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STAC Newsletter is a regular publication of SAARC TB and HIV/AIDS Centre, it includes reports on activities, decisions of important meetings of the Centre, news of important activities of National TB and HIV/AIDS Control Programmes of SAARC Member States and recent information on TB, HIV/AIDS and their control.

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Editorial

ARE WE SAFE IN THE HOSPITAL?

Nosocomial infections (NIs) commonly called hospital acquired infections are “not-so-comical”. These are serious and needs to be treated as such. These days we come across many incidents where patients go to hospital with one illness and during the course of treatment develop NIs that further deteriorate his/her health. The patient and the patient attendants are least aware about the cause of deteriorating health which in many circumstances might be the result of NIs which patients acquire during due course of their treatment. Hence, it is important to understand causes, sources of NIs and its severity so that one can start asking questions to the health care providers during the due course of treatment.....Am I Safe in the hospital? OR Is my patient really safe in the hospital?

NIs are considered as major causes of death, emotional stress and enhanced disease state in hospitalized patients. These also account for significant economic loss and additional burden on health care institutions. In a study conducted by WHO, the highest frequencies of NI were reported from hospitals in the Eastern Mediterranean Region (11.8%) followed (10%) by South-East Asia. It has also been estimated that at any time over 1.4 million people worldwide suffer from infectious complications acquired in hospital. The risk of NIs in developing countries is 2 to 20 times higher than in developed countries. NI in some of the developing countries even exceeds 25%. It is one of the leading causes of premature death in some countries. The patients admitted in intensive care units are affected most by NIs (30%) and the attributable mortality is 40%. Most of the infection in neonates is associated with vascular devices which is 3 to 20 times higher in developing than in developed countries. Unsafe transfusion causes 16 million hepatitis B, 5 million hepatitis C and 160000 HIV infections worldwide every year.

Today, the health care institutions in the region are mushrooming. Increasing the health care facilities merely in numbers in countries will be of little help if quality health care services are not provided. It is high time to question ourselves; do hospitals meet the quality standards for infection control and prevention practices (ICP)? Do they have ICP guidelines? Are the guidelines followed? Who is monitoring this whole issue? Are the staffs properly trained in ICP practices? Are infectious wastes properly managed? These are few questions for which we need to start seeking answers for to ensure the safety of patients and staff members working in the hospitals.

Implementation of ICP practices, regular monitoring of NIs, training the staff members, investigating and controlling the outbreaks, isolation, safe disposal of hospital waste, judicious use of antibiotics and conducting routine surveillance of hospital borne organisms are some of the key measures to control NIs. The hospitals should give utmost priority to patient safety by providing safe and clean environment and this would mean ensuring safe food and drinking water, sterile/clean supplies and materials, avail potent antibiotics, establish infection control committee and start conducting small scale research to identify the source and cause of infection and tackle them.

Health care does save lives and has brought unprecedented benefits to patients and their families. Some of the Member States in SAARC region do have established regulatory bodies to ensure patient safety while for others this is a remaining challenge. In the present scenario, effort needs to be made for funding/research to tackle the full range of patient safety issues on a regional scale. The regional efforts for ensuring patient safety would be a significant step in the struggle to ensure the safety of health care services in all SAARC Member States.
Report on Activities

1. Public Awareness and Advocacy Programmes on TB and HIV/AIDS

1.1. Commemoration of World AIDS Day 2011

“Getting to Zero: zero new HIV infection zero discrimination zero AIDS related deaths”

The World AIDS Day falling on 1st December every year is geared to step up global awareness about the epidemic of HIV/AIDS and to renew efforts to control the disease. This day brings people together from all over the world to raise awareness about HIV/AIDS and demonstrate international solidarity in the face of the pandemic. The day is an opportunity for public and private partners to spread awareness about the status of the pandemic and encourage progress in HIV/AIDS prevention treatment and care in high prevalence countries and around the world.

The theme of the World AIDS Day 2011 was “Getting to Zero: zero new HIV infection, zero discrimination, zero AIDS related deaths” backed by the United Nations the “Getting to Zero” campaign runs until 2015 and builds on last year’s successful World AIDS Day.

Awareness Programme on HIV/AIDS & TB for School Students and Teachers


The objective of the programme was to enhance awareness on important aspects of HIV/AIDS and TB among school students and teachers.

The programme was started after registration of the participants.

Dr. V. S. Salhotra, Deputy Director, STAC started programme by delivering welcome address.

Dr. N. K. Afridi, Epidemiologist, STAC gave a presentation on “Introduction of the theme of World AIDS Day 2011 and General Information & Control of Strategy for HIV infection”.

Dr. Badri Thapa, Microbiologist, STAC gave a presentation on “General Information on TB/HIV Co-infection and its Control”.

Dr. V. S. Salhotra, Deputy Director, STAC gave a presentation on “Introduction of STAC & Role of School Students and Teachers in prevention and control of HIV/AIDS”.

The presentations were followed by discussions. Participating students and teachers raised different questions regarding HIV/AIDS and TB, its control strategy in Nepal as well as the availability of services in the
community. Simultaneously, participants showed their enthusiasm to play the role in the community against HIV/AIDS and TB.

Dr. Kashi Kant Jha, Director and other experts from STAC/NTC clarified the issues raised by the participants and shared their experiences with them regarding the discrimination and stigmatization caused by the HIV/AIDS & TB prevailing in the community. Dr. Jha explained the role of students and teachers in prevention and control of HIV/AIDS and TB in the community and also urged the students to play the role of Child Ambassadors for spreading awareness on HIV/AIDS and TB in the society.

