INTRODUCTION

Nepal Health Research Council (NHRC) is the autonomous body under the Ministry of Health and Population, Federal Democratic Republic of Nepal for promoting health research in the country. It was established in 1991 by an Act of Parliament and was given the responsibility to promote and coordinate health research for improvement of the health status of the people of Nepal.

Since its inception, NHRC has focused its attention on capability strengthening through trainings of individuals on research methods in order to develop a critical mass of people who can develop good quality research proposals. NHRC also serves as the authentic institution responsible for technical and ethical review of all proposal submitted by individual health scientists, national authorities, NGOs, NGO’s and universities. After appropriate review these proposals are cleared by NHRC. The aim of NHRC has been to maintain high levels of technical and ethical standards of health research carried out in Nepal.

In order to enhance the research activities in the periphery NHRC has been providing regional grant in five developmental regions. It has started conducting research trainings workshops and dissemination programs in the development regions to promote the research activities. The NHRC also facilitated access to research findings from the different research reports, books, magazines etc. through the library and digital database.
NEPAL HEALTH RESEARCH COUNCIL BULLETIN • January-March 2009

Nepal Health Research Council, the apex body for facilitating and regulating health research activities in Nepal, strongly believes in communication and dialogue with research academia, institutions, individual researchers and policymakers, which together constitute the National Health Research System (NHRS). A properly functioning NHRS is a prerequisite for ensuring good research practice as well as harnessing multi-sectoral collaboration for Research for Health. It is, in this context, I welcome the revitalization of NHRC Bulletin which is being published after a gap of eight years.

With this bulletin the editorial team has taken a significant step to inform our readers about the activities undertaken by the council. While the bulletin has been largely successful in achieving this objective it can be more refined, informative, comprehensive and presentable in future. I also believe that it will not only serve as a medium of making NHRC activities public, but also evolve as a forum for sharing the information generalized by National Health Research System.

NHRC bulletin is a complement to NHRC Journal which is also carrying out similar responsibility in a different plane. While the Journal is primarily aimed at ensuring research communication to academia and policy makers, the bulletin attempts to engage media and lay public in research communication. I wish a long life to NHRC bulletin and hope that it will receive a warm welcome and enduring support from all involved in research for health.

WHAT IS HINARI?

The HINARI Programme, set up by WHO together with major publishers, enables developing countries to gain access to one of the world’s largest collections of biomedical and health literature. Over 6200 journal titles are now available to health institutions in 108 countries, areas and territories benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health.

How to search article in PubMED through HINARI:

HOA URLs
HINARI: health (>6,200 journals)
http://www.who.int/hinari/en/
Eligibility/Registration
- Institutions in countries with GNI (gross national income) per capita below $1250 are eligible for free access (Band 1)
- Institutions in countries with GNI per capita between $1250-$3500 pay a fee of $1000 per year / institution (Band 2)
- For details, see http://www.who.int/hinari/eligibility/en/

HINARI Website
- Open the Internet explorer or Mozilla Firefox
- Type the URLs www.who.int/hinari in address bar the windows displays
- Click on Login Menu bar, that is appear in right side of the windows, the new windows appears
- Type the User Name and Password and click Go The windows displays new windows like this
- Click on the link to find the articles through PubMed
- The PubMed screen will Display
- Type the Keyword and click go.

Detail Information visit NHRC Library
- Chandra Bhushan Yadav
  Librarian, NHRC
Influenza A (H1N1) or Swine flu is an infectious disease of pigs caused by type A (H1N1) strains of influenza virus. The virus is contagious and spreading from human to human. Influenza A (H1N1), a disease of swine that has been known for at least eighty-five years, continues to be a problem in swine production in diverse parts of the world.

Influenza of pigs as a disease was first recognized during the Spanish influenza pandemic of 1918 – 1919. Veterinarian J. S. Koen was the first to describe the illness, observing frequent outbreaks of influenza in families followed immediately by illness in their swine herds, and vice versa. Influenza virus was first isolated from pigs in 1930 by Shope and Lewis, with the virus isolated from humans several years later. The first isolation of swine influenza virus from a human occurred in 1974, confirming speculation that swine-origin influenza viruses could infect humans.

