JD-NI Gold Standard Coaching For Nursing Competitive Exam

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JDNI ED08

COMMUNITY HEALTH NURSING

Video Lecture Index with Topic-wise Start Time

30	50+
VIDEO LECTURES	HOURS OF TEACHING

जहाँ तैयारी ही जीत है,
श्रेष्ठ संस्था, श्रेष्ठ परिणाम

JD Nursing Institute App › EDITION 08 › Video ED8 › CHN



EDITION 08 Course



CHN Module

JDNI ED08: COMMUNITY HEALTH NURSING

EDITION 08 | Video Lecture Index with Topic-wise Start Time

30	50 hrs	24 Chapters	JDNI App
Video Lectures	Total Duration	CHN Module, 242 Pages	Video ED8 › CHN

CHAPTER-WISE INDEX (AS PER CHN MODULE)

S. No.	Chapter Name	Module Pages	Video Lectures
1	Health and Disease Concept	1 to 8	01, 02
2	Demography	9 to 15	03
3	Contraceptives	16 to 30	04, 05, 06
4	Family Welfare Programme	31 to 34	06
5	National Health Programmes: RMNCAH+N, ICDS and NHM	35 to 55	06, 07, 08
6	National TB Elimination Programme (NTEP)	56 to 69	09, 10, 11
7	National AIDS Control Programme (NACP)	70 to 76	11
8	Other National Health Programmes	77 to 87	12
9	Entomology and Vector Borne Disease Control	88 to 94	13
10	Communicable Diseases: Basics and STDs	95 to 101	13, 14
11	Respiratory Infections	102 to 120	14, 15, 16
12	Hepatitis	121 to 127	16, 17
13	Rabies and Tetanus	128 to 134	17
14	Intestinal Infections, Plague and Polio	135 to 145	18, 19
15	Leprosy	146 to 150	19
16	Vector Borne Diseases and Trachoma	151 to 162	19, 20
17	Environmental Hygiene	163 to 171	21
18	Vaccination and Immunization	172 to 189	22, 23, 24
19	Epidemiology	190 to 199	24, 25, 26
20	Health Care Delivery System in India	200 to 212	27, 28
21	Occupational Health	213 to 217	Module only
22	Non-communicable Diseases	218 to 228	29, 30
23	Other Important Topics	229 to 235	30
24	Image-Based Revision	236 to 242	Module only

01 Health and Disease Concept

Module Pages 1 to 8

01 Health and Disease: Concepts, Dimensions and Indicators

Module Pages 1 to 5 | 02:00:57

0:00	Introduction	Pg 1	0:56	Disease elimination	Pg 3
0:08	AYUSH	Pg 1	1:12	Isolation, quarantine	Pg 3
0:16	Health and disease	Pg 1	1:20	Surveillance	Pg 4
0:32	Quality of life	Pg 1	1:28	PQLI, HDI	Pg 4
0:40	Impairment, disability	Pg 1	1:52	DALY, HALE	Pg 5
0:48	Dimensions of health	Pg 2			

02 Levels of Prevention

Module Pages 5 to 8 | 00:57:26

0:00	Revision MCQ	Pg 5	0:32	Primordial prevention	Pg 5
0:08	Levels of prevention	Pg 5	0:40	Primary prevention	Pg 6
0:16	Modes of intervention	Pg 5	0:48	Secondary prevention	Pg 6
0:24	Tertiary level overview	Pg 5	0:55	Tertiary and quaternary	Pg 8

02 Demography

Module Pages 9 to 15

03 Demography: Demographic Cycle and Fertility Indicators

Module Pages 9 to 14 | 01:30:54

0:00	Introduction to demography	Pg 9	0:54	General fertility rate	Pg 11
0:09	Demographic cycle	Pg 9	1:03	TFR and GRR	Pg 11
0:27	Population pyramid	Pg 10	1:12	CPR, eligible couple	Pg 12
0:36	Sex ratio, life expectancy	Pg 10	1:26	Census and registration	Pg 14
0:45	Crude birth rate	Pg 11			

03 Contraceptives

Module Pages 16 to 30

04 Family Planning: Contraceptive Effectiveness, Barrier Methods and IUD

Module Pages 16 to 20 | 01:37:18

0:00	Introduction	Pg 16	0:55	Types of IUD	Pg 18
0:19	Contraceptive effectiveness	Pg 16	1:04	Generations of IUD	Pg 18
0:28	Pearl index	Pg 16	1:13	IUD timing, side effects	Pg 19
0:37	Classification of methods	Pg 17	1:22	IUD contraindications	Pg 19
0:46	Barrier methods	Pg 17	1:33	IUD facts	Pg 20