Dr. S. C. Verma, Senior Consultant, Chest Physician, National TB Centre, Government of Nepal gave remarks on importance of spreading of awareness to control HIV/AIDS and TB in the community through friend circle of the students.

Mr. Ramesh Poudel, Teacher, Modern College, Thimi, Bhaktapur and Ms. Sapana Rajhala, Teacher, Adarsha Higher Secondary School, Thimi, Bhaktapur gave their remarks on behalf of participants.

Dr. V. S. Salhotra, delivered vote of thanks at the end of the programme.

The programme was attended by more than 80 participants from 5 schools/colleges namely - Bode Higher Secondary School, Bode, Bhaktapur, Modern College, Thimi, Bhaktapur, Jana Adarsha College, Balkumari, Thimi, Bhaktapur, S.S.College, Thimi, Bhaktapur and Adarsha Higher Secondary School, Thimi, Bhaktapur.

**Commemoration of World AIDS Day in SAARC Member Countries**

The day was commemorated in SAARC Member States by organizing different activities for spreading the messages to create awareness in the community on prevention and control of HIV/AIDS.

**Afghanistan**

World AIDS Day was held on December 03, 2011 and attended by more than five hundred people in Afghanistan. Gatherings in several provinces including Kabul, Nangarhar, Balkh, Kunduz, Badakhshan, Hirat, Kandahar, Ghazni were held and attended by officials from different sectors. In addition, as per the instructions of the Ministry of Public Health (MoPH), all health facilities around the country, at different levels of the health care system, were asked to convey key messages on HIV and AIDS to clients during health education sessions.

The World AIDS Day meeting was held at the MoPH Conference Hall in Kabul was attended by their Excellencies the Minister of Public Health and Deputy Ministers; Minister of Religious Affairs; Haj and Awqaf; Minister of Justice; Deputy Minister of Counter Narcotics Ministry; religious leaders; representatives from the Parliament; Afghanistan Red Crescent Society (ARCS); high ranking officials from the Government; donors, UN agencies; USAID, WHO and national and international NGOs; representatives from youth; civil society and the private sector.

At the meeting, the commitment to fight HIV was renewed by the
speakers and the participants. Her Excellency, Dr. Suraya Dalil, the Deputy Minister of Public Health, highlighted the theme of the year: “Zero new HIV infections. Zero discrimination. Zero AIDS-related Deaths” and she said that there are 34 million people living with HIV and so far half of them were female. She announced that until the end of 2010, 1250 HIV positive cases have been reported in Afghanistan. She expressed that all people respect the rights of people living with HIV and AIDS and stated that the government of Afghanistan with support from the international partners will work to ensure universal access to prevention, treatment, care and support services. Her Excellency thank the NACP and the international partners for their support to the Afghanistan health sector.

Dr. Sayed Habib, Communicable Disease Director and Dr. Fida Mohammad Paikan, NACP Manager, commenced the WAD after recitation of few verses of Holy Quran by Dr. Bawar. In fact, Dr. Sayed Habib, CDC Director, talked about HIV and AIDS interventions and OST in the country. Dr. Paikan, NACP Manager, talked about the history of HIV first positive case and establishment of NACP at the MoPH in 2003 in the country. He stated that according to IBBS, there were no HIV positive cases in FSW nor MSM and the HIV epidemic is concentrated in IDU’s.

His Excellency, Habibullah Ghalib, the Minister of Justice, emphasized the role of religion in HIV prevention. Other speakers included Mr. Ibrahim Azhar, Deputy Minister for Counter Narcotics, Mr. Shadoul WHO Representative, and other representatives from international entities.

World AIDS Day Conference

Dr. Naqibullah Faeq, the Director of Health Committee of Parliament said that HIV and AIDS is a health, social, political, and cultural problem and there are a number of factors i.e. low literacy, poverty, open borders, drug users and migration. All the speakers expressed their support in response to HIV and AIDS in the country. Representative from PLHA and Drug User also delivered their speeches addressing stigma and discrimination associated with HIV and AIDS and asking the Government and all stakeholders for support, care, prevention and treatment.

On the advent of WAD, football matches were played by six teams from the IDU’s, PLHA, Partners and NACP.

Media Campaign through TVs and Radios

TV spots on HIV & AIDS awareness-raising, advocacy and reducing stigma and discrimination were produced and aired through different TV and Radio channels.

Holding World AIDS Day in provinces

The NACP provincial advisors proactively held coordination meetings of the relevant stakeholders at the provincial levels to prepare for the WAD. IEC materials such as banners, posters, leaflets, brochures, magazines and pens containing HIV and AIDS messages were produced in Kabul for the 8 NACP focused provinces including Badakhshan, Kunduz, Balkh, Hirat, Kandahar, Ghazni and Nangarhar

Bhutan

The world TB Day 2011 was commemorated on 1st Dec. 2011 in Thimphu (Capital City).
The day was also observed in the districts by the district based Multi-sectoral Task Forces (MSTFs). The National level event in Thimphu was graced by her Majesty the Queen Mother Ashi Sangay Chhogden Wangchuk, Goodwill Ambassador of UNFPA to Bhutan. As the key highlight of the day, the ‘face’ was attached to the HIV epidemic in Bhutan, which was kept hidden for last two decades.

As the key highlight of the event, Mr. Wangda Dirji, Executive Director of Lhak-Sam (CBO) declared his HIV status to whole Nation. Solidarities and support were secured through various channels of media. The event was also participated by the Members of Parliaments, Judiciary, senior government officials and media.

