

PEOPLE'S UNIVERSITY

(Established by MP Act No. 18 of 2011 & approved u/s 2 (f) of UGC Act 1956)

ISO 9001: 2008 Certifled

SCHOOL OF PHARMACY & RESEARCH

No: SOP&R/19/6112

Date: 25/11/2019

To,

The Registrar People's University Bhopal (M.P.)

Subject: Regarding Extension Activity

Dear Madam,

With reference to the subject cited above an extension activity was performed by School of Pharmacy & Research in collaboration with NSS on 23/11/2019 at Malakhedi Village near Bhanpur on the account of "Antibiotic Awareness Week". Thanking you,

Sincerely,

Principal Rigin A

SOP&R

Encl:- Report of the event

People's University School of Pharmacy & Research

Attendance Sheet
Extension activity on Antibiotic Awareness

Date: 23-11-2019

S.No.	Name of Students	Mobile No.	Signature	Remark
0	Laukush	9691365733		
(2)	Ankit Chowasiya	7693090525	ditale	
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10	Saif Khan	7525921831	Luple	
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People's University School of Pharmacy & Research

Attendance Sheet Extension activity on Antibiotic Awareness

Date: 23-11-2019

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People's University School of Pharmacy & Research

Attendance Sheet Extension activity on Antibiotic Awareness

Date:	22 11	2019
Date:	23-11	-2019

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SCHOOL OF PHARMACY & RESEARCH

(Formerly People's Institute of Pharmacy & Research Centre)

Ref. No. PU/SOP&R/Admin/2019/ 030

Date: 02/02/2019

NOTICE

All the staff members & all the students of B.Pharm are hereby informed an extension activity on "World Cancer Day" would be held on Monday, 4th February 2019. Kindly participate in this activity on "World Cancer Day"

Principal, SOP&R

school of Pharmacy & Research & Research

People's Campus, Bhanpur, Bhopel - 402037 (M.P.) India, Ph. +91(0755) 4005028, 4005238 Email: princ@piprc.peoplesgroup in, Website: www.peoplesuriversity.edu.in

Surender Dang? & Kailor Cally Juiles Regard Maly Just Die Bhanker whish (RH Sumit chourasis soog ASHER JOHN MOHAN + . OOLOL 2019 Rajni Dubey Paris Titendra Bajori Bar Nggreen Anned yasir Husain Sumen Vivel Singh Komes Jogesh Kumar Oupilry Sharme NoorJahah

REPORT OF THE EVENT

An awareness activity on "World Cancer Day" was accomplished by staff members and students of School of Pharmacy and Research, People's University on Monday, 4th February 2019 at nearby campus. In this activity staff members and students made people to encourage & aware of all the precautions, prevention & treatment. Students of B.Pharm as well as staff members participated in this activity.

awareness rally

Principal, SOP&R







"WORLD CANCER DAY "

04.02.2019.



School Of Pharmacy and Research, Bhopal added 3 new photos - with Surendra Thakur.

4 Feb at 12:07 pm · 3

Monday, 4th February 2019 World Cancer Day Awareness of cancer and to encourage its prevention, detection, and treatment.









School Of Pharmacy and Research, Bhopal

4 Feb at 12:16 pm - 3

CANCER : JUST BEAT IT! Student's and faculties @SOP&R, PEOPLE'S UNIVERSITY Creating Awareness on WORLD CANCER DAY.

#cancerawareness

#studentsrally

#motivation

#pharmacist

#committedtohealth





PEOPLES UNIVERSITY

SCHOOL OF PHARMACY & RESEARCH

World Cancer Day

04th Feb.2019

(Facily Participation)

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School of Pharmacy & Research
Formerly People's Institute of Pharmacy & Research

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NSOURS INTERESTA BY

People's University

School of Pharmacy & Research

World cancer day

04th Feb 2019 Attendance sheet

S.N.	Name of Student		
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EXTENSION ACTIVITY





Awareness Activity on ZIKA VIRUS







PEOPLE'S UNIVERS

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SCHOOL OF PHARMACY & RESEARCH

No: SOPER/17/1.5/3634

Date: 04/10

To, The Hon'ble Vice Chancellor, People's University Bhopal (M.P.)

Subject: Regarding celebration of Swachh Bharat Abhiyaan Respected Sir.

With reference to subject cited above, we carried out Swachh Bharat Abhiyan at School of Pharmacy & Research o October 2017.

Thanking you,

Sincerely,

Principal SOBAR

Encl:- Report of the event

People's Campus, Bhanpur, Bhopal - 462037 (M.F.) India, Ph. +91(0755) 4005028 Email: princ@piprc.peoplesgroup.in, Website, www.peoplesuniversity.edu.in

REPORT OF THER EVENT

Swachh Bharta Abhiyaan was carried out at School of Pharmacy & Research, People's University, Bhopal on 3rd October 2017.On this occasion trees were planted in the campus and students initiated to clean the campus by picking up the waste materials. Students took part with full enthusiasm including the faculties. Principal Dr.Neeraj Upmanyu also motivated the students and actively took part to make the abhiyaan successful.

Principal 1347

SOP&R

chool of Pharmacy & Receirch

ra. People's Institute of Pharmacy & Research Centre People's University, Enopet (M.P.)

