT-30% RIT-40%), running nose (PT-22% RIT-40%) and wheezing (PT-24%, RIT-20%). Analysis of symptom and treatment diary revealed that there was significant decrease in the nature and frequency of symptoms and the treatment received during follow up over a period of time among those patients who were on rush immunotherapy compared to those who were on Pharmacotherapy.

1 Assistant Professor, 2 Professor & HOD, 3 Associate Professor, Department of community medicine, Kempegowda Institute of medical Sciences, Bangalore-70. 4 Professor & HOD, Department of community medicine, Sri Sidhartha Medical College.

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D **B** **C** **A** **E**

V Raghuram ¹, N Girish ², N S Narasimha Murthy ³ & D Gopinath ⁴

A

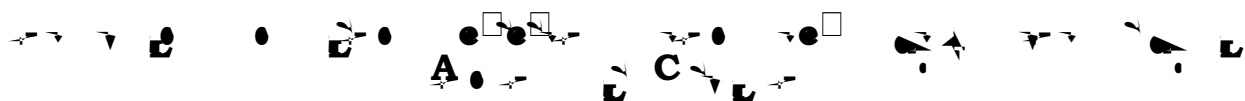
A : To explore the associations between depressive disorders and chronic diseases.

A : The cross sectional community based study was conducted at Anjanappa garden, an urban slum of Bangalore City, between July 05 and December 05 using modified cluster sampling technique. All persons who were ill or on long term medication or were hospitalized for a period more than three weeks in the last one year were interviewed. A semi-structured pre-tested questionnaire incorporating Hamilton Depression Rating Scale (HAM-D) was used.

□: The overall prevalence of chronic illness was 10% with 10.9% having mild depression and 1.2% having mild...moderate depression and none with severe depression. None of them were taking any treatment for their depression. The mean age of those with mild depression was 53.9 years and prevalence was greater amongst females (males: 5.0% and females 16.7%). The latter was highly statistically significant. Of the 91 persons with symptoms of mild depression nearly two thirds (58.2%) belonged to class IV of modified B G Prasad's classification. Factor analysis showed that HAM-D scores to have a significant relation with chronic illness. Conclusion: Depressive disorders amongst those with chronic disorders are hitherto unrecognized in routine clinical practice. Middle ages, females and those lower down in the socio-economic hierarchy are at a greater risk. There is a need to establish mechanism for appropriate management of these disorders.

1 Assistant Professor, Department of Community Medicine, A J Institute of Medical Sciences, Mangalore, 2 Assistant Professor, Department of Epidemiology, NIMHANS, Bangalore, 3 Former Associate Professor of statistics, M S Ramaiah medical college, Bangalore, 4 Professor, Department of Community Medicine, M S Ramaiah medical college, Bangalore

-9



M Vinay¹ & Jayashree S Seeri¹



□: To assess the knowledge of mothers of malnourished children regarding their nutritional status & its improvement.

□: 182 Mothers of malnourished children of 24 Anganwadis attached to PHC Ittamadu [RHTC, RRMCH], Bangalore Rural Dist. Study design: Cross sectional.

□: A total of 182 mothers were studied. 88.5% felt that their child was normally nourished. 62.6% didn't know the correct nutritional assessment tool. 26.4% knew their child's weight, mostly through Anganwadi. Only 12.6% of them knew their child's expected weight. 92.3% felt they provided balanced food. None made dietary restrictions during diarrhea. 26.9% gave additional fluids but none gave home made Oral Rehydration Fluids and 31.9% gave O R S. 62.1% knew that their child was dewormed recently. 67.6% were aware of iodized salt but only 43.4% were using it. All knew that their child had received Vitamin A recently.

1 Assistant Professors, Department of Community Medicine, RajeRajeshwari Medical College & Hospital, Bangalore

-10



S K Shobha ¹



Objective: to know the cause of death among under five children in an urban area. Study Period: August 2006 Material & Methods: Death registers of health department of Belgaum Municipal Corporation. The study was done by review of records.

Results: Out of total 4921 deaths registered, 422 deaths were among under five children. The proportional mortality of under fives accounted 8.58% of total deaths. It was noted that birth asphyxia (19.19%) followed by cardio respiratory arrest (18.95%) were major causes of deaths among these children. The other causes included septicemia, pre-maturity etc.

¹ Assistant Professor, Department of Community Medicine, J N Medical College, Belgaum

-11



Sudhashree Chandrashekar ¹, Kumaranayake L ², John Anthony ³ & Alary M ⁴



This study presents an analysis of costs of roll out of HIV/AIDS prevention services programme by Community Based Organisation in an urban setting in Karnataka reaching about 4000 community members of the MSMS. Methods: Financial and economic costs of implementing activities were retrospectively collected from a provider perspective. Ingredients and step-down allocation processes were used to measure and allocate costs. Outcomes were measured using routinely collected project data. Costs are in US\$ 2005.

Results: The start-up period in the district for the programme for MSMS was 4 months. The economic cost of the programme was US \$ 1,05,751 to reach 65% of the estimated population. Recurrent costs constituted 73% of annual economic costs. The costs for contacting one community member atleast once was \$ 26, and costs per registered community member was \$ 62 and for STI services per community member was \$ 224. Conclusions: Involvement of Community Based Organisations as key implementing partner for interventions

with hidden populations helps in decreasing the start up time and also leads to rapid coverage of majority of the estimated.

1 Consultant, London School of Hygiene and Tropical Medicine, U K, 2 Senior Lecturer, London School of Hygiene and Tropical Medicine, U K & Professor, Dalhousie University, Canada, 3 Regional Manager, KHPT, Bangalore, 4 Professor, Centre Hospital Affiliare, Quebec, Canada

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K Lalitha¹, Krishna Murthy², K Jayanth Kumar³ & D Gopinath⁴

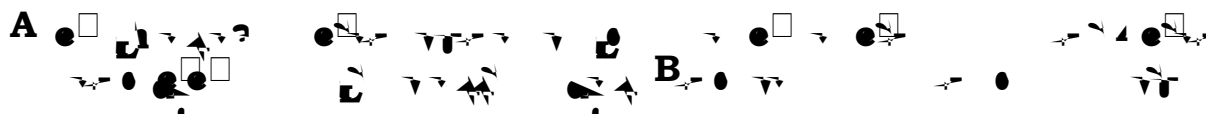


& : Before DTSTs withdrawal an evaluation survey was done in Feb 2007 to assess the leprosy situation and the role of DTST towards elimination in DTST assisted districts. 13 PHCs out of 2 districts randomly selected from 22 DFIT-assisted districts were visited. Data collection was through review of records, reports, registers using Modified tool of LEM exercise and interview of key personnel involved.

: Major findings: PR* and grade-II deformity declined from 16.6 & 4.8% in 1997 to 1.3/10,000 population & 1.8% in 2006 respectively. From a situation in 1996 when not even a single PHC was providing leprosy service, achieved a state of almost 100% of health facilities providing leprosy services with integration process complete in all aspects. Wrong-diagnosis and re-registration reduced from 6.5% in 2002 to 1.1% in 2006. Areas needed further attention were SIS* utilization for monitoring, MDT-stock management, functional District-Nucleus. DTSTs contributed in areas of capacity building of various healthcare workers, logistics management, POD*, IEC* activities and support for reconstructive surgery. Thus integration process has been completed with support of DTST and the District-nucleus to take the role of DTST thereafter.

1 Lecturer, 3 Professor & HOD & 4 Professor, Community Medicine, M.S. Ramaiah Medical College, Bangalore. 2 Secretary, DFIT, Chennai

-13



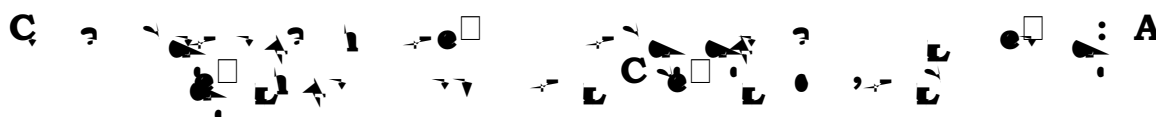


Abstract : To Study the operational knowledge about Routine Immunization (RI) amongst Medical officers of Bangalore Mahanagara Palike (BMP).

Introduction : This was an interventional study with 2 days training programme on RI conducted for 94 Medical officers of BMP in 3 batches in March 2007. Pre designed pre- tested semi structured questionnaire was administered before and after the training. Knowledge was assessed regarding UIP Programme, Vaccine Administration, Vaccine storage practice, Injection safety & Waste Management, Adverse Effect Following Immunization. Results: Pre test showed that only 8% had correct knowledge on calculating the no. of sessions for outreach immunization and none knew about conditioning of icepacks. The mean score of the pretest was 30.65 and post test was 48.68 and applying paired T test the difference was found to be statistically significant ($p < 0.05$). The training was useful and the mean score improved significantly in all the variables.

1 SMO, NPSP, Bangalore, 2 Faculty, Department of Community Medicine, M S Ramaiah Medical College, Bangalore.

-14



Sudhashree Chandrashekar ¹, Phil Carriere ², Lilani Kumaranayake ³, Maya Mascarahensas ⁴, Yasmin ⁵, Nissar Ahmed ⁶, Jagatap ⁷ & Michel Alary ⁸



Background : Peer educators are critical link between HIV programming and communities. Little is known about the effectiveness of alternative payment schemes. This study examines the impact of 3 different payment schemes in two districts in the India AIDS Initiative-Avahan project: a fixed monthly salary, a piece rate per task, and a hybrid scheme, with deductions from a monthly salary if output targets are not met.

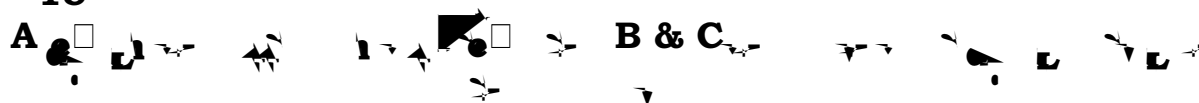
Methods : Data on monthly outputs and earnings was collected for 18 months. A fixed effects panel model was used to estimate the impact of individual characteristics and different reimbursement schemes on outputs and earnings.

Results : Piece rates significantly increased output for 6 of 9 tasks examined ($p < 0.01$ - $p < 0.10$) relative to the fixed rate scheme. There was higher turnover of peers with the piece rate scheme and a large variation in earnings among peers with increases in income of upto 48% for some peers and decreased earnings

of 31%- 61% for others. The hybrid scheme maintained average earnings across all peers and ensured output levels. Conclusions: Piece-rates were found to increase output for selected tasks and retained motivated peer educators. However, piece-rates led to less regular commitment to the project by other peers. The hybrid scheme was successful.