National Strategic Plan-II (2012-2016) for the prevention and treatment of HIV/AIDS was also launched by her Majesty the Queen Mother. Bhutan Broadcasting Service Corporation (BBSC) as lone Broadcasting Corporation has conducted LIVE TV Panel Discussion with the five veterans from Lhak-Sam. The Panel discussion was aimed at mitigating the ill effects of societal stigma and discrimination attached with HIV/AIDS. Individuals stories were shared through LIVE TV broadcast.

Mr. Condom Man (Volunteer) was also awarded cash prize and certificate of appreciation for his utmost dedication in carrying out the HIV related awareness campaigns to the vulnerable section of population. His efforts and voluntary contributions were recognized by Her Majesty the Government.

At the district level, the Day was observed with the public in their own respective districts. Voluntary, Counseling & Testing (VCT) campaigns were conducted as part of the day’s event.

Pakistan

World AIDS Day 2011

The National AIDS Control Programme, Ministry of Inter Provincial Coordination (IPC) organized a seminar to celebrate World AIDS Day 2011 at Marriott Hotel on 1st December 2011. The seminar was chaired by Mr. Amjad Ali Khan, Secretary, Ministry of IPC. The seminar was attended by senior officials from government, UN system, civil society and representatives from media.

Secretary, IPC appreciated the efforts of National AIDS Control Programme in creating awareness amongst masses on HIV & AIDS. Earlier, Dr. Sajid Ahmad, National Programme Manager, NACP welcomed the participants to the seminar. He apprised the participants that despite many efforts, the HIV infection rate has increased significantly over the past few years and the country has moved from a low prevalent situation to concentrated epidemic with HIV prevalence of more than 5% among injecting drug users (IDUs) in at least eight major cities. However, the country still has a window of opportunity as the current estimates using different prevalence estimation models indicate that the HIV prevalence among general adult population is still below 0.1% i.e. 97,400 cases. Mr. Khalid Abbas Dar, Sitar-e-Imtiaz & Pride of Performance addressed on the occasion and highlighted the role of such legendary and renowned artists in raising awareness on HIV & AIDS. Dr. Naseer Ahmad Nizamani, Deputy Country Coordinator, UNFPA and Maulana Shamshad Ahmad Shad, Religious Scholar, Islamabad also addressed on the occasion.

A short play was performed as part of this mega event.
Dr. Sajid Ahmed, the National Programme Manager, concluded the session by thanking the Chair and the all the participants. He particularly mentioned the support provided by partners for celebrating this year’s World AIDS Day.

Publication of Messages

The messages given by the dignitaries of the country on the occasion of World AIDS Day 2011 were published on the website of National AIDS Control Programme of the Government of Pakistan.

(Source: www.nacp.gov.pk)

Sri Lanka

WORLD AIDS DAY 2011

The 1st of December is observed as the World AIDS Day around the world. The World AIDS Day, 2011 is significant as it commemorate 30 years of fight against AIDS. This year the theme for the World AIDS Day is “Zero New HIV infections, zero discrimination, zero AIDS related deaths”.

The decision to go with the millennium development related goal of “Getting to Zero” comes after extensive discussions among people living with HIV, health activists, broader civil society and many others. The World AIDS Campaign focus on “Zero AIDS Related Deaths” signifies a push towards greater access to treatment for all; in support of the human rights to have the best attainable level of healthcare for all. There are still almost two new HIV infections per every person who starts treatment. Therefore HIV epidemic cannot be controlled without stopping new infections. The journey towards the attainment of the vision for this year’s World AIDS Day is possible by reaching these 10 goals by the year 2015 as described by the Joint United Nations Programme on HIV/AIDS.

1. Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work;
2. Vertical transmission of HIV eliminated and AIDS-related maternal deaths reduced by half;
3. All new HIV infections prevented among people who use drugs;
4. Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment;
5. TB deaths among people living with HIV reduced by half;
6. All people living with HIV and house holds affected by HIV are addressed in all National social protection strategies and have access to essential care and support;
7. Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half;
8. HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions;
9. HIV-specific needs of women and girls are addressed in at least half of all national HIV responses;

Digital Photo Competition

On the occasion of World AIDS Day 2011 a digital photo competition was also organized. Theme of the competition was the prevention, treatment and care for HIV/AIDS, focusing on high risk groups such as female sex workers, men who have sex with men, transgender population, drug users as well as pregnant women at risk of HIV, parent-to-child transmission of HIV etc.

(Winner Photo of the Competition)
Position: 1st place
Photo credit: Kanthi Abeykoon
Title of the photo: Peer educator training on condom use
How it is related to World AIDS Day: Peer educators can educate her friends using her own language and skills to be able to understand the risk/vulnerability when she is engaging in sex work…

(Source: http://www.aidscontrol.gov.lk)
1.2. Celebration of SAARC Charter Day (8th December)

South Asian Association for Regional Co-operation (SAARC) was established in 1985 when its Charter was signed by the Heads of State or Government of seven South Asian countries – Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Later, Afghanistan joined the association in 2007 as eighth member.

Activities organized to celebrate 26th SAARC Charter Day in Kathmandu

SAARC TB and HIV/AIDS Centre (STAC) in collaboration with the SAARC Information Centre (SIC) jointly celebrated the 26th SAARC Charter Day by organizing Quiz Contest and Painting Competition with an objective to sensitize the students of various schools about the SAARC. The quiz contest was based on the SAARC related information/knowledge and painting competition was organized with the title of “Building Bridges”. The programmes were held in Kathmandu.