05 Hormonal and Natural Methods of Contraception and Tubectomy

Module Pages 21 to 28 | 02:27:27

0:00	Hormonal methods	Pg 21	1:10	Centchroman (Saheli)	Pg 25
0:10	Combined oral pills	Pg 21	1:20	Emergency pill	Pg 26
0:30	Missed pill rules	Pg 22	1:30	Natural methods	Pg 26
0:40	Contraindications	Pg 23	1:50	Newer methods	Pg 28
0:50	Progesterone only pill	Pg 23	2:00	Tubectomy	Pg 28
1:00	DMPA and NET-EN	Pg 24			

06 Vasectomy, Family Welfare Programme and RMNCAH+N

Module Page 29 | 02:11:32

0:02	Vasectomy	Pg 29

04 Family Welfare Programme

Module Pages 31 to 34

06 Vasectomy, Family Welfare Programme and RMNCAH+N *continued*

Module Pages 31 to 33 | 02:11:32

0:22	Family welfare programme	Pg 31	0:42	Incentives, compensation	Pg 33
0:32	Mission Parivar Vikas	Pg 32			

05 National Health Programmes: RMNCAH+N, ICDS and NHM

Module Pages 35 to 55

06 Vasectomy, Family Welfare Programme and RMNCAH+N *continued*

Module Pages 35 to 38 | 02:11:32

1:02	Health approaches	Pg 35	1:32	BEmOC and CEmOC	Pg 36
1:12	RMNCAH+N	Pg 35	1:42	Janani Suraksha Yojana	Pg 37
1:22	CSSM and RCH	Pg 35	2:00	JSSK and PMSMA	Pg 38

07 RMNCAH+N: Maternal, Newborn, Child and Adolescent Health and Anemia Mukt Bharat

Module Pages 40 to 47 | 02:12:03

0:02	Maternal health, LaQshya	Pg 40	1:02	Child health: RBSK	Pg 44
0:12	Safe childbirth checklist	Pg 40	1:12	Adolescent health: RKSK	Pg 45
0:22	Neonatal health	Pg 41	1:32	Anemia Mukt Bharat	Pg 46
0:32	Newborn care units	Pg 41	1:52	IFA dose schedule	Pg 47
0:42	HBNC, NSSK, INAP, SAANS	Pg 42	2:05	Deworming day	Pg 47

08 ICDS, ESI, National Health Mission and Nutrition Schemes

Module Pages 35 to 54 | 01:42:21

0:01	National health programmes	Pg 35	1:00	NRHM, ASHA, norms	Pg 53
0:11	ICDS scheme	Pg 49	1:10	NUHM	Pg 53
0:20	Anganwadi services	Pg 50	1:20	Mission Shakti	Pg 53
0:30	Supplementary nutrition	Pg 51	1:33	POSHAN Abhiyaan	Pg 54
0:40	ESI benefits	Pg 51	1:40	PM POSHAN (midday meal)	Pg 54
0:50	National Health Mission	Pg 52			

06 National TB Elimination Programme (NTEP)

Module Pages 56 to 69

09 National Tuberculosis Elimination Programme: Pathogenesis, Diagnosis and Drug Resistance

Module Pages 56 to 61 | 01:42:59

0:01	Introduction to TB	Pg 56	1:00	Sputum collection	Pg 60
0:11	Pathogenesis, Ghon complex	Pg 56	1:10	Culture, LJ medium	Pg 60
0:30	Types of TB	Pg 56	1:20	CBNAAT	Pg 59
0:40	NTEP goals, strategic plan	Pg 57	1:30	Treatment phases	Pg 60
0:50	Signs and symptoms	Pg 58	1:40	MDR, pre XDR, XDR TB	Pg 61

10 Treatment of Tuberculosis: Drug Resistant TB and NTEP Initiatives

Module Pages 61 to 67 | 00:57:19

0:01	Mono and poly drug resistance	Pg 61	0:40	Nikshay Mitra, NISTHA	Pg 64
0:08	Shorter MDR regimen	Pg 62	0:48	TB in pregnancy, drug doses	Pg 67
0:16	Latest TB terminology	Pg 63	0:50	Sputum disposal	Pg 67
0:24	NTEP initiatives, Nikshay	Pg 64	0:55	Isolation of TB patient	Pg 67
0:32	Nikshay Poshan Yojana	Pg 64			