1 Consultant, London School of Hygiene and Tropical Medicine, U K, 2 Master student in Health Economics, Dalhousie University Canada, 3 Senior Lecturer, London School of Hygiene and Tropical Medicine, U K, & Professor, Dalhousie University, Canada, 4 Consultant, MYRADA, NGO, Bangalore, 5 Programme Co-ordinator, MYRADA, Bangalore, 6 District co-ordinator, Kolar, MYRADA, Bangalore, 7 District co-ordinator, Chitradurga, MYRADA, Bangalore, 8 Professor, Centre Hospital Affiliare, Quebec, Canada

-15



Jagadish ¹



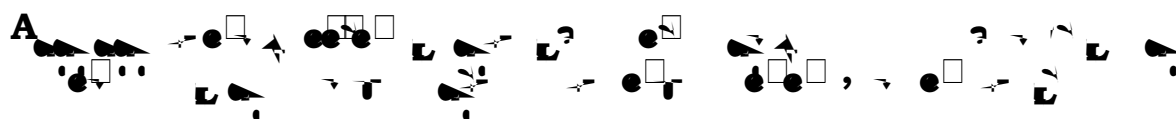
A : To assess the efficacy of Vitamin B & C administered to malnourished children in a rural area.

□ : i) To estimate the prevalence of Malnutrition among children in Bukkapatna PHC area, ii) To assess the efficacy of Vitamin B & C administered to malnourished children in Bukkapatna PHC area.

□ & **□** : Place of study: 38 Anganawadis in Bukkapatna PHC area, Sira Taluk Sample size: 1250 children in the age group of 0-5 years. Study period: 4 months (May 2007 to August 2007). The data was compiled & analyzed.

□ In May 2007 the Growth chart provided by Govt. of India was used to assess & classify malnourishment in 1250 children in the age group of 0-5 years. All the children with malnutrition received ½ Tablet of Vitamin B & C every day under the supervision of Anganawadi worker for a period of 15 days in the month of June. The malnutrition status was reassessed at the end of the July & August 2007. Out of 1250 children 66% of the children were malnourished. It was observed that 52% of the study group was with grade I & 14% were with grade II malnutrition. Two children were with grade III malnutrition. At the end of second month of follow up 4.4% of the children with grade II were moved to grade I malnutrition in the age group of 0-5 yrs. In the age group of 3-5 years, 32% of the children with grade I & II gained normal weight at the end of second month of follow up. Conclusion: Vitamin B & C is effective in grade I & II malnutrition in 0-5 years of age group.

1 Taluk Health Officer, Sira Taluk, Tumkur district, Karnataka.



J Krishnamurthy ¹, R G Washington ¹, S Moses ¹, S Murugan ¹,
B M Ramesh ¹, K Prakash ¹, P Balu ¹, S Badiger ¹,
V Mendonca ¹, S Bhavimani ¹



Abstract: We assessed the attitudes and practices of STI care providers towards female sex workers (FSWs), and the perceptions of FSWs towards STI services.

Introduction: This study was undertaken in the context of the India AIDS Initiative (Avahan) of the Bill & Melinda Gates Foundation. 256 clinic exit interviews of sex workers were conducted, and informal discussions were held with 102 STI care providers (physicians) across several districts in Karnataka.

Results: 92% of FSWs agreed that clinic location was appropriate and 62% had waited for less than 30 minutes before seeing a physician. 53% of women who visited the clinic were offered speculum examination. 57% and 83% of women reported that the physician enquired about partner symptoms and condom use respectively. 84% of women were assured of their confidentiality status. 24% of physicians believed that sex work should be banned to control HIV. 76% agreed that sex workers should be involved in planning of services. Focused group discussions help to throw some light on the perceptions of the populations that were not reached by services. **Conclusions**: Quality of care appears to be acceptable overall, but it is important to improve attitudes of providers towards sex work, and improve practices such as speculum examination and partner referral that can enhance quality of care.

1 KHP



Siddharam S Metri ¹, N Balakrishna ², M V Sagar ³, Gangadhara Goud ³,
Basavaraj ⁴ & K S Sridhara ⁶



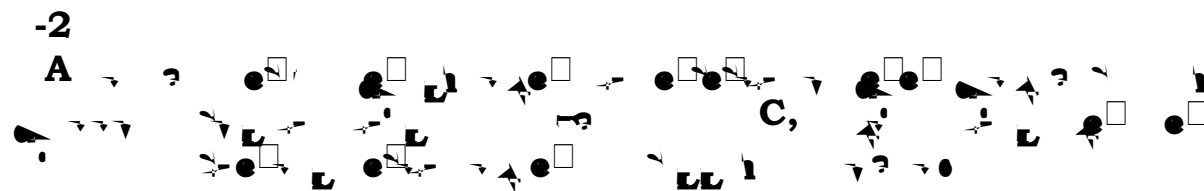
Objectives: i) To study the incidence of dog bite cases attending MCH, VIMS, Bellary, ii) To study the epidemiological characteristics of dog bite injuries, iii) To study the knowledge, attitude and practices of subjects regarding dog bite.

Methods: Cross-sectional type of study. The study was conducted in injection room, VIMS, Bellary. Source: Patients coming to MCH,

VIMS, Bellary for post exposure treatment to dog bite. The study was conducted for a period of one month (5th June to 4th July 07). Patients coming for post exposure treatment for dog bite were examined and demographic variables were collected.

□: In a study conducted on 100 patients more number of cases are seen in the age group 1-10 yrs(31%), males were affected more (63%). Majority of cases are from middle (52%) and lower (45%) class. Most of the dog bite cases were occurred during morning (36%) and evening (30%) Major site of dog bite was lower limb (70%). Most of the cases were of class-II injuries (68%). 45% of the patients have kept the dog under observation. 10.4% of the literate individuals have taken proper care of the wound by washing with soap and water, while 6% of the illiterate have done the same. 66% of the literate and 39% of the illiterate have the knowledge about consequences.

1 Post Graduate, 2 Professor & HOD, 3 Professor, 4 Associate Professor 5 Assistant Professor of statistics, Department of Community Medicine, Vijayanagar Institute of Medical Sciences, Bellary



Christie Minj ¹, Diana Elizabeth James ², Farha Furruqh ²,
B Ramakrishna Goud ³ & A S Mohammad ⁴



□: To assess and compare the nutritional status of 6 to 12 year old children in four government primary schools two years before and after the introduction of the mid day meal Program. Design: Cross sectional study
□: Health records were assessed for 344 children in 2001 and 287 children in 2005. The CDC growth charts were used to calculate the weight for age and height for age percentiles. Statistical Analysis: Proportions of children belonging to various grades of malnutrition. Comparison of the nutritional status of children in 2001 and 2005.

□: After the introduction of the Mid Day Meal there was a reduction in stunting among boys. There was an improvement in the height of the girls. Most boys showed a reduction in grade 2 and grade 3 malnutrition. Most girls showed a reduction in grade 3 malnutrition. There was also a decrease in the proportion of children with grade 1 malnutrition. The improvement in the nutritional status in girls was more than boys. Conclusions: The Mid Day Meal has had a positive impact on the nutritional status of school children. Hence the program should be sustained in its current form, with periodic evaluations and requisite improvements.

1 Post Graduate, 2 Intern, 3 Associate Professor, 4 Assistant Professor,

-3



B K Patil ¹ & A Nagarajachari ²



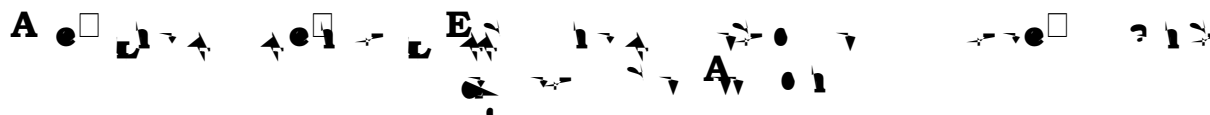
Objectives: i) To know the routine immunization status of children in the age-group of 1-6 years and to find out reasons for failure of immunization in partially immunized and non-immunized children of the selected slum. ii) To find out the social factors influencing immunization status and to compare the routine immunization coverage with IPPV coverage.

Study Design: A Cross-sectional study. **Setting:** K.T.J.Nagar Slum of Davangere City. **Participants:** Children aged 1-6 years, mothers/Guardians residing in the slum. **Statistical analysis:** Percentages, Chi square test.

Results: Majority (72%) were fully immunized followed by partially immunized (21.27%) and non-immunized (2.72%). Immunization status was better in birth order 1 & 2, in 3 generation family and in those with literate fathers (74%) and literate mothers (70%). A drop out rate of 1% is observed from DPT1-2 and DPT 2-3 noticed. IPPV coverage was 100% compared to the routine immunization coverage of only 72%. Immunization failure was mainly due to lack of information (50.7%) followed by lack of motivation (19.4%) and other obstacles (9%). **Conclusion:** Immunization coverage is better till 18 months of age. The main reasons for failure of complete immunization were lack of much needed information in urban slum areas.

¹ Post Graduate, ² Professor, Department of Community Medicine, J.J.M. Medical College, Davangere

-4



A C Shyam ¹, B G Parasuramalu ² & Chandregowda B ³



Objectives: To evaluate the clinical efficacy & safety of Sublingual Immunotherapy in patients with allergic rhinitis and nasobronchial allergy.

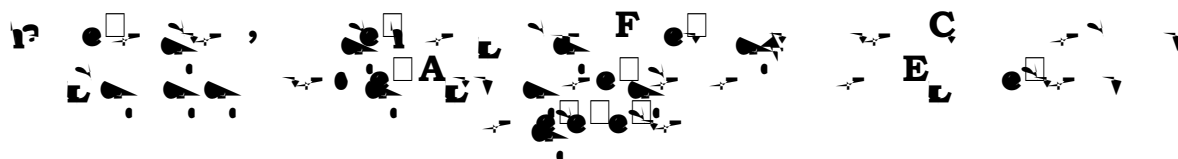
Methods: Sublingual Immunotherapy was advised to 30 patients, among them patients suffering from allergic rhinitis were 13 and

Nasobronchial allergy were 17. All these patients were given symptom diary and treatment diary. The follow period was one year. The compliance of the patients were assessed based on the continuity of the treatment.

A : Among 30 patients who received sublingual immunotherapy 15 were males and 15 were females. Twenty one (70%) patients were allergic to house dust and house dust mites and remaining 9(30%) patients were allergic to tree and weed pollen. Majority i.e. 24(80%) patients showed relief of allergic symptoms to SLIT. The intake of rescue medications also decreased gradually over a period of one year, hence clinically effective. Only one patient developed mild local reaction in the form of taste disturbance, which subsided on its own without any medications. None of them had any systemic reaction. SLIT has better compliance. Conclusion: SLIT is clinically effective, safe and easy to administer in allergic rhinitis and nasobronchial allergy.

1 Post Graduate , 2 Professor & HOD , Department of Community Medicine, 3 Professor & HOD, Department of ENT, Kempegowda Institute of medical Sciences, Bangalore-70.

-5



Aditi Krishnamurthy¹, Amith Sebastian², Amol Rebello², Arvind Kasthuri³ & R Naveen⁴



A : To assess the prevalence of Obesity, Hypertension and Risk factors for NCDs among urban adolescents in Bangalore.

A : 165 students aged 12 to 19 years from an educational institution in Bangalore were studied using a cross sectional design. Blood Pressure was assessed using a mercury sphygmomanometer; weight and height were measured using standard techniques. Risk factor assessment was done using the self-administered Global School Based Student Survey questionnaire with appropriate modification.

