Attachment 1.
(FACE SHEET)

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Date 31/3/92
10/5/92

Principal Investigators Dr A.N. Alam
Dr D. Mahalanabis

Trainee Investigator (if any) 20

Application No. 92-011

Supporting Agency (if Non-ICDDR,B)

Title of Study ICDDR,B Surveillance Programme - Clinical Research Centre

Project status:
( ) New Study
( ) Continuation with change
( ) No change (do not fill out rest of form)

Circle the appropriate answer to each of the following (If Not Applicable write NA).

1. Source of Population:
   (a) Ill subjects (Yes) No
   (b) Non-ill subjects Yes (No)
   (c) Minors or persons under guardianship (Yes) No
2. Does the study involve:
   (a) Physical risks to the subjects Yes (No)
   (b) Social Risks Yes (No)
   (c) Psychological risks to subjects Yes (No)
   (d) Discomfort to subjects Yes (No)
   (e) Invasion of privacy (Yes) No
   (f) Disclosure of information damaging to subject or others Yes (No)
3. Does the study involve:
   (a) Use of records, (hospital, medical, death, birth or other) (Yes) No
   (b) Use of fetal tissue or abortus Yes (No)
   (c) Use of organs or body fluids Yes (No)
4. Are subjects clearly informed about:
   (a) Nature and purposes of study (Yes) No
   (b) Procedures to be followed including alternatives used (Yes) No
   (c) Physical risks Yes No
   (d) Sensitive questions Yes No
   (e) Benefits to be derived (Yes) No
   (f) Right to refuse to participate or to withdraw from study (Yes) No
   (g) Confidential handling of data (Yes) No
   (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure NA Yes No
5. Will signed consent form be required:
   (a) From subjects Yes (No)
   (b) From parent or guardian (if subjects are minors) Yes (No)
6. Will precautions be taken to protect anonymity of subjects (Yes) No
7. Check documents being submitted herewith to Committee:
   ___ Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies)
   ✓ Protocol (Required)
   ✓ Abstract Summary (Required)
   ✓ Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
   ✓ Informed consent form for subjects
   ✓ Informed consent form for parent or guardian
   ✓ Procedure for maintaining confidentiality
   ✓ Questionnaire or interview schedule *

* If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
2. Examples of the type of specific questions to be asked in the sensitive areas.
3. An indication as to when the questionnaire will be presented to the Cttee. for review.

We agree to obtain approval of the Ethical Review Committee for any changes involving the rights and welfare of subjects before making such change.

✓ A.N. Alam
Principal Investigator

Trainee

A-031960

92-011
10/5/92

SECTION I - RESEARCH PLAN

1.	TITLE:	ICDDR,B SURVEILLANCE PROGRAMME - CLINICAL RESEARCH CENTRE*
2.	PRINCIPAL INVESTIGATORS:	Dr A.N. Alam Dr D. Mahalanabis
	CO-INVESTIGATORS:	Dr John Albert Mr Nurur Rahman Dr A.S.G. Faruque
3.	STARTING DATE:	April 1, 1992
4.	COMPLETION DATE:	To be continued as a research support activity of the Centre.
5.	TOTAL DIRECT COST:	US$ 114768.00 (for the year 1992)
6.	SCIENTIFIC PROGRAMME:	This protocol has been approved by the Clinical Sciences Division

✓ A Z Alam
Signature of the Associate Director, CSI (For)

Date: 31.03.92

* This is not a formal research protocol; it is an ongoing research support activity of of the Centre.

7. ABSTRACT SUMMARY:

This is a routine and ongoing research support activity and not a formal research protocol. The number of patients attending the Clinical Research Centre (CRC), Dhaka is very large. About 150-300 patients are being treated every day leading to about 70,000 attendance each year. It is not feasible to study each patient in depth and to collect their clinical and microbiological data. This data, however is very important in helping us to understand the patient population we see at the CRC. This also helps us in assessing the quality of care provided, change in the pattern of disease, socio-economic variables, seasonal variations and in generating new ideas for research. The protocol aims at continuing an established surveillance system which studies a systematic sample of 4% of patients coming to the treatment centre each day.