11 Tuberculin Test and National AIDS Control Programme

Module Pages 67 to 68 | 01:53:28

0:01	Tuberculin test	Pg 67	0:11	Mantoux interpretation	Pg 68

07 National AIDS Control Programme (NACP)

Module Pages 70 to 76

11 Tuberculin Test and National AIDS Control Programme *continued*

Module Pages 71 to 76 | 01:53:28

0:21	NACP	Pg 71	1:21	ART, test and treat	Pg 74
0:31	WHO staging of HIV	Pg 71	1:31	PEP	Pg 74
0:51	Opportunistic infections	Pg 71	1:43	PPTCT, delivery care	Pg 75
1:01	95-95-95 target	Pg 72	1:51	AIDS helpline, AIDS day	Pg 76
1:11	Sentinel surveillance	Pg 73			

08 Other National Health Programmes

Module Pages 77 to 87

12 NPCBVI, NIDDCP, IMNCI, Ayushman Bharat and National Health Policy

Module Pages 77 to 85 | 01:54:55

0:01	NPCBVI	Pg 77	1:11	Ayushman Bharat	Pg 82
0:11	Blindness prevalence	Pg 78	1:21	Ayushman Arogya Mandir	Pg 82
0:21	Causes of blindness	Pg 77	1:31	IHIP	Pg 83
0:31	NIDDCP (iodine)	Pg 78	1:41	MDG and SDG	Pg 84
0:41	IMNCI	Pg 79	1:51	National Health Policy	Pg 85
0:51	IMNCI case management	Pg 80			

09 Entomology and Vector Borne Disease Control

Module Pages 88 to 94

13 Medical Entomology, Vector Control, STI Kits and Disease Terminology

Module Pages 88 to 92 | 01:43:12

0:01	Classification of animals	Pg 88	0:31	Louse, flea and others	Pg 89
0:11	Arthropods	Pg 88	0:41	Anti larval measures	Pg 90
0:21	Mosquito and sandfly	Pg 88	0:51	Malaria indices (API)	Pg 92

10 Communicable Diseases: Basics and STDs

Module Pages 95 to 101

13 Medical Entomology, Vector Control, STI Kits and Disease Terminology *continued*

Module Pages 95 to 97 — 01:43:12

1:01	STDs	Pg 95	1:21	Epidemic, endemic, pandemic	Pg 97
1:11	STI colour coded kits	Pg 96	1:41	Skin lesions	

14 Communicable Diseases: Chain of Infection, Chickenpox, Measles and Rubella

Module Pages 97 to 101 — 01:50:57

0:01	Communicable diseases	Pg 97	0:31	Indirect transmission	Pg 101
0:11	Agent, reservoir, cases	Pg 99	0:41	Susceptible host	Pg 101
0:21	Modes of transmission	Pg 100			

11 Respiratory Infections

Module Pages 102 to 120

14 Communicable Diseases: Chain of Infection, Chickenpox, Measles and Rubella *continued*

Module Pages 102 to 107 — 01:50:57

0:51	Chickenpox	Pg 102	1:31	Rubella, congenital rubella	Pg 106
1:01	Varicella vaccine	Pg 103	1:49	Parotitis, mumps	Pg 107
1:21	Measles and vitamin A	Pg 103			

15 Mumps, Diphtheria, Pertussis, Meningitis, Bird Flu and COVID-19

Module Pages 107 to 118 — 02:14:35

0:01	Mumps	Pg 107	1:07	Vaccines before splenectomy	Pg 112
0:12	Diphtheria	Pg 108	1:18	Bird flu	Pg 112
0:23	Schick test	Pg 109	1:40	COVID-19 history	Pg 115
0:34	Pertussis	Pg 109	1:51	COVID-19 epidemiology	Pg 115
0:45	DPT vaccine	Pg 110	2:02	COVID-19 diagnosis	Pg 116
0:56	Meningococcal meningitis	Pg 110	2:12	COVID-19 treatment	Pg 118

16 COVID-19 Vaccines, HMPV and Viral Hepatitis

Module Pages 118 to 119 — 01:31:12

0:01	COVID-19 continued	Pg 118	0:21	HMPV	Pg 119
0:11	COVID-19 vaccines	Pg 119			

12 Hepatitis

Module Pages 121 to 127

16 COVID-19 Vaccines, HMPV and Viral Hepatitis *continued*

Module Pages 121 to 126 — 01:31:12

0:31	Viral hepatitis types	Pg 122	1:11	Hepatitis B markers	Pg 124
0:41	Hepatitis key points	Pg 121	1:21	Signs of liver cirrhosis	Pg 125
0:51	Hepatitis diagnosis, LFT	Pg 122	1:29	Needle stick injury PEP	Pg 126
1:01	Hepatitis B structure	Pg 123			

