

Library (2)

ICDDR,B LIBRARY  
DHAKA, B.

Date 24/3/87

29/3/87

Appendix 1.

ETHICAL REVIEW COMMITTEE

Principal Investigator Dr. Syed Md. Akramuzzaman  
Application No. 87009P  
Title of Study A study of patients with Streptococcus Pneumoniae bacteremia seen at ICDDR,B Dhaka Hospital.

Trainee Investigator (if any) \_\_\_\_\_  
Supporting Agency (if Non-ICDDR,B) C  
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).

- Source of Population:
  - (a) Ill subjects  Yes  No
  - (b) Non-ill subjects  Yes  No
  - (c) Minors or persons under guardianship  Yes  No
- 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
- 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
- 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  Yes  No

- Will signed consent form be required:
    - (a) From subjects  Yes  No
    - (b) From parent or guardian (if subjects are minors)  Yes  No
  - Will precautions be taken to protect anonymity of subjects  Yes  No
  - 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
- 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.
  - Examples of the type of specific questions to be asked in the sensitive areas.
  - An indication as to when the questionnaire will be presented to the Cttee. for review.

DOES NOT ARISE

(PTO)

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

Akramuzzaman  
Principal Investigator

Trainee

APR - 1 1987

87009P  
29/3

SECTION I - RESEARCH PROTOCOL

- 1. TITLE : A STUDY OF PATIENTS WITH  
STREPTOCOCCUS PNEUMONIAE  
BACTEREMIA SEEN AT ICDDR,B  
DHAKA HOSPITAL.
- 2. PRINCIPAL INVESTIGATOR : Dr. Syed Md. Akramuzzaman  
CO-INVESTIGATOR : Dr. Mahbubur Rahman  
Dr. A.N. Alam  
Dr. D.A. Sack  
CONSULTANT : Dr. John S. Spika
- 3. STARTING DATE : April 16, 1987
- 4. COMPLETION DATE : October 15, 1987
- 5. TOTAL DIRECT COST : US \$ 4674.00
- 6. SCIENTIFIC PROGRAMME : Epidemiology and Laboratory  
Sciences Division

This protocol has been approved by: LS & ED  
 Signature of the Programme Head: [Signature]  
 Date: 23.3.87

7. ABSTRACT SUMMARY

Streptococcus pneumoniae caused 20-25% of bacteremia seen at ICDDR,B Dhaka Hospital during February to April, 1985 and 1986. Preliminary information suggests that 25% of these patients with pneumococcal bacteremia may have a bacterial enteric pathogen identified in their stool, the majority of these are Shigella sp.

The purpose of this study is to define the number of patients with clinically and radiographically diagnosed pneumonia seen at ICDDR,B Dhaka Hospital and to look for risk factors for acquiring pneumococcal bacteremia using a case-control study design.

8. REVIEWS:

- a. Ethical Review Committee: -----
  - b. Research Review committee: -----
  - c. Director, ICDDR,B: -----
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## SECTION II - RESEARCH PLAN

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### A. INTRODUCTION:

Acute lower respiratory tract infections (ALRI) are a major cause of illness in children of developing countries (1). A review of causes of death in the ICDDR,B's Matlab Demographic Surveillance System (DSS) for the years 1975-79, found that ALRI was the fourth greatest cause of mortality among children less than 5 years of age (2). We have recently analyzed the reports of children, 1 to 59 months of age, from the ICDDR,B's Teknaf DSS area for the years 1982-85. ALRI, the leading cause, contributed to 29% of the death during this period (Spika JS, Munshi MA,, Wojtyniak B, et al., manuscript in preparation).

Streptococcus pneumoniae is thought to cause a large proportion of serious and fatal ALRI in children (1). Little is known about agents causing ALRI in Bangladesh. The ICDDR,B is currently participating in the Bostid study which selects a small number of ~~ALRI patients to study intensively with microbiologic and~~ virologic cultures of blood and the nasopharynx. S. pneumoniae was the most frequent pathogen identified from blood among the first 100 patients enrolled (Rahman M, personal communication).

A review of the blood culture isolates at ICDDR,B Dhaka Hospital from January 1985 to October 1986 (figure) identified 67 patients with S. pneumoniae isolated from blood in 1985 and over 63 cases of pneumococcal bacteremia in 1986. Fifty-seven percent of isolates were identified during the months of February to May.

How many of these patients had diarrhoea and whether the pneumococcus may have contributed to the diarrhoeal symptom, if present, is unknown. S. pneumoniae can cause peritonitis (3), appendicitis (4) and enteritis (5). S. pneumoniae has been found in stool specimens (7); however, the use of standard microbiologic techniques for stool will would not permit their identification.

