

APAMED Central 2014

APAME Convention 2014

Ulaanbaatar (Улаанбаатар)

Oh Hoon Kwon, KAMJE

History

- April 4, 2011: A Charles Raby's (WPRO) letter requesting a WHO intern
- June 1, 2011: **Synapse2** System
- February 23, 2012: A letter from WPRO requesting to redesign, to update and a new name
 - **WHO WPR Journals Database**
- May 30, 2012: Manila meeting
 - A new name: **APAMED Central**
 - Will include APAME member countries i.e. WPR and SEAR countries
- September 1, 2012: Launching

APAMED Central is

- A digital archive and reference-linking platform of journals to provide **free online access** to **full text** articles published **in the member countries acknowledged by the Asia Pacific Association of Medical Journal Editors (APAME)**

Free access/Open Access

Journals from WPR and SEAR countries!

Initial member states

- 6 countries (Brunei Darussalam, Lao PDR, Malaysia, Mongolia, Philippines and Singapore)
- 1 WHO WPR published journal (Western Pacific Surveillance and Response Journal or WPSAR)
- 36 journal issues

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WPR Countries

SEAR Countries

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APAMED Central Journals

Search by part or all of a journal name

As of August 14, 2014, there are 11 journals.

ALL A - I J K L - Z

- ▶ Acta Medica Philippina Acta Med Philipp | 0001-6071
- ▶ Biomedical Imaging and Intervention Journal Biomed Imaging Interv J | 1823-5530
- ▶ Brunei International Medical Journal Brunei Int Med J | 1560-5876
- ▶ Cambodian Journal of Nursing and Midwifery Cambodian J Nurs Midwifery | 2304-8492
- ▶ Lao Medical Journal Lao Med J | 2219-3847
- ▶ Mongolian Medical Science Journal Mong Med Sci J | 1027-300X
- ▶ Pediatric Infectious Disease Society of the Philippines Journal Pediatr Infect Dis Soc Philipp J | 2094-3385
- ▶ Philippine Journal of Ophthalmology Philipp J Ophthalmol | 0031-7659
- ▶ Philippine Journal of Otolaryngology Head and Neck Surgery Philipp J Otolaryngol Head Neck Surg | 1908-4889
- ▶ Singapore Medical Journal Singapore Med J | 0037-5675
- ▶ Western Pacific Surveillance and Response Journal West Pac Surveill Response J | 2094-7321



Further action for international visibility

- LinkOut from WPRIM to APAMED Central
- Join PubMed Central, then PubMed
 - Participation in PMC is open to any English-language life sciences journal that meets NLM's standards for the archive.
 - A journal must qualify on two levels, both the Scientific Quality of the publication, and the Technical quality of the digital files.
 - APAMED Central XML = PMC XML (JATS XML)
- Assign DOIs to the articles

The Journals

Acta Medica Philippina

- Acta Med Philipp
- 1939 (v1 n1) to Present
- pISSN 0001-6071 eISSN 2094-9278
- <http://www.actamedicaphilippina.com.ph/>

[웹문서](#)[이미지](#)[동영상](#)[뉴스](#)[지도](#)[더보기 ▾](#)[검색 도구](#)

검색결과 약 197,000개 (0.19초)

관련검색: [acta medica okayama](#)

[Acta Medica Philippina | The National Health Science Journal](#)

www.actamedicaphilippina.com.ph/ ▾ 이 페이지 번역하기

2014. 4. 14. - UP Manila NIH and **Acta Medica Philippina** sponsor a Scientific Paper Writing **Acta Medica Philippina** is CHED Category A-2 Accredited.

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2013. 3. 22. - **Acta Medica Philippina**, the National Health Science Journal published by the University of the Philippines Manila is now available on the ...

[Acta medica Philippina - ResearchGate](#)

www.researchgate.net/.../0001-6071_Acta_medica_... ▾ 이 페이지 번역하기

Journal » **Acta medica Philippina**. Locate articles and query publisher details.

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www.scimagojr.com/journalsearch.php?q...tip... ▾ 이 페이지 번역하기

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Volume 48 No. 1 - First Quarter 2014

Original Articles



Demographic Profile and Treatment Outcomes of Filipino Patients with Hepatocellular Carcinoma in a Liver Tumor Registry

Ma. Lourdes O. Daez, Janus P. Ong, Allyn Rey B. Lomboy, Jeffrey M. Libuit, Ivan Michael G. Vicente, Grace C. Fimalino and Gian Carlo A. Carpio

[\[Abstract\]](#) | [\[HTML\]](#) | [\[PDF\]](#)



Effect of Government-Mediated Access Pricing on Availability of Directly Affected Drugs in Retail Drug Stores in the Philippines from 2009 to 2011

Jesus N. Sarol, Jr.

[\[Abstract\]](#) | [\[HTML\]](#) | [\[PDF\]](#)

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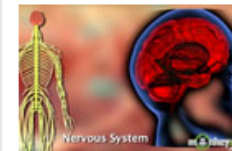
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Journal History

Acta Medica Philippina: 1939 (v1 n1) to Present

pISSN 0001-6071 eISSN 2094-9278

Acta Medica Philippina: 1939 (v1 n1) to Present

2009



v43 n1



v43 n2



v43 n3



v43 n4

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Acta medica Philippina

Author(s): University of the Philippines College of Medicine
University of the Philippines Institute of Hygiene

NLM Title Abbreviation: Acta Med Philipp

ISO Abbreviation: Acta Med Philipp

Title(s): Acta medica Philippina.

Other Title(s): Proceedings of the College of Medicine, University of the Philippines

Publication Start Year: 1939

Frequency: Quarterly

Country of Publication: Philippines

Publisher: Manila.

Latest Publisher: Manila : College Of Medicine And Institute Of Hygiene University Of The Philippines

Description: v. illus., ports.

Language: English

ISSN: 0001-6071 (Print)
0001-6071 (Linking)

Coden: AMPIAF

Electronic Links: <http://actamedicaphilippina.com.ph/>

In: Index medicus: v2n1, Jul./Sept. 1965-v3n4, Apr./Jun. 1967

MEDLINE: v2n1, Jul./Sept. 1965-v3n4, Apr./Jun. 1967

PubMed: v2n1, Jul./Sept. 1965-v3n4, Apr./Jun. 1967

OLDMEDLINE:

Current Indexing Status: Not currently indexed for MEDLINE.

Version Indexed: Print

MeSH: Medicine*

Publication Type(s): Periodicals

Notes: Journal of the College of Medicine and the Institute of Hygiene, University of the Philippines. Issues for July/Sept. 1964- include the Proceedings of the College of Medicine, University of the Philippines.

Acta Medica Philippina

- Acta Med Philipp
- 1939 (v1 n1) to Present
- pISSN 0001-6071 eISSN 2094-9278
- <http://www.actamedicaphilippina.com.ph/>
- Scopus
- Full text; Yes.
- Reference linking; No.
- DOI; No.

Biomedical Imaging and Intervention Journal

- Biomed Imaging Interv J
- 2005 (v1 n1) to Present
- eISSN 1823-5530
- <http://biiij.org/>

검색결과 약 128,000개 (0.30초)

관련검색: [biomedical imaging and intervention journal impact factor](#)
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[international journal of biomedical imaging impact factor](#)
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en.wikipedia.org/wiki/Biomedical_Imaging_and_Intervention_Journal ▾ 이 페이지 번역하기

The **Biomedical Imaging and Intervention Journal** is a quarterly open access peer-reviewed medical journal established in July 2005. It is financed by donations ...