17 Rabies and Tetanus
Module Page 126 | 01:06:06

0:01 Hepatitis B MCQs — Pg 126

13 Rabies and Tetanus
Module Pages 128 to 134

17 Rabies and Tetanus *continued*
Module Pages 128 to 133 | 01:06:06

0:09 Rabies: introduction — Pg 128
0:18 Rabies: pathogenesis — Pg 128
0:27 Anti rabies vaccine — Pg 129
0:36 Vaccine schedule — Pg 130
0:45 Tetanus: introduction — Pg 131
0:54 Clinical features, trismus — Pg 132
1:03 Tetanus prophylaxis — Pg 133

14 Intestinal Infections, Plague and Polio
Module Pages 135 to 145

18 Cholera, Typhoid, Plague and Worm Infestations
Module Pages 135 to 142 | 01:28:09

0:01 Revision — Pg 135
0:10 Cholera — Pg 135
0:19 Dehydration features — Pg 137
0:28 ORS — Pg 137
0:37 Cholera vaccine — Pg 138
0:46 Typhoid — Pg 138
0:55 Widal test — Pg 139
1:04 Plague — Pg 140
1:13 Worm infestations — Pg 142
1:25 Pinworm — Pg 142

19 Polio, Leprosy, Filariasis and Japanese Encephalitis
Module Pages 143 to 145 | 01:09:38

0:01 Poliomyelitis — Pg 143
0:09 Clinical types of polio — Pg 144
0:18 Polio vaccines, schedule — Pg 145

15 Leprosy
Module Pages 146 to 150

19 Polio, Leprosy, Filariasis and Japanese Encephalitis *continued*
Module Pages 146 to 148 | 01:09:38

0:27 Leprosy — Pg 146
0:36 Leprosy diagnosis — Pg 147
0:45 MDT regimen — Pg 148

16 Vector Borne Diseases and Trachoma
Module Pages 151 to 162

19 Polio, Leprosy, Filariasis and Japanese Encephalitis *continued*
Module Pages 151 to 152 | 01:09:38

0:54 Lymphatic filariasis — Pg 151
1:03 Japanese encephalitis — Pg 152
1:08 JE vaccination — Pg 152

20 Dengue, Malaria, Kala Azar, Yellow Fever and Trachoma

Module Pages 153 to 161 | 02:00:12

0:01	Dengue	Pg 153	1:07	Malaria diagnosis	Pg 158
0:12	Dengue serotypes	Pg 153	1:18	Malaria in pregnancy	Pg 159
0:23	Tourniquet test	Pg 154	1:29	Kala azar	Pg 159
0:34	Dengue vaccine	Pg 155	1:40	Yellow fever vaccine	Pg 161
0:45	Malaria	Pg 156	1:51	Trachoma, SAFE strategy	Pg 161
0:56	Fever patterns	Pg 157			

17 Environmental Hygiene

Module Pages 163 to 171

21 Environmental Hygiene: Water, Air, Noise, Waste and Zoonoses

Module Pages 163 to 171 | 02:23:20

0:01	Safe water	Pg 163	1:07	Chlorination	Pg 166
0:12	Hardness of water	Pg 163	1:29	Air pollution	Pg 168
0:23	Water related diseases	Pg 164	1:40	Noise	Pg 169
0:34	Bacteriological indicator	Pg 165	1:51	Waste management	Pg 169
0:45	Small scale purification	Pg 165	2:02	Sewage	Pg 170
0:56	Large scale purification	Pg 165	2:13	Zoonoses	Pg 171

18 Vaccination and Immunization

Module Pages 172 to 189

22 Vaccination and Immunization: Types of Vaccines and National Schedule

Module Pages 172 to 176 | 01:57:44

0:01	Immunity	Pg 172	0:56	EPI, UIP history	Pg 173
0:12	Types of vaccines	Pg 172	1:07	Immunization schedule	Pg 174
0:23	Vaccine history	Pg 173	1:29	Td in pregnancy	Pg 175
0:34	Live and killed vaccines	Pg 173	1:40	Vitamin A prophylaxis	Pg 176
0:45	Combined, conjugate vaccines	Pg 173	1:51	Dose of vaccines	Pg 176

23 Vaccine Doses, Diluents, Missed Doses, Contraindications and AEFI

Module Pages 176 to 183 | 01:39:40

0:01	Dose of vaccines	Pg 176	0:51	Adverse effects	Pg 179
0:11	Doses per vial	Pg 177	1:01	Contraindications	Pg 181
0:21	Vaccine diluents	Pg 178	1:21	Shake test	Pg 182
0:31	Missed doses	Pg 179	1:30	Open vial policy, AEFI	Pg 183
0:41	Upper age limits	Pg 179	1:38	Vaccines in disasters	Pg 183

