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Banglades			()	No change (do not fill out_rest of form)
cle the appropriate	e answer to eac	h of	the fo	llowing (If Not Applicable write NA).
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(a) Ill subjects	Yes (Yes) No		(a) From subjects (Yes) No
(b) Non-ill subjection		No		(b) From parent or guardian
(c) Minors or per	rsons			(if subjects are minors) (Yes) No
under guardia	anship Yes	No	6.	Will precautions be taken to protect
Does the study in	olve:			anonymity of subjects (Yes) No
(a) Physical risk		\sim	7.	Check documents being submitted herewith to
subjects		(No)		Committee:
(b) Social Risks	Yes	(No)		Umbrella proposal - Initially submit an
(c) Psychological		(overview (all other requirements will
to subjects (d) Discomfort to	Yes	(No)		be submitted with individual studies).
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(e) Invasion of p(f) Disclosure of	rivacy Yes	(No		Abstract Summary (Required)
tion damaging				Statement given or read to subjects on
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Does the study inv		No./		ions to be asked, and right to refuse
(a) Use of record	s (hoen-			to participate or withdraw (Required)
ital, medical	death	•	•	Informed consent form for subjects
birth or othe	r) Yes	(No		w Informed consent form for parent or
(b) Use of fetal		(NO)		guardian
abortus	Yes	(No)		Procedure for maintaining confidential-
(c) Use of organs	or body ~			ity
fluids	(Yes)	No		Questionnaire or interview schedule *
Are subjects clear	ly informed abo	ut:		* If the final instrument is not completed prior to review, the following information
(a) Nature and pu	rposes of			should be included in the abstract summary
study	(Yes)	No		1. A description of the areas to be
(b) Procedures to				covered in the questionnaire or
followed incl	uding	<u> </u>		interview which could be considered
alternatives		No]		either sensitive or which would
(c) Physical risk		No		constitute an invasion of privacy.
(d) Sensitive que	stions Yes	No	N.A.	2. Examples of the type of specific
(e) Benefits to be	e derived Yes	No \	- 14 + F1 -	questions to be asked in the sensitive
(f) Right to refus		7		areas.
participate of	1			3. An indication as to when the question-
draw from stud	ly Yes	No		naire will be presented to the Cttee.
(g) Confidential 1		, ,		for review. *
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	procedure Yes		-	
gree to obtain appr	oval of the Et	hical	Revie	w Committee for any changes
lving the rights ar	d welfare of si	abject	ts befo	ore making such change.
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SECTION I - PILOT PROTOCOL

.. Title : Cryptosporidium as a pathogen for

diarrhoea in Bangladesh

2. Principal Investigator : Dr. Nigar S. Shahid

Co-Investigator : Dr. Hamidur Rahman,

Dr. K.A. Mahmud

Consultant : Dr. Bruce A. Anderson

3. Starting Date : October 1, 1983

4. Completion Date : March 31, 1984

5. Total Direct Cost : US \$ 2,795.00

6. Scientific Program Head :

This protocol has been approved by the Disease Transmission

Working Group.

Signature of the Program Head :

Date: 7.10.83

7. Abstract Summary :

Stool of diarrhoeal patients coming under the surveillance system (4% systematic sample) in Dhaka hospital will be stained with Giemsa stain and examined under oil emersion in light microscope. In the surveillance system the samples are regularly being examined for Salmonella, Shigella, V. cholerae Ol and V. cholerae non Ol, Campylobacter, ETEC, and Rotavirus. Stool microscopy is also performed. Clinical and social characteristic of the patients are also recorded. Being attached to the surveillance system we should be able to obtain a clear account of the diarrhoea produced by this protozoa.

8. Reviews:											
	a.	Ethical Review Committee	: ,	·				<u> </u>			 _
-	b	Research Review Committee	:		· - -		. - -	-			 _
	c.	Director :							_ 		 _

€)

d. BMRC : _____

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SECTION II - RESEARCH PLAN

Introduction:

1. Objective:

The objective of this protocol will be to establish cryptosporadium as a cause of diarrhoea in Bangladesh.

Background:

Despite the large number of enteropathogens identified in recent years, the cause of many diarrhoeal episodes remain undetermined. The ICDDR, B_surveillance system in 1982 could identify a cause of diarrhoea for 60% of diarrhoeal cases coming under surveillance. Of these 1.6 were Entamoeba histolytica and 2.7 Giardia lamblia. The bacterial pathogens looked for were ETEC, Campylobacter, V. cholerae Ol and non Ol, Salmonella, Shigella, and rotavirus which is performed by ELISA method.