Archive of "Biomedical Imaging and Intervention Journal".

www.ncbi.nlm.nih.gov/pubmed/15711111 > ... > [PubMed Central \(PMC\)](#) ▾ 이 페이지 번역하기

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ORIGINAL ARTICLE

CAROTID ARTERY STENTING IN PATIENTS WITH POST-IRRADIATION STENOSES

Vidjak V, Novacic K, Matijevic F, Kavur L, Leder NI, Slavica M, Erdelez L, Suknaic S

Biomed Imaging Interv J 2013; 9(3):e22



ORIGINAL ARTICLE

COMPARISON OF BLADDER AND RECTAL DOSES BETWEEN CONVENTIONAL 2D AND 3D BRACHYTHERAPY TREATMENT PLANNING IN CERVICAL CANCER

Chottaweesak P, Shotelersuk K, Amornvichet N, Khorprasert C, Oonsiri P

Biomed Imaging Interv J 2014; 10(1):e2



ORIGINAL ARTICLE

A NOVEL AUTOMATIC METHOD FOR EXTRACTION OF GLIOMA TUMOUR, WHITE MATTER AND GREY MATTER FROM BRAIN MAGNETIC RESONANCE IMAGES

Resmi A, Thomas T, Thomas B

Biomed Imaging Interv J 2013; 9(2):e21



COMMENTARY

IMPROVING LUNG CANCER OUTCOMES WITH RADIOTHERAPY

O'Rourke N

Biomed Imaging Interv J 2013; 9(2):e20



ORIGINAL ARTICLE

ROLE OF PERCUTANEOUS SCLEROTHERAPY IN VENOUS MALFORMATIONS OF THE TRUNK AND EXTREMITIES: A CLINICAL EXPERIENCE

Gopal B, Keshava SN, Moses V, Surendrababu NRS, Stephan E, Agarwal S, Koshy GC, Mammen S

Biomed Imaging Interv J 2013; 9(3):e18



ORIGINAL ARTICLE

DOSIMETRIC COMPARISON BETWEEN RAPIDARC® AND CONVENTIONAL FIXED-FIELD INTENSITY-MODULATED RADIOTHERAPY FOR PROSTATE CANCER

Lui OY, Li WK, Lock CKM, Chow CF, Lo HY, Lam YF, Law MYY

Biomed Imaging Interv J 2013; 9(3):e17



CASE REPORT

IATROGENIC CAROTID-JUGULAR FISTULA WHILE ATTEMPTING SUPERIOR VENA CAVA**Indexed/abstracted by**

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College of Radiology Academy of Medicine Malaysia

Available online at <http://www.bijj.org/2013/2/e21>
doi: 10.2349/bijj.9.2.e21



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Biomedical Imaging and Intervention Journal
ORIGINAL ARTICLE

A novel automatic method for extraction of glioma tumour, white matter and grey matter from brain magnetic resonance images

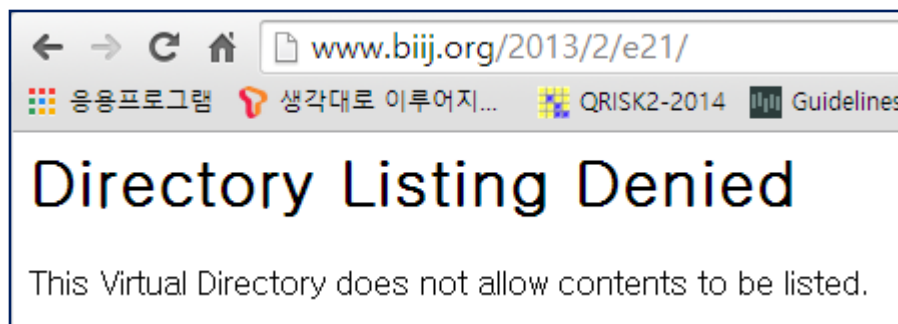
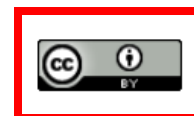
Resmi A^{*},¹, Thomas T², Thomas B³

¹ Department of Electronics and Communication Engineering, College of Engineering Perumon, Kollam, Kerala, India

² Department of Electronics, Cochin University of Science and Technology, Kerala, India

³ Department of Imaging Sciences and Interventional Radiology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Kerala, India

Available online at <http://www.bijj.org/2013/2/e21>
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Biomedical Imaging and Intervention Journal
ORIGINAL ARTICLE

A novel automatic method for extraction of glioma tumour, white matter and grey matter from brain magnetic resonance images

Resmi A^{*1}, Thomas T², Thomas B³

¹ Department of Electronics and Communication Engineering, College of Engineering Perumon, Kollam, Kerala, India

² Department of Electronics, Cochin University of Science and Technology, Kerala, India

³ Department of Imaging Sciences and Interventional Radiology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Kerala, India

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¹ Department of Electronics and Communication Engineering, College of Engineering Perumon, Kollam, Kerala, India

² Department of Electronics, Cochin University of Science and Technology, Kerala, India

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Journal History

Biomedical Imaging and Intervention Journal: 2005 (v1 n1) to Present
eISSN 1823-5530

Biomedical Imaging and Intervention Journal: 2005 (v1 n1) to Present

2011

v7

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Biomedical imaging and intervention journal

Author(s): Universiti Malaya Department of Biomedical Imaging
Academy of Medicine of Malaysia College of Radiology

NLM Title Abbreviation: Biomed Imaging Interv J

ISO Abbreviation: Biomed Imaging Interv J

Title(s): Biomedical imaging and intervention journal [electronic resource]

Other Title(s): BIJ

Publication Start Year: 2005

Frequency: Quarterly

Country of Publication: Malaysia


Publisher: Lumpur, Malaysia : Dept. of Biomedical Imaging, University of Malaya, 2005-

Language: English

ISSN: 1823-5530 (Electronic)

1823-5530 (Linking)

LCCN: 2006243110

Electronic Links: <http://bibpurl.oclc.org/web/11965> 
<http://www.ncbi.nlm.nih.gov/pmc/journals/1203/>

In: PubMed: v1n1, Jul-Sep 2005-
PMC:

Current Format Status: Electronic only.

Current Indexing Status: Not currently indexed for MEDLINE.

MeSH: Diagnostic Imaging*
Medical Oncology
Radiotherapy

Publication Type(s): Periodicals

Notes: Title taken from opening screen (viewed Feb. 23, 2006).

Latest issue consulted: Vol. 2, issue 1 (Jan.-Mar. 2006) (viewed Feb. 23, 2006).

Official publication of College of Radiology, Academy of Medicine, Malaysia, et al.

Other ID: (OCoLC)61659027

NLM ID: 101258681 [Serial]

Biomedical Imaging and Intervention Journal

- Biomed Imaging Interv J
- 2005 (v1 n1) to Present
- eISSN 1823-5530
- <http://biiij.org/>
- Scopus, PubMed Central, PubMed, and many others
- Full text; Only PDF with Google search engine.
- Reference linking; No.
- DOI; Yes, but with resolution errors, without response pages.

Brunei International Medical Journal

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- pISSN 1560-5876 eISSN 2079-3146
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current ISSUE: BRUNEI INT MED J.
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2010. 12. 22. - Brunei International Medical Journal (BIMJ).

<http://www.bimjonline.com/index.htm>. Publisher: Ministry of Health, Brunei Darussalam.
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Brunei International Medical Journal
Volume 10, Issue 1
18 February 2014 (14 Rabiulakhir) 1435H

Special Report
Chronic Kidney Disease and the Aging Population

Historical Perspective
Healthcare in Brunei Darussalam: The Renal Service (Part I)

Original Articles
Effects of weight loss on cardiovascular risk factors among obese individuals in a weight management programme in Brunei Darussalam.

Case Reports
Melioidosis: Antibigram of cases in Brunei Darussalam.

Images of Interest
Convention Report
Brunei Darussalam Elsewhere

SPECIAL REPORT

Chronic Kidney Disease and the Aging Population.

HISTORICAL PERSPECTIVE

Healthcare in Brunei Darussalam: The Renal Service (Part I).

Healthcare Pioneers: Dato Sherlock Chin Syn Lok.

ORIGINAL ARTICLES

Effects of weight loss on cardiovascular risk factors among obese individuals in a weight management programme in Brunei Darussalam.

Melioidosis: Antibigram of cases in Brunei Darussalam.