Struelens and coworkers investigated bacteremia associated with diarrhoeal illness at ICDDR,B Dhaka Hospital during the period October 1982 to August 1983 (8). S. pneumoniae was the third most common blood isolate, accounting for 40 (12%) of 338 pathogens identified from 1824 patients cultured. Records were available on 39 patients with pneumococcal bacteremia. The median age was 1 year (range 2 months to 40 years of age); 7 (18%) patients were less than 6 months of age, 2 (5%) were less than 3 months and 2 (5%) were >18 years. Twenty-six (67%) of 39 patients had a chest radiograph and 17 (65%) of 26 were interpreted to show pulmonary infiltrates (Bennish M, personal communication). These patients had a 2:7 x greater chance of dying than did non-bacteremic controls who also had diarrhoea. Nine (23%) of 39 patients had a bacterial pathogen isolated from stool; 6 of these were Shigella sp. Whether shigellosis could have been a risk factor for the S. pneumoniae bacteremia is an intriguing question.

Twenty-five to 33% of pneumococcal pneumonia in adults will be associated with pneumococcal bacteremia (9); however, this incidence may be lower in children (10). Occult or "walking" bacteremia in children caused by S. pneumoniae have also been described in North America (11) and the United Kingdom (12). Children with occult bacteremia typically are less than 4 years of age and have temperatures  $>38.5^{\circ}\text{C}$  with no focus of infection, although they may go on to develop pneumonia, soft tissue infection or meningitis (13). Using quantitative blood culture techniques, some investigators have been able to differentiate between children with transient bacteremia and those likely to develop a persistent focus (14).

The number of patients with pneumococcal bacteremia seen at ICDDR,B Dhaka Hospital would permit a study to define illness and risk factors for this disease in Bangladesh. The information gained would be helpful for planning future strategies for the treatment of ALRI and diarrhoeal disease.

#### B. SPECIFIC AIMS:

The objectives of this study are to answer the following questions:

1. What proportion of children admitted to ICDDR,B Dhaka Hospital during the months of April to October have clinically or radiographically diagnosed pneumonia, or S. pneumoniae bacteremia?
2. What are risk factors for pneumococcal bacteremia and pneumonia among patients hospitalized at ICDDR,B Dhaka Hospital?

C. METHOD: OF PROCEDURE:

All patients admitted to ICDDR,B Dhaka Hospital during the months of April to October 1987 who are at least 3 months but less than 19 years of age will be eligible for this study. Patients with clinical findings suggestive of pneumonia such as fever (temp. between 38° and 41° C), chest pain and tenderness, asymmetric and restricted movement of chest wall, intercostal and subcostal retractions, tachypnea, flaring of alae nasi, diminished breath sound or crackles or bronchial breath sound will have a chest radiograph performed and a 1.5 ml sample of venous blood taken for culture. All patients less than 4 years of age with a temperature > 38.5° but without pneumonia or any other obvious source of infection will also have a blood culture done. Rectal swab for culture and sensitivity of all patients will be sent on admission. A patient with *S. pneumoniae* isolated from blood will be identified as a case.

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A case with no obvious source of infection will be re-evaluated to find out a focus of infection by examining carefully the ears, throat, chest, skin, soft tissue, joints and bones and if there is any suspicion of meningitis a lumbar puncture will be done for cytology, biochemistry and culture of CSF. All cases will be treated with a full course of intravenous erythromycin or with the drug according to the sensitivity. All cases and controls will be treated adequately for diarrhoeal and other associated or underlying illnesses.

With permission, the case or cases family will be interviewed according to the questionnaire about the type and duration of diarrhoeal and respiratory symptoms; smoking in the home, diet (including frequency of breast feeding if applicable); sleeping arrangements; location, type and size of dwelling; fuels used for cooking and light; number of persons in the household; and immunity to measles and pertussis. Height, weight and mid-arm circumference will be obtained.

Following the identification of the case patient, the next two patients of similar age and the same sex admitted to the hospital who do not have pneumonia, will be selected as controls. The age criteria for matching cases and controls will be: for an infant (<12 months) - another infant; for a 12-23 month old child-another child in that age range; for a 2-5 year old  $\pm$  one year of age but at least 2 years of age; for a 6-12 years old  $\pm$  3 years of age but at least 6 years of age; ~~for a 13-18 year old  $\pm$  5 years of age~~ but at least 13 years of age. If permission is obtained, the control patients or their families will be interviewed using a questionnaire similar to that used for the case patients.



The number of case-patients will be compared with the number of patients admitted to the hospital and the number with pneumonia present clinically and on chest radiograph. Case patients will be compared with controls using Fisher's exact and chi-square tests.

If we enroll 32 case and 64 control-patients we will be able to detect a relative risk of 3.5 between cases and controls if our incidence among controls is 0.3 using  $\alpha = 0.05$  and  $\beta = 0.2$ .

D. SIGNIFICANCE:

Disease caused by S. pneumoniae is a major cause of death in the world among young children. The information obtained from this study would help us understand the epidemiology of pneumococcal disease in Bangladesh and possibly its association with enteric bacterial pathogens.

F. FACILITIES REQUIRED:

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1. Office space : No extra space is required.
2. Laboratory space : Existing ICDDR,B lab. facilities will be used.
3. Hospital resources : Existing facilities of general ward will be used.
4. Animal resources: Not required.
5. Logistic support: Data processing and computer support from Data Management Branch of ICDDR,B will be necessary.