Pigs are thought to have an important role in interspecies transmission of influenza, because they have receptors to both avian and human influenza virus strains. Consequently, they have been considered a possible “mixing vessel” in which genetic material
can be exchanged, with the potential to result in novel progeny viruses to which humans are immunologically naïve and highly susceptible. As the threat of a pandemic due to highly pathogenic H5N1 avian influenza virus strains looms, a better understanding of interspecies transmission of influenza is necessary.

In late March and early April 2009, cases of human infection with swine influenza A (H1N1) viruses were first reported in Mexico and North America. As of May 2009, the number of affected countries has reached 40 including China, Korea and India in South Asia Region.

Influenza A (H1N1) virus is contagious and is spreading from human to human. However, at this time, it not known how easily the virus spreads between people.

The symptoms of swine flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with swine flu. In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with swine flu infection in people. Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions.

Spread of this Influenza A (H1N1) virus is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

Infected people may be able to infect others beginning 1 day before symptoms develop and up to 7 or more days after becoming sick. That means that a person may be able to pass on the flu to someone else before they know they are sick, as well as while they are sick.

First and most important for prevention is to wash hands and try not touch surfaces that may be contaminated with the flu virus. It is better to avoid close contact with people who are sick.

It is recommend to the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with these swine influenza viruses.

People with Influenza A (H1N1) virus infection should be considered potentially contagious as long as they are symptomatic and possible for up to 7 days following illness onset. Children, especially younger children, might potentially be contagious for longer periods.

Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk and then touches their own eyes, mouth or nose before washing their hands.

We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, doorknobs, and desks. Frequent handwashing will help reduce the chance of getting contamination from these common surfaces.

There is no vaccine available right now to protect against swine flu. There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. These steps can be taken to protect getting infection:

- Covering nose and mouth with a tissue while coughing or sneezing and throwing the tissue in the trash after its use.
- Washing hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
- Avoid touching eyes, nose or mouth because germs spread this way.

A way to prevent getting infection is avoiding close contact with sick people. Influenza A (H1N1) or Swine influenza cannot occur from eating pork or pork products. Eating properly handled and cooked pork products is safe.
Regional Workshop on Research Priorities in Communicable Diseases, WHO/SEARO, Dr. Mahesh Kumar Maskey (Executive Chairman, NHRC) and Ms. Pearl Banmali (Deputy Senior Research Officer) attended the regional workshop on "Research Priorities in Communicable Diseases", held at New Delhi on 4-6 March, 2009. The workshop discussed research priorities in communicable diseases from the perspective of national programmes as well as mechanisms for promoting, implementing and using research as an integral part of public health action.

Three-Day Training Workshop on "Thinking like a Social Scientist: Learning some Advanced Research Tools and Publishing internationally". Ms. Namita Ghimire, (Research officer, Sociologist) attended the training workshop on "Thinking like a Social Scientist: Learning some Advanced Research Tools and Publishing internationally" held at Sap Falcha, Kathmandu from 30 March - 01 April, 2009. The workshop focused on motivating Nepali social scientists to use modern scientific research tools in their research works and to publish the results in international journals.

Refresher Training for Library staffs of HELLIS (Health libraries)

Consultative Meeting of Journal of Nepal Health Research Council (JNHRC)

A one day Consultative Meeting of JNHRC was held at the Hotel Green Wich Village, Kupondol Lalitpur on 25th January, 2009. The meeting was chaired by Dr. Mahesh Kumar Maskey (Executive Chairman, NHRC). The main objective of meeting was to obtain feedback from audience in order to standardize and to improve the quality of JNHRC to international level.