24 Cold Chain, Vaccine Vial Monitor, Screening and Basics of Epidemiology

Module Pages 184 to 189 | 02:35:32

0:01	Cold chain	Pg 184	0:49	Ice packs	Pg 187
0:13	ILR, deep freezer	Pg 186	1:01	Vaccine vial monitor	Pg 188
0:25	Storage temperature	Pg 185	1:13	Vaccine additives	Pg 188
0:37	Vaccine carrier	Pg 187	1:25	BCG vaccine	Pg 189

19 Epidemiology

Module Pages 190 to 199

24 Cold Chain, Vaccine Vial Monitor, Screening and Basics of Epidemiology *continued*

02:35:32

Module Pages 190 to 191

1:37	Screening	Pg 190	2:13	Epidemiology basics	Pg 191
1:49	Types of screening	Pg 190	2:25	Rates and ratios	Pg 191

25 Epidemiology: Morbidity and Mortality Indicators and Study Designs

01:57:32

Module Pages 191 to 197

0:01	Revision MCQs	Pg 191	1:07	Specific death rate, PMR	Pg 194
0:23	Attack rate	Pg 192	1:18	Uses of epidemiology	Pg 191
0:34	Incidence and prevalence	Pg 192	1:29	Study designs	Pg 195
0:45	Types of prevalence	Pg 193	1:40	Cohort study concept	Pg 197
0:56	Crude death rate	Pg 194	1:51	Case series, ecological study	Pg 195

26 Epidemiological Study Designs: Ecological, Cross Sectional and Cohort Studies

01:24:00

Module Pages 195 to 197

0:02	Epidemiology: unit of study	Pg 196	0:34	Longitudinal and cohort study	Pg 197
0:12	Study designs: classification	Pg 195	0:56	Prospective vs retrospective cohort	Pg 197
0:23	Ecological and cross sectional study	Pg 196	1:18	Relative and attributable risk	Pg 197

20 Health Care Delivery System in India

Module Pages 200 to 212

27 Primary Health Centre and Community Health Centre

Module Pages 204 to 205

01:26:22

0:02	Primary Health Centre	Pg 204	0:46	Beds and staffing	Pg 204
0:12	PHC type A and type B	Pg 204	0:57	PHC staff list	Pg 204
0:24	Deliveries and functions	Pg 204	1:21	Community Health Centre, FRU	Pg 205
0:35	Population coverage	Pg 204			

28 Health Workers: ASHA and ANM

Module Pages 208 to 211

01:00:52

0:01	MCQ: universal health coverage	Pg 208	0:37	ASHA: coverage and training	Pg 211
0:10	Health committees	Pg 208	0:46	ASHA: functions	Pg 211
0:19	ASHA: job responsibilities	Pg 211	0:56	ANM and health worker	Pg 211

21 Occupational Health

Module Pages 213 to 217

No separate video lecture for this chapter. Study it from CHN Module pages 213 to 217.

22 Non-communicable Diseases

Module Pages 218 to 228

29 Epidemiological Transition, CVD Studies, Rule of Halves and Hub and Spoke

Module Pages 218 to 220

01:06:11

0:01	Epidemiological transition	Pg 218	0:31	Rule of halves	Pg 219
0:11	CVD studies: MONICA, Framingham	Pg 219	0:50	Tracking of blood pressure	Pg 219
0:21	North Karelia, Oslo diet	Pg 219	1:01	Hub and spoke model	Pg 220

30 NCD Checklist (CBAC) and World Health Organization

Module Pages 225 to 227

00:49:32

0:01	Introduction	Pg 225	0:27	CBAC form: scoring	Pg 227
0:09	NCD checklist, NPCDCS	Pg 225			

23 Other Important Topics

Module Pages 229 to 235

30 NCD Checklist (CBAC) and World Health Organization *continued*

Module Page 229

00:49:32

0:46	WHO: establishment, headquarters	Pg 229	0:46	World Health Day theme	Pg 229

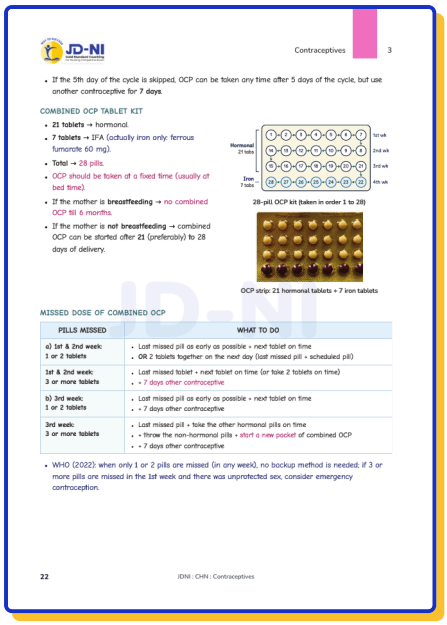
24 Image-Based Revision

Module Pages 236 to 242

No separate video lecture for this chapter. Study it from CHN Module pages 236 to 242.