The study will not interfere with routine medial care but merely collect information on different aspects of diarrhoeal diseases as mentioned above. The on-duty physician at the treatment centre will perform a detailed clinical examination. Treatment will be provided as usual by the hospital staff. In addition, a special questionnaire will be administered by an interviewer in the surveillance-team. Anthropometric and laboratory examinations will also be performed. The study will thus help us to record the pattern of diarrhoeal diseases and to prepare reports on weekly and on annual basis. The latter will be made available to the Director General of Health Services, Government of Bangladesh for dissemination of this information to health personnel so that adequate preventive measures could be taken. Information on hospital course and outcome will be collected on hospitalized surveillance patients.

8. REVIEWS

(a) Ethical Review Committee: ----------

(b) Research Review Committee: ----------

(c) Director, ICDDR,B: ----------

SECTION II - RESEARCH PLAN

INTRODUCTION:

1. Objective

The objectives of the this hospital surveillance system are:

a) Provide data base on diarrhoeal illness for reporting to the Government of Bangladesh based on a systematic sample of all patients attending the treatment facility of ICDDR,B in Dhaka.

b) Provide data base for use in formal research protocols;

c) Provide information to develop new research protocols.

d) Use the information to improve patient care and introduce preventive care.

e) Monitor changes in disease pattern including drug sensitivity (particularly for cholera and shigellosis).

d) Provide data base to generate hypothesis and to evaluate prognostic factors and risk factors.

2. Background information

This, by now a wellknown hospital surveillance system, is being submitted for approval after completing another 5 years. Diarrhoeal diseases are major health problems in the developing countries including Bangladesh and contribute significantly to morbidity and mortality (1). In one study in rural Bangladesh, there were 23.9 deaths per 1000 population and diarrhoea was responsible for 34% of these deaths (2). The epidemiology, etiologtic agents, clinical characteristics and treatment of diarrhoeal diseases seen at the CRC has changed over the years. For example, between 1973 and 1974 there was a shift in the predominant biotype of *Vibrio cholerae* from the virulent classical one to the less severe El Tor biotype (3). There have been similar changes for other diarrhoeal agents. In the 1960's most Shigellae isolated were S. Sonnei; there were few Shigella flexneri. In 1970, Shigella dysenteriae type 1 was reported for the first time and by 1973 it had increased to about two-thirds of all shigellae isolated (4). The isolation rate of different shigella species has since changed - the current dominant strain being shigella flexneri and other agents not previously thought to produce enteric diseases have been identified and studied at the Centre.

At the ICDDR,B treatment centre, Wilson et al (5) first carried out a pilot surveillance study in 1979. This limited study established that a surveillance system is workable at ICDDR,B and reaffirmed the usefulness of such a study. The results of this study yielded useful information. In October, 1979 Dr Barbara Stoll et al (6) developed a research protocol and established a surveillance system at CRC to study 4% systematic sample of all patients attending the hospital for care. Analysis of data for the first year (December, 1979 to November, 1980) of hospital surveillance provided information on: (a) age and sex distribution, (b) pathogens isolated at different age groups, (c) parasites identified, (d) seasonal variation, (e) some clinical characteristics and severity of dehydration, (f) treatment and, (g) case fatality (7). During this period 125, 103 patients attended the CRC of whom 25% were <1 year, 37% between 1-5 years and 38% 5 years and over. Thirty-one percent of the patients were treated in the out-patient ward and only about 4% were admitted to the hospital ward. Subsequently, further information on socio-economic factors, clinical features and complications of diarrhoeal illnesses were collected from the patients. The study also has established a system of reporting the results to the Director General of Health Services, Government of Bangladesh regularly on weekly and annual basis to assist with national health policy matters and for dissemination of this information to health personnel and adequate preventive measures. (see annex 1).

3. Rationale

There is a large attendance of diarrhoea patients at the ICDDR,B treatment centre. The volume of diagnostic work and health care to be provided in enormous. It has become almost impossible to study each individual case in detail. However, surveillance activity is essential in helping us to understand the patient population, spectrum of diseases seen at ICDDR,B therefore a representative sample i.e., a 4% systemic sample of patients are chosen for in-depth study (8).