The protozoan cryptosporidium was first described by Tyzzer² in 1907 and has recently been shown to infect and cause enteritis in a number of animal species by adhering to the microvillus border of intestine epithelial cells. 3,4,5,6 Cryptosponridia was first described in humans in 1976⁷ and a number of cases of cryptosporidiasis in humans have subsequently been reported. 8-17 Six reports involved immunologically compromised patients 8-11,13.17 and five cases have been described in immunologically normal patients. 7.12,14-16 The infections were determined either in the faeces 12,14,16 or in intestinal biopsies. 7-11,13,15,17 Diarrhoea usually lasted for 1-3 weeks and was involved with vomiting, abdominal pain and fever. In an urban hospital patients with gastroenteritis in Australia showed that 7% of patients with diarrhoea during summer were excreting cryptosporidium OO cysts in the feces most of which showed no evidence of any other enteropathogen.

Since a majority of these patients were city dwellers they had little or no contact with animals. 18

Bangladesh (Dr. Hamidur Rahman, personal communication) and this shows that this protozoan may be an important pathogen for diarrhoea here.

Rationale. In view of the fact that the cause of large number of diarrhoeal episodes remain unanswered it is necessary to look for newer agents of diarrhoea and to establish it as a cause of diarrhoea in Bangladesh.

Materials and Methods:

Stool samples coming from the patients in the surveillance study will be examined for cryptosporidium in Giemsa stained faecal smears observed under oil-emersion in light microscope and under phase contrast microscope.

Medical histories, clinical features, socio-demographic information and microbiological information will already be available through the surveillance study.

Method for preparation of Geimsa stained faecal smears

A thin smear will be passed from fresh stool and quickly dried in air and then fixed with methyl alcohol. The solution for staining will be prepared by adding 1 part of stock Giemsa stain to approximatley 50 parts of buffered water (pH 7.0). The slide will be placed in the staining solution for 45 minutes. The slide will then be removed and dipped into buffer solution for 3 minutes and allowed to dry. It will then be observed with oil immersion lens under light microscopy.

Significance

This protocol will help up establish a new agent for diarrhoea in Bangladeshi population.

Specific Aims:

- 1. To establish cryptosporidium as a diarrhoeal pathogen in Bangladesh.
- To define the age specific incidence of clarrhoea by cryptosporidium.
- 3. To define the clinical features of cyptosporidium diarrhoea.

Facilities Required

No new physical facility will be required.

Dr. Bruce C. Anderson of the University of Idaho, USA, has been requested to be consultant to this project. He is also a consultant in Dr. Hamidur Rahman's protocol on Cryptosporidium.

SECTION III

A. DETAILED BUDGET

1. PERSONNEL SERVICES

		 Annual -	Project-Requirement		
Name		% Time	Salary	Taka	Dollar
Dr. Nigar Shahid	Principal Investigator	10%	\$ 5,730/-	-	286.50
Dr. Hamidur Rahman	Co-Investigator	10%	\$ 4,850/-	-	242.50
Dr. K.A. Mahmud	Co-Investigator	10%	\$ 7,560/-	-	378.00
To be named	2 Lab.Technician	10%	\$ 1,970/-		394.00
			Sub tota:	l - S	\$ 1,301.00

2. SUPPLIES AND MATERIALS

Giemsa strain Buffer Solution Methyl alcohol \$ 400.00

- 3. EQUIPMENT None
- 4. PATIENT HOSPITALIZATION None
- 5. OUTPATIENT CARE None
- 6. ICDDR, B TRANSPORT None
- 7. TRAVEL AND TRANSPORTATION OF PERSONS

Air ticket of Dr. Bruce C. Anderson return trip from USA

\$ 1,200/-

- 8. TRANSPORTATION OF THINGS None
- 9. RENT, COMMUNICATION AND UTILITIES

Stay at ICDDR,B Guest House - 14 days (25×14)

\$ 350/-

		Taka	US Dollar
10.	PRINTING AND REPRODUCTION	\$	200/- ::
11.	OTHER CONTRACTUAL SERVICES - None		
12.	CONSTRUCTION, RENOVATION AND ALTERATION - None	٠,	· :
		:	

MISCELLANEOUS

13.

None

BUDGET SUMMARY

-		-
1.	Personnel Services	
2.	Supplies & Materials 400.00	
3.	Equipment -	
4.	Patients Hospitalization -	
5.	Out-patient Care -	
6.	Transport -	
7.	Travel & Transportation 1,200.00	
8.	Transporation of things -	
9.	Rent/Communication/Utility 350.00	
10.	Printing & Reproduction 200.00	
11.	Other contractual services -	
12.	Construction/Renovation/ Alteration -	
	Total : \$ 2,150.00	•
	Incremental cost (30%): 645.00	
	Grand Total 2,795.00	US \$

Abstract Summary

- 1. Patients coming under the surveillance study (4%) sample and who provide stool will be taken into the study as to minimize cost for looking for other pathogens.
- 2. There are no risks involved.

6.4

- 3. N.A.
- 4. Confidentiality shall be maintained.
- 5. N.A.

The same consent form will be used as the Surveillance protocol.

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प्रभाषिणम

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