PEOPLE'S UNIVERSITY SCHOOL OF PHARMACY & RESEARCH

B.Pharm	V	Sem	ester
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4. Akash Verma	
5. Anam Khan	
6. Ankit Kirar	
7. Archana Kumari	
8. Arun kumar jatav	
9. Ayush Khandelwal	
10. Bhavesh Kumar	
11. Deepesh Jain	
12. Durgesh Keer	
13. Faisal Khan	
14 Course D. I.	
15. Kalpana Kushwah	
16. Mahendra Malviya	
17. Manasvi Dubey	
18. Manu Priya Monday	
19. Mayank Chourasiya	
20. Mradul Sharma	
21. Mukul Kumar	
22. Nagma Jahan	
23. Nansi Thakur	
24. Nitesh Shukla	
25. Nusrat Jahan	
26. Nutan Bharti Nutan	
27. Palak Agrawal	
28. Praveen Rai	
29. Rahul Verma	Contract Contract
30. Raj Soni	
31. Rakhi Dixti	
32. Ravi Kumar Yadav Ravi	
33. Rubina Khan	
34. Shallesh Kirai	
35. Shweta Soni	
36. Sudhanshu Lekhrajani	
37. Sumit John Kumar	
38. Tamanna Sahitya	
39. Rahul Kumar	
40. Dheeraj Jayas	
41. Maneesh Kumar Keshari	
42. Santosh Kushwah	
43. Novodit George	
44. Pooja Kushwah	
45. Abhishek Sagar NP	

School of Pharmacy & Research B.Pharm III Sam.

S.No	Name of Students	Signature
1	Aadesh Pal	No.
2	Abhishek Jha	A Carri
3	Adil Abbas	10:0 /10
4	Akash kumar Awasthi	AdilAblas
5	Akshay Kumar Sahu	210
6	Amita Pal	A sails
7	Anand Paswan	AT MANAGE
8	Anand Kumar	NIP
9	Anil Prajapati	n1f
10	Aniruddha Verma	Animoletty.
11	Ankit Kumar Jha	NP
12	Ankit Kumar Tiwari	NP
13	Aniket Lodhi	ND
14	Ayush Sahu	P
15	Deepshikha Prasad	in P
16	Dheeraj Nagar	Ahoesai ,
17	Dhirendra Singh	Dhistonda Single
18	Dhruv Richhariya	Thrux
19	Divya Gohil	Dhuy
20	Harshit Goutam	NP
21	Jaikishan Jareliya	NP
22	Jeevendra Kumar Jayswal	ONP
23	Kaleem Khan	Kaleen
24	Khadija Raqeeb	NP
25	MD. Aqib Alam	Rooms .
26	MD. Sahib Khalid	Sabalia
27	Mohini Sahu	Mound
28	Naresh Patidar	Outl.
29	Neeraj Rajput	NP
30	Nikhil Kanathey	NP
31	Nimra Khanam	10 invert
	Parineeta Choudhary	Paus
32	Pawan Karnodiya	Cawor
33	Pintu Das	D. G.C
34		210
35	Prakash Singh Chauhan	MY

School of Pharmacy & Research

36	Rashi Bajaj B.Pharm	Ochanduw et
37	Rishabh Khandelwal	Age
38	Rudra Pratap Singh Solanki	Quandeli Ci
39	Sachin Kumar	MP
40	Santosh Kumar Gurjar	NP
41	Satyabhavna Sakre	Cinto
42	Shara Jahan	Sulybra
43	Shreya Khanna	Sharp
44	Shubham Gour	· Danne ·
45	Shubham Rajak	NP
46	Shubham Tomar	MP
47	Sonu Lodhi	NP
48	Umang Verma	NP
49	Vaibhav Yadav	Undre
50	Varsha Kishore	NP
51	Vikash Joshi	(Sausta)
52	Vinay Prabhakar	VIKE
53	Vineet Nagar	Vivory.
54	Wesly Wilson Thomas	meer
55	Akhil Tiwari	INP

पीपुलस् समाचार भोपाल, गुरुवार 12 मई 2016

पीपुल्स के स्टूडेंट्स ने वृद्धों को बताए औषधि लेने के तरीके



पीपुल्स यूनिवर्सिटी की संबंधित इकाई स्कूल ऑफ फार्मेसी एंड रिसर्च में गत दिवस शिक्षकों ने छात्रों के साथ आनंद धाम अस में जाकर वृद्धजनों को औषधि के सही उपयोग की जानकारी दी। स्कूल ऑफ फार्मेसी एंड रिसर्च के प्राध्यापक डॉ. नार ज उपमन्यु एवं शिक्षक अमील चंद्रेकर एवं ईशा गंजू ने औषधि के सही, गलत उपयोगों के बारे में बताया। बीफार्मा द्वितीय वर्ष के छात्रों ने वृद्धाश्रम में उपलब्ध औषधि को उपयोग के हिसाब से अलग खंडों में बांटकर सेवन की जानकारी दी। दवाइयों से संबंधित निर्देश वृद्धजनों को अमोल चन्द्रेकर एवं ईशा गंजू द्वारा दिए गए, जिसे वृद्धाश्रम में काफी सराहा गया।







Students of Soffer with old age home flegple.





PEOPLE'S UNIVERSITY

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SCHOOL OF PHARMACY & RESEARCH

No: SOP&R/15/3655

Date: 16/12/2015

To, The Hon'ble Vice Chancellor, People's University Bhopal (M.P.)

Subject: Approval for conducting extension activity on date 18- 19/12/2015 Dist. Raisen & Barasiya.

Respected Sir,

As par the subject cited above, we are looking forward for your kind approval for conduction an awareness program regarding dengue & swine flue at different schools of Raisen & Barasiya from 18/12/2015 to 19/12/2015. For motivating the students of schools and to recognize the institute & university, we are in need of Rs 1500/- in term of prize distribution and mementoes for the schools.