6. Transport facilities: Existing transport facilities will be used.

7. Major items and equipments: Nil

8. Others: Nil

F. COLLABORATIVE ARRANGEMENTS:

Dr. J. Spika will act as a Consultant of the study.

## REFERENCES

1. Riley ID, Eveningham FA, Smith DE, Douglas RM. Immunization with a polyvalent pneumococcal vaccine. Arch Dis Childh 1981;56:354-7.
2. Chen LC, Rahman M, Sarder AM. Epidemiology and causes of death among children in a rural area of Bangladesh. Internat J Epid 1980;9:25-33.
3. Pasmier M. Pneumococcal peritonitis in nephrotic and non-nephrotic children. J Pediatr 1940;17:90-106
4. Helberg, Korner B, Schouenborg P. Six cases of acute appendicitis with secondary peritonitis caused by Streptococcus pneumoniae. 1984;3:141-143.
5. Mills J, Orenstein W, Cohen SN. Enteritis associated with pneumococci. Am J Dis Child 1973;126:224-245.
6. Sanford CH, Hughes JD, Weems J. Pneumonia complicated by acute pneumococcal hemorrhagic ulcerative gastroenteritis (Dieulafoy's erosion): Report of two cases. Arch Intern Med 1938;62:597-603.
7. Rutz AA. Discovery of pneumococcus in the feces: Role of the intestine in the symptomatology and treatment of acute lobar pneumonia. NY. Med J 1912;2:113-115.

8. Struelens MS, Bennish M, Patte D, Mondal G, Wojtyniak B, coignau H. Bloodstream infections associated with diarrheal illness in Bangladesh: Etiology, Mortality and Risk (submitted for publication).
9. Austrain R. Current status of bacterial pneumonia with special reference to pneumococcal infection. J Clin Pathol 1968;21(2):93-7.
10. Bullowa JGN.M. "The management of the pneumonias". New York: Oxford University Press, 1937.
11. McGowan JE, Bratton L, Klein JO, Finland M. Bacteremia in febrile children seen in a "walk-in" pediatric clinic. N Engl J Med 1973;288:1309-12.
12. McIntyre, Kennedy R, Harris F. Occult pneumococcal bacteraemia and febrile convulsions. Brit Med J 1983;286:203-206.
13. Teele DW, Marshall R, Klein JO. Unsuspected bacteremia in young children. A common and important problem. Pediatr Clin North Am 1979;26:773-84.
14. Bell LM, Alpert G, Campos JM, Flotkin SA. Routine quantitative blood cultures in children with Haemophilus influenzae or Streptococcus pneumoniae bacteremia. 1985;76:901-904.

ABSTRACT SUMMARY FOR ETHICAL REVIEW COMMITTEE

1. Patients with pneumococcal bacteremia during the months of April to October 1987 will be selected. From previous work at ICDDR,B we know that the median age of these patients is 1 year and that 18% are less than 6 months of age.
2. None are apparent.
3. There is no potential risk associated with the study
4. All records will be kept strictly confidential and records with personal identifiers will be destroyed when the analysis is complete.
5. Informed consent will be obtained from a guardian.
6. An interview will take place with the guardian of the patient using a questionnaire similar to the one attached to the protocol. We estimate that this will take 15 minutes, or an average of 30 seconds per question. The interview will take place in the hospital unless the patients (cases or controls) have already been discharged. In this situation, an interview will be conducted at their home.
7. The patients may benefit from the study because of the recognition of pneumococcal or other bacteremia that may not otherwise have been detected. The general benefit to Bangladesh society is a better understanding of a health care problem with the hope that this could lead to an intervention to decrease death in infants and young children.

8. A retrospective record review will be done of patients with S.pneumoniae bacteremia during the years 1985 and 1986. Clinical information will be obtained from the hospital charts of cases and controls induced in the case-control study. Approximately 80% of patients admitted to the hospital have a blood culture done at present. During the prospective study, this may increase to include almost all patients admitted.

CURRICULA VITAE

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PRINCIPAL/CO-INVESTIGATOR SYED MOHD. AKRAMUZZAMAN

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1. Surname/Family Name: Syed Mohd. Akramuzzaman

First name/other names Akram

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2. Date of birth: 14 August 1955

Place of Birth: Bangladesh

Nationality: Bangladeshi

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3. Degrees

<u>Degree</u>	<u>Year</u>	<u>Institution</u>	<u>Disciplines</u>
M.B.B.S.	1982	Rajshahi Medical College	Medicine

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4. Academic Distinctions:

<u>Degree</u>	<u>Year</u>
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5. Present post (Title, Institution, Dates)

Title: Medical Officer

Institution: Dhaka Hospital, ICDDR,B

Dates: December 8, 1985 till to date

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6. Previous posts (Title, Institution Dates)

Title: a. Resident Medical Officer

b.

c.

Institution: Dhaka Shishu Hospital

a.

b.

c.

Dates: From September 1982 to December 1985

a.

b.

c.

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7. Academic & Research Awards, Consultant & other posts

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8. Other University & Institutional Posts

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9. Current Research Interests including details of Projects of which Applicant is Principal Investigator.