A : The prevalence of Systolic and Diastolic Hypertension was 30.5% and 31.7% respectively, both being significantly more among girls. Prevalence of Obesity was 12.2%. The prevalence of other risk factors for non communicable diseases like adverse dietary habits (high salt consumption, poor consumption of fruit) and low physical activity was also high. The study documented experimentation among the students with alcohol and tobacco. Conclusion: Risk factor intervention at the school/ institutional level is required to reduce the burden of Non Communicable disease in India.

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-6



G.M.Someshwar ¹, B.G.Parasuramalu ², B.M.Rudraprasad ³, Gangaboraiah ⁴ & R.Reena ⁵



A : To evaluate the quality of life among patients suffering from Nasobronchial allergy .

B : To identify the profile of allergens & to evaluate the quality of life among patients suffering from allergic disorders.

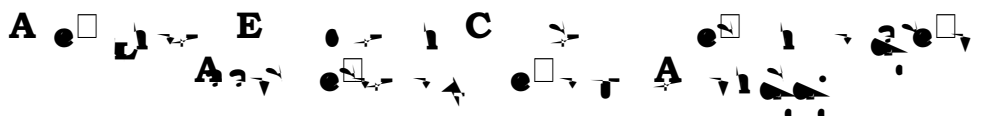
C : Place of study: Allergy clinic, Preventive Medicine Unit, KIMS Hospital and Research Centre. Study duration: January 2007- August 2007 Sampling method: Purposive. Methodology: 50 subjects with clinical signs and symptoms of allergic rhinitis, allergic bronchial asthma or both and chronic urticaria, referred from the Departments of Medicine, Dermatology and ENT were subjected for Skin Prick Testing using 126 antigens. Juniper Elizabeth quality of life questionnaire was administered to these 50 patients. The same questionnaire was also administered to a control group of 50 individuals with age and sex matched. The quality of life among these two groups were compared and interpreted.

D : In the present study, out of 50 subjects, 20(40%) were in the age group of 21 to 30 years and 28 (56%) of them were females. 26(56%) subjects both allergic rhinitis and allergic bronchial asthma. Majority of the patients were sensitive for Dust Mite (D.pteronyssinus). Quality of life was impaired among patients with Nasobronchial allergy when compared with control group.

Key words: Allergy, Quality of life, Profile of allergens, Skin Prick test.

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-7



Subhas Babu ¹, S N Manjunatha ², T S Ranganath ³ & M P Sharada ⁴



A : To study the process of emergency care given to the victims of road traffic accidents and develop a network diagram.

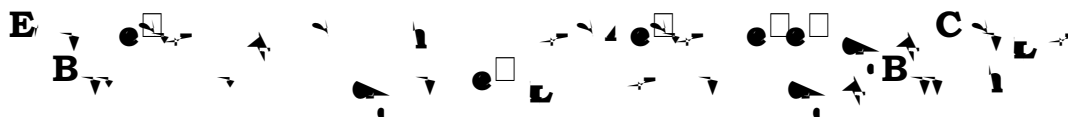
B : Setting: Casualty department of Victoria hospital, Bangalore. 100 RTA victims who were brought to Victoria hospital for

treatment were studied. The study was done both during day and night hours and also during Sundays and general holidays. The time taken for different activities (both clinical and clerical) in the casualty was noted. The expected time for each activity was calculated by noting the most optimistic time, the most pessimistic time and the average time. Network diagram reflecting the critical path was developed.

□ : The critical path included activities with expected time as shown in the sequence, Time taken by the patient to be shifted from ambulance/any vehicle to the casualty (8mins)->Time taken by the CMO to attend to the patient (12mins)-> Time taken by the Nurse to attend to the patient (20min)-> Time taken by the technician to attend (25min)->Time taken by the Specialist (25min)->Time taken for registration and pharmacy (20min)->Time taken for minor procedures/lab investigations/X-ray/CT scan(85min)->Time taken for report arrival from lab(100min)-> Discharge/shifting time from casualty(45min). The most optimistic time in the critical path was 180 minutes and most pessimistic time was 600 minutes and the calculated expected time was found to be 300 minutes. Conclusion: Network analysis (PERT and CPM) can effectively be employed for minimizing the process times associated with many areas in hospital environment, which improves the quality of service and treatment outcomes.

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-8



Vinaya Ranganath ¹, Balakrishna N ², M V Sagar ³,
Gangadhara Goud ³ & Basavaraj ⁴

A □ ● □

□ : i) To study the primary immunisation status of children below two years, ii) To study knowledge and awareness of parents of children aged less than two years.

□ : cross sectional type of study children below two years in urban slums of Bellary. Study conducted from 05-06-07 to 04-07-07.

□ : Total 165 children were surveyed from the urban areas male children -76(38%) female children -90(45%) children age group 22to 24 months (22.89%), 10 to 12 months (20.48%). 0 to 3 months 3.6% lower middle class 46.98%, upper lower class (37.35%), upper class (2.4%) literate parents (31.92%), illiterate parents (44.47%) out of 165 children 81.92% are completely immunised 15.6% are partially immunised ,and 1.2%are not immunised

1 Post Graduate, 2 Professor & HOD, 3 Professor, 4 Associate Professor ,
Department of Community Medicine, VIMS, Bellary

-9



Rekha Sonavane ¹, R Deepthi ¹, Anupa Lucas ¹, Chikkaraju ², Rathna Kumari ²,
Rashmi Rodrigues ³, R M Christopher ⁴



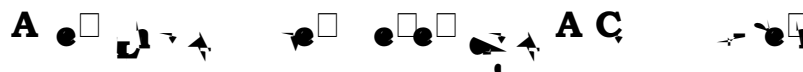
A : i) To evaluate the effect of health education in improving the knowledge of school children regarding ear health, ii) To compare the effect of the Child to Child approach for health education with the adult to child approach.

B : Period of study: March 2007. Study population: Students of the 6th and 7th standard at a government aided school in urban Bangalore. Sample size: 212 children in the 6th and 7th Standard divided randomly into 2 groups. Study Design: Experimental study. Interventions: Health education through 2 approaches. Group 1: Child to child, Group 2: Adult to child. Methods: 212 students from the 2 classes were randomly divided into 2 groups. 105 students were educated using the child to child approach of health education while 107 were educated using the adult to child approach. Evaluation: Pretest, Posttest.

C : Overall, 212 students: The average pretest score was 4.41 ± 1.29 while the average posttest score was 6.03 ± 1.7 . The difference was significant ($p < 0.001$). The results of all 212 students for individual questions in the questionnaire revealed that health education had significantly improved the knowledge for 7 of the 10 items ($p < 0.05$). Comparison within the groups: A significant improvement in mean scores after the health education within both the groups was seen (Group 1 4.51 ± 1.24 Vs 6.16 ± 1.75 , Group 2: 4.30 ± 1.33 Vs 5.90 ± 1.71 , $p < 0.001$). The knowledge of the Group 1 improved for 6 of the 10 items ($p < 0.05$) while the knowledge in Group 2 improved for 7 out of 10 items ($p < 0.05$). Conclusion: The study showed that Children are as effective as adults for the dissemination of knowledge to other children and can be effective change agents in ear health.

1 Postgraduate student, 2 Intern, 3 Lecturer, 4 Social scientist, Department of Community Health, St John's Medical College, Bangalore

-10



L Hamsa ¹ & IIIrd term students



A : To study the community health status.

□ : i) To study the housing conditions and factors like literacy rate, socio economic state, occupation, religion, family type, over crowding, and environmental factors affecting health, ii) To impart health education.

□ : The study was conducted in the areas of Kaval Byrasandara and shampura, Bangalore during the period of 10 days 06.07.07 to 16.07.07.

□ : Totally 200 houses were covered and the total population was covered was 982. According to age wise distribution of study population .Majority i.e. .55.6% of population was in the age group of 15 to 44 years and least i.e. 12.8% were • 45 years. Sex ratio was 987 females for 1000 males. 67.8% of population was married, majorities 77% were literate and 31.9% were skilled workers. 81.1% families were nuclear and 18.5% joint or extended. 67% were Hindus, 27% Christians, 6% were Muslims. Majority of children i.e. 56% were appropriately immunized, 18% were completely immunized and 25% were partially immunized and one percentage were not immunized. 96% of the houses were pucca houses, 4% kaccha houses and 8% of the houses had separate rooms for the kitchen. Overcrowding was present in 55% of the families, waste disposals in 72.5% of houses was done by house to house collection. Open air defecation was present in only 2% and 93.8% of the households had piped water supply. People showed keen interest for the health education given. Conclusion: The results emphasize the requirements for better housing conditions, sanitation, water supply and strengthening immunization services

1 Post graduate, Dr BR Ambedkar Medical College, KG Halli, Bangalore

-11



R Manjula ¹ & R G Geethalakshmi ²



□ : To describe the clinical and immunologic characteristics of HIV positive children prior to the introduction of ART.

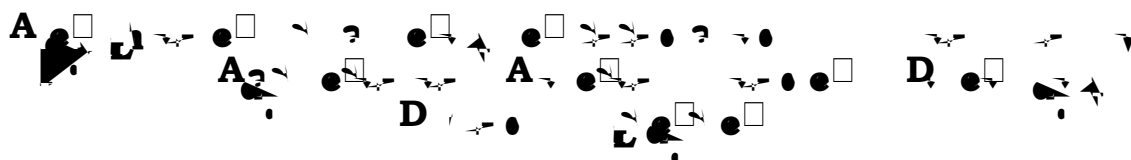
□ : Study design: Cross-sectional, Descriptive, Record based study. Methodology: Data was collected about the clinical presentation and CD4 count of paediatric HIV patients prior to introduction of ART from the register maintained in the CG hospital ART centre, Davangere.

□ : A total of 137 paediatric HIV positive cases are registered in ART Centre. Among them 133(97.1%) were perinatally infected, 3(2.1%) were by heterosexual route, and 1 (0.7%) through blood transfusion for jaundice. When presented 26(18.9%) were in Stage I, 52(37.9%) in Stage II, 48(35.03%) in Stage III, 11(8.1%) in Stage IV according to WHO staging of HIV. 21 of them

were asymptomatic at the time of presentation. Generalised lymphadenopathy, pulmonary and extrapulmonary tuberculosis, recurrent respiratory infections were more prevalent among the study group. Absolute CD4 count was >500 cells/cu.mm was present in 79(57.66%), between 200-500 cells was present in 36(26.27%), and <200 cells was present in 22(16.05%). Among them 70 of them were put on ART based on WHO eligibility criteria for starting ART.

1 Post Graduate, 2 Assistant Professor, Department of Community Medicine, JJMMC, Davangere.

-12



Rini Raveendran¹, B Vijaykumar², Basanagouda K Patil¹ & Sindura³



Objective: To study the impact of a training programme on manual Vacuum Aspiration on Abortion among the Doctors of Davangere district

Study Design: Prospective study. **Settings:** Bapuji Hospital (Department of Obstetrics and Gynaecology.), C G Hospital, Women and Child Health Hospital attached to JJM Medical College, Nursing homes of study participants. **Study Period:** 3 months (January to March 2006). **Study Variables:** Knowledge on Manual Vacuum Aspiration, Impact of training on doctors of Davangere. **Outcome Variables:** Improvement in the knowledge on MVA, Safe abortion and post abortion care.