Thanking you,

Sincerely,

Prof. (Dr.) Neeraj Upmanyu

Principal In-charge, SOP&R

Gopy to - Homasha

administration

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leased sanction of

Despatch No.1.74 C

People's Campus, Bhanpur, Bhopal - 462037 (M.P.) India, Ph. +91(0755) 4005028

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Prof. (Dr.) Neeraj Upmanyu Principal In-charge, SOP&R

Despatch No.L.

People's Campus, Bhanpur, Bhopal - 462037 (M.P.) India, Ph. +91(0755) 4005028 Email: princ@piprc.peoplesgroup.in, Website: www.peoplesuniversity.edu.in



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Schools in Raisen

Madhya Pradesh :: Raisen Schools ::

School Name: Chavara Vidya Bhavan

School Type: Catholic School

Address:

Mandideep

Raisen - 462048

Madhya Pradesh

Phone Number: -

Fax Number: -

E-Mail: -

Website: -

Click to Add Your Schools Information

School Name: Jawahar Navodaya Vidyalaya

School Type: Jawahar Navodaya Vidyalaya School

Address:

Bari P.O

Raisen - 464665

Madhya Pradesh

Phone Number: 07886-285246, 285245

Fax Number: -

E-Mail: dm@mp.raisen.mp.nic.in

Click to Update

Website: -

Click to Updat

School Name: Maharishi Vidya Mandir

School Type: Maharishi Vidya Mandir School

Head Principal Name: Mr. V. S. Bhati

Address:

Vijay Colony,

School Name: Maharishi Vidya Mandir School Type: Maharishi Vidya Mandir School

Head Principal Name : Ms. Kusum Dubey

Address:

Tajpur,

Station Road
Obedullagani

Raisen - 464993

Madhya Pradesh

Phone Number: -

Fax Number: -

E-Mail: -

Website: -

School Name: St. Francis Convent School

Level: Higher Secondary

School Type: Catholic School

Address:

Raisen - 464551

Madhya Pradesh

Phone Number : -

Fax Number: -

E-Mail: -

Website: -

School Name: St. Thomas Convent School

School Type : Catholic School

Address:

Begumganj

Raisen - 464881

Sagar Road

Raisen - 464551

Madhya Pradesh

Phone Number: -

Fax Number: -

E-Mail: -

Website: -

Click to Update

Click to Update

School Name: St. Thomas Convent High School

School Type: High School

Address:

Begumganj

Raisen - 464881

Madhya Pradesh

Phone Number: 07487-72219

Fax Number: -

E-Mail: -

Website: -

Click to Update

Click to Update

Madhya Pradesh

Phone Number: -

Fax Number : -

E-Mail: -

Website: -

Click to Update

Raisen City Schools Complete Address Listing Directory Website

School Tags: chavara vidya bhavan . jawahar navodaya vidyalaya . maharishi vidya mandir . maharishi vidya mandir . st. francis convent school . st. thomas convent high school . st. thomas convent school .



Raisen Schools Page - 1

Schools related Products Materials Suppliers / Stores / Dealers / Shops Listings in 1 City:

- Book Binding services
- Children Book CD's
- School Coaching and Tuition Centres
- School Furnitures

- Institutions for Special Courses
- School Book Sellers
- School Lab Equipments & Materials Suppliers
- School Stationaries

- School Computer Lab Suppliers
- School Book Shops
- School Shoes Suppliers
- Sports Equipment for Schools

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Schools in Raisen, Madhya Pradesh

List of Schools in Raisen, Madhya Pradesh

Total Schools: 7

Agarwal Academy

(https://targetstudy.com/school/58927/agarwal-academy/)

Vidisha Sanchi Road Gram Kamapar, Sanchi

Raisen - 464661, Madhya Pradesh, India

Phone: (07592) 280006 Mobile: 9827654690

Details:

Play - Class V

CBSE Board

Private School

Co-Educational School



Jawahar Navodaya Vidyalaya

(https://targetstudy.com/school/54459/jawahar-navodaya-vidyalaya/)



Search Schools in India by State

Schools in Andaman and Nicobar Islands (https://targetstudy.com/school/schools-in-andaman-and-nicobar-islands.html)

Bari- Hoshangabad Road Bari

Raisen - 464665, Madhya Pradesh, India

Phone: (07486) 285246

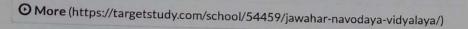
Details:

Class V - Class XII

CBSE Board

Government School (Navodaya Vidyalaya)

Co-Educational School



Raj Heights-The Global School

(https://targetstudy.com/school/76188/raj-heights-the-global-school/)

NH-12, Main Road, Between Mandideep and Obedullaganj, Village-Simrai,

P.O. Obedullaganj

Raisen - 464993, Madhya Pradesh, India

Phone: (07480) 281120

Mobile: 9301034478, 9179539477

Details:

Senior Secondary School

CBSE Board

Private School

Co-Educational School

Established in 2008

⊙ More (https://targetstudy.com/school/76188/raj-heights-the-global-school/)

Saraswati Shishu Vidya Mandir

(https://targetstudy.com/school/44778/saraswati-shishu-vidya-mandir/)



Schools in Andhra Pradesh

(https://targetstudy.com/school/schools-

in-andhra-pradesh.html)

Schools in Arunachal Pradesh

(https://targetstudy.com/school/schools-

in-arunachal-pradesh.html)

Schools in Assam (https://targetstudy.com/school

/schools-in-assam.html)

Schools in Bihar (https://targetstudy.com/school

/schools-in-bihar.html)