Surveillance of diseases is a routine activity of each hospital or health centre. This alerts the medical and public health personnel towards changing pattern of diseases and evaluates the medical care rendered through health institutions. The initial surveillance of urban diarrhoeal patients at CRC was thus changed to a routine activity of the hospital.

4. Specific Aims

1. To outline the causative organisms of diarrhoeal illnesses seen at the CRC in relation to age, sex, season and clinical aspects.

2. To collect information on important socio-economic factors relating to diarrhoeal diseases.

3. To help generate new ideas for future research.

METHODS OF PROCEDURES

1. All surveillance patients

Study patients will be a 4% systematic sample of all patients seen at Clinical Research Centre (all age group). The out patient chart of the study patients will be stamped in advance (i.e. every 25th of the serial numbers). As and when the OPD clerk records the information on admission in a pre-stamped study chart, he/she will hand it over to the surveillance team. All patients will receive routine medical care as provided by the paramedics, nurses, physicians at the CRC. Study assistants will be on duty from 6:00 a.m to 2:00 p.m and from 2:00 p.m. to 10:00 p.m. Study patients who arrive between 6:00 a.m. and 10:00 p.m. will be interviewed in order they arrive. Study patients who arrive between 10;00 p.m. and 6:00 a.m. will be examined by physician-on-duty and treated as usual, but will be retained in the treatment centre until the next morning when they will be interviewed by a surveillance staff.

Each study patient will be interviewed by a surveillance staff who will administer a detailed questionnaire regarding demographic, socio-economic factors, medical history and previous therapy received. Stools or rectal swabs (RS) will be obtained for culture and microscopic examination (ME). During the period between 10:00 p.m. and 6:00 a.m. samples will be collected in MIF solution for M/E. All rectal swabs will be handled at the microbiology laboratory immediately or kept on an incubator. Stools will be cultured for *Salmonella, Shigella, ETEC, Cholera* and other vibrios. Sensitivity to antibiotics will be performed on bacteriological isolates. An Elisa for rotavirus will be requested form the same sample. A detailed physical examination will be performed by a physician on-duty. Information on therapy and hospital course will be collected by a health assistant in collaboration with the physician. Height and weight measurements will be taken on admission and discharged by the health assistant.

The questionnaire forms are precoded and data are entered into a micro computer weekly. Computer printouts are taken on entry of data on to computer for editing and updating of data. Weekly and annual reports will be sent to D.G. Health Services, Government of Bangladesh on a regular basis as has been done before (similar to Annex 1).

2. Patients admitted to Out-Patient Ward: The hospital course of surveillance patients will be collected by health assistants.

3. Patients admitted to in-patient ward: Patients who are admitted to the inpatient ward will be examined by the physician on-duty. Information on hospital course will be filled-in by the attending physician in collaboration with the health assistant.

4. Supervision: The surveillance supervisor will be responsible for ensuring all procedures to be completed and recorded by health assistants in collaboration with those responsible for the routine care. he will also be responsible to ensure collection of specimen, accurate clinical assessment, co-ordination of the activity, regular data analysis and reporting the results. Principal Investigators will be responsible for overall supervision and standardization of clinical assessment.

D. SIGNIFICANCE:

The surveillance activity with collection of data on different aspects of diarrhoeal diseases will serve as an alert system and help us understand any change in diarrhoeal disease pattern seen at the CRC. It will also facilitate and ensure the linkage between different surveillance based research protocols and relevant data collection.

F. FACILITIES REQUIRED:

1. No new office space is required

2. Personnel - 1 Supervisor - Full-time
   4 Interviewers- Full-time

3. No separate laboratory space is needed.

4. Logistic support: None

LIST OF REFERENCES:

1. Black RE, Merson MH, Rahman ASMM, Yunus M, Alim ARMA, Huq I, Yolken RH and Curlin GT. A two-years study of bacterial viral and parasitic agents associated with diarrhoea in rural Bangladesh. J Infect Dis 1980;142:660.