Results: Pre and Post training test scores - wrong answers given by the doctors.

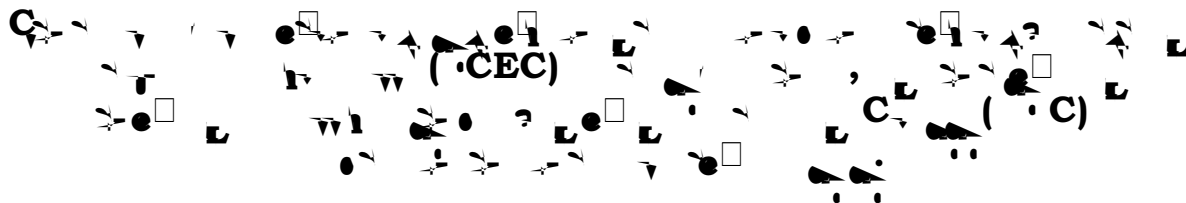
QUESTION	PRE-TEST SCORE(%)	POST-TEST SCORE(%)	P VALUE
Change in knowledge on abortion	49.2	25.4	<0.001
Information on contraception	49.2	25.4	<0.001
Informed choice in contraception	18.0	10.4	<0.05
Contraception in post anemic patients	49.2	19.4	<0.001
Advice regarding IUD	34.3	20.9	<0.001
Risks of General anaesthesia	59.7	37.3	<0.001
Pain Management	23.9	13.4	<0.01

QUESTION	PRE-TEST SCORE(%)	POST-TEST SCORE(%)	P VALUE
Determination of uterine size	44.8	7.5	<0.001
Selection of cannula	41.8	38.8	<0.05
Signs of completed MVA procedure	32.8	22.4	<0.01
Causes of pain during MVA	56.7	37.3	<0.001
Disinfection of MVA cannula	61.2	55.2	<0.05
Sterilization of equipment	50.8	19.4	<0.001

Statistically significant change in knowledge was noted in post training evaluation. Conclusion : Most of the doctors have appreciated this technique where complications like pain, anemia are very less and patient can be discharged within 3 hours after the procedure

1 Post-Graduate Student, 2 Professor, 3 Intern, Department of Community Medicine, J J M Medical College, Davangere

-13



G Praveen ¹, D H Ashwath Narayana ², M K Sudarshan ³, S N Madhusudana ⁴, H S Ravish ⁵ & Gangaboraiah ⁶

A

: To assess the safety & immunogenecity of purified chick embryo cell vaccine (PCECV) when administered intra dermally using updated Thai Red Cross (TRC) regimen in animal bite cases.

: The study was conducted at anti rabies clinic, KIMS Hospital and Research Centre run by Department of Community Medicine, KIMS, Bangalore. This was a non-randomized, non-comparative clinical trial. A total of 81 subjects with animal bite/s were enrolled into the study. All the subjects were administered PCEC (Rabipur) vaccine, 0.1 mL intradermally on both deltoids on days 0, 3, 7 & 28 as per updated TRC (2-2-2-0-2) regimen. Rabies immune globulins (RIG) were administered in all category III bites as per WHO recommendations. 5 ml of venous blood was drawn on days 0, 14, 28 &

90, serum separated & it was sent to Department of Neurovirology, NIMHANS for estimation of rabies virus neutralizing antibody (RVnAb) titers by RFFIT.

Results: The subjects were in the age group of 18-55 years, out of which 68 (83.9%) were male, 45 (55.6 %) belonged to lower socioeconomic class, 48 (59.3%) bitten by stray dogs & 34 (42 %) were category III bites. 42 (51.9%) subjects had washed the wound/s immediately after animal bite & 34 (42%) were administered rabies immunoglobulin (RIG). 16 (19.8 %) subjects complained of mild pain at the site of injection which subsided spontaneously without medication. Incidence of adverse events was 4.9 % (324 ID doses administered). There were no dropouts of subjects due to ADR. All the subjects from day 14 had adequate & protective RVnAb titers (≥ 0.5 IU/ mL). The Geometric Mean Titers (GMT) on Day 14, 28 & 90 were 5.83, 11.31 & 7.20 IU/mL respectively. Conclusion: Purified chick embryo cell rabies vaccine (Rabipur) when administered intradermally using updated TRC regimen is safe & produced rabies virus neutralizing antibody titers for protection against rabies infection.

1 Post Graduate student, 2 Associate Professor, 3 Principal & Professor, 4 Assistant Professor 5 Associate Professor, Department of Community Medicine, KIMS, Bangalore-70. 5 Additional Professor of Neurovirology, NIMHANS, Bangalore ...28

-14

A  **D**

R Deepthi ¹, Teena Sebastian ², Swathi Vallabh ², Thabit Ahmed ², Anjali Manavalan ², Pretesh Kiran ³, Naveen Ramesh ³, Rathna Kumari ⁴, Dominic Misquith ⁵ & Rashmi Rodrigues ³

A 

Objectives: i) To assess the levels of noise at worksites in the textile establishments at Dommasandra, ii) To study factors associated with the prevalent noise levels, iii) To make suitable recommendations based on the above findings.

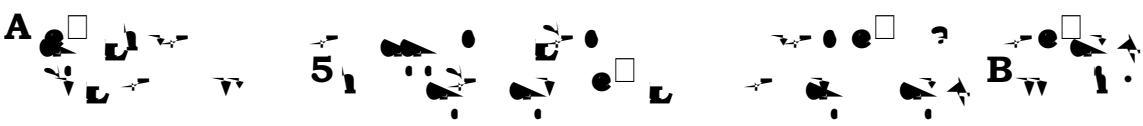
Study area: Dommasandra a village 20 km from Bangalore. **Study Design:** Descriptive Cross sectional. **Study period:** 1st of June and 31st July 2006. **Instruments:** Interview schedule, observation checklist, noise level meter. **Measurements:** Noise levels at worksites using a sound level meter.

Results: Of the 210 units that consented to participate in the study 209 had power looms. The industry had 901 employees. The total number of looms enumerated was 919 of which 789 were working at the time of assessments. 40 winding machines and 13 twisting machines were also enumerated. All workunits had noise levels above 85dBA. The average readings at the workunits was 98.45 ± 2.23 dBA. The average working duration per day was 10.2 ± 2 hours.


Cotton and silk cloth for noise protection were used by employees at two work units. The average noise at the work units increased significantly in the presence of additional noise from audiovisual media, ($p < 0.001$). A significant correlation was also seen between the noise levels and the number of working looms at the time of measurements ($p = 0.03$). Winding and twisting machines generated at an average noise of 91.02 ± 5.70 and 96.7 ± 1.2 dBA. The owners and employees were unreactive to the issue of noise. Conclusions: The noise levels and the periods of occupational exposure in this study were beyond the recommended.


1 Postgraduate student, 2 Intern, 3 Lecturer, 4 Medical Social Worker, 5 Professor, Department of Community Health, St Johns Medical College, Bangalore 560 034


-15

A  **B**

H L Thejeshwari ¹, K S Sridhara ², N Balakrishna ³, M V Sagar ⁴, Gangadhara Goud ⁴ & Basavaraj S ⁵

- A**  **A**
- i) To study the epidemiological profile of acute diarrheal disorders.
 - ii) To study the knowledge attitude and practice towards ORS.

A  **A** : A Cross-sectional study was done for one month from 5th June to 4th July 2007 in selected urban slums of Bellary with a pre-designed proforma. Data was analyzed with percentages and chi-square test.

A  **A** : The study revealed that, out of 5 slums studied- 94% had watery diarrhoea, 6% had blood and mucus diarrhea. 70% do not have home based toilets. Out of 5 slums only one has drainage facility. 85% took treatment from hospital, 15% did home based treatment. Maximum people got information about ORS from health staff (48%). Only 55% know the correct method of ORS preparation. 50.81% know the correct mode of administration and 30.78% know how to store ORS. In the study population 78% of children were vaccinated against measles.

Key words: ORS, diarrhea.

1 PG student, 2 Lecturer in Statistics, 3 Professor and HOD, 4 Professor, 5 Associate Professor, Department of Community Medicine, Vijayanagar Institute of Medical Sciences, Bellary.

-1

40

Deepika Fernandes ¹

A : To find out prevalence of the following selected risk factors of CHD in a community in Mangalore, Karnataka Smoking, hypertension, diabetes mellitus, obesity, physical inactivity, alcohol abuse, family history, age, sex, ii) To study prevalence of these risk factors in those already diagnosed with CHD.

& : A cross sectional study was done, in the field practice area of the Dept of Community Medicine, Kasturba Medical College, Mlore. The study was of ten day duration, done using a pretested proforma & study subjects were interviewed personally by means of house to house visit. The study was done in people of age more than or equal to 40yrs, in a sample size of 155. Data analysis was done by using SPSS Version 11.

: Prevalence of family history of DM was 24.28%. Prevalence of family history of HTN was 31.4%. Prevalence of family history of CHD was 12.14%. Prevalence of HT in Males-70% and Females-43%. Prevalence of smoking was 25.4%. Prevalence of excessive alcohol consumption was 22%. Physical activity-moderate activity Males -67.2% and Females-54.5%. BMI of males found to be better than those of females.

1 Intern, Kasturba Medical College, Mangalore

-2

A, A, C, A, B

Gubbala Shanthi ¹, Deepak Bulla ¹, Rekha Sonavane ² & Rashmi Rodrigues ³

A

: i) Assess the knowledge and practices of all practicing TBAs in Sarjapur PHC Area, ii) To suggest suitable recommendations based on above findings.

& : Study Design: Descriptive. Study Area: Sarjapur PHC area. Period of Study: 28th October to 1st December 2006. Study sample: All TBAs in the Sarjapur PHC area. Study Instrument: The WHO TBA Interview schedule. Data Collection: Interview schedule and Focus group discussion.

□ : A survey of all villages under the Sarjapur PHC revealed that 18 of the 31 villages had TBAs. A total of 34 TBAs were identified. The mean age of the TBAs was 58.2 ± 10.2 yrs. 28 (82%) were illiterate. 31 (91.1%) had an experience of greater than 10 years. Only 12 (35%) of the TBAs were trained. 3 (8.8%) of the TBAs had conducted a delivery in the week prior to the interview. On evaluating their knowledge and practices it was found that 25 (73.5%) of the TBAs considered bad obstetric history as a danger sign during pregnancy and in delivery while 23 (67%) considered haemorrhage as a danger sign during pregnancy and after delivery. 28 (82%) of the TBAs used a sterile instrument to cut the cord while only 18 (41.2%) applied nothing to the cord. The qualitative analysis of focus group discussions revealed 9 domains: antenatal care, skilled birth attendance, obstetric emergencies, new born care, early postpartum care, traditional preparations, links with formal healthcare, remuneration and social support. The TBAs had no links with the formal healthcare system. Conclusion: In this study the Dais knowledge and practices regarding pregnancy child birth and postnatal care was found to be fair.