Schools in Chandigarh (https://targetstudy.com

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in-dadra-and-nagar-haveli.html)

Schools in Daman and Diu

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in-daman-and-diu.html)

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34, Begamganj Road

Raisen - 464881, Madhya Pradesh, India

Phone: (07487) 272129

Details:

Class V - Class X

Private School

Co-Educational School

Shemford Futuristic School

(https://targetstudy.com/school/58503/shemford-futuristic-school/)

Near-Silwani Gandhi Chauaha, Tehsil Silwani

Raisen, Madhya Pradesh, India

Mobile: 9893640214, 7415660471

Details:

Senior Secondary School

MSHEMFORD"

CBSE Board

Private School

Co-Educational School

More (https://targetstudy.com/school/58503/shemford-futuristic-school/)

Shemrock Group of Preschool

(https://targetstudy.com/school/60176/shemrock-group-of-preschool/)

Udaipura

Raisen, Madhya Pradesh, India

Mobile: 9691536364, 9691536364

Details:

Play School

Private School

Co-Educational School

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PEOPLE'S UNIVERSITY

(Established by MP Act No. 18 of 2011 & approved u/s 2 (f) of UGC Act 1956)

ISO 9001: 2008 Certified

SCHOOL OF PHARMACY & RESEARCH

No: SOP&R/15/.3 60

Date: 17/12/2015

To, The Hon'ble Vice Chancellor, People's University, Bhopal (M.P.)

Subject: Regarding information of constitution of team for extension activity

Respected Sir,

With reference to the subject cited above, a team of faculty members has been constituted to carry out various activities in the nearby areas of Bhopal. This team was decided on the meeting which was held on 05.11.15.

SI. No.	Name of the faculty	Designation
1	Mr. Anup K. Chakraborty	Asstt. Professor
2	Mr. Nitin Dwivedi	Asstt. Professor
3	Mr. Tarani P. Shrivastava	Asstt. Professor
4.	Mr. Amol Chandekar	Asstt. Professor

In next activity, another team is planning for blood camp and other related activity as decided in the meeting dated

05/11/15. 2

Thanking you,

Sincerely,

Principal, SOP&R
sopto a Institute Of Pharmaco
& Ressarch Centra, Etrapal

R

People's Campus, Bhanpur, Bhopal - 462037 (M.P.) India, Ph. +91(0755) 4005028 Email: princ@piprc.peoplesgroup.in, Website: www.peoplesuniversity.edu.in SCHOOL OF PHARMACY & RESEARCH

DENGUE & DENGUE HEMORRHAGIC FEVER

PRESENTED BY

Mr. Nitin Dwivedi

Mr. Tarani P. Shrivastava

Mr. Anup K. Chakarborty

Mr. Amol Chandekar

Epidemiology

- In India first outbreak of dengue was recorded in 1812
- A double peak hemorrhagic fever epidemic occurred in India for the first time in Calcutta between July 1963 & March 1964
- In New Delhi, outbreaks of dengue fever reported in 1967,1970,1982, &1996

Scanned with C

BURDEN OF DISEASE IN S.E.ASIA

- CATEGORY-A (INDONESIA, MYANMAR, AND THAILAND)
- CATEGORY-B (INDIA,BANGALADESH,MALDIVES,AND SRILANKA)
- · CATEGORY-C (BHUTAN, NEPAL)
- CATEGORY-D (DPR KOREA)

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Dengue Virus

- •Each serotype provides specific lifetime immunity, and short-term cross-immunity
- •All serotypes can cause severe and fatal disease
- Genetic variation within serotypes
- •Some genetic variants within each serotype appear to be more virulent or have greater epidemic potential

Scanned with CamScanne

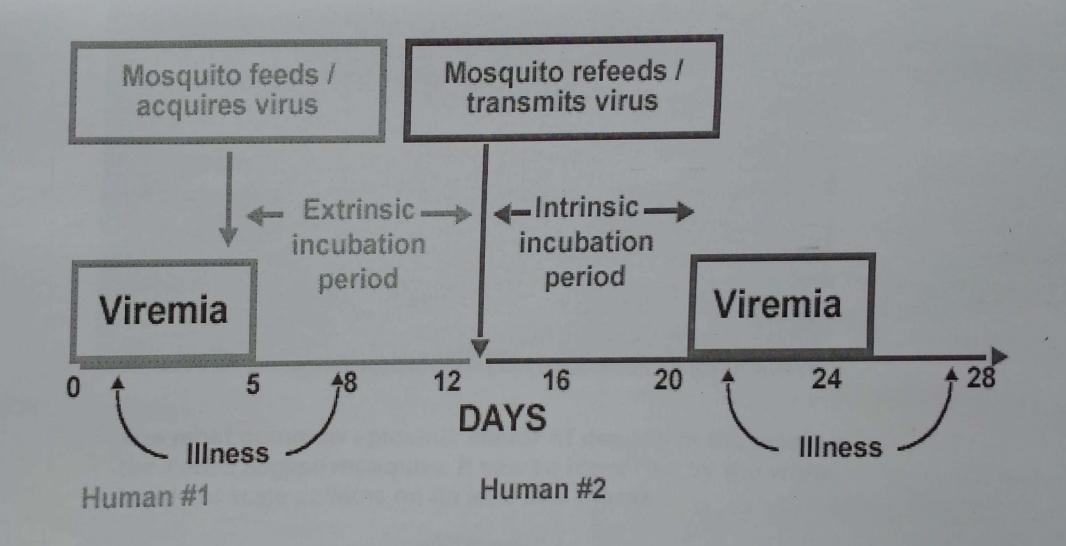
Dengue Virus

- 1. Causes dengue and dengue hemorrhagic fever
- 2. It is an arbovirus
- 3. Transmitted by mosquitoes
- 4. Composed of single-stranded RNA
- 5. Has 4 serotypes (DEN-1, 2, 3, 4)

scanned with CamScanne

Dengue Virus

- •Each serotype provides specific lifetime immunity, and short-term cross-immunity
- ·All serotypes can cause severe and fatal disease
- Genetic variation within serotypes
- •Some genetic variants within each serotype appear to be more virulent or have greater epidemic potential