Ethical Review Board (ERB) Meeting

From January 29 - March 6, 2009, ERB meeting was held on NHRC Hall. The meeting was conducted by Dr. Ramesh Kant Adhikari (ERB coordinator). The main agenda of the meeting was on Approval of Research proposals submitted to NHRC.
Training Workshop on Health Research Proposal Development

Nepal Health Research Council organized a training workshop on “Health Research Proposal Development” from 01 – 05 March 2009 (18 – 22 Falgun 2065). Altogether twenty-eight participants attended the training workshop. Most of the participants were from different sectors of Health and related areas while some of them were postgraduate student of natural and social sciences. The contents of training workshop covered fundamentals of research methods and design, qualitative and quantitative studies. The purpose of the training workshop was to enhance the existing skill and knowledge of the participants.
Institution : Lerner Research Institute, USA
Title : Etiology of Febrile Illness at Hospitals in Nepal.
PI : Dr. Sanjay Kumar Shrestha
Institution : Walter Reed/AFRIMS Research Unit Nepal (WARUN), Kathmandu
Title : Nasopharyngeal Carriage rate of Streptococcus Pneumoniae in Healthy Children from Patan Nepal
PI : Dr. Neelam Adhikari
Institution : Patan Hospital, Lagankhel, Lalitpur
Title  : Integrated Bio-Behavioral Study (IBBS) among street Children and Youth in Kathmandu
PI : Ms. Bhawana Subedi
Institution : Central for molecular Dynamics Nepal (CMDN), Kathmandu
Title : Phylogeography and Influence of Pathogen Genotype on Transmission of Mycobacterium Tuberculosis
PI : Mr. Bijaya Malla
Institution : University of Base, Switzerland
PI : Prof. Dr. Suman Rijal
Institution : BPKIHS, Dharan
Title : Nepali Success Stories: An Exploratory Study of Successful Participation and its Associated Factors in Individuals Affected by Leprosy in Nepal
PI : Ms Shoba Jasmine Pillai
Institution: The University of Melbourne, Australia
Title : Community Mobilization to Increase Delivery by Trained Health Workers in Makwanpur District: Cluster Randomized Controlled Trial
PL : Dr. Sarala Malla
Institution : National Public Health Laboratory, Teku
Title : Role of Nepalese HIV Positive People to Promote Access to HIV Care and Support Services
PL : Dr. Krishna Chandra Paudel
Institution : The University of Tokyo, Japan

Research Proposals Funded by NHRC UG/PG Grant (Under WHO Activities)
Title : A Study of Prevalence of Taenia Infestation and Associated Risk Factors among the School Children of Dharan
PI : Dr. Ram Bilakshan Sah
Institution : Nossal Institute for Global Health, Australia
Title : Normal Reference Range of CD4 T Cell Count and Absolute Lymphocyte Count in HIV Sero-negative Healthy Adult Nepalese Population
PI : Ms. Saraj Gurung
Institution : The University of
Title : Social Inclusion in...
Healthcare: Before and after Removal of User Fees

Title: Adolescent Girls Reproductive Health Situation among Madheshi Communities in Nepal: A Case Study from Mahottari District.

Title: Progesterone for Prevention of Recurrent Preterm Labor after Threatened Preterm Labor - A randomizes Controlled Trial.

Title: Use of Herbal Medicines by Traditional Healing Practitioners: A Case Study of Phoksundo VDC of Dolpa District in Nepal.

Title: Safe Motherhood Practices among Muslim Women: A Case Study of Taple VDC, Gorkha

Title: Seasonal Distribution and Multiple Feeding of Culex tritaeniorhynchus Giles (Diptera: Culicidae), The Vector of Japanese Encephalitis in Kathmandu Valley.

Title: Skin Diseases: Prevalence and Impact in the Quality of Life of the Community Members in a Rural VDC.

Title: Distribution of Aedes aegypti and Other Possible Vectors of Dengue Viruses in Kathmandu Valley.

Title: Kala-azar out Break Control among Socio- economically Poor and Marginalized Communities of Jhapa District, Nepal.

Title: Loop-Mediated IsothAmplification (LAMP) for the Direct Detection of Human Pulmonary Infection Mycobactrium Tuberculosis, Mycobactrium Avium complex and Mycobactrium Kansasi sputum.