1 Interns, 2 Post graduate, 3 Lecturer, Department of Community Health, St John's Medical College, Bangalore 560034

-3



Sujayashri ¹, Shaoib ¹, K Lalitha ² & K Jayanth Kumar ³.

A □ ● □

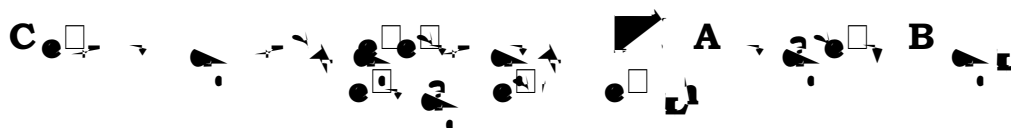
□ : i) To investigate measles outbreak and the probable reasons for it,
ii) To estimate the measles vaccination status among the affected population.

□ : Measles cases were confirmed as per Standard case definition of Measles surveillance. House to House survey conducted for case search in the population and information collected as per form VPD ...OB003 (Field guide, Measles Surveillance and outbreak investigation).

□ : Age specific attack rates were 33.33%, 61.53%, 31.25% for 0-1yr, 1-6yrs and 6-15yrs respectively. Vaccine efficacy was 54.24% and proportion of vaccine preventable cases was 31.25%. Probable reasons for outbreak were poor vaccination coverage, Low vaccine efficacy and lack of awareness. Affected children were given two doses of vitamin A on successive days. To prevent similar outbreaks, strengthening of routine immunization and health education are of paramount importance.

1 Interns, 2 Lecturer, 3 Professor & Head, Department of Community Medicine, MS Ramaiah Medical College, Bangalore

-4



Arvind Vasudevan ¹



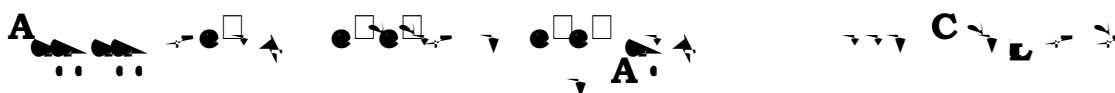
Objective: To find the various cutaneous manifestations & opportunistic infections among HIV/AIDS patients attending the dept. of dermatology, KMC Attavar.

Study population: ... patients who came to the dept of skin & VD from 1996-2006. **Study pattern:** ... retrospective descriptive study. **Study sample:** ... constitutes a total of 231 patients. **Data collection & analysis:** ... The data was analysed using SPSS Version 11.

Results: 48% patients were in the age group of 26- 35 years. Male: Female infection ratio of 2:1. 72% of the patients infected were due to heterosexual exposure. 75% of the patients were married. Systemic manifestations were seen in 190 patients. Amongst these 190 patients, 35% of them manifested with pulmonary tuberculosis. Cutaneous manifestations were majorly candidiasis with 37%. 14% presented with herpes zoster. **Conclusions:** ... As stated, the most common cutaneous manifestation is oral & oesophageal candidiasis. The cutaneous manifestations of a patient with HIV are one of the first signs and symptoms in patients who are immuno compromised. If we track of all the cutaneous manifestations prevalent in HIV, it can help in early diagnosis and early commencement of HAART. Hence, it can help increase the life span of all patients.

¹ Intern, Kasturba Medical College, Mangalore

-5



A Anjan ¹, K P Akshita ¹, S Mangala ², N S Narasimhamurthy ³
& G Subrahmanyam ⁴



Objective: To assess the morbidity of preschool children in a rural area. **Study design:** A cross-sectional study was conducted among 157 children (0-6 yrs) in the field practice area of Vydehi Institute of Medical Sciences and Research Centre. Mothers of the children were interviewed with a pretested questionnaire followed by an anthropometric and a clinical examination of the children. The variables studied were: age, sex, religion, parental education, type of family, family composition, socio-economic status, medical illness in the past one month, birth order, gestational age at birth,

birth weight, breast feeding, immunization status, dietary intake, housing, social environment, anthropometry, iron and vitamin A deficiency.

□ : It was found that 42 % of these children were malnourished; of these 63.63% had Grade I malnutrition, 30.30% had Grade II malnutrition, 4.5% had Grade III malnutrition, 1.5% had Grade IV malnutrition based on IAP grading. Results showed that socio-economic status, birth weight, housing, mid arm circumference and deficient protein intake were significantly associated with Protein Energy Malnutrition. ($p < 0.05$).

Thus this study reveals that the above parameters need to be rectified to improve the nutritional status of pre school children in the rural area.

1 Interns, 2 Associate Prof, 3 Assistant Prof, 4 Professor and HOD, Department of Community Medicine, Vydehi Institute of Medical Sciences and Research Centre (VIMS&RC), Bangalore

-6

A C **E** **B** **(ED)** **B** **C**

N Chitra ¹, S Ashwini ¹, G Bharath ¹, P P Marul ¹, Avi Nahar ¹, J C Benjamin ¹
& N R Ramesh Masthi ²

A **□** **●** **□**

A : To assess the mortality and morbidity associated with tetanus with the following

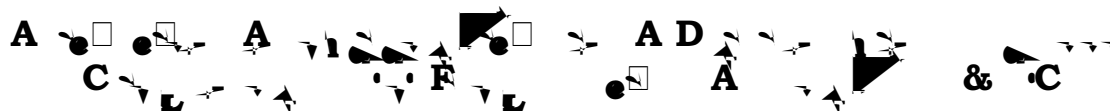
□ : i) To describe the socio demographic characteristics of tetanus cases, ii) To list the common risk factors for tetanus cases iii) To describe the course and treatment given to tetanus cases iv) To describe the twenty year data on tetanus cases and the five year seasonal occurrence of tetanus cases based on hospital records.

□ : This is a descriptive study conducted at Epidemic Disease hospital, Bangalore, Karnataka for a period of 6 months from October 2006 to March 2007 by the Department of Community Medicine, KIMS, Bangalore.

□ : A total of 80 cases of tetanus were included in this study of whom 71% were from rural area, 55% unimmunized, 42.5% did not know their immunization status and 47.5% were agricultural workers. A total of 25(31.25%) deaths were observed. Factors associated with poor prognosis were shorter incubation period, unimmunized status, irritant application, spasms at presentation, and delay in diagnosis and treatment.: A declining trend of tetanus cases was observed from the 20 year hospital based data. There was no seasonal difference of occurrence of tetanus cases. Conclusion: Rural patients, Agricultural occupation are the most affected by tetanus. No tetanus case was administered life saving anti tetanus serum outside the EDH. There is a declining trend of tetanus cases admitted to EDH in the last 20 years. Tetanus cases do not exhibit seasonal variation

1 Interns, 2 Associate Professor , Department of Community Medicine, Kempegowda Institute of Medical Sciences , Bangalore.

-7



V S Harshita ¹, A S Hemalatha ¹, P Shubha ¹, N S Samskruthi ¹,
S Mangala ², N S Narasimhamurthy ³ & Subrahmanyam ⁴

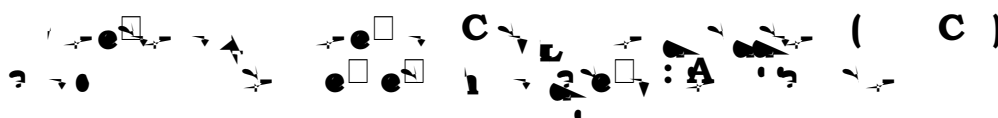


Objective : To describe the Vitamin A deficiency in pre school children.
Methods : A study on vitamin A deficiency was conducted among 372 preschool children located in 28 anganwadis of the field practice area of Vydehi Institute of Medical Sciences & Research Centre. The methods adopted were clinical examination of the children by the trained interns, interview of the mothers regarding awareness of vitamin A rich foods and the anganwadi teachers regarding the National Vitamin A Prophylaxis Programme using a pretested structured questionnaire.

Results : Out of 372 preschool children 94 (25%) were found to have signs of vitamin A deficiency such as conjunctival xerosis (99%) and Bitot's spots (1%). The male children were more commonly affected (35%) as compared to female children (16%) i.e. ($P < 0.01$). Further it was observed that 83% of the affected children were more than two years old as compared to children below this age ($P < 0.01$). Thus it was found that vitamin A deficiency was high in the anganwadi children despite the National Vitamin A Prophylaxis Programme. Therefore it is important to intensify the programme among anganwadi children in order to prevent nutritional blindness in this vulnerable age group.

1 Interns, 2 Associate Professor, 3 Assistant Professor, 4 Professor and HOD, Department of Community Medicine , Vydehi Institute of Medical Sciences and Research Centre (VIMS&RC), Bangalore

-8



K Punith ¹, S Shalini ², K Lalitha ², G Suman ² & Rajini Uday ³



Objectives : i) Retrospective analysis of antenatal women registered at the PPTCT Centre, ii) To study the socio demographic profile of the HIV positive mother.

□ : Retrospective case record analysis of 4 years at PPTCT Centre, M S Ramaiah teaching hospital.

□ : Among 3149 ANCs registered, 3137 counseled of which 87.75% were tested for HIV. While 765 women who came directly for delivery, 325 (58.66%) underwent the HIV test. Out of 20 HIV Positive cases, 13 were primi gravida and most belonged to upper middle. Fourteen cases delivered at the hospital of which one was twin delivery, 4 underwent MTP and 2 were lost to follow-up. Of the 15 live births, 13 received Nevirapine after birth while twins received zidovudine. All the new borns were put on artificial feeding. When tested for HIV after 18 months, one child was test positive. 13 test positive.

1 Intern, 2 Lecturers, Department of Community Medicine, 3 Professor, Department of Obstetric and Gynecology, M. S. Ramaiah Medical College, Bangalore

-9



Shubhratha S Hegde ¹, Shruthi ¹, Shwetha ¹, Shricharith ¹, Sidharth ¹,
Ramesh Masthi ² & Gangaboriah ²



□ : 1. To assess the knowledge of the mothers about immunization with special reference to universal programme of immunization. , 2. To find out the relationship of level of awareness with socio demographic profile of mothers.

□ : Study Area: This study will be conducted in P H U Kengeri and Banashankari Maternity Home Study Period: The study was carried out between 16 July 2007 and 15 August 2007. Study Design: A non-randomized, comparative study.

□ : A total of 413 mothers were interviewed. 190 were from urban area and 223 from rural area. Among the mothers from urban area, 148 (77.9) knew about immunization. Among them 48 (25.3) knew about immunization before conception, 48 (25.3) came to know about it after delivery. 116 (61.05) could not name the vaccines. 145 (76.3) did not know the diseases against which the vaccines were given. 146 (76.84) could not name the vaccine given during pregnancy. 112 (58) knew about hepatitis b vaccine given routinely to children. Among the 223 mothers from rural area, 206 (92.4) knew about immunization. 113 (50.7) came to know during ANC and 53 (23.8) came to know postnatally. 93 (41.7) could not name the vaccines. 209 (93.72) did not know the diseases against which the vaccines were given. 196 (87.89) could not name the vaccine given during pregnancy. 145 (65.02) knew about hepatitis b vaccine given routinely to children

1 Interns, 2 Associate Professor, Department of Community medicine, Kempegowda Institute of Medical Sciences , Bangalore.