2. Chen LC, Rahman M, and Sarder AMJ. Epidemiology of death among children in a rural area in Bangladesh. Int J Epidemiol 1980;9:25

3. Khan MU, Alam AKMJ, and Rahman ASMM. Ten years review of the age and sex of cholera patieonts. Scientific Report No. 14, Choelra Research Labroatory, May 1978.

4. Khan MU, and Curlin GT. Shigellae dysentery: A new health hazard in Bangladesh. Bangladesh M J 1974;3:42.

5. Wilson R et al. Outpatient Centre Surveillance Report of 1979.

6. Stoll BJ. Surveillance of Urban Diarrhoea Patients. ICDDR;B Protocol No. 80-005.

7. Stoll BJ, Glass RI, Huq MI et al. Surveillance of patients attending a diarrhoeal disease hospital in Bangladesh. Br Med J 1982;285(6349);1185-88.

ABSTRACT SUMMARY FOR ETHICAL REVIEW COMMITTEE

Because the number of patients being treated at the CRC, ICDDR,B is very large (approximately 300-500 patients per day), it is not possible to study each patient routinely in depth and to collect clinical and microbiological data on each of these patients. This data is however, very important in helping us to understand the patient population that we see at the CRC, and subsequently in assessing any change in the pattern of diarrhoeal disease, quality of care provided and ingenerating new ideas for research. The research protocol on surveillance was thus aimed at establishing a surveillance system in order to provide the above information and incorporate this into a routine activity of the centre.

We will be studying a systematic sample of 4% of patients coming to the Clinical Research Centre each day. This study will not interfere with routine medical care but merely collects information on different aspects of diarrhoeal diseases as mentioned above. Treatment will be provided as usually by the hospital staff, with emergency cases treated on a priority basis. In addition, a special questionnaire will be administered by an interviewer in the surveillance team and the on-duty physician will perform a complete physical examination. Anthropometric and laboratory examinations will also be performed. The protocol will also help us preparing a weekly and an annual report to be communicated to the D.G. Health Services.

1. A 4% systemic random sample of all patients treated at the CRC will be studied.

2. Potential risks: No risks are involved.

3. No risks are involved since no attempt will be made to influence care.

4. Confidentiality will be maintained. All patients will be given study numbers.

5. There will be no risk to the patient, only verbal consent will be obtained.

6. Approximately 15 minutes will be required for interview and this will be done in a special area of the outpatient ward once the physician has examined the patient and decisions about immediate care have already been made.

7. The potential benefits to be gained by the patients include more personal contact with Health Workers who are less busy than the routine staff and have more time to answer the questions of the attendants of patients regarding diarrhoea. In addition, data collected will be useful in assessing the quality of medical care provided and making recommendations for its improvement; this will benefit all patients in future. Moreover, the data generated will provide information on demographic, clinical and microbiological aspects of our patient population. Appropriate measures for treatment and prevention can be taken once any change in the diarrrhoeal disease pattern is observed. It also may generate new ideas for future research.

8. Stool/rectal swab will be obtained for culture and microscopic examination.

ICDDR.B SURVEILLANCE PROGRAMME, CRC, DHAKA.

Patient,s name : _____ Father,s name _____

Variables	code	column
- Case number	/__/__/__/__/__/__/__/	1-7
- Interviwer	/__/	8
- Date	/__/__/__/__/__/__/ (d d m m y y)	9-14
- Age	/__/__/__/__/__/__/ (y y m m d d)	15-20
- Sex 1=male, 2=female	/__/	21
- Religion 1=Muslim, 2=Hindu, 3=Christ 4=Budhists 5=Others	/__/	22
- Use of replacement fluid before arrival: 0=none 1=ORS packet 2=Home made ORS 3=Barly 4=Rice/ gruel soup 5=I.V fluid 6=1/2+4 7=1/2+5 8=3/4+5	/__/	23
- Chemotherapy before arrival 00=none 01=penicillin 02=tetra 03=ampi 04=chlO 05=furox 06=genta 07=sept 08=kana 09=nali 10=metro 11=Amp+Fux 12=Sept+Metro 13=Fux+Nali 14=Selexid 98=Others.	/__/	24-25
- Duration of therapy before arrival(days)	/__/__/	26-27
- How many persons eat from the same cooking pot	/__/__/	28-29
- How many children <5 yrs of age in your family.	/__/__/	30-31
- How many members of your family had diarrhoea in past 7 days.	/__/__/	32-33
- No of deaths from diarrhoa in the family during last 5 years.	/__/	34

- Feeding (up to three years of age) /__/ 35
  1=BM only 2=BM+water BM+supplemental food
  3=Supplemental food only 4=Family food.