The following schools participated in the programme:

- Everest Higher Secondary School, Bhaktapur
- Care English Boarding School, Kathmandu
- DENEB International School, Kathmandu
- Nobel Academy, Kathmandu
- Kailash Bodhi School, Kathmandu
- Societal Higher Secondary School, Kathmandu
- Xavier International School, Kathmandu and
- Care English Boarding School, Kathmandu

Painting competition

The title of painting competition was “Building Bridges” which was the theme of 17th SAARC Summit. All the participants, (two contestants from each school) completed their painting in given period of time. The painting drawn by Mr. Safal Lama, Kailash Bodhi School, Kathmandu was selected as the best and declared as First Prize winner. The painting drawn by Mr. Sonam, DENEB International School, Kathmandu declared as Second Prize winner, painting drawn by Mr. Khaba Hang Rai, Care English Boarding School, Kathmandu declared as Third Prize winner and painting drawn by Miss. Sudheekshya K. Shah, Care English Boarding School, Kathmandu declared as consolation prize winner. The painting competition was judged by two eminent professionals from Nepal Art Council.
Quiz Contest

Seven groups of the students (five students from each school) participated in the Quiz Contest. Everest Higher Secondary School, Bhaktapur, DENEB International School, Kathmandu and Nobel Academy, Kathmandu stood first, second and third respectively.

Celebration Ceremony

Painting Competition and Quiz Contest programme was followed by a special programme which was organized to celebrate the 26th SAARC Charter Day in Kathmandu on 8th December 2011. The programme was chaired by Dr. Niranjan Man Singh Basnyat, Director, SAARC Secretariat. Mr. Narayan Prasad Sharma, Chairperson, Press Council Nepal attended the programme as Chief Guest.

Dr. Kashi Kant Jha, Director, STAC delivered welcome address. He extended a warm welcome to the participants of the competition, guests and officials in the special programme. On behalf of the participating students from Societal Higher Secondary School, Kathmandu and DENEB International School, Kathmandu gave remarks. Simultaneously, on behalf of the participating schools, teacher from DENEB International School, Kathmandu gave remarks.

Dr. Niranjan Man Singh Basnyat, Director, SAARC Secretariat delivered his remarks as chairperson of the function. The Chief Guest awarded certificates and cash prizes to the winners of the competitions and delivered his remarks. Mr. Laxmi Bilas Koirala, Director, SIC was also present in the ceremony.

Vote of thanks was delivered by Mr. Pankaj Pandey, Senior Programme Manager, SIC.

Dr. Badri Thapa, Microbiologist, STAC conducted the programme as Master of Ceremony.

Talk-show Programme

A talk-show programme was telecast by Nepal Television on 8th December, 2011 on the occasion of the Day. Mr. Amrit Lugun, Dr. Niranjan Man Sing Basnyat and Mr. Ibrahim Zuhuree, Directors, SAARC Secretariat, Kathmandu took part in the programme and highlighted the importance of SAARC along with the contribution rendered by the association in different aspects of the development of the people of the Region.

SAARC Charter Day Marathon

On the occasion of the 26th SAARC Charter Day, the SAARC Secretariat, in collaboration with the National Sports Council of Nepal, organized a Marathon in Kathmandu on 8th December 2011. About 150
persons from SAARC Member States, SAARC Regional Centres, Diplomatic Community and the SAARC Secretariat, including the Secretary General participated in the Marathon.

In the men’s category Mr. Lional Samarajeewa from Sri Lanka, Mr. Gayan P. Bhattarai and Mr. Tika Raj Katwal from Nepal were declared as first, second and third position winners respectively. Simultaneously, in women’s category Ms. F.E. Fox from British Gurkha, Ms. Sarswati Khadka and Ms. Saraswati Kansakar from Nepal were declared as first, second and third position winners respectively.

H.E. Fathimath Dhiyana Saeed, Secretary General, SAARC, awarded the winners of the Marathon in a ceremony held at the SAARC Secretariat. Her Excellency Secretary General, thanked all the participants, representatives of the National Sports Council of Nepal, Ministry of Foreign Affairs and the Nepal Police for rendering their support in organizing the first-ever Marathon organized by the SAARC Secretariat.

**Publication of Messages**

SAARC Secretariat published messages given by Heads of State or Government of SAARC Member States and H.E. Secretary General of SAARC on its website on the occasion of 26th SAARC Charter Day.

**Display of Paintings**

The paintings of the participants were displayed in the programme and observed by the Chief Guest, Guests and officials from SAARC Secretariat, STAC, SIC and other invitees.

2. **SAARC Regional Training of Microbiologists for Sputum Culture and Drug Susceptibility Test, Bangalore, India**

SAARC TB and HIV/AIDS Centre (STAC), Kathmandu organized a seven-day training programme on “SAARC Regional Training of Microbiologists for Sputum Culture and Drug Susceptibility Test” in National TB Institute (NTI), Bangalore, India. The programme was held in joint collaboration of RNTCP,
Government of India from 1st – 7th September 2011.

The objective of the programme were to enhance the knowledge & skills of the Microbiologist in diagnosing & monitoring of the treatment efficacies of TB/MDR-TB and imparting training to health care providers and to improve the status of the NRLs to provide TB culture and DST services and participate in DRS activities.

Dr. P. Kumar, Director, NTI, Dr. V. S. Salhotra, Deputy Director, STAC, Dr. K.M. Shivakumar, Additional Director, NTI, Dr. Badri Thapa, Microbiologist, STAC and Dr. Ranjani Ramachanran, Resource Person from TRC, Chennai, India jointly inaugurated the training by lighting the traditional lamp.