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BRUNEI ELSEWHERE PUBLICATIONS 2013

Idris FH, Usman A, Surendran SN, Ramasamy R. **Detection of Aedes albopictus preimaginal stages in brackish water habitats in Brunei Darussalam.** J Vector Ecol. 2013 Jun;38(1):197-9. doi: 10.1111/j.1948-7134.2013.12029.x

Keasberry J, Munyombwe T, Duggal M, Day PF. **A study of factors that influence the number of visits following traumatic dental injuries.** Br Dent J. 2013 Jun 7;214(11):E28. doi: 10.1038/sj.bdj.2013.532.

Chong RJ, Abdullah MS, Hossain MM, Telisinghe PU, Chong VH. **Rising incidence of primary liver cancer in Brunei Darussalam.** Asian Pac J Cancer Prev. 2013;14(6):3473-7.

Tan J, Hussain A, Daiwajna R, Chai LK, Lim E, Han A. **Microscopic polyangiitis complicated by intracerebral hemorrhage and pulmonary hemorrhage in a pediatric patient.** Am J Case

NATIONAL



1ST AUTOIMMUNITY AND ALLERGY SCIENTIFIC MEETING

BAMLs and Department of Laboratory Services, Ministry of Health, Brunei Darussalam

Venue: RIPAS Hospital, MOH and PAPHRSB IHS, UBD, Brunei Darussalam

16-17 August 2014
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ISSN 2079-3146 Online

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BIMJ is now indexed by: Google Scholar Western Pacific Region Index Medicus (WPRIM) Directory of Open Access Journal (DOAJ). INDEX COPERNICUS, Open-J-Gate and SCOPUS.



1ST AUTOIMMUNITY AND ALLERGY SCIENTIFIC MEETING

BAMLS and Department of Laboratory Services, Ministry of Health, Brunei Darussalam

Venue: RIPAS Hospital, MOH and PAPHRSB IHS, UBD, Brunei Darussalam

16-17 August 2014
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INDEX COPERNICUS,
Open-J-Gate and
SCOPUS.

Original Article

Brunei Int Med J. 2014; 10 (1): 10-18

Effect of weight loss on cardiovascular risk factors among obese individuals in a weight management programme in Brunei Darussalam

Zakaria KAMIS¹, Maria MAGPUSAO¹, Norol Ehsan HAMID¹, Norhayati KASSIM¹, Lin NAING²

¹ Health Promotion Centre, Ministry of Health, Brunei Darussalam and

² Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Science, Universiti of Brunei Darussalam, Brunei Darussalam

ABSTRACT

Introduction: The prevalence of obesity is escalating in Brunei Darussalam with a number of clinics and programme expanding to counteract this problem. Studies have showed that lifestyle intervention with weight loss reduces the risk of cardiovascular (CV) disease. The purpose of the study was to evaluate the outcomes of a Weight Management Programme (WMP), and to examine the correlation between weight change and changes in glycaemic control, blood pressure (BP) and lipid levels. **Materials and Methods:** A retrospective data collection from obese participants enrolled in a 24-week WMP in 2011. The multidisciplinary programme included educational group sessions, individual counseling and physical exercise classes. Body weight, fasting blood sugar (FBS), BP and lipid profile at baseline and 24-week were retrieved. **Results:** Obese participants (n=220) enrolled in the programme with 104 (47.3%) completed at 24-week. The mean weight lost was 5.35 kg (6.1%) ($p<0.001$). Significant reduction in mean FBS (0.31 mmol/l, $p=0.009$), diastolic BP (2.82 mmHg, $p=0.012$), and triglyceride,

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Journal History

Brunei International Medical Journal: 2005 (v1 n1) to Present

pISSN 1560-5876 eISSN 2079-3146

Brunei International Medical Journal: 2005 (v1 n1) to Present

2012



v8 n1



v8 n2



v8 n3



v8 n4

2011



v7 n1



v7 n2



v7 n3



v7 n4



v7 n5



v7 n6

2010



v6 n3

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Author(s): Brunei Ministry of Health
Universiti Brunei Darussalam

Title(s): Brunei international medical journal : BIMJ : official publication of Ministry of Health and Universiti Brunei Darussalam.

Other Title(s): BIMJ

Publication Start Year: 1999

Frequency: Annual

Country of Publication: Brunei

Publisher: Brunei Darussalam : Ministry of Health and Universiti Brunei Darussalam, c1999-

Description: v. : ill.

Language: English

ISSN: 1560-5876 (Print)
2079-3146 (Electronic)
1560-5876 (Linking)

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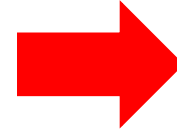
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Home Care of Under 5-Children with Diarrhea by Caregivers Before Presenting to Central Hospitals, Vientiane Capital, Lao PDR

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Received March 15, 2011; Revised April 01, 2011; Accepted April 18, 2011.

Abstract

Rational and Background

Diarrhea remains an important cause of morbidity and mortality among children under five (U5) in Laos. Complications of paediatric diarrhea are not uncommonly found among the children admitted to hospitals. Incorrect home-care practice of children with diarrhea by their guardians may be an important

factor contributing to such complications.

Methodology

A cross-sectional, descriptive study was carried out at three central hospitals of Vientiane Capital (Mahosot, Mother and Child, and Setthathirat) between January and February 2010 with objectives to (1) determine the frequency of diarrhea complications among U5 children, (2) describe home care behavior of diarrhea by care-givers, and (3) correlate such behavior with complications.

Results

During the study period 3,722 U5-children presented or were admitted to the three hospitals. Of these 880 (24%) had diarrhea. Of all children with diarrhea, 262 children and their guardians were studied. All children had been treated before presenting to the study hospitals [home-care by guardians (52%), treated in public hospitals (34%) and in private clinic (14%)]. One hundred and seventy-one children (65%) had at least one complication at presentation including dehydration (48.5%), malnutrition (27%) and abdominal distension (12%) with one intussusception (0.4%). Treatments given to the children before presenting to the hospitals were ORS (83%), antibiotics (46%), anti-diarrheals (25%), herbal medicines (8.5%), and antiemetics (5%). Ninety percent of the guardians had correct knowledge of diarrhea definition and on how to prepare ORS but only 32% and 27% of the guardians increased quantity of daily fluid and food, respectively, to their children during diarrhea. The mean (95%CI) years of schooling of the guardians whose children had complications at presentation were significantly lower than those whose children did not have complications [8.5 (8.1 - 8.9) vs 9.2 (8.2 - 9.6), $P = 0.04$]. Children who received anti-diarrheals and antibiotics before presentation were 5 and 3 times,

respectively, likely to have complications when compared to those who did not [OR = 4.9, 95%CI = 2.2 - 10.9; $P < 0.001$ and OR = 3.4, 95%CI = 1.9 - 5.9; $P < 0.001$; respectively]. Children treated with anti-diarrheals and antibiotics prior to presentation were 26 and 5 times, respectively likely to have abdominal distension compared to those without treatment [OR = 26.1, 95%CI = 9.4-72.4; $P < 0.001$ and OR = 4.8, 95%CI = 2.0-11.7; $P < 0.001$; respectively]. Children who were given normal quantity of fluid by the guardians during diarrhea were 1.5 times likely to be dehydrated when compared to those who received increased quantity of fluids [OR = 1.6, 95%CI = 1.1-2.2; $P = 0.002$].

Conclusion

Half of Lao U5-children with diarrhea admitted or presented at central hospitals in Vientiane Capital had been treated by their caregivers and 2/3 of them had at least one complication. These complications were significantly associated with incorrect home-care practice by the guardians especially treatments with anti-diarrheals and antibiotics.

Keywords: diarrhea, children under five, complications, behavior, Laos.

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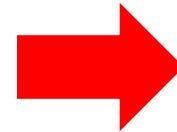
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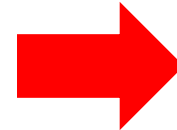
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 Published online 2011 April 30.

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Home Care of Under 5-Children with Diarrhea by Caregivers Before Presenting to Central Hospitals, Vientiane Capital, Lao PDR

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Received March 15, 2011; Revised April 01, 2011; Accepted April 18, 2011.