Title: Winter Distribution of Aedes aegypti and Other Possible Vectors of Dengue Viruses in Kathmandu Valley.

Title: Skin Diseases: Prevalence and Impact in the Quality of Life of the Community Members in a Rural VDC.

Title: Progesterone for Prevention of Recurrent Preterm Labor after Threatened Preterm Labor - A randomizes Controlled Trial.

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Abstracts of Completed Research Funded by NHRC

1. Social Inclusion in Healthcare: Before and After Removal of User Fees

This study used cross sectional descriptive design whereby records were reviewed to measure the proportions of service use by privileged and underprivileged ethnicities, men and women, and low and high economic classes at two cross sections, before and after removal of user fees. Interviews were conducted among users and providers of health services, management staff of the district health office and representatives of non-government organizations. In the district total, the use of health services by the underprivileged ethnicities and women has changed after the removal of fees (P=0.000, 0.004 respectively). Change in the use of services by poor people, however, was not statistically significant (P=0.369). Such change is not uniform across all health facilities in the district: in some facilities the poor, women and underprivileged ethnicities have now greater access to services whereas elsewhere there has been little or no improvement.

Attempt to qualitative exploration of the factors that may have confounding effect to the fee removal yielded no strong evidence. It was suspected that natural increase in the people’s awareness and assertiveness brought in by the democracy wave in the last few decades (and more so during the last three years) may be one such factor that may have combined effect with the government’s initiative of free health services.

2. Microbiology of Lower Respiratory Tract Infection with Special Reference to Extended Spectrum Beta Lactamase- and Metallo-Beta-Lactamase-Producing Strains among the Patients Attending Tribhuvan University Teaching Hospital

The emergence of extended spectrum-α-lactamase (ESBL) and metallo-α-lactamase (MBL) producing bacterial isolates causing lower respiratory tract infection (LRTI) has resulted in fewer therapeutic options in treatment modalities.

This was a prospective study conducted over a period of six months (June to November 2008) at bacteriology laboratory of TUTH. A total of 120 specimens representing lower respiratory tract (sputum, endotracheal secretion and bronchial washing) were received from outpatients and inpatients, with suspected LRTI, at TUTH. The specimens were collected and processed according to the standard methodology. Combination disk method and double disk synergy test method were used for the detection of ESBL and MBL producing isolates.

Respiratory pathogens were recovered from 44.38% cases. Among these, gram-negative bacteria were observed in 84.05%, while gram-positive bacteria were found in 15.95% of cases. Growth was more common in endotracheal secretion (67.21%) than in sputum (43.70%) and bronchial washing (10.0%). Ninety-one percent growths were monomicrobial while the rest accounted for mixed infections.

Of the total 314 isolates belonging to Enterobacteriaceae and non-fermentative bacteria, 24.20% were ESBL producers which included 42.16% of K. pneumoniae, 8.79% of Pseudomonads, 41.94% of E. coli, 12.9% of Acinetobacter spp. Among these, VRSA was also found. Besides, one percent of S. aureus were MDR. Forty-two percent of the total isolates were more common among inpatients.

MBL was present in 1.34% of the total 448 gram-negative isolates. MBL was detected by both DDST and CD methods in 3 isolates each of P. aeruginosa and Acinetobacter spp. from inpatients. All ESBL and MBL producers were MDR. Forty-two percent of S. aureus were resistant to methicillin. Besides, one vancomycin resistant S. aureus (VRSA) was also found.

3. Experience on Domestic Violence among the Pregnant Women

The study entitled Experience on Domestic Violence among the Pregnant Women was carried out in Triyuga Municipality, Udayapur.
This was a qualitative study carried out in 18 pregnant women. The main objective of the study was to explore the experience of domestic violence among the pregnant women. To meet the objective a phenomenological approach was used and data was gathered through in-depth interview, observation and focus group discussion (FGD) with guidelines. In-depth interview was carried out with each participant along with audio tape recording and field notes. Facial expressions, gesture, tone of voice were observed among participants during in-depth interview. FGD was done with 10 members of community based organization (CBO) for triangulation and then translated into English for reporting. Obtained information was categorized as per thematic classification and presentation into narrative description.