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10. Publications & Communications

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ICDDR,B  
BUDGET PROPOSAL  
(In US \$)

PARTICULARS

Program name:.....LSED.....Protocol title:.....  
 "A STUDY OF PATIENTS WITH STREPTOCOCCUS PHNEUMONAE BACTEREMIA SEEN AT ICDDR,B  
 DHAKA HOSPITAL"  
 P. I's name:.....Dr. Syed Md. Akramuzzaman.....  
 Protocol no:.....Starting date:.....April, 1987.....  
 Budget code:.....Completion date:.....September, 1987.....

EXPENSE CATEGORY	Column A	Column B	Column C	Column D
	1st year <i>16th April to 16/10/1987</i>	2nd year Jan.-Dec.	3rd year Jan.-Dec.	Total Project Cost
A/C Description Refer No. Page				
3100 Local Salaries 2	2868			
3200 Intl. Salaries 8				
3300 Consultants 14				
3500 Travel Local 15				
3600 Travel Intl. 16				
3700 Supplies & Mat. 18	100			
3800 Other Costs 19	200			
4800 Inter Deptl. Ser. 20	400			
Total Direct cost	3568			
0000 Indirect cost = 31% of total direct cost	1106			
TOTAL OPERATING COST	4674			
0300 Capital expenditure Refer page no. 21	-			
TOTAL PROJECT COST	4674			

*All ram*  
P.I.'s signature

*S. Hain* 24/3/87  
Reviewed by Budget & Finance

PERSONNEL REQUIREMENT-(LOCAL STAFF) 1st/2nd/3rd year

	No. of - positions	No. of man months	\$ Amount
A. Direct Project/Protocol/Branch Staff at starting date Sourced from Page 3			
Add:			
B. New recruitments Sourced from Page 4			
C. Staff allocated from other area Sourced from Page 5	2	6.9	2868
(i) Sub-Total			2868
Less:			
D. Separations Sourced from Page 6			
E. Staff allocated to other area Sourced from Page 7			
(ii) Sub-Total			
(i)-(ii) TOTAL			* 2868

\*Agrees with  
Page 1  
A/C No. 3100





SUPPLIES AND MATERIALS-1ST/2ND/3RD YEAR

A/C Code	Item Description	\$ Amount
3701	<u>Drugs</u> (used for medication in the hospitals and field stations)	
3702	<u>Glassware</u> (bottle, beaker, cylinder, petridish, aluminium seal, slides, stopper, tube etc.)	
3703	<u>Hospital supplies</u> (bandage, gauze, blade, bowl, catheter, cotton, needle, syringe, solution, leukoplast, towel etc.)	
3704	<u>Stationery and office supplies</u> (battery, book register, binders, files, pencil, fastener, paper, ribbon, stapler etc.)	100
3705	<u>Chemicals and media</u> (acid, reagent, dextrose, sodium, bactoagar etc.)	
3706	<u>Materials for uniforms</u> (cloth, button etc. required for making uniforms)	
3707	<u>Fuel, oil and lubricants</u> (diesel, mobil, petrol, kerosene etc.)	
3708	<u>Laboratory supplies</u> (aluminium foil, bag, blade, brush, cap, container, film X-Ray etc.)	
3709	<u>Housekeeping supplies</u> (aerosol, battery, wiping cloth, duster, lock and key etc.)	
3710	<u>Janitorial supplies</u> (bleaching powder, brush, detol, detergent, insecticide, soap etc.)	
	Page total (balance b/d)	100

Contd. to page 18

SUPPLIES AND MATERIALS-1ST/2ND/3RD YEAR

(Contd. from Page No. 17)

A/C code	Item description	\$ Amount
	Page total from page 17 (balance c/d)	100
3711	<u>Tools and spares</u> (automobile spares, tyres, tubes, battery, stores required for maintenance services etc.)	
3712	<u>Non-stock supplies</u> (materials not normally kept in stock and purchased only against specific requisitions)	
	Sub-Total	
3713	<u>Freight and other charges</u> add 30% for import	
<b>TOTAL</b>		<b>100</b>
		AGREES WITH PAGE 1 A/C 3700 COLUMN D

Note: For rates please contact Supply Ext.260 (add 10% to rates for inflation)

Budget 86.18  
Aziz 13.

OTHER COST-1ST/2ND/3RD YEAR

A/C code	Accounts Description	\$ Amount
3800	<u>Repairs and maintenance</u> (maintenance and repairs of vehicles, equipments, furniture and building)	
3900	<u>Rent, communication and utilities</u> (postage, telephone, telegram, electricity etc.)	
4100	<u>Bank charges</u>	
4200	<u>Legal and professional expenses</u> (professional membership fee, legal fee, audit fee etc.)	
4300	<u>Printing and publication</u> (printing of forms, books, journals, reprints etc.)	200
4400	<u>Hospitality &amp; donation</u> (guest house accommodation, donations, hospital food, lunch, refreshment etc.)	
4500	<u>Service charges</u> (porter, labour, washing, laundry and other misc. exp.)	
4600	<u>Staff development and training</u> (training course fee, training materials, stipend, scholarship, subsistence paid to the staff)	
	<b>TOTAL</b>	200
		AGREES WITH PAGE 1 A/C No.3800 COLUMN D

Budget 86.19  
Aziz-13.

