Report of Financial Assistance given to Short term research Projects (STRP) in the Financial Year 2022-23

S. No.	Project Name	P.I.	Institute
1	"Challenges faced in the implementation of Tuberculosis Contact Screening and Tuberculosis Preventive Therapy in Paediatric age group in a Srikakulam District"	Dr. Dinendraram Ketireddi	GOVERNMENT MEDICAL COLLEGE SRIKAKULAM
2	"Development and validation of prognostic-scoring system for predicting adverse treatment outcomes among drug-sensitive tuberculosis patients in Chennai, South India".	Yuvaraj Krishnamoorthy	ESIC Medical College & PGIMSR, Chennai, India
3	Impact Of Nutritional Support Scheme And Assessment Of Nutritional Status Of Tuberculosis Patients	Dr. M.M. Singh	Rural health training centre at Rao Tularam Memorial Hospital under department of community medicine, Maulana Azad Medical College. New delhi
4	Post COVID symptoms (New onset or persisting) in children following 2nd and 3rd COVID pandemic wave in Sub- Himalayan region- a prospective Cohort study	Dr. Samriti Gupta	AIIMS, Bilaspur, Himachal Pradesh
5	Epidemiological profile and treatment outcome of Tuberculosis Patients enrolled in a Chest clinic of North India in Post COVID Era	Dr. Shweta Gupta	Dr Baba Saheb Ambedkar Medical College & Hospital, Sector-6, Rohini, Delhi-110085

PROJECT: 1

Challenges faced in the implementation of Tuberculosis Contact Screening and Tuberculosis Preventive Therapy in the Paediatric age group in Srikakulam District.*

Conclusion:

our study concluded that the implementation of TPT and screening of child contact were implemented properly in our district. Doctors play a major role in eliminating TB so NTEP needs to provide regular knowledge to the practicing doctors. Stigma-related disclosure of TB disease is to be reduced by individual and mass campaigns. As TPT is not under supervision so there is no clarification about TPT drug adherence.
As doctors, we are the primary ones to diagnose a TB case and if a doctor advised the patient about screening and TPT, the entire scenario changes. As a knowledgeable person, doctors should be the initial person in the implementation of TPT and it is continued by peripheral health care workers. TB elimination can be achieved only by the active participation of NTEP-trained and committed doctors and healthcare workers
Further study recommendations: The most important was to monitor adherence to tuberculosis preventive therapy among child contact

*Dr. Dinendraram Ketireddi
GOVERNMENT MEDICAL COLLEGE SRIKAKULAM

PROJECT: 2

Development and validation of prognostic-scoring system for predicting adverse treatment outcomes among drug-sensitive tuberculosis patients in Chennai, South India*

Conclusion :

In conclusion, our study contributes valuable insights to understand the TB care pathway in Chennai, South India. We found significant delays in care-seeking, especially among females and individuals without fever at baseline. Non-compliance to treatment was prevalent, associated with adverse treatment outcomes, and mediated the relationship between sex and sputum positivity. This urges us to amplify our efforts in TB awareness, accessibility of care, and patient support mechanisms to enhance treatment compliance. A patient-centered, inclusive, and responsive healthcare system is vital to achieving the End TB Strategy's targets and ensuring no one is left behind in the fight against TB

*Yuvaraj Krishnamoorthy
ESIC Medical College & PGIMSR, Chennai, India

PROJECT: 3

Impact of nutritional support scheme and assessment of nutritional status of tuberculosis patients on nutritional support scheme*

Conclusion:

- More than half (51.6%) of the study participants did not receive their incentive under the NikshayPoshanYojana.
- Out of those who have received incentive, 59.06% people have still not received all of the instalments and 35.1% of the participants received it after the completion of their treatment.
- The policy has led to every nine out of tenth participant (90.1%) who received the incentive has spent it on their personal nutrition as envisioned.
- The major reason reported by 57.7% of the participants was lack of funds with the Government as told to them by the health care workers or the lack of communication with them.
- All of the thousand participants were aware about the incentive scheme and had received their counselling on nutrition from the healthcare workers.
- Mean weight improvement of the study participants who spent it on their personal nutritionon comparison with other socio-demographic variables were found statistically significant ($p<0.05$).
- Mean BMI improvement of the study participants who spent it on their personal nutritionon comparison with other socio-demographic variables were found statistically significant ($p<0.05$).
- Younger ages were found to be spending more on their own nutrition than the higher ages and were found statistically significant ($p=0.049$).

*Dr. M.M. Singh
Rural health training centre at Rao Tularam memorial hospital under department of community medicine, Maulana Azad Medical college. New delhi

PROJECT: 4

Post COVID symptoms (New onset or persisting) in children following 2nd and 3rd COVID pandemic wave in Sub- Himalayan region- a prospective Cohort study*

Conclusion:

The post COVID symptoms are not uncommon in Indian population with a prevalence of 14.8%. The prevalence was slightly higher following 2nd COVID wave than 3rd COVID wave in India (14.5% vs 11.5%). The average duration of post COVID symptoms was 1-5 months with majority having mild to moderate severity. The characteristics, duration and severity of post COVID symptoms were similar among the two groups.

Presence of nasal discharge and presence of rash during acute covid illness, need for treatment for acute COVID illness and use of oral antibiotics for treatment may be associated with development of post COVID symptoms, however larger and prospective studies are needed to determine the predictors of post COVID symptoms in children in Indian set up. The quality of life was slightly affected among older children following 2nd wave but not during 3rd wave, however no difference in quality of life was observed among children who developed post COVID symptoms than those who did not.

*Dr. Samriti Gupta
AIIMS, Bilaspur, Himachal Pradesh

PROJECT: 5

Epidemiological profile and treatment outcome of Tuberculosis Patients enrolled in a Chest clinic of North India in Post COVID Era*

Results:

(N=1114)We found that the majority of TB patients (74%) belonged to the adults, while pediatricswere 18.9% and Geriatrics were 7.1%.Majority were males (52.6%). Pulmonary TB patients accounted for 55.9% and rest were classified as Extra-Pulmonary TB. Among the Extra-Pulmonary TB cases, various presentations were as Lymph Node TB (30.1%), Abdominal TB (28%), Pleural TB (24%) and few other types. Most of the patients were newly diagnosed TB cases (85.1%), while few were identified as Multi Drug Resistant-TB (1.8%) and Retreatment group (13.1%). 3.9% were reactive for HIV and 9.7% were diagnosed with diabetes. The treatment outcomes were mostly successful (83.9%), while few patients lost to follow-up (11.7%) and died (4.4%).Deaths were significantly higher among geriatrics (19%), PTB (4.9%).The treatment success was highest among new category of patients (85.1%), followed by Retreatment patients (80.1%) and MDR TB patients (55%). Deaths weresignificantly higher among MDR TB (15%). Adults and Geriatrics had a significantly higher risk of death(4.45 times and 27.93 times respectively) compared to the Pediatrics. Also, death risks were more among Males (1.6 times to females), MDR TB Patients (17 times to new patients) and HIV reactive (3.05 times to HIV non-reactive).

Conclusion:

We found that the majority of the patients enrolled were successfully treated. Patients who were Males, HIV-TB co-infected, geriatrics, PTB, and MDR TB were at a higher risk of death. The implication of our study is that we provide the latest data after third wave of CoVIDto help the policymakers make appropriate measures for control of TB.

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