Among 18 participants, six had experienced emotional violence in present pregnancy by husband, mother in law and sister in law. One participant had faced emotional and physical Violence; another one had experienced emotional and physical violence in present pregnancy. The majority of participants had knowledge on gender based socio-cultural and economic discriminatory practice. Most of participants were sensitive on domestic violence. The result of the study showed that experience of emotional violence is high. The root cause of domestic violence was patriarchal value loaded society. Society and family adopt discriminatory socialization to women and men. It results unequal distribution of resources. Women become less powered. But it was hidden cause of domestic violence. Superficially, inter-caste marriage, sub-fertility, alcoholism, gambling, not working at home and not caring children were seen as the cause of domestic violence. Participant perceived that domestic violence leads to physical and mental problem in women. It has long lasting effect on health like backache, body ache and joint pain. Sometimes, women feel depressive, anxiety, suicidal tendency and attempt suicide. Keeping silence, crying, making busy in household chores and sharing with members of women group in own village were common responses to domestic violence. The study reveals; seeking help for community mediation from women group was common. Reporting police officer after failure of community mediation was in practice but seeking legal support was uncommon. The participants had idea on existing social system but no idea on legal system.

4. A study of Prevalence of Taenia infestation and associated risk factors among the school Children of Dharan

Taenia saginata and Taenia solium species are worldwide in distribution. Infection is found most often in rural areas of developing countries with poor hygiene and living in close contact with pigs and eating undercooked pork/meats, where pigs and cattle are allowed to roam freely and eat human feces. Cross sectional study was designed for the study period of one year. On sampling technique, stratified random sampling was applied to choose the schools and the study subjects. Out of total 90 schools in Dharan, 22 were government (25%) and 68 were private schools (75%). 11.3% of worm and 12.9% of protozoa were found in school children of Dharan. Among 106 worm, Taenia species (5.3%), Ascaris Lumbricoids (1.9%), Hookworm (2.0%), Trichuris Trichuria (1%), Enterobius vermicularis (0.3%), Hymenolepsis nana (0.7%) were found. Among 121 Protozoal infections, Entamoebia histolytica was found in 6.1% children and Giardia lamblia was found in 6.8% children. Children who are non-vegetarian and who have eaten pork meat only have higher risk of worm infestation (13.4%) than those children who have eaten buff meat (11.5%). Prevalence is more in those children who drink water without any treatment. By occupation, farmers have more chances of worm infestation than those engaged in other occupation.

NHRC Library

With the purpose of providing research based health information NHRC library was established. It serves as a repository for health research related information and resources. Government of Nepal, Maryknoll Fathers and Brothers, Rockefeller Foundation, and WHO, are supporting for expanding the library. It has a collection of research based tapes/documents & CDs, and is actively networking with other health research libraries. Currently the library has the created database of 1000 records of its collection. The users can browse database by author, title and key-words at intra-net and internet. It provides research based information related to health. It also provides materials from HINARI and related websites.
## Current Activities

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<th>S. No.</th>
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<td>36</td>
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<td>37</td>
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<td>Review and Update of Health-Care Waste Management Policies/Guidelines with Focus on Improved Occupational Health and Safety Needs</td>
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<td>Strengthen the Regularity Aspects of Health Care Waste Management for Production, Management and Safe Disposal</td>
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<td>41</td>
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<td>Undertake Health Risk Assessment and Advise on Health-Protective Measures for Traffic Police in Kathmandu</td>
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<td>42</td>
<td>WHO</td>
<td>Develop and Apply Gender and Ethnic Group Disaggregated Data Based Monitoring of Access to PHC Services and Analyze Access to PHC by Gender and Ethnic Groups in 2 Tarai Districts of Nepal</td>
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