- If receiving supplemental food, started at what age(mo). /__/__/ 36-37

- Education of patient,s father /__/ 38
  0=none 1=maktab 2=1-3yrs 3=4-5yrs
  4=6-10yrs 5=11-12yrs 6=>12yrs.

- Education of patient,s mother /__/ 39
  (catagories as above)

- Self education (for >15 yrs of age) /__/ 40

- Occupation of patient,s mother /__/ 41
  1=House wife 2=service 3=labour 4=others

- Occupation of patient,s father /__/ 42
  0=none 1=labour/rickshawpuller/hawker/boatman
  2=sevice 3=pretty business 4=Business
  5=others.

- Self.occupation (for >15 years of age) /__/ 43

- Monthly income(taka) of the household /__/ 44
  1=upto tk.500 2=500-999 3=1000-1499
  4=1500-1999 5=2000-2999 6=3000-4999
  7=>5000

- Housing: 1=building 2=semi-building 3=tin
  4=tin+other 5=bamboo/straw 6=others. /__/ 45

- Sources of water for drinking /__/ 46
  1=tap 2=TW 3=pond/river/ditch
  4=1+2 5=1+3 6=2+3 7=1+2+3

- Sources or water for bathing/washing /__/ 47
  (catagories as above)

- Place of defecation /__/ 48
  1=sanitary 2=semi-sanitary 3=service
  4=dughole(with ring) 5=open pit
  6=hanging 7=no fixed place

- Used vitamin A capsule : /__/ 49
  0=no 1=within 3 months 2=4-6 months
  3=7-12 months 4=>12 months.

- Immunization:

OPV/DPT : 0=no 1=complete 2=incomplete	/__/	50
BCG : 0=no 1=yes	/__/	51
Measles : 0=no 1=yes	/__/	52

- Duration diarrhoea before arrival in days /__/ 53
  1=<1 2=1-3 3=4-6 4=7-9 5=10-12
  6=12-14 7=>15

- Character of stool /__/ 54
  1=watery 2=non-watery

- Stool contents /__/ 55
  0=usual 1=mucus 2=blood 3=MU+BL

- No of stool in last 24 hours /__/ 56
  1=3-5 2=6-10 3=11-15
  4=16-20 5=>20

- Abdominal pain /__/ 57
  0=no 1=yes

- History of vomiting /__/ 58
  0=no 1=before diarrhoea
  2=after diarrhoea

- Vomiting in last 24 hrs:
  0=no 1=<10 times 2=> 10 times /__/ 59

- History fever(days) /__/__/ 60-61

- History of measles /__/ 62
  0=none 1=measles within past 3 months
  2=>3-6 months 3=measle before 6 months

- History of nightblindness /__/ 63
  0=none 1=present history of N.B
  2=past history of N.B
  3=measles+nightblindness

- History of convulsion: /__/ 64
  0=none 1=convulsion within 12 hrs
  2=convulsion within 13-24 hrs
  3= convulsion >24hrs

- Other disease (spcify) /__/ 65

- Location (Thana/area) of house /__/__/__/__/ 66-69
  01=Basti, 02=Common housing area,
  03=Residential area, 04=Village,
  05=Industrial area, 06=Others.