-10



Rakesh Biswas ¹, Vineeth Dineshan ², N S Narasimhamurthy ³ & A S Kasthuri ⁴



Objective: To explain the community practitioners resolve their diagnostic questions and reduce the unnecessary use of antibiotics for viral fevers by following the fever-charting and monitoring fever patterns for two days.

Methods: This was a qualitative study, with relevant quantitative descriptions. Patients presenting with recent onset fever to the Vydehi Institute of Medical Sciences (VIMS) and Research Centre, Bangalore, India, were monitored with simple fever charting and managed based on their fever patterns for two days. The different clinical profiles of these patients of viral and enteric fevers were circulated among the community practitioners, and an assessment of their approach was made. Finally, it was revealed to the practitioners how management of the patient was possible without antibiotics.

Results: During the study period, 4289 patients presented to VIMS. The antibiotic prescribing rate when given the clinical profiles of true patients with viral fevers was high among community practitioners. Community practitioners agreed that in a controlled hospital setting, the results could be spectacular, but the challenges were different in community practice. There was an initial reluctance to use fever charting due to fear of patient noncompliance. **Conclusion:** Fever charting can be an invaluable means to help differentiate viral and enteric fevers and thus help reduce unnecessary antibiotic prescriptions for viral fevers.

1 Interns, 2 Associate Professor, 3 Assistant Professor, 4 Professor and HOD, Department of Community Medicine , Vydehi Institute of Medical Sciences and Research Centre (VIMS&RC), Bangalore

-11



K S Shilpa ¹, Maria Joseph ¹, Rashmi Rodrigues ² & T Sulekha ³



Objectives: 1.To assess the knowledge, attitudes and practices regarding smoking among smokers and non smokers. 2. To assess the level of motivation

to stop smoking. 3. To assess the level of nicotine dependence among smokers.
4. To suggest suitable recommendations based on the above findings.

Study design: Cross sectional **Study period:** June 5 to June 20th, 2007. **Study area:** The Bangalore branch of a Scientific Organization run by the Government of India. **Study population:** Adults >25 yrs of age working in the institution. **Sample:** 100 adults. **Study instrument:** Extended Tobacco Cessation Intervention Form, **Method:** Questionnaires were distributed to all subjects irrespective of smoking status. **Key Informant Interviews.**

Results: The average age of the participants was 42.89 ± 8.97 . There were 42 smokers and 58 nonsmokers. There was a significant difference in the age of the two groups (45.12 ± 8.15 Vs 41.28 ± 8.15). 80.7% of the males and none of the females smoked. **Reasons for smoking:** Pleasurable relaxation received the highest mean score (8.67) amongst the reasons for smoking followed by tension reduction (7.74) and craving (7.48). Craving had a significant positive co-relation with stimulation, pleasurable relaxation, handling and habit ($p < 0.05$). **Smoking cessation:** Factors of motivation, confidence, personal effort and effective skills to quit had a significant positive co-relation with each other ($p < 0.001$). **Fagerstrom Nicotine Dependence Questionnaire:** Only 2 of the 42 smokers were found to be severely nicotine dependent. **Conclusion:** Motivation, confidence, effective skills and personal effort are inter-related and important factors involved in cessation.

1 Intern, 2 Lecturer, 3 Associate Professor, Department of Community Health, St John's Medical College, Bangalore

Abstract

Keywords: Smoking, Nicotine dependence, Motivation, Confidence, Effective skills, Personal effort.

R Kaushal¹, K Ashwin¹, K Tiwary¹, S Chhabra¹ & C Mishra¹

Abstract

Objectives: i) To assess the utilization pattern of antenatal and intranatal services. ii) To study the nutrition and immunization status of children iii) To study the knowledge and utilization of family planning services.

Study Design: Cross-sectional study. **Study Period:** 1st August 2004-30th November, 2004 **Study population:** The study population consists of all mothers who had a delivery within the last 5 years of the study period at Kodibengre - a sub-centre area in Udupi district.

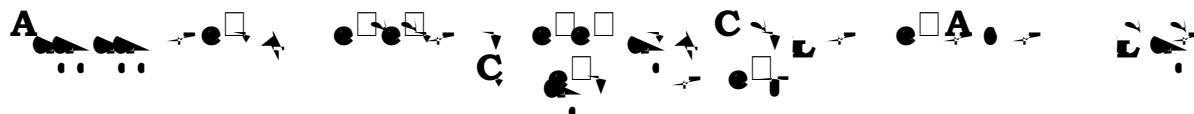
Results: The study included 185 mothers. 180(98%) were literate. 145(78%) were housewives. Of the total population, 163(89%) had at least 3 antenatal visits. 96(52%) women had all basic minimum investigations (urine, blood, BP) done and received adequate doses of tetanus toxoid and Iron & Folate tablets. 178(96%) deliveries were institutionalized. Of the 52 children between the age

group of 12-23 months, 29(56%) were fully immunized. 75(37 %) children under 5 years of age were malnourished. 147(80%) of the women had a knowledge of family planning methods, but 90(49%) of them were using one or the other the methods of contraception.

Key words: Utilization, antenatal, intranatal care, immunization, nutrition

1 7th term students. Kasturba Medical College, Manipal.

-2



A Maheshwari¹, K Ashwin¹ & A Neelavathi¹



Objectives: i) To assess the nutritional status of children in Anganwadis, ii) To examine the relationship between nutritional status of children and socio-demographic features.

Study Design: Cross Sectional Study **Study Period:** July 1st, 2007... July 31st, 2007 **Study Population:** Study was conducted in 35 Anganwadis, consisting of 611 children, under the field practice area of Community Medicine Department, Kasturba Medical College, Manipal, Karnataka.

Results: Out of 611 children, 314 (51.4%) are females and 297(48.6%) are males. 96% of the mothers were literate and 66% were housewives. Above three-fourths of the study population belonged to upper middle socio-economic class. 251 (41%) of the children were currently found to be malnourished. 214(35%) children had grade 1 malnutrition, 30(4.9%) had grade 2, and only 1(0.2%) had grade 3 malnutrition.

Keywords: Anganwadi, Nutritional Status, Maternal Literacy

1 7th term students. Kasturba Medical College, Manipal

-3



S Singh¹, K Ashwin¹ & R Sharath¹



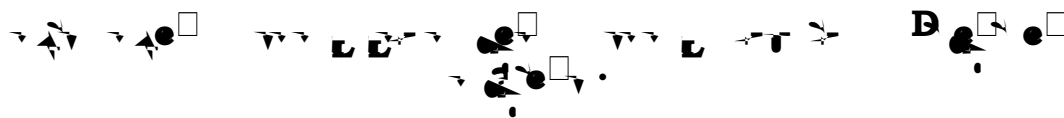
Objectives: i) To explore the socio-demographic characteristics of HIV positives. To assess the high risk behaviors. ii) To study the needs of the clients with respect to support and counseling required.

□ : Study Design: Descriptive Study. Study Period: 1st August 2007 ... 16th August 2007 Study Population: Study population consists of individuals found positive in a VCTC at Udupi District Hospital from 1st January 2007 to 31st July 2007. st

□ : Study included 249 individuals, out of which 161 (65%) were males and 88 (35%) were females. Majority of them, 191 (77%) belonged to the age group 30-49 years. 81% of the studied population were literate. 60% were married. One third of these individuals were found to be heterosexual with multiple partners. 82 (33%) people had already tested positive for HIV elsewhere. st

1st 7th term students. Kasturba Medical College, Manipal

-4



V Raj¹, K Ashwini¹, R Sharath¹, A Bhardwaj¹ & Shukla¹



□ : i) To study about the socio-demo geographic characteristics of the blood donors, ii) To ascertain the knowledge of donors about HIV and its mode of transmission, iii) To find out whether all the donors were well within the Universal Accepted Criteria for blood donation.

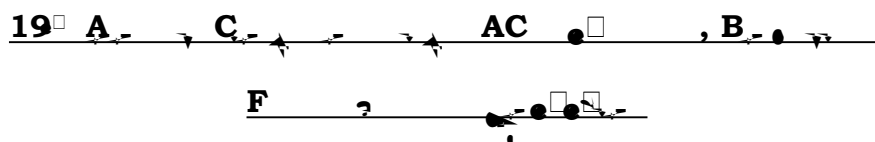
□ : Study Design: Descriptive Study. Study Period: 12th August, 07 to 19th August, 07. Study Population: candidates who donated blood to the blood bank in district hospital during 1st Jan, 07 to 30th June, 07 Data Collection: The data was collected from the records of the district hospital blood bank th

□ : Study included 2073 individuals, males 1786(86.3%) and females 283(13.7%). Majority of them 1549(77.2%) donated voluntarily and 68.7% of the donors were students. Maximum donors were of age group 15 to 29 yrs.(73.9%). All the donors studied were well within the accepted universal criteria for blood donation. 96.6% of the donors were locals and 88.2% of them were aware of HIV and 99.6% of them were aware of transmission of HIV through infected blood.


1st 7th term students. Kasturba Medical College, Manipal

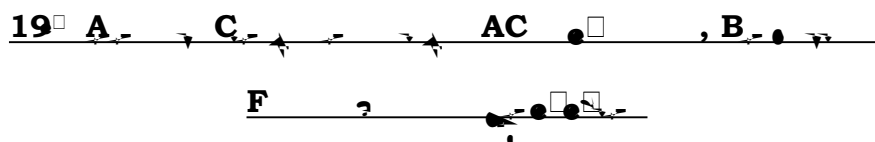
Conclusion: The study shows that the girls have a very poor knowledge regarding the causes and sequel of anemia. Most did not know why girls were more susceptible to anemia. Most girls believed that blood transfusions cause anemia. This should be corrected through health education.