INSIDE THE CHN MODULE

Community Health Nursing Module: Sample Pages



Contraceptives 3

- If the 5th day of the cycle is skipped, OCP can be taken any time after 5 days of the cycle, but use another contraceptive for 7 days.

COMBINED OCP TABLET KIT

- 21 tablets → hormonal.
- 7 tablets → IFA (actually iron only: ferrous fumarate 60 mg).
- Total → 28 pills.
- OCP should be taken at a fixed time (usually at bed time).
- If the mother is breastfeeding → no combined OCP till 6 months.
- If the mother is not breastfeeding → combined OCP can be started after 21 (preferably) to 28 days of delivery.

Hormonal 21 tabs — 1st wk, 2nd wk, 3rd wk

Iron 7 tabs — 4th wk

28-pill OCP kit (taken in order 1 to 28)

OCP strip: 21 hormonal tablets + 7 iron tablets

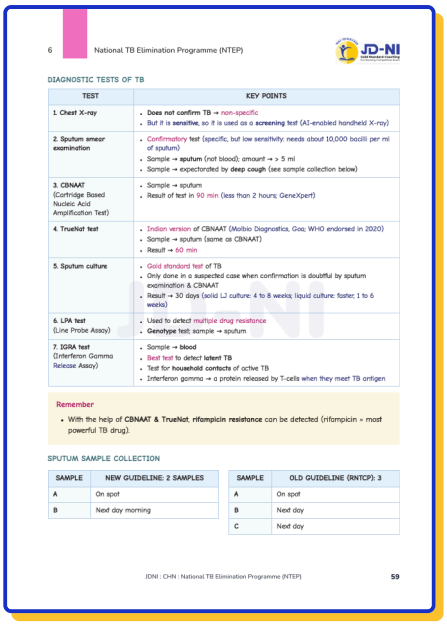
MISSED DOSE OF COMBINED OCP

PILLS MISSED	WHAT TO DO
a) 1st & 2nd week: 1 or 2 tablets	• Last missed pill as early as possible + next tablet on time • OR 2 tablets together on the next day (last missed pill + scheduled pill)
1st & 2nd week: 3 or more tablets	• Last missed tablet + next tablet on time (or take 2 tablets on time) • + 7 days other contraceptive
b) 3rd week: 1 or 2 tablets	• Last missed pill as early as possible + next tablet on time • + 7 days other contraceptive
3rd week: 3 or more tablets	• Last missed pill + take the other hormonal pills on time • + throw the non-hormonal pills + start a new packet of combined OCP • + 7 days other contraceptive

- WHO (2022): when only 1 or 2 pills are missed (in any week), no backup method is needed; if 3 or more pills are missed in the 1st week and there was unprotected sex, consider emergency contraception.

22 JDNI : CHN : Contraceptives

Page 22 Combined OCP and Missed Pills



6 National TB Elimination Programme (NTEP)

DIAGNOSTIC TESTS OF TB

TEST	KEY POINTS
1. Chest X-ray	• Does not confirm TB → non-specific • But it is sensitive, so it is used as a screening test (AI-enabled handheld X-ray)
2. Sputum smear examination	• Confirmatory test (specific, but low sensitivity: needs about 10,000 bacilli per ml of sputum) • Sample → sputum (not blood); amount → > 5 ml • Sample → expectorated by deep cough (see sample collection below)
3. CBNAAT (Cartridge Based Nucleic Acid Amplification Test)	• Sample → sputum • Result of test in 90 min (less than 2 hours; GeneXpert)
4. TrueNat test	• Indian version of CBNAAT (Molbio Diagnostics, Goa; WHO endorsed in 2020) • Sample → sputum (same as CBNAAT) • Result → 60 min
5. Sputum culture	• Gold standard test of TB • Only done in a suspected case when confirmation is doubtful by sputum examination & CBNAAT • Result → 30 days (solid LJ culture; 4 to 8 weeks; liquid culture: faster; 1 to 6 weeks)
6. LPA test (Line Probe Assay)	• Used to detect multiple drug resistance • Genotype test; sample → sputum
7. IGRA test (Interferon Gamma Release Assay)	• Sample → blood • Best test to detect latent TB • Test for household contacts of active TB • Interferon gamma → a protein released by T-cells when they meet TB antigen

Remember

- With the help of CBNAAT & TrueNat, rifampicin resistance can be detected (rifampicin = most powerful TB drug).

