



YUGANTAR EDUCATION SOCIETY'S

**SHRI BALASAHEB TIRPUDE COLLEGE OF HOTEL
MANAGEMENT AND CATERING TECHNOLOGY**

(Approved by AICTE, New Delhi, Govt. of India, Govt. of Maharashtra & Nagpur University, Nagpur)

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AICTE Permanent Institute Id : 1-14318331 ● DTE Institute Code : HM4219 ● RTM College Code - 007
AISHE Code : C-18976

**Report on IDA Triple Drug Therapy for Accelerating Lymphatic Filariasis
Elimination in India 2023-2024 at Shri Babasaheb Tirpude College of Hotel
Management and Catering Technology, Nagpur.**

Date: [17/08/2023] Thursday

Executive Summary: The introduction of Triple-Drug Therapy (TDT) for accelerating the elimination of lymphatic filariasis in India has marked a significant advancement in the fight against this debilitating disease. Lymphatic filariasis, commonly known as elephantiasis, is a neglected tropical disease that causes severe swelling and disability. This report examines the lessons learned from the implementation of TDT in India and highlights key strategies that have contributed to its success.

Introduction: Lymphatic filariasis is a parasitic infection transmitted through mosquito bites that can lead to chronic and disabling conditions. India has been at the forefront of efforts to eliminate this disease, and the introduction of Triple-Drug Therapy has played a pivotal role in accelerating these efforts. This report delves into the lessons learned from the implementation of TDT and its implications for other regions grappling with lymphatic filariasis.

Lesson 1: Multidrug Approach for Enhanced Efficacy: The integration of three antiparasitic drugs—ivermectin, diethylcarbamazine citrate (DEC), and albendazole—has demonstrated enhanced efficacy in targeting various stages of the parasite's life cycle. This comprehensive approach has led to a higher success rate in treatment and transmission interruption.

Lesson 2: Mass Drug Administration (MDA) as a Pillar of Success: The successful implementation of TDT in India was made possible through well-organized Mass Drug Administration campaigns. Collaborative efforts between healthcare professionals, community health workers, and local communities ensured widespread treatment coverage, contributing to the program's success.

Lesson 3: Community Engagement and Advocacy: Community engagement has proven to be a vital component of the TDT initiative. Local communities have played a critical role as advocates, educators, and facilitators in distributing medication and raising awareness about lymphatic filariasis and its treatment.

Lesson 4: Integration with Existing Health Programs: Integrating lymphatic filariasis elimination efforts with existing healthcare infrastructure, vector control, and sanitation initiatives has resulted in a more comprehensive approach. This approach enhances the sustainability and effectiveness of the program.

Sanil Kulkarni

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Lesson 5: Robust Surveillance and Monitoring: The establishment of a robust surveillance system to monitor disease prevalence, treatment coverage, and adverse events has provided critical data for assessing progress and making informed decisions for program optimization.

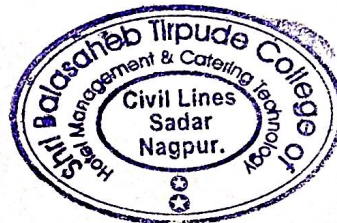
Lesson 6: Ongoing Research and Innovation: Continued research and innovation in drug development, diagnostics, and treatment strategies have contributed to the continuous improvement of the TDT approach. This adaptability ensures that the program remains effective in evolving circumstances.

Lesson 7: Public-Private Partnerships for Enhanced Resources: Collaborations between governmental agencies, non-governmental organizations, academic institutions, and the private sector have amplified resources, expertise, and support for the successful implementation of TDT.

Conclusion: The introduction of Triple-Drug Therapy for accelerating lymphatic filariasis elimination in India stands as a testament to the nation's commitment to public health. The lessons learned from this initiative provide valuable insights for other regions striving to combat lymphatic filariasis and other neglected tropical diseases. By emphasizing community engagement, integrating efforts, and fostering collaborations, we can collectively work toward the global goal of eliminating lymphatic filariasis and improving the lives of affected individuals.