**\*\*INTERDEPARTMENTAL SERVICES-1ST/2ND/3RD YEAR**

A/C code	Service Area	\$ Amount
4801	Computer	300
4802	Transport Dhaka	50
4803	Transport Matlab	
4804	Water transport-Matlab	-
4805	Transport Teknaf	
4806	Xerox	50
4807	Pathology	
4808	Microbiology tests	
4809	Biochemistry	
4810	X-Ray	
4811	I.V. Fluid	
4812	Media	
4813	Patient hospitalisation study	
4814	Animal research	
4815	Medical illustration	
4817	Telex	
4818	Out patient care	
4819	Maintenance charges	
4820	Vehicle maintenance charges	
4821	Library service charges	
4830	Transport subsidy	
<b>TOTAL</b>		<b>* 400</b>

\*\* Please contact Cost Office on Ext. 281.  
for rates.

\*AGREES WITH  
PAGE 1  
A/C 4800

Budget 86.20  
Aziz-13.



CONSENT FORM

(Pneumococcal Bacteremia Study - Case)

(Statement read and clearly explained to the patients family when consent is obtained).

The ICDDR,B is carrying out research on infections caused by a bacterium called Streptococcus pneumoniae. This bacterium can infect the blood and cause pneumoniae. (Patients name) has had this bacterium isolated from his/her blood. We would like to ask you some questions about your child's health and things that he/she may have been exposed to around your home. We would like you to participate in the study for the benefit of society.

If you are willing to participate in the study, you will be interviewed for 15-20 minutes. This will not affect the length of time that your child is in the hospital.

You do not have to participate in this study if you do not want to. This decision will not affect the way your child will be treated in this hospital. Moreover, you may withdraw from this study at any time without penalty.

The records of your responses to our questions will be kept confidential.

If you wish to allow your child's participation in the study voluntarily, then please sign your name or give your left thumb impression below.

-----  
Signature of Investigator

-----  
Signature/Left thumb impression  
of the patient or a responsible  
family member.

Date: -----

CONSENT FORM

(Pneumococcal Bacteremia Study - Control)

(Statement read and clearly explained to the patients family when consent is obtained).

The ICDDR,B is carrying out research on infections caused by a bacterium called Streptococcus pneumoniae. This bacterium can infect the blood and cause pneumonia. A patient in our hospital has an infection caused by this bactreium. Your son/daughter was seen at our hospital just after this patient and is of the same age. We would like to measure your child's height, weight and arm circumference; and ask you some questions about his/her health and things that he/she may have been exposed to around your home. We would like you to participate in this study for the benefit of society.

If you are willing to participate in the study you will be interviewed for 15-20 minute. This will not affct the length of time that your son/daughter is in the hospital.

You do not have to participate in this study if you do not want to. The decision will not affect the way your child will be treated at the hospital. Moreover, you may withdraw from the study at any time without penalty.

The record of your responses to our questions will be kept confidential.

If you wish to participate in the study voluntarily, please sign your name or give your left thamb impression below.

-----  
Signature of Investigator

-----  
Signature/left thumb impression of  
the patient or a responsible family  
member.

Date: -----



(ନିର୍ଦ୍ଦେଶାବଳୀର ଅନୁଯାୟୀ ଗରବନା - କାର୍ଯ୍ୟାଳୟ )

୧୭୦ ଯୋଗ୍ୟ ଅଭ୍ୟାସ (ଗୋପୀୟ ଅଧିକାରକ ବିଧି ୧୮୬ (ଆମାତ୍ୟ-  
୧୮୬ ଓ ୧୯୧ ଅଧିକାର କଥା ପୁସ୍ତକ ଦେଖା ଥାଏ ।)