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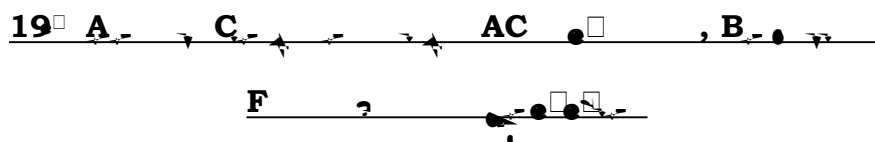
C : **C**
 Day and Date : Saturday, 06/10/2007
 Time : 02:00PM to 03:30PM
 Venue : Auditorium, 4th Floor
 Chairperson :
 Rapporteur :

 A / A		
S-1	Dr. Gangadhara G Professor VIMS, Bellary	A Study of Hypertension in hospital patients of VIMS, Bellary.
S-2	Dr. Renuka .M, Associate Professor JSS ,Mysore	Prevalence of Xerophthalmia amongst under five children in ICDS Project area at Mysore city
S-3	Dr.Majra J.P Associate Professor KSHME, Mangalore	Knowledge, Attitude and Practices regarding the Inter-relationship between the systemic and dental diseases among the medical professionals.
S-4	Dr.S.Basavaraj Associate Professor VIMS, Bellary	The infant feeding practices among children attending MCH, VIMS, Bellary
S-5	Dr N R Ramesh Masthi, Associate Professor , KIMS, Bangalore	Identification of a suitable socioeconomic status assessment method at the household
S-6	Dr. Jayashree S S Assistant Professor, RRMCH, Bangalore	Reproductive & child health service indicators in Bhuvaneshwarinagar, Bangalore city
S-7	Dr B M Rudra Prasad Assistant Professor, KIMS, Bangalore	A comparative evaluation of clinical efficacy of pharmacotherapy & rush immunotherapy among patients suffering from nasobronchial allergy
S-8	Dr Raghuram V Assistant Professor AJIMS, Mangalore	Depressive disorders and chronic illness: Exploration in an urban area



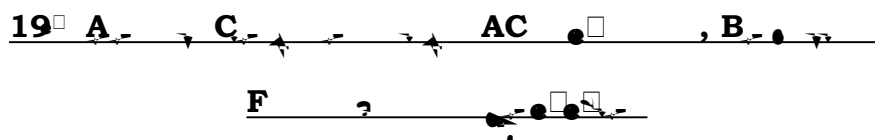
C : **C**
 Day and Date : Saturday, 06/10/2007
 Time : 02:00PM to 03:30PM
 Venue : Hall ... III: Lecture hall ... 3 (3rd Floor)
 Chairperson :
 Rapporteur :

S-9	Dr. Vinay M, Assistant Professor, RRMCH, Bangalore	Knowledge regarding nutrition among mothers of malnourished anganwadi children
S-10	Dr Shobha S Assistant Professor JNMC, Belgaum	Cause of death among under five children registered in Belgaum City Corporation during the year 2005
S-11	Dr. Sudhashree V P Consultant, LS TM	Costs of roll out of HIV/AIDS prevention services to MSMs by a CBO in an urban setting
S-12	Dr Lalitha K Lecturer, MSRMC, Bangalore	Evaluation of Role of District Technical Support Teams (DTST) in Leprosy control activities in state of Bihar - A Brief Report
S-13	Dr N.Holla SMO, NPSP, Bangalore	A Study of operational knowledge about Routine Immunization amongst the Medical officers of Bangalore Mahanagara Palike
S-14	Dr. Sudhashree V P Consultant, LSTM	Comparison of payment mechanisms for peer educators: A study from Kolar and Chitradurga, India
S-15	Dr Jagdish, THO, Sira	A study on effectiveness of administration of Vit B & Vit C on malnourished children in a rural area
S-16	Dr. V Mendonca, KHPT	Assessment of attitudes and practices of STI care providers toward sex workers in Karnataka State, South India



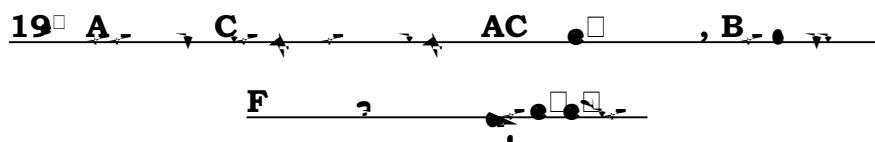
C : **F**
 Day and Date : Saturday, 06/10/2007
 Time : 02:00PM to 03:30PM
 Venue : Hall ... II: Lecture hall - 2 (2nd Floor)
 Chairperson :
 Rapporteur :

C	A	A
P-1	Dr Siddharam S M, VIMS, Bellary	Profile of dog bite cases attending MCH, VIMS, Bellary.
P-2	Dr Christie Minj SJMC, Bangalore	A comparative study of the nutritional status of primary school children under sar japura PHC before and after the introduction of the midday meal programme
P-3	Dr Patil B K JJMM C, Davangere	A Study on Immunization Coverage and reasons for failure of Immunization in an urban slum, K.T.J.Jagar, Davangere
P-4	Dr. A C Shyam KIMS, Bangalore	Study of safety and efficacy of Sublingual Immunotherapy in Nasobronchial Allergy
P-5	Dr Aditi Krishnamurthy SJMC, Bangalore	Hypertension, Obesity and Risk Factors for Non Communicable diseases amongst adolescents in an urban educational institution
P-6	Dr. Someshwar G M, KIMS, Bangalore	Evaluation of quality of life among patients suffering from Nasobronchial allergy
P-7	Dr. Subhas Babu, BMC, Bangalore	A Study on emergency care in a tertiary hospital ... Application of network analysis.
P-8	Dr Vinaya VIMS, Bellary	Evaluation of primary immunisation status of children below two years selected urban slums of Bellary




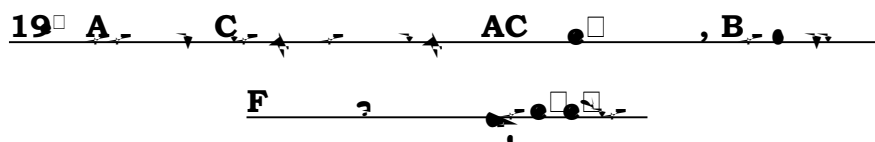
C : **F**
 Day and Date : Saturday, 06/10/2007
 Time : 02:00PM to 03:30PM
 Venue : Hall ... I: Lecture hall - 1 (1st Floor)
 Chairperson :
 Rapporteur :

C	A /	A
P-9	Dr Rekha Sonavane SJMC, Bangalore	Children as change agents in creating peer awareness for ear health.
P-10	Dr L Hamsa AMC, Bangalore	A study of health status of a community
P-11	Dr Manjula R JJMMC, Davangere	A study of clinical and immunological features of pediatrics (18months-15yrs) HIV positive patients prior to ART in Davangere.
P-12	Dr. Rini Raveendran JJNMC, Davangere	A study on the impact of a training programme on manual vacuum aspiration on abortion among the doctors of Davangere district
P-13	Dr Praveen G KIMS, Bangalore	Clinical evaluation of safety & immunogenecity of purified chick embryo cell vaccine, administered intradermally using updated TRC regimen in animal bite cases
P-14	Dr Deepthi R SJMC, Bangalore	A Study of noise in the textile industry at Dommasandra
P-15	Dr Thejeshwari H.L VIMS, Bellary	A study on awareness regarding ORS among the parents of children below 5 years in selected urban slums of Bellary .



C : **F**
 Day and Date : Saturday, 06/10/2007
 Time : 02:00PM to 03:30PM
 Venue : Hall ... IV: Demonstration Room ... 1
 (Dept. of Community Medicine)
 Chairperson :
 Rapporteur :

 C / A / A		
I-1	Dr Deepika F KMC, Mangalore	Prevalence of selected risk factors of Coronary Heart Disease among >40 -A field study
I-2	Dr Gubbala S SJMC, Bangalore	Knowledge, attitudes and practices of traditional birth attendants in sarjapur PHC area
I-3	Dr Sujayashri, MSRMC, Bangalore	Outbreak investigation of Measles in a village under Kaiwara Primary Health Centre, Rural field practice area of MS Ramaiah medical College, Bangalore
I-4	Dr Arvind Vas. KMC, Mangalore	Cutaneous manifestations of HIV ... A hospital based retrospective study
I-5	Dr. Anjan A VIMS, Bangalore	Assessment of nutritional status of pre school children in a rural area
I-6	Dr Chitra, KIMS, Bangalore	A clinico epidemiological study of Tetanus Cases admitted to Epidemic Disease Hospital, Bangalore



C :
 Day and Date : Saturday, 06/10/2007
 Time : 02:00PM to 03:30PM
 Venue : Hall ... V: Demonstration Room ... 2
 (Dept. of Community Medicine)
 Chairperson :
 Rapporteur :

I-7	Harshita V.S, VIMS, Bangalore	A situation analysis of vitamin a deficiency in preschool children of rural field practice area of VIMS, Bangalore
I-8	Punith K, MSRMC, Bangalore	Prevention of parent to child transmission (PPTCT) programme in a tertiary hospital: An experience
I-9	Dr Shubratha, KIMS, Bangalore	A study on awareness of immunization of mothers in urban & rural area
I-10	Rakesh Biswas , VIMS, Bangalore	Integrating hospital-acquired lessons into community health practice: Optimizing antimicrobial use in Bangalore
I-11	Dr. Shilpa KS , SJMC, Bangalore	A behavioral study on smoking

19th A C AC B

C :
 Day and Date : Saturday, 06/10/2007
 Time : 02:00PM to 03:30PM
 Venue : Practical Laboratory, Dept. of Community Medicine
 Chairperson :
 Rapporteur :

	A /	A
T-1	Ms. Kaushal R 7 th term student KMC, Manipal	Utilization of MCH services in a coastal village of Karnataka.
T-2	Ms Maheshwari A 7 th term student KMC, Manipal	Assessment of nutritional status of children at Anganwadis in coastal Karnataka
T-3	Mr. Singh. S 7 th term student KMC, Manipal	Profile of HIV positives in a VCTC at a district hospital
T-4	Mr. Raj. V 7 th term student, KMC, Manipal	Profile of the blood donors to a blood bank in a district hospital.
T-5	Mr. Viren Kaul 7 th term student, KIMS, Hubli	A study on the existing knowledge and practices of 10 th standard school girls of Hubli city regarding prevention of anaemia
T-6	Dr. Hamsa, Post Graduate, Dr. AMC, Bangalore	Avian Influenza