Abstract

Rational and Background

Diarrhea remains an important cause of morbidity and mortality among children under five (U5) in Laos. Complications of paediatric diarrhea are not uncommonly found among the children admitted to hospitals. Incorrect home-care practice of children with diarrhea by their guardians may be an important factor contributing to such complications.

Methodology

A cross-sectional, descriptive study was carried out at three central hospitals of Vientiane Capital (Mahosot, Mother and Child, and SETHATHIRAT) between January and February 2010 with objectives to (1) determine the frequency of diarrhea complications among U5 children, (2) describe home care behavior of diarrhea by care-givers, and (3) correlate such behavior with complications.

Results

During the study period 3,722 U5-children presented or were admitted to the three hospitals. Of these 880 (24%) had diarrhea. Of all children with diarrhea, 262 children and their guardians were studied. All children had been treated before presenting to the study hospitals [home-care by guardians (52%), treated in public hospitals (34%) and in private clinic (14%)]. One hundred and seventy-one children (65%) had at least one complication at presentation including dehydration (48.5%), malnutrition (27%) and abdominal distension (12%) with one intussusception (0.4%). Treatments given to the children before presenting to the hospitals were ORS (83%), antibiotics (46%), anti-diarrheals (25%), herbal

ການດູແລປິ່ນປົວເດັກອາຍຸຕໍ່ກວ່າ 5 ປີ ທີ່ເປັນພະຍາດຖອກທ້ອງໂດຍຜູ້ປົກຄອງເດັກ ກ່ອນເຂົ້າມາຮັບການປິ່ນປົວຢູ່ໂຮງໝໍສູນກາງ, ນະຄອນຫລວງວຽງຈັນ, ສປປ ລາວ

ວອນສີ ອຸດທະຈັກ¹, ອໍາພອຍ ສີທາວິງ¹, ມາຍຟອງ ມາຍຊາຍ^{2,3*}

1. ພະແນກສາທາລະນະສຸກ ນະຄອນຫລວງວຽງຈັນ, ກະຊວງສາທາລະນະສຸກ, ວຽງຈັນ, ສປປ ລາວ
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ໄດ້ຮັບຕົ້ນສະບັບ ວັນທີ 15 ມີນາ 2011, ໄດ້ຮັບບົດທົກກວດແກ້ຄືນ ວັນທີ 01 ເມສາ 2011, ເຫັນດີໃຫ້ຈັດພິມ 18 ເມສາ 2011

ເຫດຜົນ ແລະ ຄວາມສໍາຄັນ: ພະຍາດຖອກທ້ອງເປັນສາເຫດຂອງການເຈັບເປັນ ແລະ ການຕາຍທີ່ສໍາຄັນ ໃນເດັກນ້ອຍລາວ ອາຍຸຕໍ່ກວ່າ 5 ປີ. ເດັກທີ່ເຂົ້າມາອນໂຮງໝໍຍ້ອນພະຍາດຖອກທ້ອງ ມັກຈະມີອາການສົນເປັນປະຈໍາ. ໜຶ່ງໃນບົດໄຈທີ່ພາໃຫ້ເກີດອາການສົນດັ່ງກ່າວ ອາດເນື່ອງມາຈາກພຶດຕິກຳການປິ່ນປົວຮັກສາຢູ່ບ້ານທີ່ບໍ່ຖືກຕ້ອງຂອງຜູ້ປົກຄອງເດັກເອງ ເຊິ່ງເຮົາຍັງບໍ່ທັນຮູ້ວ່າ ພຶດຕິກຳດັ່ງກ່າວ ພົວພັນ ກັບອາການສົນ ຫລາຍໜ້ອຍປານໃດ.

ວິທີການຄົ້ນຄວ້າ: ເປັນການສຶກສາແບບພັນລະນາຊ່ວງເວລາໃດໜຶ່ງ ຢູ່ໂຮງໝໍສູນກາງ 3 ແຫ່ງ ນະຄອນຫລວງວຽງຈັນ (ມະໂຫສິດ, ແມ່ ແລະ ເດັກ ແລະ ເຊດຖາທິຣາດ) ລະຫວ່າງເດືອນມັງກອນ ຫາ ກຸມພາ 2010 ໂດຍມີຈຸດປະສົງເພື່ອ (1) ປະເມີນອິດຕາ ແລະ ລາຍລະອຽດ ຂອງອາການສົນພະຍາດຖອກທ້ອງໃນເດັກອາຍຸຕໍ່ກວ່າ 5 ປີ ທີ່ເຂົ້າປິ່ນປົວຢູ່ໂຮງໝໍດັ່ງກ່າວ, (2) ເພື່ອສຶກສາພຶດຕິກຳການປິ່ນປົວຮັກສາ ຢູ່ບ້ານຂອງຜູ້ປົກຄອງເດັກ, ແລະ (3) ເພື່ອສຶກສາຄວາມສໍາພັນລະຫວ່າງພຶດຕິກຳດັ່ງກ່າວ ກັບອາການສົນທີ່ເກີດຂຶ້ນ.

ຜົນຂອງການຄົ້ນຄວ້າ: ໃນໄລຍະທຳການຄົ້ນຄວ້າ ມີເດັກຕໍ່ກວ່າ 5 ປີ ເຂົ້າປິ່ນປົວຢູ່ 3 ໂຮງໝໍດັ່ງກ່າວຈຳນວນ 3,722 ຄົນ, ໃນນີ້ມີເດັກ ເປັນຖອກທ້ອງ 880 ຄົນ (24%). ໃນຈຳນວນເປັນຖອກທ້ອງນັ້ນ, ໂຕທຳການສຶກສາ 262 ຄົນ ພ້ອມຜູ້ປົກຄອງ ເຊິ່ງເດັກທຸກຄົນ (100%) ໄດ້ຮັບການປິ່ນປົວມາກ່ອນ (ປິ່ນປົວຢູ່ບ້ານໂດຍຜູ້ປົກຄອງ (52%), ຢູ່ໂຮງໝໍລັດ (34%) ແລະ ຊູນິກ (14%)). ເດັກ 171 (65%) ຄົນ ມີ ອາການສົນຢ່າງໜ້ອຍ 1 ຢ່າງເຊັ່ນ: ມີອາການຂາດນໍ້າ (48.5%), ຂາດສານອາຫານ (27%), ຫ້ອງເບັງ (12%), ແລະ ໃສ້ສຸບໃສ້ 01 ຄົນ (0.4%). ຢາປິ່ນປົວທີ່ເດັກໄດ້ຮັບກ່ອນມາໂຮງໝໍມີຄື: ນໍ້າ ORS (83%); ຢາຕ້ານເຊື້ອ (46%), ຢາຢຸດຖ່າຍ (25%), ຢາພົ້ນເມືອງ (8.5%); ແລະ ຢາຫ້າມຮາກ (5%). ຜູ້ປົກຄອງເດັກ 90% ມີຄວາມຮູ້ຖືກຕ້ອງຕໍ່ກັບຄຳນິຍາມຂອງພະຍາດຖອກທ້ອງ ແລະ ຮູ້ວິທີການປຸງ ແຕ່ງນໍ້າ ORS, ແຕ່ມີພຽງ 32% ແລະ 27% ທີ່ໄດ້ໃຫ້ເດັກດື່ມນໍ້າ ແລະ ກິນອາຫານເພີ່ມຂຶ້ນຫລາຍກວ່າປົກກະຕິ ຕາມລຳດັບ ໃນຊ່ວງເດັກ ເປັນຖອກທ້ອງ. ສະເລັຍປີຮຽນຂັ້ນສາມັນຂອງຜູ້ປົກຄອງເດັກທີ່ມີອາການສົນ ແມ່ນຕໍ່ກວ່າຜູ້ປົກຄອງເດັກທີ່ບໍ່ມີອາການສົນ ຢ່າງມີຄວາມ ສໍາຄັນທາງສະຖິຕິ [Mean (95%CI) = 8.5 ປີ (8.1 - 8.9) vs 9.2 (8.2 - 9.6), $P = 0.04$]. ເດັກທີ່ໄດ້ຮັບຢາຢຸດຖ່າຍ ແລະ ຢາຕ້ານເຊື້ອ ກ່ອນມາໂຮງໝໍ ມີຄວາມສ່ຽງຕໍ່ອາການສົນ 5 ແລະ 3 ເທື່ອ, ຕາມລຳດັບ ເມື່ອທຽບໃສ່ເດັກທີ່ບໍ່ໄດ້ຮັບຢາດັ່ງກ່າວ [OR = 4.9; 95%CI = 2.2 - 10.9, $P < 0.001$ ແລະ OR = 3.4; 95%CI = 1.9 - 5.9, $P < 0.001$; ຕາມລຳດັບ]. ເດັກທີ່ໄດ້ຮັບຢາຢຸດຖ່າຍ ແລະ ຢາຕ້ານ ເຊື້ອ ກ່ອນເຂົ້າມາກວດ ຍັງມີຄວາມສ່ຽງຕໍ່ອາການຫ້ອງເບັງເຖິງ 26 ແລະ 5 ເທື່ອ, ຕາມລຳດັບ ເມື່ອທຽບໃສ່ກຸ່ມເດັກທີ່ບໍ່ໄດ້ຮັບຢາ [OR = 26.1; 95%CI = 9.4-72.4, $P < 0.001$ ແລະ OR = 4.8; 95%CI = 2.0-11.7, $P < 0.001$]. ເດັກທີ່ບໍ່ໄດ້ຮັບນໍ້າເພີ່ມຂຶ້ນຈາກປະລິມານທີ່ ດື່ມແຕ່ລະວັນ ໃນຊ່ວງເປັນຖອກທ້ອງ ມີຄວາມສ່ຽງຕໍ່ອາການຂາດນໍ້າເຖິງ 1.5 ເທື່ອ ເມື່ອທຽບໃສ່ເດັກທີ່ໄດ້ຮັບປະລິມານນໍ້າ ຫລາຍກວ່າ ປົກກະຕິ [OR=1.6; 95%CI = 1.1-2.2, $P = 0.002$].