ଆନୁଷ୍ଠାନିକ ଉଦ୍ଦେଶ୍ୟ ଗରବନା କେବଳ (ଅନୁଯାୟୀ) କାର୍ଯ୍ୟାଳୟ ନିର୍ଦ୍ଦେଶାବଳୀ  
ଦ୍ୱାରା କରାଯିବ ବୋଲି ଯୋଗ୍ୟ ଅଭ୍ୟାସ ନିମ୍ନ ଗରବନା କରାଯିବ । ଏହି  
କାର୍ଯ୍ୟାଳୟ ଯୋଗ୍ୟ ଅଭ୍ୟାସ କରାଯିବ ଓ ନିର୍ଦ୍ଦେଶାବଳୀ ଯୋଗ୍ୟ  
କାର୍ଯ୍ୟାଳୟ । ଆମାତ୍ୟର ଅନୁମୋଦନ ପରେ ଯୋଗ୍ୟ ଏହି କାର୍ଯ୍ୟାଳୟ  
କାର୍ଯ୍ୟାଳୟ ଅନୁମୋଦନ ଥାଏ । ଆମାତ୍ୟ- ମୁଖ୍ୟ/କାର୍ଯ୍ୟାଳୟ ଆମାତ୍ୟର ଅନୁମୋଦନ  
କାର୍ଯ୍ୟାଳୟ- ଯୋଗ୍ୟ ଅଭ୍ୟାସ ଦେଖା ଥାଏ ଏବଂ ତାହା ଯୋଗ୍ୟ ଏହି ଯୋଗ୍ୟ ।  
ଆମାତ୍ୟ- ଆମାତ୍ୟ ବିଭାଗ- ଉପାଧି, ଯୋଗ୍ୟ, ୩୩୩ ଏବଂ ଯୋଗ୍ୟ- ଅଧିକାର  
ଆମାତ୍ୟ ଏହି ଏବଂ ତାହା ଯୋଗ୍ୟ ଏବଂ ଆମାତ୍ୟ- କାର୍ଯ୍ୟାଳୟ (ଏ ଅଧିକାରକ  
ଏ ଯୋଗ୍ୟ ଏ ଅଧିକାରକ କିଛି କିଛି କିଛି କରାଯିବ । ଆମାତ୍ୟ ଏହି  
ଆମାତ୍ୟର ଅନୁମୋଦନ ଯୋଗ୍ୟ ଆମାତ୍ୟର ଅନୁମୋଦନ ଏବଂ ଅନୁମୋଦନ  
କରାଯିବ ।

ଆମାତ୍ୟ ଯାହା ଗରବନା ଏବଂ ଅନୁମୋଦନ କରାଯିବ ଏବଂ ତାହା  
୧୯-୨୦ ଯୋଗ୍ୟ ଆମାତ୍ୟ ଅନୁମୋଦନ ଅନୁମୋଦନ କରା ଥାଏ । ଏବଂ  
ଆମାତ୍ୟ ବିଭାଗ- ଅନୁମୋଦନ- ଅନୁମୋଦନ- ଅନୁମୋଦନ ଏବଂ କାର୍ଯ୍ୟାଳୟ  
ଅନୁମୋଦନ କରାଯିବ ।

ଆମାତ୍ୟ ଏବଂ କାର୍ଯ୍ୟାଳୟ ଏହି ଗରବନା ଏବଂ ଅନୁମୋଦନ କରାଯିବ ଏବଂ  
ଆମାତ୍ୟ । ଏହି କାର୍ଯ୍ୟାଳୟ ଆମାତ୍ୟ ବିଭାଗ ବିଭାଗରେ (ଏବଂ କାର୍ଯ୍ୟାଳୟ  
ଅନୁମୋଦନ କରାଯିବ । ଆମାତ୍ୟ, ଆମାତ୍ୟ ଏବଂ କାର୍ଯ୍ୟାଳୟ ଅନୁମୋଦନ  
କାର୍ଯ୍ୟାଳୟ ବିଭାଗ ଏହି ଗରବନା ଏବଂ ଅନୁମୋଦନ କରାଯିବ ଆମାତ୍ୟ ।  
ଆମାତ୍ୟ ଅନୁମୋଦନ କାର୍ଯ୍ୟାଳୟ ଆମାତ୍ୟ ଏବଂ ଅନୁମୋଦନ- (ଆମାତ୍ୟ)  
କରାଯିବ ।

ଆମାତ୍ୟ ଯାହା (କାର୍ଯ୍ୟାଳୟ ଆମାତ୍ୟ ବିଭାଗ ଏହି ଗରବନା ଏବଂ  
ଅନୁମୋଦନ କରାଯିବ ଏବଂ । ତାହା ଏବଂ ଅନୁମୋଦନ ଆମାତ୍ୟ  
ଆମାତ୍ୟ ଅନୁମୋଦନ କରାଯିବ ଏବଂ ଅନୁମୋଦନ କରାଯିବ ।

ଆମାତ୍ୟ- ଆମାତ୍ୟ  
ଆମାତ୍ୟ:

କାର୍ଯ୍ୟାଳୟ ଏବଂ ଅଧିକାରକ ଏବଂ  
ଆମାତ୍ୟର ଅନୁମୋଦନ ଆମାତ୍ୟ କିଛି କାର୍ଯ୍ୟାଳୟ  
ଆମାତ୍ୟର କରାଯିବ ।

QUESTIONNAIRE

Interviewer ----- Date of interview \_\_\_/\_\_\_/\_\_\_/

Pneumococcal Bacteremia Study  
(Patient's identification)

- 1. Name of patient -----
- 2. Address -----  
-----  
-----
- 3. Hospital number -----
- 4. Age -----/-----/-----/
- 5. Sex -----
- 6. Date of admission -----/-----/-----/

MEDICAL HISTORY

	Yes	No	UNK
7. Hospitalized for ALRI during past year? if yes, when	---	---	---
8. Hospitalized for diarrhoea during past year? if yes, when	---	---	---
9. Past history measles, chicken pox. if yes, when	---	---	---
10. Immunizations:	Yes	No	UNK
BCG	---	---	---
DPT 1st dose	---	---	---
DPT 2nd dose	---	---	---
DPT 3rd dose	---	---	---
Measles	---	---	---

11. Is child currently breast feeding?                    ---                    ---                    ---
- If yes, how many times a day                    ----- times
- If no, age when breast feeding stopped                    ----- age in months.
12. Is there any case of running nose or chronic cough in family or community.