Dr. P. Kumar, Director, NTI welcomed the participants and resource persons by delivering welcome remarks. Dr. V. S. Salhotra, Deputy Director, STAC conveyed the best wishes and readout the message of the Director.

In the opening session, remarks were also given by Dr. Ranjani Ramachanran, Resource Person from TRC, Chennai, India and Dr. Preetish S. Vaidyanathan, NTI, Bangalore.

Dr. Badri Thapa, Microbiologist, STAC delivered the vote of thanks.

Participants from Bhutan, India, Nepal and Sri Lanka attended in the Training Course.

The participants were also taken to the laboratory for the observation and demonstration of lab infrastructure (rooms for specimen collection, processing, culture, DST, reading and recording, sterilization and disinfection, cold room, walk in incubator etc.), layout, care and maintenance of the equipment etc.

OUTCOMES
i. The participants learned minimum laboratory standards required for TB culture and DST for 1st and 2nd line drugs using solid (LJ) and liquid culture systems (MGIT 960)

ii. The participants knowledge on WHO policy and guidelines on TB diagnosis (conventional to state of art technology: Line probe Assay, Capilia TB and Xpert MTB/RIF) was enhanced

iii. The participants learned infection control and prevention standards and practices on MTB infection prevention and control in TB laboratory.

iv. The participants learned sterilization and disinfection techniques applicable for TB laboratory.

v. Participants were able to identify the problems in culture and DST and solve the problems.

vi. The participants learned the Fluorescence Microscopy technique (reagent preparation, staining and observation) and External Quality Assurance System.

vii. The participants were able to assess the performance of their TB laboratory

Closing
Dr. P. Kumar, Director, NTI and Dr. V. S. Salhotra, Deputy Director, STAC awarded the participants and resource persons by certificates. Dr. Badri Thapa, Microbiologist, STAC thank the participants, resource persons and NTI team for their support, cooperation and excellent management which made the training success.

At the end Post Test was conducted for the evaluation of the training.
3. SAARC Regional Training on Leadership and Strategic Management for National/Regional level TB and HIV/AIDS Prevention and Control Programme Managers in Jaipur, India

SAARC TB and HIV/AIDS Centre (STAC), Kathmandu organized a five-day training programme on “SAARC Regional Training on Leadership and Strategic Management for National/Regional level TB and HIV/AIDS Prevention and Control Programme Managers” in Jaipur, India. The programme was organized by STAC with the coordination of Indian Institute of Health Management Research, Jaipur and Government of India from 21st to 25th of November 2011 at IIHMR Jaipur, India.

The objective of the programme was to enhance the existing understanding, knowledge & skills on leadership & strategic management among National/Regional/District level Programme Managers of National TB & HIV/AIDS Control Programmes to scale-up and strengthen the TB & HIV/AIDS prevention & control activities in SAARC Region.

Twelve participants from National TB and HIV/AIDS Control Programmes of Bhutan, India, Maldives, Nepal and Sri Lanka attended the training.

Opening Session

Dr. S. D. Gupta, Director, IIHMR, Jaipur welcomed the participants, resource persons and officials in the programme. In his opening remarks Dr. Gupta elaborated the importance of leadership training programme and its effectiveness. He also thanked the STAC officials and wished the participants for a successful accomplishment of the objectives of the training programme.

Dr. Kashi Kant Jha, Director, STAC, Kathmandu delivered opening remarks and thanked the SAARC Member State for sending participants and Government of India and IIHMR for providing concurrence to organize the training programme in Jaipur. He also thanked the resource persons for participation in this training programme. He concluded his remarks by wishing for a successful completion of training programme and a pleasant stay of participants in Jaipur.

Dr. V. S. Salhotra, Deputy Director, STAC, delivered vote of thanks.

Technical sessions

The technical session was started with the introduction of resource materials to be used in the training. Eight modules developed by WHO/SEARO in association with IIHMR, Jaipur for Leadership and Strategic Management were used.

Dr. S. D. Gupta, Dr. V. K. Arora and Dr. Nutan Jain from IIHMR, Jaipur participated as expert resource persons for the training programme. Dr. K. K. Jha, Director, Dr. V.S. Salhotra, Deputy Director and Dr. N. K. Afridi Epidemiologist, STAC, Kathmandu facilitated the training programme.
The following training methodologies were adopted:
1. Presentations
2. Individual exercises
3. Group work
4. Discussion
5. Brainstorming
6. Case studies
7. Role plays
8. Plenary discussions

Closing Session

Dr. K. K. Jha, Director, STAC welcomed Dr. S. K. Puri, Dean, IIHMR Jaipur as a Chief Guest in the session. Dr. Jha thanked SAARC Member States for sending participants for the programme and IIHMR for providing concurrence to organize the training programme in Jaipur. In his remarks he extended best wishes for the success in all future endeavors to all.

Dr. S. K. Puri Dean, IIHMR, India in his remarks offered tribute of thanks to all the resource persons and all the participants. He admired the role of STAC in organizing this leadership training programme in Jaipur, India. He concluded his speech by offering special thanks to Director, Deputy Director and other officials of STAC, resource persons and facilitators who attended the training programme and made it successful.

Dr. V. S. Salhotra, Deputy Director, STAC delivered vote of thanks.

Outcomes:
• Development of a group of motivated Programme Managers equipped with updated knowledge on managerial styles, leadership styles etc.