PHYSICAL EXAMINATION:

- Thirst /__/ 70
  0=normal, 1=Mild
  2=Moderate, 3=Severe (for adults)

- General condition /__/ 71
  0=normal, 1=Restless, 2=Lethergic but
  irritable when touched, 3=Drowsy/cold
  and sweating extremities, 4=Coma

- PCM /__/ 72
  0=no, 1=Maramus
  2=Kwashiorkor, 3=MK

- Oedema /__/ 73
  0=Absent, 1=Present

- Respiration /__/ 74
  0=normal, 1=Faster than normal
  2=Deep and rapid

- Temperature /__/ 75
  0=upto 36.6°, 1=36.7-37.7
  2=37.8-38.8, 3=>38.8

- Clinical assesment of dehydration /__/ 76
  0=no, 1=mild, 2=moderate, 3=severe

- Convulsion /__/ 77
  0=no, 1= yes

- Straining /__/ 78
  0=no 1=yes

- Vitamin A deficiency /__/ 79
  0=normal, 1=conj. xerosis,
  2=Bitot spot, 3=corneal ulcer,
  4=Karatomalacia, 5=1+2, 6=3+4
  7=corneal scar

- Ear - otitis media /__/ 80
  0=absent, 1=present
- Oral examination /__/ 81
  0=none, 1=angular stomatitis
  2=glossitis, 3=Pharyngitis, 4=Tonsilitis

Examination of lungs:

- Character of breathing /__/ 82
  1=vesicular, 2=bronchial

- Adventitious sound of lungs /__/ 83
  1=Rhonchi, 2=crepitation, 3=both

Abdomen:

- Bowel sound /__/ 84
  0=absent, 1=present

- Destension /__/ 85
  0=absent, 1=present

- Tenderness /__/ 86
  0=absent, 1=present

- Liver and spleen /__/ 87
  0=not palpable, 1=liver enlarged
  2=spleen enlarged, 3=both enlarged

- Rectal prolapse /__/ 88
  0=no, 1=yes

- Diagnosis /__/ 89
  1=uncomplicated diarrhoea,
  2=complicated diarrhoea

- Disposition /__/ 90
  1=discharged from exam. desk
  2=ORP 3=TC 4=C to ward, 5=ward
  6=study ward 7=refd. to another hospital
  8=death on arrival

- Duration of stay (days/hrs) /__/__/__/__/ 91-94

- Outcome /__/ 95
  1=cured 2=illness cotinuing 3=died
  4=absconded 5=DORB 6=others

STOOL EXAMINATION

- Stool consistency /__/ 96
  1=watery/liquid 2=loose 3=soft/formed

- Stool contents /__/ 97
  0=usual 1=mucus 2=blood 3=MU+BL

- PH , 1=alkaline, 2=acid /__/ 98

- RBC /__/ 99
  1=none 2=1-10 3=11-20
  4=21-50 5=>50

- WBC /__/ 100
  2=0-10 3=11-20
  4=21-50 5=>50

- Macrophage /__/ 101
  2=none 3=1-5
  4=6-10 5=>10

- Nutral fat /__/ 102
  2=none 3=few
  4=moderate 5=many

STOOL PARASITES:

- E.Histolitica /__/ 103
  0=none 1=EH cyst, 2=Eh troph
  3=EH cyst+troph

- G.Lamblia /__/ 104
  0=none 1=cyst, 2=vegetative
  3=cyst + veg.