FAMILY AND HOME

13. Number of children living together in house <5 years of age -----
14. Cooking fuel (More than one answer possible)
- Wood
- Kerosene
- Electricity
- Gas
- Other (specify) -----
15. Cooking location (more than one answer possible)
- Sleeping area
- Outside
- Kitchen (Separate Room)
- Other (Specify) -----
16. Is there any smoker in family?
- 
- If yes, number -----
17. Light source (more than one answer possible)
- Kerosene
- Wood
- Electricity
- Other (specify) -----
18. Number of rooms in house -----
19. Number of people who usually sleep in same room as patient -----
20. Number of people who usually sleep in same bed as patient -----

21. Construction of house walls

- Jute
- Bamboo
- Tin
- Wood
- Concrete
- Brick
- Other (specify) -----

22. Type of roof on house

- Straw
- Tin
- Wood
- Concrete
- Other (specify) -----

23. Type of floor

- Clay
- Brick
- Cemented
- Wood
- Bamboos
- Other (specify) -----

24. Does family own house?

Yes No UNK

25. Father's education

- Illiterate
- Primary
- Secondary
- H. secondary
- University

26. Mothers education

- Illiterate
- Primary
- Secondary
- H. secondary
- University

27. Mother's age

----- years

28. No. of children <5 years

29. Father's occupation

----- Service  
----- Business  
----- Labor  
----- Other

30. Family income per month in Taka

----- Up to 500  
----- 501 - 1000  
----- 1001 - 2000  
----- 2001 - 4000  
----- > 4000



સુઆવર્ણી

સાક્ષાત્કાર- સુરકારીય-નામ \_\_\_\_\_ સાક્ષાત્કાર- સુલભ-  
તારીખ: \_\_\_\_\_

નિવૃત્તિમાધ્યકાલ વાક્ય(વૈવાહિક સુલભના  
(વૈવાહિક સુલભ નિવૃત્તિમાધ્યકાલ))

વૈવાહિક નામ \_\_\_\_\_

શિક્ષણ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

સમાજગણના નંબર \_\_\_\_\_

વય \_\_\_\_\_

નિવૃત્તિ \_\_\_\_\_

હોટેલ તારીખ \_\_\_\_\_

નિવૃત્તિમાધ્યકાલ વિગતો:

મુ ૧૪ વર્ષ, વગર- આશ્રયનાર્થી- નિવૃત્તિમાધ્યકાલ સુલભનાર કમ સમાજગણના હોટેલ સુલભનાર કિ?	સુલભ	ના	કાના નંબર
_____	_____	_____	_____
સુલભ સુલભ, ૦૧૨૨૨૨ કમ	_____	_____	_____

મુ ૧૪ વર્ષ, વગર ઉત્તરમાધ્યકાલ- કમ સમાજગણના હોટેલ સુલભનાર કિ?	_____	_____	_____
_____	_____	_____	_____
સુલભ સુલભ, ૦૧૨૨૨૨ કમ	_____	_____	_____



ପ୍ରଶ୍ନ- କୁଳାଳୀ (ପାଠ୍ୟ- ଭାଷିକ ଓଡ଼ିଆ ସାହିତ୍ୟ)

- \_\_\_\_\_ କାବି
- \_\_\_\_\_ (କାବ୍ୟାଳୟ)
- \_\_\_\_\_ ଚିନ୍ତା
- \_\_\_\_\_ ଗୀତ
- \_\_\_\_\_ ଅନ୍ୟାନ୍ୟ (ନିର୍ଦ୍ଦିଷ୍ଟ କରାଯିବ ୨୨୦)

\_\_\_\_\_

ପ୍ରଶ୍ନ- କେନ୍ଦ୍ରୀୟ (ପାଠ୍ୟ- ଭାଷିକ ଓଡ଼ିଆ ସାହିତ୍ୟ)

- \_\_\_\_\_ ପ୍ରକାଶନ ସମ୍ପର୍କ
- \_\_\_\_\_ କାବି
- \_\_\_\_\_ ପ୍ରକାଶନ (ନିର୍ଦ୍ଦିଷ୍ଟ କରାଯିବ ୨୨୦)
- \_\_\_\_\_ ଅନ୍ୟାନ୍ୟ (ନିର୍ଦ୍ଦିଷ୍ଟ କରାଯିବ ୨୨୦)

\_\_\_\_\_

ପ୍ରଶ୍ନ- (କାବି ପ୍ରକାଶନ କେଉଁ ସମ୍ପର୍କ ?)