• Strengthened liaison & collaboration between National TB & HIV/AIDS Control Programmes among SAARC Region.

• Prepared a group of motivated Programme Managers equipped with improved managerial skills and leadership qualities to achieve the time bound pledges of the Millennium Development Goals and to scale up the prevention and control activities further.

4. Twenty-first Meeting of Governing Board of SAARC Tuberculosis and HIV/AIDS Centre

The Twenty-first meeting of Governing Board of STAC was held in Kathmandu from 21st to 22nd September 2011. The Board Meeting was opened by Chairperson of the Governing Board Dr. Bal Krishna Subedi, Chief, Planning, Policy and International Co-operation Division, Ministry of Health & Population, Government of Nepal.

The Board Meeting was attended by the Members of the Governing Board from India, Nepal, Pakistan, Sri Lanka and Representatives of Secretary General of SAARC and Ministry of Foreign Affairs, Government of Nepal.

Dr. Mohammed. Shaukat Usta, Assistant Director General, Department of AIDS Control, National AIDS Control Organization, New
Delhi, India, Dr Bal Krishna Subedi, Chief, Policy Planning and International Cooperation Division, Ministry of Health and Population, Government of Nepal, Ms. Lalita Silwal, Section Officer, Ministry of Foreign Affairs, Government of Nepal, Mr. Ahmar Ismail, Charge’ed Affairs, Pakistan Embassy, Kathmandu, Nepal, Dr. A.K. S. B. DE Alwis, Director, National Programme for TB Control and Chest Diseases, Government of Sri Lanka, Mr. Ibrahim Zuhuree, Director, SAARC Secretariat, Kathmandu, Dr. Kashi Kant Jha, Director, SAARC TB and HIV/AIDS Centre and National TB Centre, Kathmandu, Nepal attended the meeting.

Dr. Bal Krishna Subedi from Nepal chaired the meeting of the Board. The Board reviewed the programme activities carried out by the Centre in 2010/2011 and recommended the programmes and budget for the year 2012 for approval of Programming and Standing Committee.

5. Workshop between STAC Library and Library of Kathmandu Valley based Hospitals and Medical Colleges in Nepal

SAARC TB and HIV/AIDS Centre (STAC), Kathmandu organized a workshop for STAC library and libraries of Kathmandu valley based hospitals and Medical Colleges at Thimi, Bhaktapur on 12th Dec. 2011. The objective of the workshop was to share resources between STAC library and other medical libraries located in Kathmandu valley.

The workshop was attended by the participants from KIST Medical College, Imadol, Lalitpur, Tri-bhuvan University, Institute of Medicine, Nursing Campus, Maharajgunj, Kathmandu, Tri-bhuvan University, Central Library, Kirtipur, Kathmandu, Patan Academy of Health Sciences, Patan Hospital, Lagankhel, Lalitpur, Nepal Medical College & Teaching Hospital, Jorpati, Attarkhel, Kathmandu, Kathmandu Medical College, Sinamangal, Kathmandu, Tri-bhuvan University, Teaching Hospital, Maharajgunj, Kathmandu, Kathmandu University Hospital, Dhalikhel, Kavrepalanchowk and Nepal Health Research Council, Kathmandu, Nepal.

Mr. Uttam Ratna Shakya, Librarian, KIST Medical College, Imadol, Lalitpur and Mrs. Gita Thapa, Associate Librarian, Tri-bhuvan University, Institute
of Medicine, Nursing Campus, Maharajgunj, Kathmandu facilitated as Resource Persons in the Workshop.

Dr. Kashi Kant Jha, Director, SAARC TB & HIV/AIDS Centre (STAC) welcomed the participants, resource persons and officials in the workshop by delivering welcome speech. In his welcome address Dr. Jha requested the participants to accomplish the workshop as per the given objective.

Mrs. Gita Thapa, gave her remarks by thanking the Director, STAC for providing such an opportunity to share ideas. She also mentioned the importance of resource sharing among medical libraries for maximum utilization of the available resources.

Dr. Naseem Khan Afridi, Epidemiologist, STAC made a presentation on the Introduction of STAC & the Library. Dr. Badri Thapa, Microbiologist, STAC also facilitated the workshop.

Mr. Uttam Ratna Shakya, thanked STAC and the Director for giving opportunity to facilitate the workshop as a resource person. He made his presentation on need of resource sharing among the hospitals and medical libraries. He presented his view on the various methods and technologies available. He highlighted the main objectives and the advantages of resource sharing. He described that the present situation on sharing resources is not functional among the medical and hospitals' libraries. This may be due to lack of knowledge of the libraries and the financial support from the host organization. He made his conclusion by strongly emphasizing on the need of resource sharing among the libraries as no single library could hold all the information published and make them available to the users.

On the behalf of the participants, Mr. Chandra Bhusan Yadav made a presentation of recommendations. He highlighted on the infrastructure requirement in a library. He emphasized the need of powerful IP address for online access, strong bandwidth and the willingness among the libraries to share the resources. He also discussed the main constrains of such work. He informed all the participants for development of linkages among the libraries, a coordinating body should be formed. All the libraries should use common library software which is compatible for all. The workshop made the following recommendations:

Brief News

- **STAC shifted in New Building**

SAARC TB and HIV/AIDS Centre started to work from its new building from 11/11/11. The building has been constructed by the Government of Nepal for SAARC TB and HIV/AIDS Centre. This new building is located at Thimi, Bhaktapur, Nepal.