ສະຫລຸບ: ເຄິ່ງໜຶ່ງຂອງເດັກອາຍຸຕໍ່ກວ່າ 5 ປີ ທີ່ເປັນຖອກທ້ອງ ແລະ ເຂົ້າມາປິ່ນປົວຢູ່ໂຮງໝໍສູນກາງ 3 ແຫ່ງ ໃນນະຄອນຫລວງວຽງຈັນ ແມ່ນໄດ້ຮັບການປິ່ນປົວຮັກສາຢູ່ບ້ານໂດຍຜູ້ປົກຄອງມາກ່ອນ ແລະ 2/3 ແມ່ນມີອາການສົນຢ່າງໜ້ອຍ 1 ຢ່າງ ເຊິ່ງອາການສົນດັ່ງກ່າວ ມີ ຄວາມສໍາພັນກັບ ພຶດຕິກຳດູແລປິ່ນປົວແບບບໍ່ຖືກຕ້ອງຂອງຜູ້ປົກຄອງເດັກ ໂດຍສະເພາະການໃຊ້ຢາຢຸດຖ່າຍ ແລະ ຢາຕ້ານເຊື້ອ.

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5. **Home Care of Under 5-Children with Diarrhea by Caregivers Before Presenting to Central Hospitals, Vientiane Capital, Lao PDR**

Vonesy Outthachack; Amphoy Sihavong; Mayfong Mayxay
Lao Medical Journal 2011; 8(2) : 33-40

6. **Oral Health of Pregnant Women Attending ANC of Central Hospitals, Vientiane Capital, Lao PDR**

Maiboun Symalavong; Phetsavanh Chanthavilay; Vanphanom Sychareun
Lao Medical Journal 2011; 8(2) : 41-46

7. **TB Meningitis (TBM): An Important Problem Which Should Not be Neglected in Laos!**

Sisouphanh Vidhamaly; Koukeo Phommasone; Vilada Chansamouth2,4; Simmaly Phongmany; Valy Keoluangkhot; Rattanaphone Phetsouvanh; Paul Newton
Lao Medical Journal 2011; 8(2) : 47-53

8. **Serological Diagnosis for Infectious Diseases: Not As Easy as It Appears !**

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Article title: **Home Care of Under 5-Children with Diarrhea by Caregivers Before Presenting to Central Hospitals, Vientiane Capital, Lao PDR**



Author: Vonesy Outthachack; Amphoy Sihavong; Mayfong Mayxay

Affiliation: Vientiane Capital Health, Ministry of Health, Vientiane, Laos

Publication Type: Original Article

Keywords: diarrhea;children under five;complications;behavior;Laos

From: Lao Medical Journal 2011; 8(2) : 33-40

Country: Laos

Language: English

Abstract: Rational and Background: Diarrhea remains an important cause of morbidity and mortality among children under five (U5) in Laos. Complications of paediatric diarrhea are not uncommonly found among the children admitted to hospitals. Incorrect home-care practice of children with diarrhea by their guardians may be an important factor contributing to such complications. Methodology: A cross-sectional, descriptive study was carried out at three central hospitals of Vientiane Capital (Mahosot, Mother and Child, and Setthathirat) between January and February 2010 with objectives to (1) determine the frequency of diarrhea complications among U5 children, (2) describe home care behavior of diarrhea by care-givers, and (3) correlate such behavior with complications. Results: During the study period 3,722 U5-children presented or were admitted to the three hospitals. Of these 880 (24%) had diarrhea. Of all children with diarrhea, 262 children and their guardians were studied. All children had been treated before presenting to the study hospitals [home-care by guardians (52%), treated in public hospitals (34%) and in private clinic (14%)]. One hundred and seventy-one children (65%) had at least one complication at presentation including dehydration (48.5%), malnutrition (27%) and abdominal distension (12%) with one intussusception (0.4%). Treatments given to the children before presenting to the hospitals were ORS (83%), antibiotics (46%), anti-diarrheals (25%), herbal medicines (8.5%), and antiemetics (5%). Ninety percent of the guardians had correct knowledge of diarrhea definition and on how to prepare ORS but only 32% and 27% of the guardians increased quantity of daily fluid and food, respectively, to their children during diarrhea. The mean (95%CI) years of schooling of the guardians whose children had complications at presentation were significantly lower than those whose children did not have complications [8.5 (8.1 – 8.9) vs 9.2 (8.2 – 9.6), $P = 0.04$]. Children who received anti-diarrheals and antibiotics before presentation were 5 and 3 times, respectively, likely to have complications when compared to those who did not [OR = 4.9, 95%CI = 2.2-10.9; $P < 0.001$ and OR = 3.4, 95%CI = 1.9 – 5.9; $P < 0.001$; respectively]. Children treated with anti-diarrheals and antibiotics prior to presentation were 26 and 5 times, respectively likely to have abdominal distension compared to those without treatment [OR = 26.1, 95%CI = 9.4-72.4; $P < 0.001$ and OR = 4.8, 95%CI = 2.0-11.7; $P < 0.001$; respectively]. Children who were given normal quantity of fluid by the guardians during diarrhea were 1.5 times likely to be dehydrated when compared to those who received increased quantity of fluids [OR = 1.6, 95%CI = 1.1-2.2; $P = 0.002$]. Conclusion: Half of Lao U5-children with diarrhea admitted or presented at central hospitals in Vientiane Capital had been treated by their caregivers and 2/3 of them had at least one complication. These complications were significantly associated with incorrect home-care practice by the guardians especially treatments with anti-diarrheals and antibiotics.

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Author(s): Mahāvithanyālai Vithanyāsāt Sukhaphāp

Title(s): Vālasān kānphāet Lāo.

Other Title(s): Lao medical journal

Publication Start Year: 2010

Frequency: Annual

Country of Publication: Laos

Publisher: Viangchan : Mahāvithanyālai Vithanyāsāt Sukhaphāp

ISSN: 2219-3847 (Print)

2219-3847 (Linking)

MeSH: Medicine*

Notes: In Lao; abstracts also in English.

Description based on: 01 (2010); title from cover.

Latest issue consulted: 03 (2012).