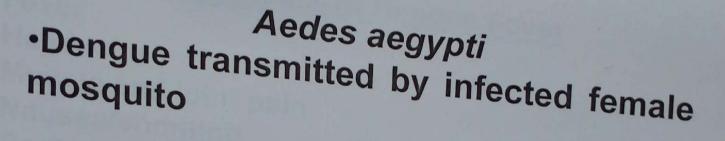




The most common epidemic vector of dengue in the world is the Aedes aegypti mosquito. It can be identified by the white bands or scale patterns on its legs and thorax. They are approximately 5 mm in size:

Magnified 5 times

Dengue mosquitos bite in the early morning and the late affernoon.



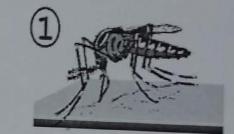
- •Primarily a daytime feeder
- ·Lives around human habitation
- Lays eggs and produces larvae
 preferentially in artificial containers

Clinical Characteristics of Dengue Fever

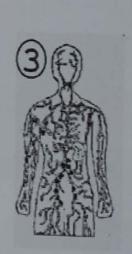
- ·Fever
- ·Headache
- Muscle and joint pain
- Nausea/vomiting
- ·Rash
- Hemorrhagic manifestations

Patients may also report other symptoms, such as itching and aberrations in the sense of taste, particularly a metallic taste. In addition, there have been reports of severe depression after the acute phase of the illness.

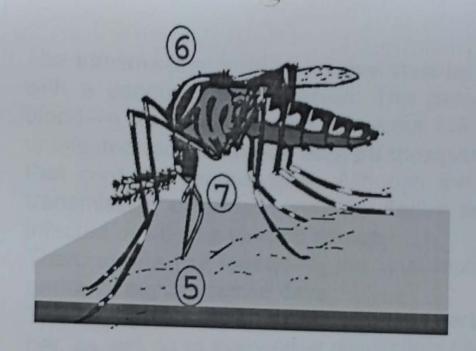
- 1. The virus is inoculated into humans with the mosquito saliva.
- 2.The virus localizes and replicates in various target organs, for example, local lymph nodes and the liver.
- 3. The virus is then released from these tissues and spreads through the blood to infect white blood cells and other lymphatic tissues.
- 4. The virus is then released from these tissues and circulates in the blood.











- 5. The mosquito ingests blood containing the virus.
- 6. The virus replicates in the mosquito midgut, the ovaries, nerve tissue and fat body. It then escapes into the body cavity, and later infects the salivary glands.
- 7. The virus replicates in the salivary glands and when the mosquito bites another human, the cycle continues.

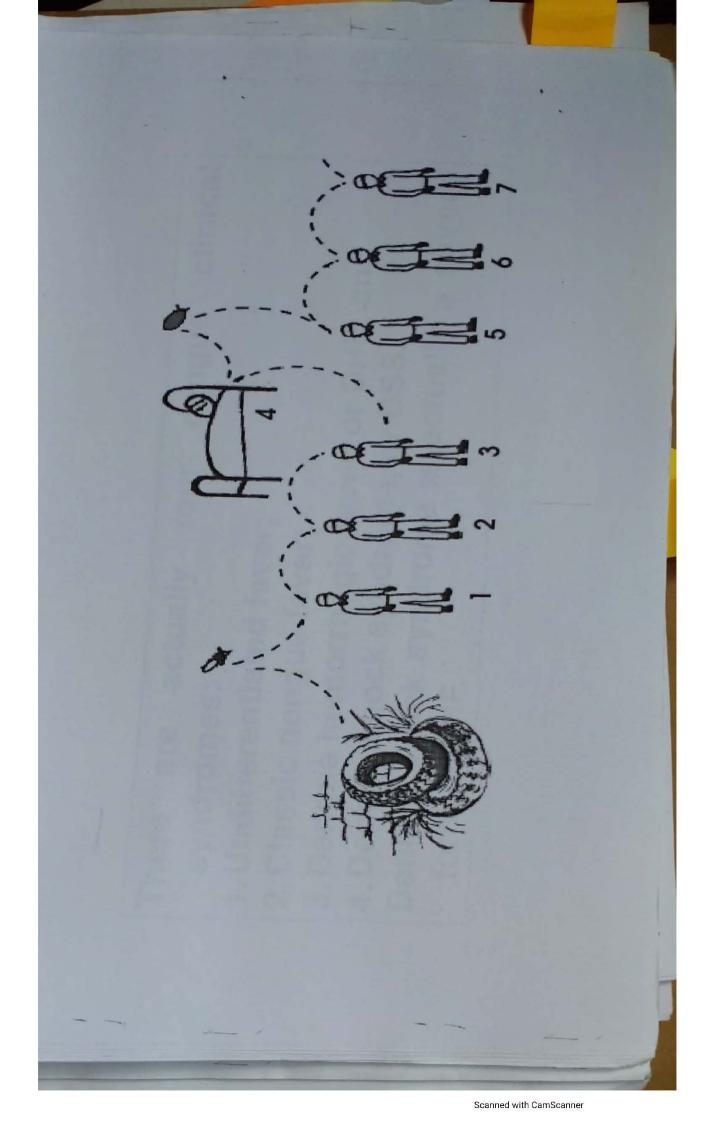
The transmission cycle of dengue virus by the mosquito **Aedes aegypti** begins with a dengue-infected person. This person will have virus circulating in the blood—a **viremia** that lasts for about five days. During the viremic period, an uninfected female **Aedes aegypti** mosquito bites the person and ingests blood that contains dengue virus. Although there is some evidence of transovarial transmission of dengue virus in **Aedes aegypti**, usually mosquitoes are only infected by biting a **viremic** person.