Shri Balasaheb Tirpude

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IDA Triple Drug Therapy 2023-24

All the students are hereby informed that the NMC Nagpur's Health Department is distributing free IDA drug to control Malaria and elephantiasis

Points to remember

1. Bring Consent of Parents to consume IDA Drug
2. Have food before consumption of IDA drug
3. Know your allergens before consuming IDA Drug

सर्व विद्यार्थ्यांना याद्वारे कळविण्यात येते की, मलेरिया आणि हत्तीरोगावर नियंत्रण ठेवण्यासाठी महापालिकेच्या नागपूर आरोग्य विभागातर्फे मोफत IDA औषधाचे वाटप करण्यात येत आहे.

लक्षात ठेवण्यासारखे मुद्दे

IDA औषध सेवन करण्यासाठी पालकांची संमती आणा

IDA औषध घेण्यापूर्वी अन्न खा

IDA औषध घेण्यापूर्वी तुमची ऍलर्जी जाणून घ्या

**On 17th August 2023 At
Training Banquet Hall 3rd Floor**



Sauale

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College of Hotel Management
& Catering Technology, Nagpur



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दिव्यताप व इतरीयोग विभाग

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दिनांक :- १९ / ०९ / २०२३

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शिक्षण संस्था / नागपूर

कार्य :- एम.डी.ए. (आयडीए) आगस्ट २०२३ - २०२४ टिपल ड्रा घेण्याबाबत.

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अति. आयुक्त (शहर)
म.न.पा., नागपूर.

प्रतिलिपी माहितीसाठी अग्रेषित :-

१. मा. सहाय्यक, आरोग्य सेवा (हि. व. कि. व. विभाग), पुणे.
२. मा. सहाय्यक संचालक, आरोग्य सेवा (दिव्यताप) नागपूर.
३. वैद्यकीय आरोग्य अधिकारी, म.न.पा., नागपूर
४. दिव्यताप व इतरीयोग अधिकारी, म.न.पा., नागपूर.

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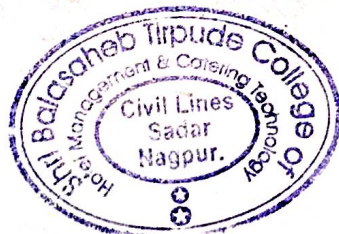
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IDA Triple Drug Therapy 2023-2024

Date-17/08/2023

Day-Thursday

Sr. No	Name of Students	Consent from Parents Yes/No	Consume Food Yes/No	If any Allergens Yes/No	Signature
1.	Aishwarya S. Raut	Yes	Yes	NO	Araut
2.	Aarya Bisaria	Yes	Yes	NO	dyas
3.	Dhirej Bokde	Yes	Yes	NO	dybokde
4.	Amar Bhusade.	Yes	Yes	NO	Abhusi
5.	Sahas Dhunvij	Yes	Yes	NO	Sahas
6.	Jay Y. Bhandekar	Yes	Yes	NO	JBhandekar
7.	Samarth Kale	Yes	Yes	NO	Samarth
8.	Tejas Chakole	Yes	Yes	NO	T.Chakole
9.	Kimaya Lambre	Yes	Yes	NO	KLambre
10.	Rohit Singh	Yes	Yes	NO	Rohit Singh
11.	Nikhil PANDE	Yes	Yes	NO	Nikhil
12.	Sambhosh Pastawar	Yes	Yes	NO	Sambhosh
13.	Pastawar				
14.	Yash M. Galgat	Yes	Yes	NO	YGalgat
15.	Valshnavi Nanwarkar	Yes	Yes	NO	VNanwarkar
16.					



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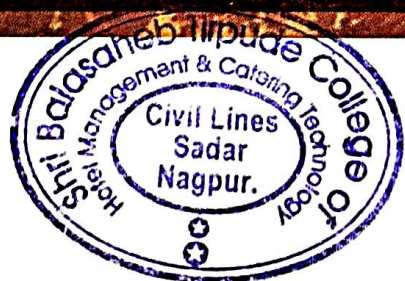
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