NLM ID: 101594669 [Serial]

Lao Medical Journal

- Lao Med J
- 2010 (n1) to Present
- pISSN 2219-3847
- No official journal web site was found.
- Full text; No.
- Reference linking; No.
- DOI; No.

Mongolian Medical Science Journal

- Mong Med Sci J
- 1970 (n1) to Present
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News

Speech of Prof.P.Nymadawa, President, MAMS at the Signing Ceremony of Agreement between MAMS and TUGSM

Professor Masayuki Yamamoto,
Professor Hitoshi Oshitani,
Dear Colleagues,

It is a great honor and privilege to me to address you all assembled here in Tohoku University Graduate School of Medicine (TUGSM).

By signing of the Agreement between MAMS and TUGSM, Prof. Yamamoto and I have built a new bridge between two friendly nations. I'm fully confident this new bridge will give a better chance to my younger colleagues from Mongolia to learn from scientists and students of this eminent School of Medicine of Japan, philosophy of which is described by Professor Yamamoto in his introduction to the School's website as "Research First", "Open Door" and "Practice Oriented". I hope and wish also our Japanese colleagues and students will find out interesting collaborations with our medical scientists and students contributing to serve better to the both nations and the humankind. This is really a great deal.

The idea to have an Agreement between MAMS and TUGSM was born some 2 years ago in Mongolia when Prof. Hitoshi Oshitani's group has visited my country to study together with us the burden of influenza disease on health services in Mongolia. I'm very happy this idea has realized today. This signing time is also a very good time according to the Mongolian astrology: the Sheep time of the Cock Day of the 9th of the Middle Rabbit Month of Spring of the Iron Tiger Year of the 17th Sixty-year Cycle of the Mongolian Lunar Calendar. The combination of symbols of the time promises a very long lasting and good friendship.

Dear Colleagues,

I have heard the name "Sendai" first time some 35 years ago when I was a PhD student at the Humboldt University in Berlin, Germany. This time was the early stage of "influenza ecology" searching hemagglutinating agents from wild animals. By doing this kind of survey we have discovered dozen hemagglutinating agents from apparently healthy wild birds captured at the Migratory Bird Observatory on Hiddensee - a tiny island in Baltic Sea. However, these were not influenza viruses, so my doctor father professor Guenter Starke has requested me to do identification of a representative isolate from our hemagglutinating agents comparing with "Sendai virus" which was turned out has been discovered in the fifties of the last century in the walls of this University by

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Ажиллагааг Судалсан Дүнгээс. Author: Sarangerel D; Narantsetseg L; ...



Mong Med Sci J. 2011 Dec;4(1):18-21. English.

Published online 2011 December 31.

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Some results of the study of adults' lung ventilation function in ulaanbaatar city

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Abstract

Introduction

According to World Health Organization, air pollution is a major environmental risk to health and is estimated to cause approximately 1.6 million premature deaths worldwide per year. The air pollution of Ulaanbaatar city is rising year after year.

Goal

The aim of this study was to define the lung function of adults in Ulaanbaatar.

Materials and Methods

1196 adults were randomly chosen aged over 20 years of Ulaanbaatar city. Of them 238 subjects were excluded because they had at least one of the following: a history of lung diseases including asthma, COPD, pulmonary tuberculosis, lung fibrosis; symptoms of chronic cough, wheeze, or dyspnea; history of thoracic surgery; history of major acute illness in the past 3 months; or a history of respiratory tract infection in the past 4 weeks. Besides demographic data, information on smoking habits was collected. The lung ventilation function of subjects was checked using a spirometry EasyOne, calculating the indexes Forced expiratory volume 1sec (FEV₁), forced vital capacity (FVC), FEV₁/FVC ratio. Lung function measurements followed a standardized protocol and fulfilled the ATS criteria.

Results

Of the respondents, 486 were males (50.7%) and 472 were females (49.3%). There was a negative correlation between each lung function and age ($p < 0.05$). The lung function was significantly lower in female than in male, for FEV₁, FVC (male - FEV₁ 3.66±0.659 L, FVC





4.467±0.716 L, female- FEV₁ 2.663±0.559 L, FVC 3.237±0.586 L). In overall, FVC, FEV₁ was decreased by 34.5, 37.2 percent, respectively compared with European LLN value.

Conclusion

The mean value for FEV₁, FVC, FEV₁/FVC ratio was 3.17±0.78 L, 3.86±0.89 L and 82.02±6.75 % in overall, respectively.

Keywords: Adults, FEV₁, FVC, lung function.

Tables

Age	Sex	FEV ₁ (L)	FVC (L)	FEV ₁ /FVC (%)
20-29	Male	3.17	3.86	82.02
20-29	Female	2.66	3.24	82.02
30-39	Male	2.85	3.55	80.28
30-39	Female	2.45	3.05	80.33
40-49	Male	2.55	3.25	78.46
40-49	Female	2.15	2.75	78.18
50-59	Male	2.25	2.95	76.27
50-59	Female	1.85	2.45	75.51
60-69	Male	1.95	2.65	73.58
60-69	Female	1.55	2.15	71.63
70-79	Male	1.65	2.35	70.21
70-79	Female	1.25	1.85	67.57

Table 1
Measurements of lung ventilatory function (by age group)

Age	Sex	FEV ₁ (L)	FVC (L)	FEV ₁ /FVC (%)
20-29	Male	3.17	3.86	82.02
20-29	Female	2.66	3.24	82.02
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50-59	Female	1.85	2.45	75.51
60-69	Male	1.95	2.65	73.58
60-69	Female	1.55	2.15	71.63
70-79	Male	1.65	2.35	70.21
70-79	Female	1.25	1.85	67.57

Table 2
Measurements of lung ventilatory function (by gender)

Age	Sex	FEV ₁ (L)	FVC (L)	FEV ₁ /FVC (%)
20-29	Male	3.17	3.86	82.02
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60-69	Female	1.55	2.15	71.63
70-79	Male	1.65	2.35	70.21
70-79	Female	1.25	1.85	67.57

Table 3
Comparison between FEV₁, FVC and LLN* (by age group)

*LLN - Low Limit of Normal



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Abstract

SOME RESULTS OF THE STUDY OF ADULTS' LUNG VENTILATION
FUNCTION IN ULAANBAATAR CITY

Sarangereel D¹., Narantsetseg I¹, Zolbayar B², Naidansuren Ts³, Davaa G⁴, Munkhbayarlakh S¹

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Introduction: According to World Health Organization, air pollution is a major environmental risk to health and is estimated to cause approximately 1.6 million premature deaths worldwide per year. The air pollution of Ulaanbaatar city is rising year after year.

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Results: Of the respondents, 486 were males (50.7%) and 472 were females (49.3%).

There was a negative correlation between each lung function and age ($p < 0.05$). The lung function was significantly lower in female than in male, for FEV1, FVC (male - FEV1 3.66 ± 0.659 L, FVC 4.467 ± 0.716 L, female-FEV1 2.663 ± 0.559 L, FVC 3.237 ± 0.586 L). In overall, FVC, FEV1 was decreased by 34.5, 37.2 percent, respectively compared with European LLN value.

Conclusion: The mean value for FEV1, FVC, FEV1/FVC ratio was 3.17 ± 0.78 L, 3.86 ± 0.89 L and 82.02 ± 6.75 % in overall, respectively.

Key words: Adults, FEV1, FVC, lung function

Pp 18-21, Tables 3, References 10.