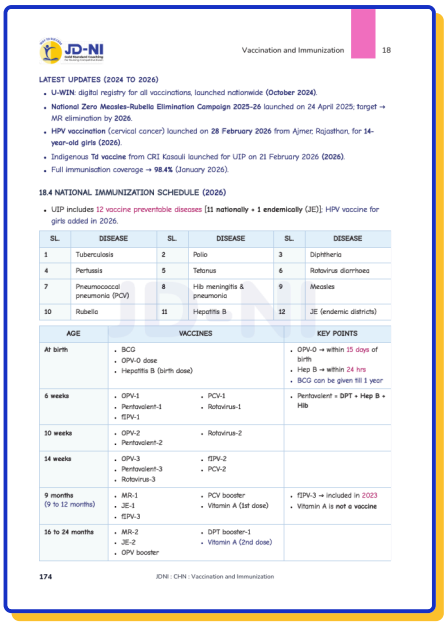
SPUTUM SAMPLE COLLECTION

SAMPLE	NEW GUIDELINE: 2 SAMPLES
A	On spot
B	Next day morning

SAMPLE	OLD GUIDELINE (RNTCP): 3
A	On spot
B	Next day
C	Next day

JDNI : CHN : National TB Elimination Programme (NTEP) 59

Page 59 Diagnostic Tests of TB



Vaccination and Immunization 18

LATEST UPDATES (2024 TO 2026)

- U-WIN: digital registry for all vaccinations, launched nationwide (October 2024).
- National Zero Measles-Rubella Elimination Campaign 2025-26 launched on 24 April 2025; target → MR elimination by 2026.
- HPV vaccination (cervical cancer) launched on 28 February 2026 from Ajmer, Rajasthan, for 14-year-old girls (2026).
- Indigenous Td vaccine from CRI Kasauli launched for UIP on 21 February 2026 (2026).
- Full immunisation coverage → 98.4% (January 2026).

18.4 NATIONAL IMMUNIZATION SCHEDULE (2026)

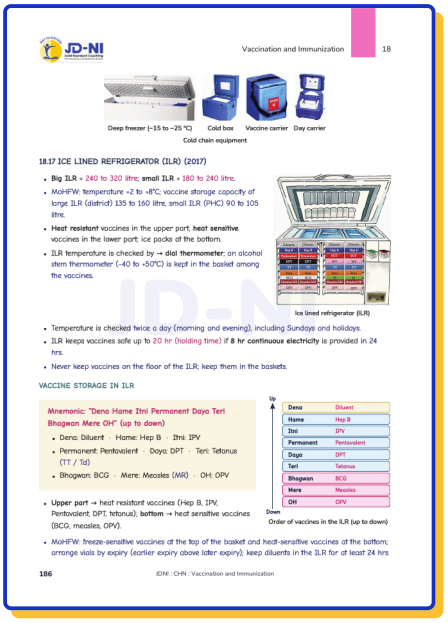
- UIP includes 12 vaccine preventable diseases [11 nationally + 1 endemically (JE)]; HPV vaccine for girls added in 2026.

SL.	DISEASE	SL.	DISEASE	SL.	DISEASE
1	Tuberculosis	2	Polio	3	Diphtheria
4	Pertussis	5	Tetanus	6	Rotavirus diarrhoea
7	Pneumococcal pneumonia (PCV)	8	Hib meningitis & pneumonia	9	Measles
10	Rubella	11	Hepatitis B	12	JE (endemic districts)

AGE	VACCINES		KEY POINTS
At birth	• BCG • OPV-0 dose • Hepatitis B (birth dose)		• OPV-0 → within 15 days of birth • Hep B → within 24 hrs • BCG can be given till 1 year
6 weeks	• OPV-1 • Pentavalent-1 • fIPV-1	• PCV-1 • Rotavirus-1	• Pentavalent = DPT + Hep B + Hib
10 weeks	• OPV-2 • Pentavalent-2	• Rotavirus-2	
14 weeks	• OPV-3 • Pentavalent-3 • Rotavirus-3	• fIPV-2 • PCV-2	
9 months (9 to 12 months)	• MR-1 • JE-1 • fIPV-3	• PCV booster • Vitamin A (1st dose)	• fIPV-3 → included in 2023 • Vitamin A is not a vaccine
16 to 24 months	• MR-2 • JE-2 • OPV booster	• DPT booster-1 • Vitamin A (2nd dose)	