- **Audit of Accounts of STAC for the year 2010**

A joint audit team for the year 2010 (JAT 010) comprising auditors Mr. Mohamed Zaeem, Assistant Director General, Auditor General's Office, Republic of Maldives and Mr. Yeshi Jamtsho, Assistant Auditor General, Royal Audit Authority, Royal Government of Bhutan carried out the audit of the accounts and related activities of SAARC Tuberculosis and HIV/AIDS Centre for the year 2010 from 14th to 15th July 2011.
Welcome News

• Visit of Ms. Thompson and Mr. Rasmussen

Ms. Heather Joy Thompson, International Relation Officer at the U.S. Dept. of State, Washington DC and Mr. Richard Rasmussen, Political Officer at the U.S. Embassy, Kathmandu, Nepal visited SAARC Tuberculosis and HIV/AIDS Centre on 30th Sept. 2011. They discussed about SAARC policies in the areas of cooperation between Member States. They also observed the facilities in the Centre.

Participation in National/Regional/International Activities

• Participation in 42nd Union Conference on Lung Health

Dr. Kashi Kant Jha, Director, STAC participated in 42nd Union World Conference on Lung Health held from 26th to 30th October 2011 at the Lille, France. The financial arrangement was made by NTC for participation in the conference. The conference highlighted the vital importance of collaboration in common efforts to address the conditions affecting lung health and HIV/AIDS. In the Conference Dr. Jha presented a poster on - AN EPIDEMIOLOGICAL STUDY TO FIND OUT RISK FACTORS OF MULTI DRUG RESISTANT TUBERCULOSIS (MDR-TB) IN NEPAL – 2008.

• Participation in 6th IAS Conference, Rome, Italy

Dr. Kashi Kant Jha, Director, STAC participated in 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention held in Rome, Italy from 17th to 20th July 2011 organized by International AIDS Society. The participation of the Centre is taken as an opportunity for disseminating of findings of research conducted by the Centre in the SAARC Member States and forging further networking with international organizations of repute.
Special Article and Technical Information
Temporal distribution of intestinal parasites in Kathmandu, Nepal

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Abstract
Intestinal parasites are common in countries with low socioeconomic development with poor sanitation and personnel hygiene like Nepal. The aim of the present study was to study the positivity rate and seasonal variation of intestinal parasite in stool samples submitted for routine stool examination in Kathmandu Medical College, Nepal. Intestinal parasitism was evaluated by examination of 4176 stool samples collected over 14 months (July 2009 to September 2010) using standard procedures. The positivity rate of intestinal parasites was 14.4%. The high positivity rate of protozoa (89.7%) was noted over helminthes (0.8-2.7%). Entamoeba histolytica (n=288, 6.89%) was most frequently seen, followed by Giardia lamblia (n=252, 6.03%) among other intestinal parasites.

Key words: Intestinal parasites, temporal distribution, Kathmandu, Nepal

Introduction
Globally, approximately 3.5 billion people are infected by intestinal parasites and 450 million children become ill due to these infections. These infections are prevalent in developing countries like Nepal due to the poor sanitation and inadequate personal hygiene. Majority of the infected population are children between 5-14 years. The infection can cause organ damage, poor physical growth, anemia, poor intellectual development, and impaired cognitive function directly affecting the Millennium Development Goals (MDGs). The prevalence of parasitic infection in school going children ranges from 22.5 to 41.7% and the prevalence of individual parasites varies. The prevalence of parasites in patients attending health care settings was 2.8% in Kathmandu in 2007. The seasonal and environmental changes can influence the transmission rate by directly influencing the growth and survival of parasite in the environment and contact of the infectious parasite with the host. The aim of this study was to study the positivity rate and the seasonal variation of intestinal parasites in patients with abdominal problems attending outdoor clinics at Kathmandu Medical College, Nepal.

Materials and Methods
Intestinal parasitism was evaluated by examination of 4176 stool samples collected over 14 months (July 2009 to September 2010) from the patients visiting Kathmandu Medical College, Kathmandu, Nepal. The stool samples received were concentrated by using formaldehyde-ether sedimentation technique. The concentrated stool was screened under a microscope for the presence of ova, cyst and trophozoites by preparing iodine and saline wet mounts. The study was approved by the institutional review board, Kathmandu Medical College, Nepal.

Results
During the study period of 14 months, 4176 samples were processed (average 298 per month) and the positivity rate was 14.4%. Most common intestinal parasite found was Entamoeba histolytica (n=288, 6.89%) followed by Giardia lamblia (n=252, 6.03%), Hook worm (n=16, 0.38%), Ascaris lumbricoides (n=11, 0.26%), Trichuris trichiura (n=10, 0.23%), Hymenolepsis nana (7, 0.16%), Strongyloides stercoralis and Taenia spp. (n=5, 0.11%) and Enterobius vermicularis (2, 0.04%). E. histolytica, Taenia spp. and A. lumbricoides were found in association with G. lamblia, H. nana and T. trichiura, respectively albeit at low frequency (Table 1). At least one parasite was detected in most of the positive samples (n=596/602, 99.0%) and dual parasitic infection was detected in 1.0% (n=6) stool samples. Intestinal protozoans (E. histolytica and G. lamblia) were...
detected most (540, 12.93%). The prevalence of intestinal helminthes was 1.48% (n=62).

There was a seasonal distribution of intestinal parasites with highest peaks between June to September (Table 1 and Figure 1). This seasonal distribution was noted for both protozoa and helminthes detected (Table 1). The average positivity rate per month was 43 with the highest (n=67) during August-September 2009 and the lowest (n=25) during March-April 2010.