Article title: **Some Results of the Study of Adults' Lung Ventilation Function in Ulaanbaatar City**



Vernacular Title: Улаанбаатар Хотын Насанд Хүрэгчдийн Уушгины Агааржилтын Үйл Ажиллагааг Судалсан Дүнгээс

Author: Sarangerel D; Narantselseg L; Zolbayar B; Naidansuren Ts; Davaa G; Munkhbayarlakh S

Affiliation: Health Sciences University

Publication Type: Journal Article

Keywords: Adults;FEV1;FVC;lung function

From: Mongolian Medical Sciences 2010; 158(4) : 18-21

Country: Mongolia

Language: Mongolian

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Author: Sarangerel D; Narantselseg L; Zolbayar B; Naidansuren Ts; Davaa G; Munkhbayarlakh S

Affiliation: Health Sciences University

Publication Type: Journal Article

Keywords: Adults;FEV1;FVC;lung function

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Country: Mongolia

Language: Mongolian

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Some results of the study of adults' lung ventilation function in ulaanbaatar city

D Sarangerel,¹ Naranstsetseg,¹ Zolbayar,² Ts Naidansuren,³ G Davaa,⁴ and S Munkhbayarlakh¹

¹HSU, School of biomedicine.
²HSU, Nursing school.
³HSU, School of clinical medicine.
⁴HSU, School of Public Health.

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Abstract

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CLINICAL PROFILE AND OUTCOME OF PEDIATRIC PATIENTS WITH REVERSE TRANSCRIPTION-POLYMERASE CHAIN REACTION (RT-PCR)-CONFIRMED INFLUENZA A (H1N1)

Cynthia Segueria, MD,* Cristan Q. Cabanilla, MD* *Philippine Children's Medical Center

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CLINICAL PROFILE AND OUTCOME OF PEDIATRIC PATIENTS WITH REVERSE TRANSCRIPTION-POLYMERASE CHAIN REACTION (RT-PCR)-CONFIRMED INFLUENZA A (H1N1)

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CLINICAL PROFILE AND OUTCOME OF PEDIATRIC PATIENTS WITH REVERSE TRANSCRIPTION-POLYMERASE CHAIN REACTION (RT-PCR)-CONFIRMED INFLUENZA A (H1N1)

Cynthia Seguerra, MD,[✉] and Cristan Q. Cabanilla, MD*

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Abstract

Background

The World Health Organization declared on June 11, 2009 the first pandemic of the 21st Century caused by the novel Influenza A (H1N1) virus. The virus was observed to be clinically similar to the seasonal influenza, in which case, patients recover even without medical treatment. The virus affected the younger age group even those who are healthy, which make it different from seasonal flu.

Objective

The study aimed to describe the clinical profile and outcome of pediatric patients with Reverse Transcription-Polymerase Chain Reaction (RT-PCR)-confirmed Influenza A (H1N1).

Methodology

Pediatric patients of the Lung Center of the Philippines seen from May 1 to July 31, 2009 for Influenza-like illness upon presentation and confirmed to have Influenza A (H1N1) virus through Reverse Transcription-Polymerase Chain Reaction (RT-PCR) assay were included in the study. Charts of patients were reviewed. Information from patients was obtained using the WHO Case Summary Form and the National Epidemiology Center Initial Screening of Influenza A (H1N1) form. The patient's demographic data, clinical characteristics, co-morbid conditions, vaccination, clinical course, complications, anti-viral medications

Results

Out of the 243 RT-PCR-confirmed patients, 71.6% (n=174) came from the adolescent age group, with a median age of 13 years old. A predominance of male patients (57.2%) was noted. Fever (92%), cough (83.1%), nasal congestion (52.7%) and sore throat (35%) were the most common presenting signs and symptoms. Bronchial asthma (14.4%) was the leading co-morbidity present and pneumonia was the most common complication. Eight patients (3.3%) were hospitalized during the course of the disease. All RT-PCR-confirmed Influenza A (H1N1) patients recovered and no mortality was noted.

Conclusions

In this study, majority of the RT-PCR-confirmed Influenza A (H1N1) patients were characterized by self-limited, uncomplicated, and febrile respiratory illness, who all recovered with minimal complications.

Keywords: Influenza A (H1N1), Reverse Transcription-Polymerase Chain Reaction (RT-PCR).

INTRODUCTION

In June 11, 2009 World Health Organization (WHO) Director General Margaret Chan declared a pandemic alert level 6 due to the spread and outbreak of the Influenza A (H1N1) virus in at least two countries within the WHO region.¹ The epidemic was caused by the swine-origin Influenza A (H1N1) virus (S-OIV) which was said to be made up of the HA gene derived from the 1918 swine flu virus and other genes from human, avian and Eurasian swine influenza viruses.² The virus has initially affected the United States and Mexico (North America), which were the epicenters of the pandemic, and has increasingly spread in Europe, Latin America, Australia, and the South East Asian region.³ Aside from the fact that the virus can be easily transmitted, it showed clinical similarity to seasonal influenza wherein majority of patients recovered and survived even without medical treatment.

As of October 25, 2009, WHO reported nearly 440,000 of laboratory-confirmed cases of Influenza A (H1N1) virus and 5700 mortalities in 180 countries, with the number of cases continuing to increase in Central America and the tropical regions of Asia.^{3,4} Notably, the proportion of cases in Asia that are related to seasonal influenza A (H3N2) continue to decline globally while the proportion related to the pandemic H1N1 in 2009 virus increases.⁵ Meanwhile, in the WHO geographic map of Influenza Activity, the Philippines did not show any available information as regards Influenza A (H1N1) disease activity.

In the Philippines, the Department of Health (DOH), which heads the task force for the Pandemic Response to Influenza A (H1N1) virus, started its screening late April 2009 with the first RT-PCR-confirmed Influenza A (H1N1) case reported on May 22, 2009. The first patient was a ten-year old girl who presented with an influenza-like illness after arriving from the United States along with her family.⁶ On June 14,

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Novel swine-origin influenza virus A (H1N1): the first pandemic of the 21st century.Chang LY¹, Shih SR, Shao PL, Huang DT, Huang LM.

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Abstract

An influenza epidemic was detected in April 2009 at the border between the United States and Mexico. The virus was identified soon after to be a swine-origin influenza virus A (S-OIV A) (H1N1). This virus has an HA gene that is derived from the 1918 swine influenza virus and other genes from human, avian, and Eurasian swine influenza viruses. Clinically, it behaves similarly to seasonal influenza. The only differentiating characteristics are vomiting and diarrhea in a quarter of infected patients, which are rare in seasonal influenza. On June 11, 2009, the World Health Organization declared the first pandemic of the 21st century, caused by S-OIV A (H1N1). Vaccination is the only way to dampen this pandemic. Many questions await answers, including the clinical impact of the pandemic, optimal doses of vaccine, and the future destiny of the virus. A breakthrough in vaccinology against influenza is needed to address the recurring influenza pandemic.

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Novel Swine-origin Influenza Virus A (H1N1): The First Pandemic of the 21st Century

[Luan-Yin Chang](#)[†], [Shin-Ru Shih](#)[†], [Pei-Lan Shao](#), [Daniel Tsung-Ning Huang](#), [Li-Min Huang](#)

[†]Luan-Yin Chang and Shin-Ru Shih contributed equally to this work.

Received: June 5, 2009; Received in revised form: June 13, 2009; Accepted: June 14, 2009;

DOI: [http://dx.doi.org/10.1016/S0929-6646\(09\)60369-7](http://dx.doi.org/10.1016/S0929-6646(09)60369-7)

Abstract

References

An influenza epidemic was detected in April 2009 at the border between the United States and Mexico. The virus was identified soon after to be a swine-origin influenza virus A (S-OIV A) (H1N1). This virus has an HA gene that is derived from the 1918 swine influenza virus and other genes from human, avian, and Eurasian swine influenza viruses. Clinically, it behaves similarly to seasonal influenza. The only differentiating characteristics are vomiting and diarrhea in a quarter of infected patients, which are rare in seasonal influenza. On June 11, 2009, the World Health Organization declared the first pandemic of the 21st century, caused by S-OIV A (H1N1). Vaccination is the only way to dampen this pandemic. Many questions await answers, including the clinical impact of the pandemic, optimal doses of vaccine, and the future destiny of the virus. A breakthrough in vaccinology against influenza is needed to address the recurring influenza pandemic.

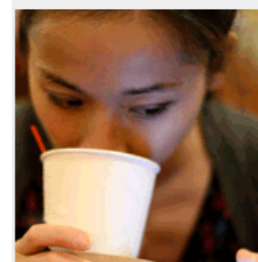
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Title(s): PIDSP journal.