Then, within the mosquito, the virus replicates during an extrinsic incubation period of eight to twelve days.

The mosquito then bites a susceptible person and transmits the virus to him or her, as well as to every other susceptible person the mosquito bites for the rest of its lifetime.

The virus then replicates in the second person and produces symptoms. The symptoms begin to appear an average of four to seven days after the mosquito bite—this is the **intrinsic** incubation period, **within humans**. While the intrinsic incubation period averages from four to seven days, it can range from three to 14 days.

The **viremia** begins slightly before the onset of symptoms. Symptoms caused by dengue infection may last three to 10 days, with an average of five days, after the onset of symptoms—so the illness persists several days after the **viremia** has ended.



There are actually four dengue clinical syndromes:

- 1. Undifferentiated fever;
- 2. Classic dengue fever;
- 3. Dengue hemorrhagic fever, or DHF; and
- 4. Dengue shock syndrome, or DSS.
- Dengue shock syndrome is actually a severe form of DHF.

Clinical Case Definition for Dengue Fever

Classical Dengue fever or Break bone fever is an acute febrile viral disease frequently presenting with headaches, bone or joint pain, muscular pains,rash,and leucopenia

Clinical Case Definition for Dengue Hemorrhagic Fever

4 Necessary Criteria:

- 1. Fever, or recent history of acute fever
- 2. Hemorrhagic manifestations
- 3. Low platelet count (100,000/mm3 or less)
- 4. Objective evidence of "leaky capillaries:"
- elevated hematocrit (20% or more over baseline)
 - low albumin
 - pleural or other effusions

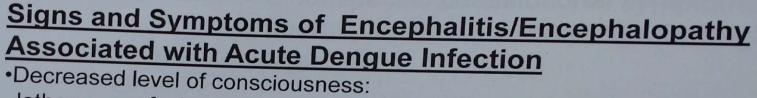
Clinical Case Definition for Dengue Shock Syndrome •4 criteria for DHF

+

- •Evidence of circulatory failure manifested indirectly by all of the following:
 - ·Rapid and weak pulse
 - •Narrow pulse pressure (≤ 20 mm Hg) OR hypotension for age
 - Cold, clammy skin and altered mental status
- •Frank shock is direct evidence of circulatory failure

Hemorrhagic Manifestations of Dengue

- •Skin hemorrhages: petechiae, purpura, ecchymoses
- Gingival bleeding
- Nasal bleeding
- •Gastrointestinal bleeding: Hematemesis, melena, hematochezia
- •Hematuria
- Increased menstrual flow



- lethargy, confusion, coma
- Seizures
- Nuchal rigidity
- Paresis

Four Grades of DHF

Grade 1

Fever and nonspecific constitutional symptoms Positive tourniquet test is only hemorrhagic manifestation

Grade 2

Grade 1 manifestations + spontaneous bleeding

Grade 3

Signs of circulatory failure (rapid/weak pulse, narrow pulse pressure, hypotension, cold/clammy skin)

Grade 4

Profound shock (undetectable pulse and BP)

Danger Signs in Dengue Hemorrhagic

- Abdominal pain intense and sustained
- Persistent vomiting
- ·Abrupt change from fever to hypothermia, with sweating and prostration
- Restlessness or somnolence

*All of these are signs of impending shock and should alert clinicians that the patient needs close observation and fluids.

Four Criteria for DHF:

- Fever
- Hemorrhagic manifestations
- Excessive capillary permeability
- ≤ 100,000/mm³ platelets

Initial Warning Signals:

- Disappearance of fever
- · Drop in platelets
- · Increase in hematocrit

Alarm Signals:

- Severe abdominal pain
- Prolonged vomiting
- Abrupt change from fever to hypothermia
- Change in level of consciousness (irritability or somnolence)

When Patients Develop DSS:

3 to 6 days after onset of symptoms

This thermometer illustrates the developments in the illness that are progressive warning signs that DSS may occur.

The initial evaluation is made by determining how many days have passed since the onset of symptoms.

Most patients who develop DSS do so 3-6 days after onset of symptoms. Therefore, if a patient is seven days into the illness, it is likely that the worst is over.

If the fever goes between three and six days after the symptoms began, this is a warning signal that the patient must be closely observed, as shock often occurs at or around the disappearance of fever.

Other early warning signs to be alert for include a drop in platelets, an increase in hematocrit, or other signs of plasma leakage.

If you document hemoconcentration and thrombocytopenia and other signs of DHF and the patient meets the criteria for DHF, the prognosis and the patient's risk category have changed. Though dengue fever does not often cause fatalities, a greater proportion of DHF cases are fatal.

The next concern would be observation of the danger signs—severe abdominal pain, change in mental status, vomiting and abrupt change from fever to hypothermia. These often herald the onset of DSS.