- AD | 0=no, 1=yes /__/ 105

- TT 0=no, 1=yes /__/ 106

- AL | 0=no, 1=yes /__/ 107

- FB | 0=no, 1=yes /__/ 108

- SS | 0=no, 1=yes /__/ 109

- TH | 0=no, 1=yes /__/ 110

- Cryptosporidium 0=no, 1=yes /__/ 111

- Others 0=no, 1=yes /__/ 112

STOOL CULTURE

1. Salmonellae typhi=1 /__/ 113
   Other salmonellae=2

2. Shigella flexneri 0=no, 1=yes /__/ 114

3. Shigella boydii 0=no, 1=yes /__/ 115

4. Shig. dysenterie 1 0=no, 1=yes /__/ 116

5. Shig. dysenterie 2-10 0=no, 1=yes /__/ 117

6. Shig. sonnei 0=no, 1=yes /__/ 118

7. Campylobacter jejuni 0=no, 1=yes /__/ 119

8. Rotavirus 0=no, 1=yes /__/ 120

9. Enteric adenovirus 0=no, 1=yes /__/ 121

10. VC 01 /__/ 122
None=0
INCL=1, OGCL=2
INET=3, OGET=4

11. Other vibrios /__/ 123
None=0
VP=1, VF=2, VM=3
Other non 01=4, PS=5,
AH=6, AS=7, AC/A.spp=8

12. ETEC /__/ 124
ST=1, LT=2, ST/LT=3

13. EPEC /__/ 125

14. ELEC /__/ 126

15. Yersinia Enterocolitidis /__/ 127

- Sensitivity pattern /__/__/__/__/__/ 128-132
1=tetra 2=ampi 4=chlro sxt=8
16=furox 32=genta 64=kana 128=nali /__/__/__/__/__/ 133-136
256=selexid

- Resistent pattern /__/__/__/__/__/ 137-141
catogories as above
/__/__/__/__/__/ 142-146

- Rehydration method used /__/ 147
0=none, 1=ORS only, 2=IV only
3=ORS to IV, 4=IV to ORS,
5=Others

TREATMENT

- Tetracycline	/__/	149
- Ampicillin	/__/	150
- Septrin	/__/	151
- Furoxone	/__/	152
- Penicillin/crystapen V	/__/	153
- Metronidazole	/__/	154
- Gentamycine	/__/	155
- Nalidixic acid	/__/	156
- Chloramphenicol	/__/	157
- Selexid	/__/	158
- Others	/__/	159

ANTHROPOMETRY:

- Weight on admission (kg)	/__/__/__/	160-162
- Weight on discharge (kg)	/__/__/__/	163-165
- Height (cm)	/__/__/__/	166-168
- Arm Circumference (cm)	/__/__/__/	169-171

SUMMARY BUDGET (US $) FOR 1992

Personnel cost :	19,188.00
Supplies & Material:	1,400.00
Pathological tests:	5,000.00
Bacteriological tests: 50,000+36,780.00 * =	86,780.00
Other interdepartmental cost:	2,500.00
Total	114,768.00

* Additional cost for detection of campylobacter, rotavirus and ETEC in stool/RS samples:

Campylobacter :	21,960.00
Rotavirus :	3,600.00
ETEC :	11,220.00

Annex 21

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ICDDR,B DHAKA - WEEKLY REPORT