Table 1. Intestinal parasites detected in stool samples

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Sample</th>
<th>Positive (%)</th>
<th>*Intestinal parasites in the stool samples</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>EH</td>
</tr>
<tr>
<td>Jul-Aug/2009</td>
<td>340</td>
<td>66 (19.41)</td>
<td>33</td>
</tr>
<tr>
<td>Aug-Sept/2009</td>
<td>345</td>
<td>67 (19.42)</td>
<td>32</td>
</tr>
<tr>
<td>Sept-Oct/2009</td>
<td>290</td>
<td>45 (15.51)</td>
<td>7</td>
</tr>
<tr>
<td>Oct-Nov/2009</td>
<td>250</td>
<td>30 (12.0)</td>
<td>4</td>
</tr>
<tr>
<td>Nov-Dec/2009</td>
<td>256</td>
<td>32 (12.5)</td>
<td>15</td>
</tr>
<tr>
<td>Dec-Jan/2009-10</td>
<td>278</td>
<td>40 (14.38)</td>
<td>20</td>
</tr>
<tr>
<td>Jan-Feb/2010</td>
<td>243</td>
<td>25 (10.28)</td>
<td>13</td>
</tr>
<tr>
<td>Feb-Mar/2010</td>
<td>235</td>
<td>39 (16.59)</td>
<td>20</td>
</tr>
<tr>
<td>Mar-Apr/2010</td>
<td>258</td>
<td>26 (10.07)</td>
<td>9</td>
</tr>
<tr>
<td>May-Jun/2010</td>
<td>268</td>
<td>35 (9.51)</td>
<td>22</td>
</tr>
<tr>
<td>Jun-Jul/2009</td>
<td>345</td>
<td>47 (13.62)</td>
<td>30</td>
</tr>
<tr>
<td>Jul-Aug/2010</td>
<td>356</td>
<td>56 (15.73)</td>
<td>23</td>
</tr>
<tr>
<td>Aug-Sep/2010</td>
<td>352</td>
<td>52 (14.77)</td>
<td>35</td>
</tr>
<tr>
<td>Sept-Oct/2010</td>
<td>360</td>
<td>42 (11.66)</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>4176</td>
<td>602</td>
<td>288</td>
</tr>
</tbody>
</table>

*EH, Entamoeba histolytica; GL, Giardia lamblia; SS, Strogyloides stercoralis; TT, Trichuris trichiura; HN, Hymenolepsis nana; HW, wook worm; AL, Ascaris lumbricoides; EV, Enterobius vermicularis; TS, Taenia spp.

Figure 1. Temporal distribution of intestinal parasites

Discussed

Overall positivity rate of intestinal parasites was 14.41%. This is less than the previous studies conducted among different age groups and gender in Dharan, Nepal (22.5%), Kathmandu, Nepal (42.5%), rural Nepal (66.9%), Lao DPR (38.1%), rural Vietnam (92%), Africa (68.2%), and India (82%). The study has revealed the high positivity rate of protozoa over helminthes among the patients visiting the centre. This study detected E. histolytica (6.89%) as the most frequent cause of intestinal parasitosis followed by G. lamblia (6.03%). Similar higher positivity rate of E. histolytica has been reported from Nepal. However, a study conducted in Dharan, Nepal showed that G. lamblia (11.5%) has been most
frequently detected followed by *E. histolytica* (4.4%). Intestinal helminthes were detected at lower rates (0.04-0.38%) as those reported earlier from Nepal. The recovery of intestinal parasites has also posed risk for international workers in Nepal.

Nepal has four seasons, autumn (September-November), winter (December-February), spring (March-May) and summer (June-August). Higher number of intestinal parasites was recovered during June to September in 2009 and 2010. This distribution of intestinal parasites clearly showed that the positivity rate was higher in the months of June to September, i.e. summer with heavy rainfall. The cases and positivity rate increased markedly within this period (average rise of 1.5% from May-June to June-Sept 2010). The study conducted in Nepal and Lao DPR on *Cyclospora cayatanensis* has also shown the high prevalence (12.6%) in summer (rainy season) in comparison to the spring season (1.8%). However, there is no data on seasonal variation of other intestinal parasites for comparison. The observed seasonal differences in parasite prevalence and intensity suggest a high parasite transmission in rainy season. Rainfall may be the main constraining factor affecting parasite dynamics like, successful development, survival of parasite stages and movement of larval nematodes in the environment. This has serious implications for the spread of parasites to those with naïve immunity.

The parasite infestation in children has been intimately related to MDGs. Malnutrition is amplified by the worm infestation which interferes with nutrient uptake leading to anemia. De-worming and reduction of anemia improves the chance of surviving severe malaria in children, reduces maternal mortality and also reduce the school absenteeism by 25%. Hook worm infected children suffer from anaemia, nutritional deficiency & mental retardation and this has direct impact on their future health status & income. Subsequently, hook worm free childhood helps in raising per capita income by 45%. The poor sanitation and high positivity rate of intestinal parasites among patients visiting Kathmandu Medical College has highlighted the gravity of problem. However, this cannot be generalized to Nepalese population. A population based prevalence study of intestinal parasitosis will shed light in the burden of the disease in Nepal.

### Conclusion

This study has shown the temporal association of the high prevalence of intestinal parasites with the rainy season. Since the parasitism is directly related with poor sanitation and personal hygiene, it is recommended to improve the personal hygiene through education and improving sanitation to protect the health of patients visiting this centre.

### References

The Theme of the World AIDS Day 2011