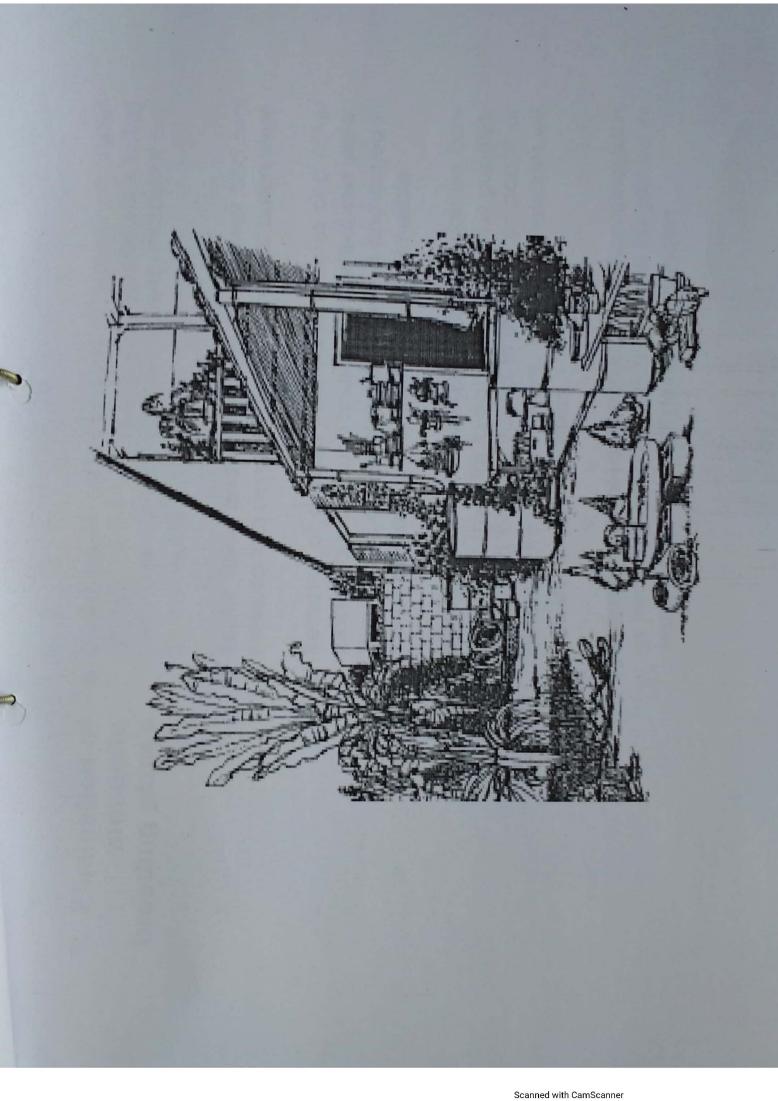
The goal of treatment is to prevent shock. The plasma leakage syndrome is self-limited. If you can support the patient through the plasma leakage phase and provide sufficient fluids to prevent shock, the illness will resolve itself.

- Increasing urban populations
- Expanding mosquito breeding due to:
 - Unreliable water supply
 - Traditional water storage practices
 - Poor garbage collection (creates more mosquito breeding places)
 - Changing lifestyles
- Rapid transportation:
 - Movement of infected humans
 - ⋄ Spread of dengue mosquitos

Other related factors: inadequate health education, limited financial resources, insufficient mosquito control programmes, and resistance of mosquitos to insecticides.

Purpose of Control

- •Reduce female vector density to a level below which epidemic vector transmission will not occur
- •Based on the assumption that eliminating or reducing the number of larval habitats in the domestic environment will control the vector
- •The minimum vector density to prevent epidemic transmission



1. Elimination of mosquito breeding places

- Cover water containers—Tight covers on water storage containers, will prevent the mosquitos laying their eggs there. If the cover is loose, mosquitos can go in and out.
- Septic tanks and soak-away pits—Cover and seal these, so that dengue mosquitos cannot breed there.
- Removal of rubbish—Garbage articles and other rubbish found around houses can collect rain water. They should be removed or smashed and buried in the ground or burned, where this is permissible.
- Biological control—Mosquito wigglers can be controlled by small larva-eating fish, such as guppies. These fish can be found in streams or ponds or obtained through pet shops. Bacterial pesticides will also kill mosquito wigglers.
- Chemical control—Safe and easily used larvicides such as temephos sand core granules can be placed in water containers to kill developing wigglers.

2. Prevent mosquito bites

People can protect themselves from mosquito bites by using any of the following means—

- Mosquito coils and electric vapour mats—Slow burning mosquito coils or electric vapour mats are effective in the rainy season, just after sunrise and/or in the afternoon hours before sunset, when dengue mosquitos bite.
- Mosquito nets—Nets placed over sleeping places can protect small children and others who may rest during the day. The effectiveness of such nets can be improved by treating them with permethrin (a pyrethroid insecticide). Curtains (cloth or bamboo) can also be treated with insecticide and hung at windows or doorways, to repel or kill mosquitos.
- Repellents—Mosquito repellents can be applied to exposed parts of the body where mosquitos bite. Care should be taken in using repellents on small children and the elderly.
- Screens—Screens on windows and doorways are effective protection against the entry of mosquitos in homes.
- Protection of people sick with dengue—Mosquitos become infected when they bite people who are sick with dengue. Mosquito nets and mosquito coils will effectively prevent mosquitos from biting sick people and help stop the spread of dengue.