December 21 to 27, 1991

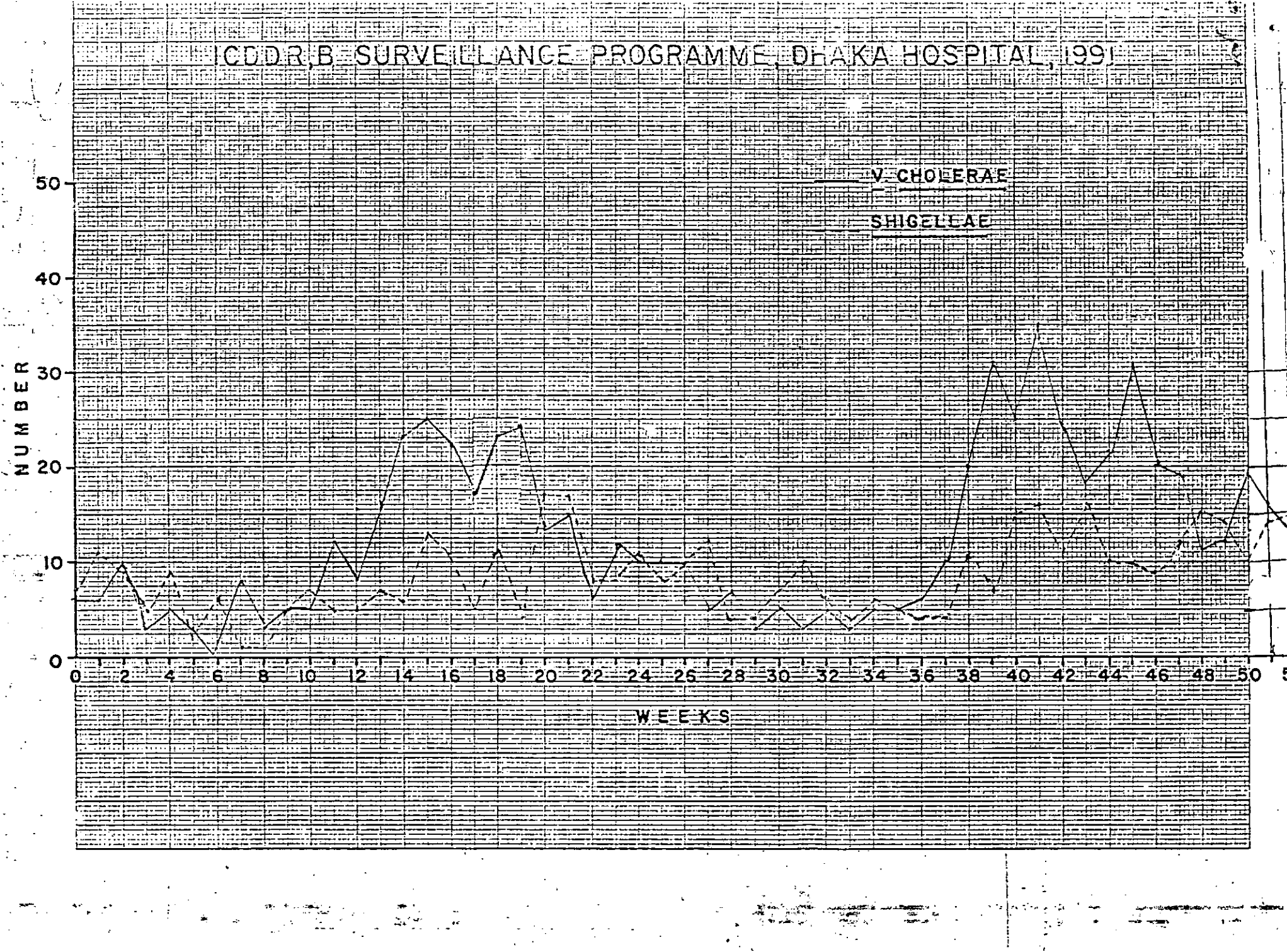
Dhaka Hospital Surveillance Data

ICDDR,B carries out a surveillance system based on at 4% systematic random sample of all patients regardless of their severity of illness. The demographic, aetiologic, clinical and therapeutic aspects of these patients are studied in detail. The table presents the extrapolated figures of surveillance data, Dhaka.

Causes of Diarrhoea and Total Numbers

Aetiologies	Surveillance Patients N	%	Extrapolated No. of Patients
V. cholerae			
* Classical			
Inaba	0	(-)	0
Ogawa	0	(-)	0
El Tor			
Inaba	0	(-)	0
Ogawa	*13	20.0	325
Shigella	14	21.5	350
Salmonella	0	(-)	0
Non-*Cholerae vibrio*	7	10.8	175
Rotravirus	2	3.1	50
Other etiologies	29	44.6	725
Grand total	65	(100.00)	1625

*1 (one) case of *Shigella* is associated


ICDDR,B SURVEILLANCE PROGRAMME, DHAKA HOSPITAL, 1991
V. CHOLERAE
SHIGELLAE
NUMBER
0
10
20
30
40
50
0 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50
WEEKS

CONSENT FORM

The Clinical Research Centre of the International Centre for Diarrhoeal Disease Research, Bangladesh collects detailed infomation on every 25th patient attending the centre. You will be asked some questions during your/your child's stay at the hospital either after the initial physical examination or after recovery from the illness. A stool sample/rectal swab will be taken for pathological/bacteriological tests.

You/your child will be provided appropriate treatment while under our care and the personal information given by you will remain strictly confidential. You may withdraw yourself/your child from the study at any time and this will not deprive you/your child from routine treatment provided at the centre.

If you are willing to participate in the study, please put your signature/thumb impession in the space provided below.

Signature of the Principal Investigator/ Health Assistant

Signature of the patient/Guardian

Date :_____

Date :_____