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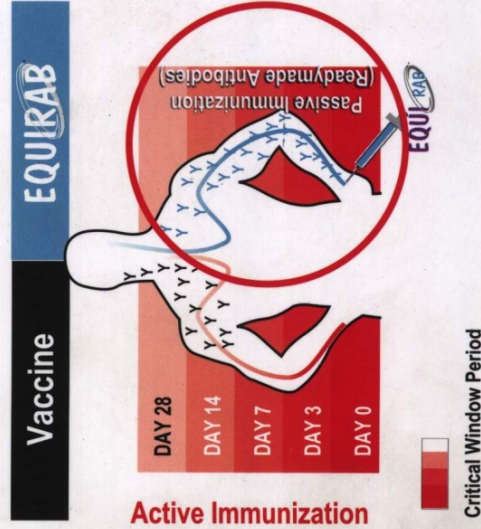
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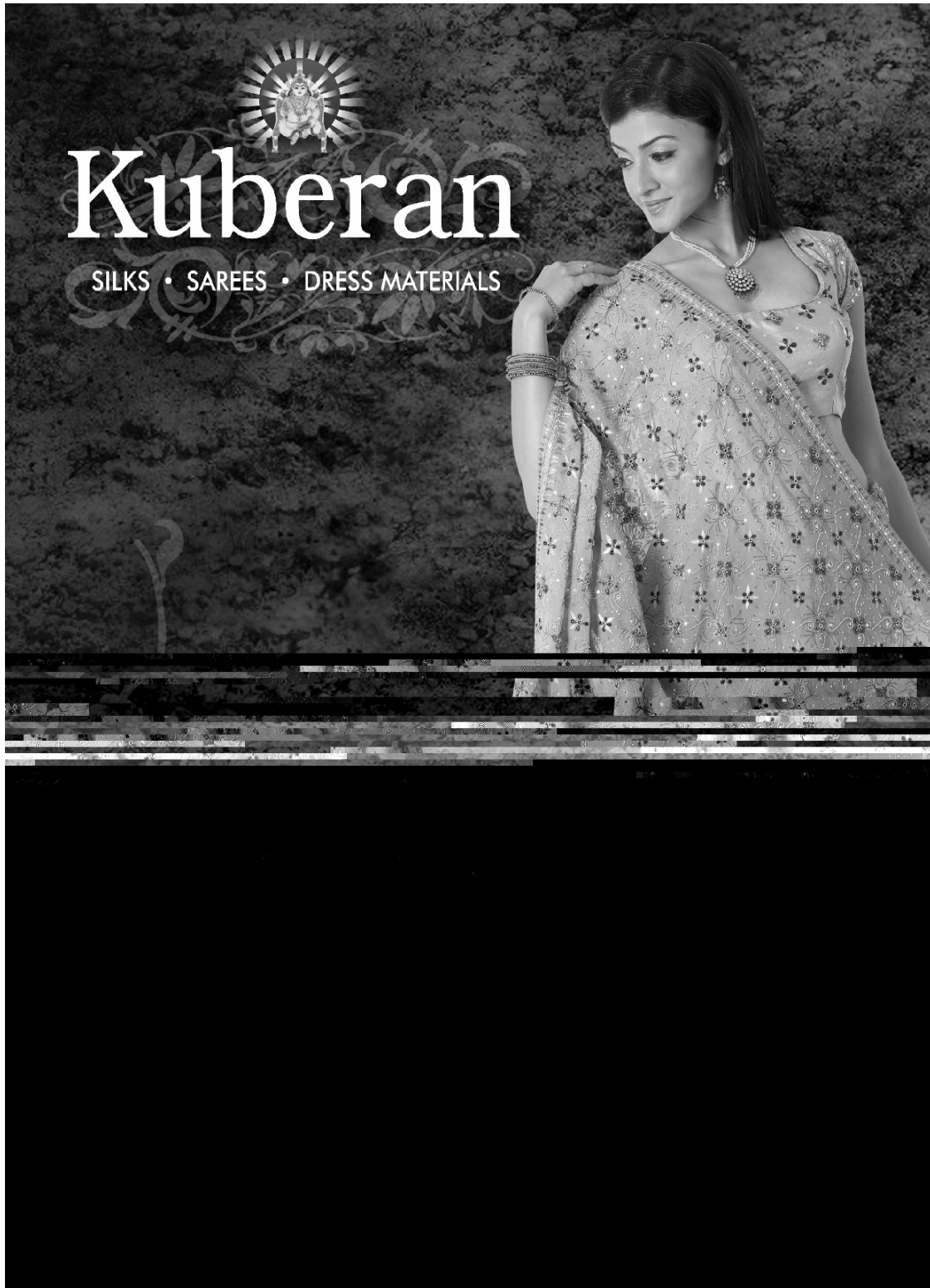


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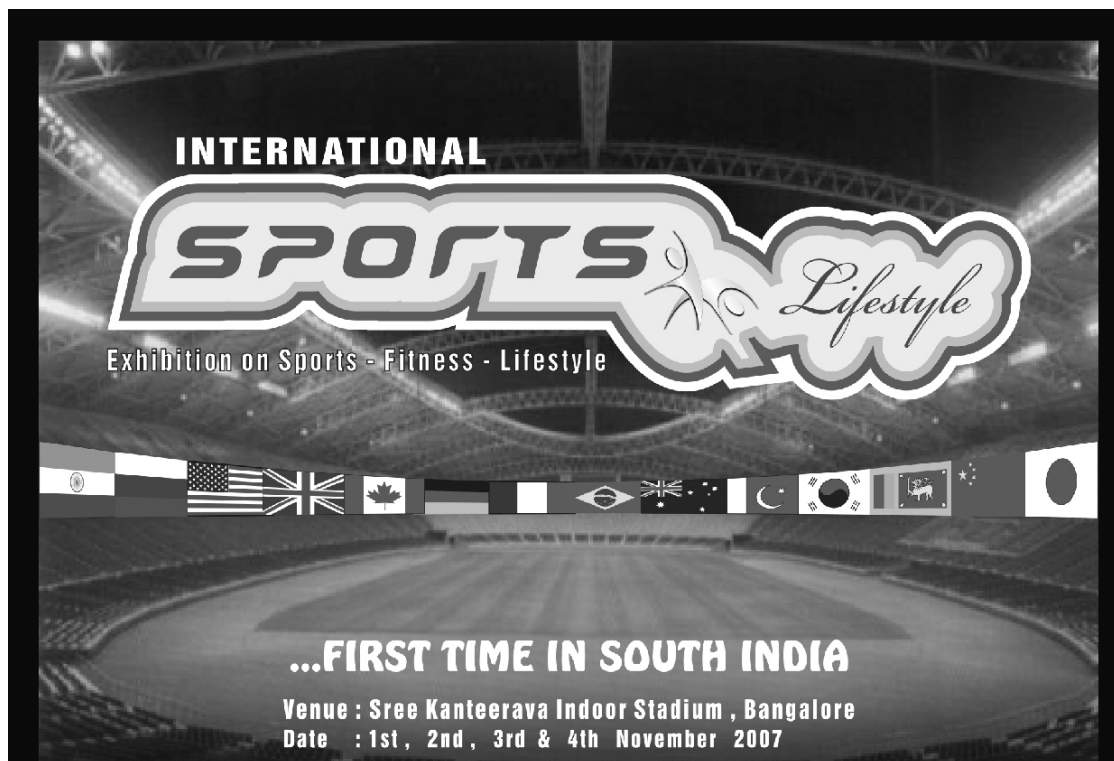
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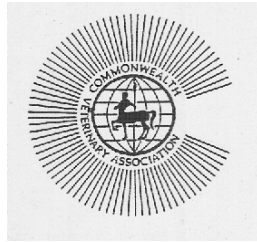
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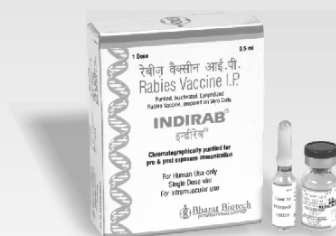
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1. Stanley AP, Rupprecht CE, Koprowski H. Rabies Vaccine: Chapter 37. In *Vaccines*, 4th Edition, Saunders. pp 1011-31

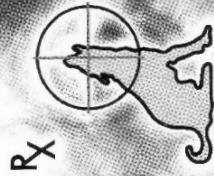
2. Arora A, Moeller L, Froeschie J. Safety and Immunogenicity of a new chromatographically purified rabies vaccine in comparison to the human diploid cell vaccine. *J-Travel-Med*, 2004 Jul-Aug; 11(4): 195-9

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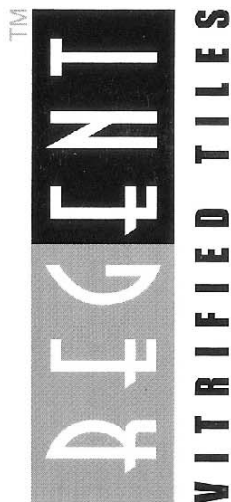
### WHO Recommendation

• 5 doses on Day 0, 3, 7, 14 & 28

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|   |                   |                                 |
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| 1 | Initial treatment | 5 doses on Day 0, 3, 7, 14 & 28 |
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| 3 | Vaccine           | 100% effective                  |

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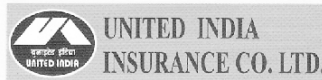
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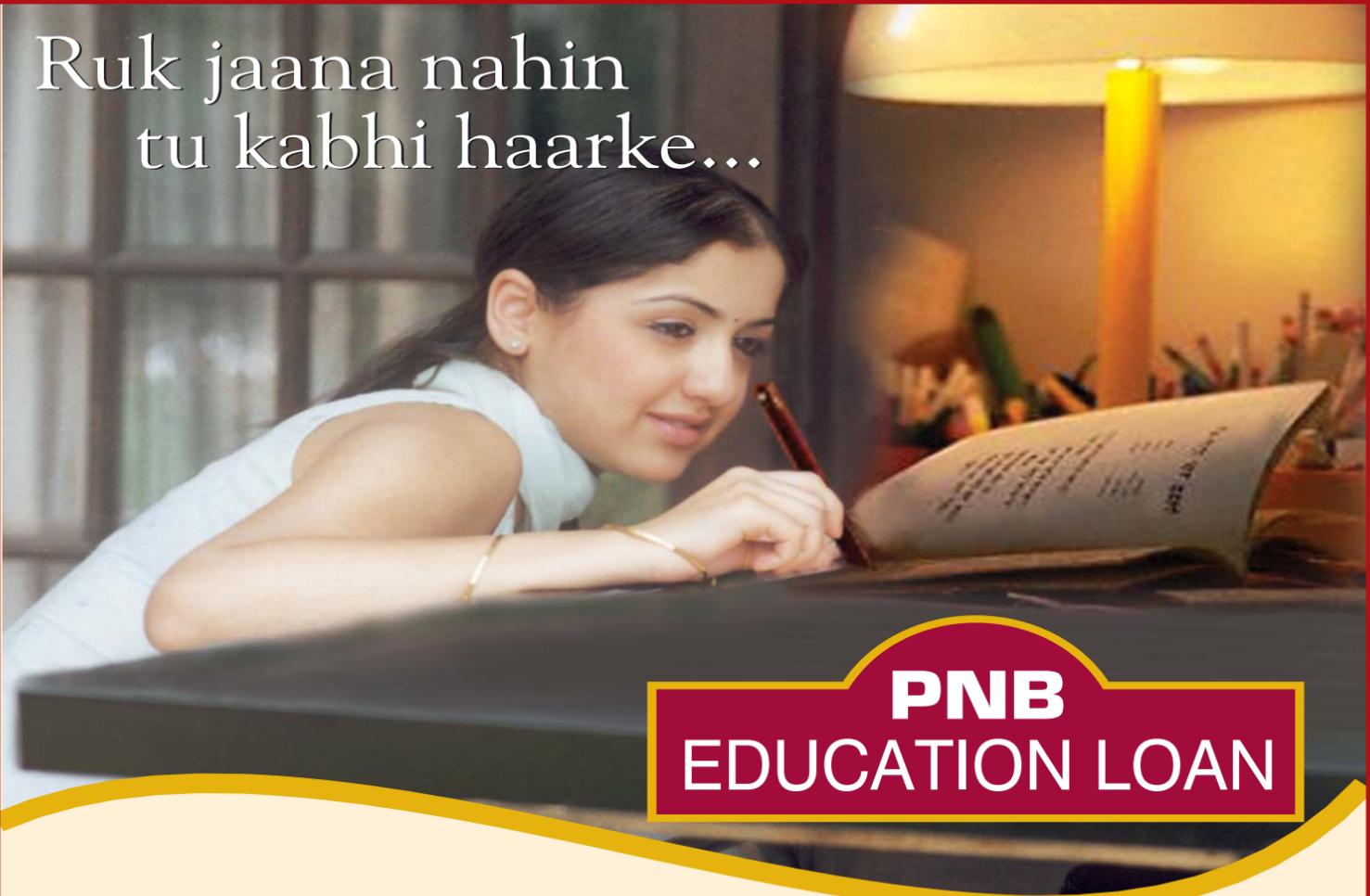
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