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Pediatric Infectious Disease Society of the Philippines journal

Publication Start Year: 1996

Frequency: Semiannual

Country of Publication: Philippines

Publisher: Quezon City : Pediatric Infectious Disease Society of the Philippines, [1996]-

Description: 1 online resource

Language: English

ISSN: 2094-3385 (Electronic)

2094-3385 (Linking)

LCCN: 2014243078

Electronic Links: http://www.pidsphil.org/journal_info.php?id=1

MeSH: Communicable Diseases*

Epidemiology

Pediatrics

Publication Type(s): Periodicals

Notes: Description based on: Vol. 1, no. 2 (Jul/Dec 1996); title from cover image (publisher's Web site, viewed Dec. 9, 2013).

Latest issue consulted: Vol. 14, no. 1 (2013) (viewed Dec. 9, 2013).

NLM ID: [101594814](#) [Serial]

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Maria Victoria A. Rondaris, MD, MPH

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Author(s): Philippine Ophthalmological Society

NLM Title Abbreviation: Philipp J Ophthalmol

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Title(s): Philippine journal of ophthalmology.

Publication Start Year: 1969

Frequency: Quarterly

Country of Publication: Philippines

Publisher: Manila, Philippine Ophthalmological Society.

Latest Publisher: Manila : Philippine Ophthalmological Society

Description: v. illus., ports.

Language: English

ISSN: 0031-7659 (Print)

0031-7659 (Linking)

Coden: PHJLAM

Electronic Links: <http://paojournal.com/>

In: MEDLINE: Selected citations only

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Current Indexing Status: Not currently indexed for MEDLINE. Only articles related to population demographics/reproductive health were indexed.

Version Indexed: Print

MeSH: Ophthalmology*

Publication Type(s): Periodicals

Notes: Also issued online.

Other ID: (DNLM)P12700000(s)
(OCoLC)06865198

NLM ID: [0207266](#) [Serial]

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Title(s): Philippine journal of otolaryngology head & neck surgery.

Publication Start Year: 1981

Frequency: Bimonthly

Country of Publication: Philippines

Publisher: Pasig City : Philippine Society of Otolaryngology & Bronchoesophagology

Language: English

ISSN: 1908-4889 (Print)
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Notes: Description based on ; title from
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Does the introduction of a third examiner and global marking improve the generalisability of the surgical long case?

Woei Yun Siow¹, MBBS, FAMS, Zubair Amin², MBBS, MHPE, Gominda Ponnampereuma³, MBBS, PhD, Peter A Robless⁴, MBChB, MD

INTRODUCTION Planning a high-stake clinical examination requires the evaluation of several psychometric and logistical variables. The authors conducted generalisability and decision studies to answer the following research questions in the context of the surgical long case: (1) Does the addition of a third examiner have any added benefit, vis-à-vis reliability, to the examination? (2) Is global marking more reliable than an itemised marking template? (3) What would be the impact on reliability if there was a reduction in the number of examinees that each panel of examiners is required to assess?

METHODS A third examiner and global marking were introduced. Separate generalisability and decision studies were carried out for both the two- and three-examiner models as well as for itemised and global scores.

RESULTS The introduction of a third examiner resulted in a modest gain of reliability by 0.05–0.07. Gain in reliability was higher when each candidate was allowed to undertake a higher number of clinical cases. Both the global and itemised scores provided equivalent reliability (generalisability coefficient 0.74–0.89).

CONCLUSION Our results showed that only a modest improvement in reliability of the surgical long case is achieved through the introduction of an additional examiner. Although the reliability of global scoring and the itemised marking template was comparable, the latter may provide opportunities for individualised feedback to examinees.

Keywords: clinical competency, educational measurements, reproducibility of results
Singapore Med J 2012; 53(6): 390–394

INTRODUCTION

The long case, an examination that assesses the interaction between an examinee and a real patient that intends to emulate the full range of a physician's competency during consultation, has been used in high-stake clinical examinations despite the doubts surrounding its validity and reliability.^{1–3} Although it is known that increasing the number of examiners for each station in the long case improves its reliability to a certain extent, it is less clear what the optimum number of examiners per case should be, in order to give an acceptable reliability that can be generalised beyond the examination.⁴ Global score, a subjective judgement of the candidate's overall performance, is increasingly being used as an alternative or an adjunct to the more familiar itemised marking template.⁵

In this study, we set out to answer the following three research questions in the context of the surgical long case examination:

- (1) Does the addition of a third examiner have any added benefit to the examination process in terms of generalisability, vis-à-vis reliability, of the examination?
- (2) Is global marking more reliable than an itemised marking template when the examiners are content experts?
- (3) In a hypothetical time-constraint scenario, where the examiners may not be able to commit the entire day for the examination, what would be the possible impact of reducing

the number of examinees that each panel of examiners is required to assess?

We used two related statistical methods, the Generalisability (G study) and Decision (D study) studies, to answer the above research questions. G study is a statistical framework for conceptualising, investigating and designing reliable measurements. It is used to determine the reproducibility of measurements under specific conditions. D study is useful in addressing hypothetical questions related to measurement (e.g. "What if each examinee is rated by three examiners instead of two?"), which may not be easily answered by more conventional statistical methods.⁶ These two methods are particularly useful in assessing performance where multiple sources of error often act simultaneously and in a complex manner.

Any measurement has a true score and an observed score, and examination results are no exception. An observed score, like the examination results of a candidate, would be closer to its true score or the actual ability of the candidate if the error component within the said observed score is less. Possible examples of error components of an examination result are: the nature of the patients, number of patients per examinee, number of examiners, length of the test and number of stations or questions. These are called 'error components', as not all constituents of a given error component can be included in an

¹Raffles Hospital, Singapore, ²Department of Paediatrics, Yong Loo Lin School of Medicine, ³Faculty of Medicine, University of Colombo, Sri Lanka, ⁴Department of Surgery, Yong Loo Lin School of Medicine, National University of Singapore

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Description: v. illus.

Language: English

ISSN: 0037-5675 (Print)
0037-5675 (Linking)

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In: Index medicus: v6n3,Sept. 1965-
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Current Indexing Status: Currently indexed for MEDLINE.

Current Subset: Index Medicus

Version Indexed: Electronic

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Publication Type(s): Periodicals

Notes: Also issued online.

Other ID: (DNLM)S26180000(s)
(OCoLC)01781205

NLM ID: 0404516 [Serial]

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To cite this article:

Huang QS et al. Implementing hospital-based surveillance for severe acute respiratory infections caused by influenza and other respiratory pathogens in New Zealand. *Western Pacific Surveillance and Response Journal*, 2014, 5(1). doi:[10.5365/wpsar.2014.5.1.004](https://doi.org/10.5365/wpsar.2014.5.1.004)



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Western Pacific Surveillance and Response Journal: 2010 (v1 n1) to Present

pISSN 2094-7321 eISSN 2094-7313

Western Pacific Surveillance and Response Journal: 2010 (v1 n1) to Present

2012



v3 n1



v3 n2

2011



v2 n1



v2 n2



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Western Pacific surveillance and response journal : WPSAR

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Title(s): Western Pacific surveillance and response journal : WPSAR.

Other Title(s): WPSAR

Publication Start Year: 2010

Frequency: Quarterly

Country of Publication: Philippines

Publisher: Manila, Philippines : World Health Organization, Regional Office for the Western Pacific, c2010-

Description: v. : ill. ; 30 cm.

Language: English

ISSN: 2094-7321 (Print)

2094-7313 (Electronic)

2094-7321 (Linking)

Acid-Free: No

LCCN: 2011243329

Electronic Links: <http://www.ncbi.nlm.nih.gov/pmc/journals/2088/>

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In: Index medicus: v4n1, Jan.-Mar. 2013-
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Current Indexing Status: Currently indexed for MEDLINE.

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MeSH: Asia, Southeastern

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Publication Type(s): Periodicals

Notes: Title from caption.

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Latest issue consulted: Vol. 1, no. 1 (2010).

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Acknowledgements

- Prof. Choon Shil Lee
- KAMJE/XMLink
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- APAME
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