174 JDNI : CHN : Vaccination and Immunization

Page 174 National Immunization Schedule



Vaccination and Immunization 18

Deep freezer (−15 to −25 °C) · Cold box · Vaccine carrier · Day carrier

Cold chain equipment

18.17 ICE LINED REFRIGERATOR (ILR) (2017)

- Big ILR = 240 to 320 litre; small ILR = 180 to 240 litre.
- MoHFW: temperature +2 to +8°C; vaccine storage capacity of large ILR (district) 135 to 160 litre, small ILR (PHC) 90 to 105 litre.
- Heat resistant vaccines in the upper part; heat sensitive vaccines in the lower part; ice packs at the bottom.
- ILR temperature is checked by → dial thermometer; an alcohol stem thermometer (-40 to +50°C) is kept in the basket among the vaccines.

Ice lined refrigerator (ILR)

- Temperature is checked twice a day (morning and evening), including Sundays and holidays.
- ILR keeps vaccines safe up to 20 hr (holding time) if 8 hr continuous electricity is provided in 24 hrs.
- Never keep vaccines on the floor of the ILR; keep them in the baskets.

VACCINE STORAGE IN ILR

Mnemonic: "Dena Hame Itni Permanent Daya Teri Bhagwan Mere OH" (up to down)

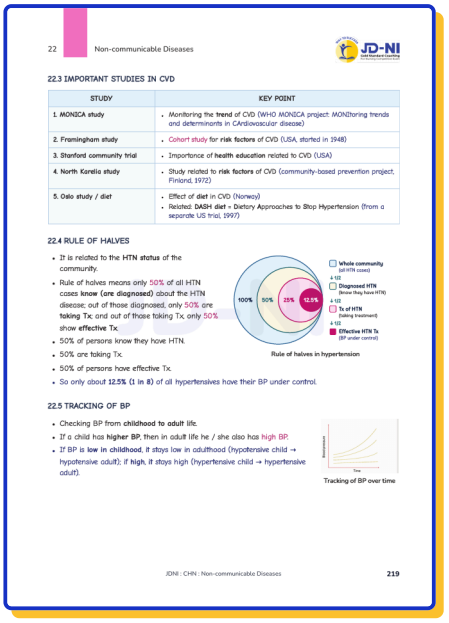
- Dena: Diluent · Hame: Hep B · Itni: IPV
- Permanent: Pentavalent · Daya: DPT · Teri: Tetanus (TT / Td)
- Bhagwan: BCG · Mere: Measles (MR) · OH: OPV

Order of vaccines in the ILR (up to down)

- Upper part → heat resistant vaccines (Hep B, IPV, Pentavalent, DPT, tetanus); bottom → heat sensitive vaccines (BCG, measles, OPV).
- MoHFW: freeze-sensitive vaccines at the top of the basket and heat-sensitive vaccines at the bottom; arrange vials by expiry (earlier expiry above later expiry); keep diluents in the ILR for at least 24 hrs

186 JDNI : CHN : Vaccination and Immunization

Page 186 Cold Chain and ILR



22 Non-communicable Diseases

22.3 IMPORTANT STUDIES IN CVD

STUDY	KEY POINT
1. MONICA study	• Monitoring the trend of CVD (WHO MONICA project: MONItoring trends and determinants in CArdiovascular disease)
2. Framingham study	• Cohort study for risk factors of CVD (USA, started in 1948)
3. Stanford community trial	• Importance of health education related to CVD (USA)
4. North Karelia study	• Study related to risk factors of CVD (community-based prevention project, Finland, 1972)
5. Oslo study / diet	• Effect of diet in CVD (Norway) • Related: DASH diet - Dietary Approaches to Stop Hypertension (from a separate US trial, 1997)

22.4 RULE OF HALVES

- It is related to the HTN status of the community.
- Rule of halves means only 50% of all HTN cases know (are diagnosed) about the HTN disease, out of those diagnosed, only 50% are taking Tx, and out of those taking Tx, only 50% show effective Tx.
- 50% of persons know they have HTN.
- 50% are taking Tx.
- 50% of persons have effective Tx.
- So only about 12.5% (1 in 8) of all hypertensives have their BP under control.

Rule of halves in hypertension

22.5 TRACKING OF BP

- Checking BP from childhood to adult life.
- If a child has higher BP, then in adult life he / she also has high BP.
- If BP is low in childhood, it stays low in adulthood (hypotensive child → hypotensive adult); if high, it stays high (hypertensive child → hypertensive adult).

Tracking of BP over time

219 JDNI : CHN : Non-communicable Diseases

Page 219 Rule of Halves and CVD Studies

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