୨୨୧

କା

କାବି (୨୨୧)

ଧାର୍ମିକ, ଗାୟନ ସମ୍ପର୍କ

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ପ୍ରଶ୍ନ- କେନ୍ଦ୍ରୀୟ (ପାଠ୍ୟ- ଭାଷିକ ଓଡ଼ିଆ ସାହିତ୍ୟ)

- \_\_\_\_\_ କାବି
- \_\_\_\_\_ କାବି
- \_\_\_\_\_ ଚିନ୍ତା
- \_\_\_\_\_ ଅନ୍ୟାନ୍ୟ (ନିର୍ଦ୍ଦିଷ୍ଟ କରାଯିବ ୨୨୦)

\_\_\_\_\_

ପ୍ରଶ୍ନ- କେନ୍ଦ୍ରୀୟ ସମ୍ପର୍କ

\_\_\_\_\_

କେନ୍ଦ୍ରୀୟ କାବି କେଉଁ ସମ୍ପର୍କ

କେନ୍ଦ୍ରୀୟ କାବି ପ୍ରକାଶନ

\_\_\_\_\_

(बालक) - मध्य वेद विद्यालय  
आवृत्त ७ कक्षा धुमाय

आवृत्त ७ (अभ्यास) कक्षा

- \_\_\_\_\_ मातृ
- \_\_\_\_\_ पिता
- \_\_\_\_\_ पिता
- \_\_\_\_\_ मातृ

\_\_\_\_\_ करिष्ये  
\_\_\_\_\_ ईश

\_\_\_\_\_ अज्ञान (निर्दिष्ट करण २२०)

आवृत्त ७ (अभ्यास) कक्षा

- \_\_\_\_\_ मातृ
- \_\_\_\_\_ पिता
- \_\_\_\_\_ मातृ

\_\_\_\_\_ करिष्ये

\_\_\_\_\_ अज्ञान (निर्दिष्ट करण २२०)

(अभ्यास) कक्षा

- \_\_\_\_\_ मातृ
- \_\_\_\_\_ ईश
- \_\_\_\_\_ अज्ञान
- \_\_\_\_\_ मातृ
- \_\_\_\_\_ पिता

\_\_\_\_\_ अज्ञान (निर्दिष्ट करण २२०)

अभ्यास - निम्न चर्चा आदि

\_\_\_\_\_ २११ \_\_\_\_\_ मातृ \_\_\_\_\_ अज्ञान (निर्दिष्ट)

ਸਿੱਖਾਂ ਵਿਭਾਗ (ਅਗਸਤ)

- \_\_\_\_\_ ਨਿਰਦੇਸ਼
- \_\_\_\_\_ ਸ਼ਾਖਾ ਮੁਖ
- \_\_\_\_\_ ਮਾਰਗ ਮੁਖ
- \_\_\_\_\_ ਉਪ ਮਾਰਗ ਮੁਖ
- \_\_\_\_\_ ਵਿਕਾਸ ਕਮਿਟੀ

ਭਾਗ ਵਿਭਾਗ (ਅਗਸਤ)

- \_\_\_\_\_ ਨਿਰਦੇਸ਼
- \_\_\_\_\_ ਸ਼ਾਖਾ ਮੁਖ
- \_\_\_\_\_ ਮਾਰਗ ਮੁਖ
- \_\_\_\_\_ ਉਪ ਮਾਰਗ ਮੁਖ
- \_\_\_\_\_ ਵਿਕਾਸ ਕਮਿਟੀ

ਭਾਗ ਵਾਲਾ \_\_\_\_\_ ਵਾਲਾ

ਸਿੱਖਾਂ ਵਾਲਾ ਵਾਲਾ ਵਾਲਾ  
ਵਿਕਾਸ ਕਮਿਟੀ

ਸਿੱਖਾਂ (ਅਗਸਤ)

- \_\_\_\_\_ ਚਾਕਰ
- \_\_\_\_\_ ਗੁਰਮਤ
- \_\_\_\_\_ ਮੁਕੁਰ
- \_\_\_\_\_ ਅਗਸਤ

ਸਿੱਖਾਂ ਵਿਭਾਗ (ਅਗਸਤ)

- \_\_\_\_\_ ਸਿੱਖਾਂ ਵਿਭਾਗ
- \_\_\_\_\_ 000 - 1000
- \_\_\_\_\_ 1000 - 2000
- \_\_\_\_\_ 2000 - 8000
- \_\_\_\_\_ 78000

Observation sheet

ID of child:

Name of child:

Date:

Time of arrival:

Time of departure:

Name of observer:

Mother present:

Yes = 1

No = 2

If mother absent, who is taking care of child?

Older sister = 1

Father = 2

Grandmother = 3

Other = 4 (describe)

Not applicable = 8

How many times did the child eat (snacks included)?

Did the caretaker prepare anything with ~~dad~~ and vegetables?

Yes = 1

No = 2

Not applicable = 8

Hand washing before preparing food: Yes = 1 No = 2 Not applicable = 8

1 2 3 4

Hand washing before giving food to the child: Yes = 1 No = 2 Not applicable = 8

1 2 3 4

Younger sibling older than 6 months fed with solid food in addition to the  
breastmilk

Yes = 1

No = 2

Not applicable = 8