- ISOLATION OF DENQUE VIRUS
- INCREASED IgM OR IgM ANTIBODIES TITRES
- DENQUE ANTIGEN DETECTION BY
 IMMUNOHISTOCHEMISTRY, IMMUNOFLUROSCENCE, ELISA
- PCR
- LEUCOPENIA, THROMPOCYTOPENIA

- Provision of reliable water supply
 A reliable water supply is vital to prevent dengue fever. Water shortages force people to store water, providing breeding places for dengue mosquitos.
- Reliable rubbish collection
 Regular garbage collections will reduce potential mosquito breeding sites.
- House-to-house inspections to control mosquito breeding Where appropriate, house-to-house inspections will determine whether mosquitos are breeding around the houses. Inspectors can teach household members how to prevent mosquito breeding.
- Health education campaigns
 The first step in action against the dengue mosquito is to inform communities about what dengue is and what measures can be taken to combat it

Vector Control Methods:

Biological and Environmental Control

- ·Biological control
 - Largely experimental
 - Option: place fish in containers to eat larvae
- Environmental control
 - Elimination of larval habitats
 - ·Most likely method to be effective in the long term

Vector Control Methods:

Chemical Control:

- •Larvicides may be used to kill immature aquatic stages
- •Ultra-low volume fumigation against adult mosquitoes
- •Mosquitoes may have resistance to commercial aerosol sprays

BIOLOGICAL CONTROL methods are not widely used and are primarily experimental. One option in which biological control is often used, however, is the placement of small fish that eat mosquito larvae in certain containers, such as decorative fountains or 55-gallon drums. Recently, a few countries have also reported success in controlling larvae with copepods, small invertebrate crustaceans that feed on first- and second-stage mosquito larvae.

ENVIRONMENTAL CONTROL involves eliminating or controlling the larval habitats where the mosquito lays her eggs and the immature mosquitoes develop. This includes emptying water from containers or covering containers that are being used, cleanup campaigns to dispose of containers that are not being used, and improving water supplies so that there is less need to store water in containers. Since chemical control is generally restricted to containers that cannot otherwise be eliminated or managed, and biological control is still largely experimental, environmental methods are likely to be the most effective for long-term control of *Aedes aegypti*.

Although the goal of disease control is to prevent epidemic transmission, if an epidemic does occur, ways to minimize its impact include:

- •Teaching the medical community how to diagnose and manage dengue and dengue hemorrhagic fever (DHF), so they are better prepared to effectively manage and treat large numbers of cases. Mortality from DHF will thus be minimized.
- •Implementing an emergency contingency plan to anticipate the logistical issues of hospitalizing large numbers of patients and to outline measures for community-wide vector control activities. Such plans should be prepared with the participation of all parties and agencies involved, and should be ready for implementation prior to the emergence of an epidemic.
- •Educating the general public to encourage and enable them to carry out vector control in their homes and neighborhoods.

Programs to Minimize the Impact of Epidemics

- •Education of the medical community
- •Implementation of emergency contingency plan
- Education of the general population

- Hold community council meetings about dengue. Participants will decide if dengue is an important problem in the community.
- Invite municipal health leaders to participate in action decided on by community.
- Organize training sessions for volunteers: films, exhibits and lectures from health workers
- conduct surveys to determine mosquito problem.
- Use schoolchildren as agents for change to carry out inspections, and teach about where the dengue mosquito lives and how to control it.
- Organize house-to-house surveys and "one on one" teaching about dengue and the vector mosquito.
- Publicize the activity.

PEOPLES'S UNIVERSITY

SCHOOL OF PHARMACY & RESEARCH

Get the Facts About Novel H1N1 Influenza

PRESENTED BY

Mr. Nitin Dwivedi

Mr. Tarani P. Shrivastava

Mr. Anup K. Chakarborty

Mr. Amol Chandekar

Novel H1N1 Influenza

Novel H1N1 (referred to a swine flu early on) is a new influenza virus that is spreading from person-to-person.

The United States government has declared a public health emergency in the U.S. in response to the H1N1 outbreak.

CDC's response goals are to:

- reduce transmission and illness severity
- provide information to help health care providers, public health officials, and the public address the challenges posed by this emergency.

Novel H1N1 Influenza

- The first cases of human infection with novel H1N1 influenza virus were detected in April 2009 in San Diego and Imperial County, California and in Guadalupe County, Texas.
- The virus has spread rapidly.
- The virus is widespread in the United States at this time and has been detected internationally as well.

Novel H1N1 Influenza

CDC expects that more cases, more hospitalizations, and more deaths from this outbreak will occur over the coming days and months.

- Influenza is always serious each year in the United States, seasonal influenza results, on average, in an estimated 36,000 deaths and more than 200,000 hospitalizations from flu-related causes.
- This outbreak certainly poses the potential to be at least as serious as seasonal flu, if not more so, especially given the fact that there currently is no vaccine against this virus.
- Because this is a new virus, most people will not have immunity to it, and illness may be more severe and widespread as a result.

Signs and symptoms

Symptoms of novel H1N1 flu in people are similar to those associated with seasonal flu.

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- In addition, vomiting (25%) and diarrhea (25%) have been reported. (Higher rate than for seasonal flu.)



How does novel H1N1 Influenza spread?



- This virus is thought to spread the same way seasonal flu spreads
- Primarily through respiratory droplets
 - Coughing
 - Sneezing
 - Touching respiratory droplets on yourself, another person, or an object, then touching mucus membranes (e.g., mouth, nose, eyes) without washing hands

Can you get novel H1N1 Influenza from eating pork?

No. The novel H1N1 influenza virus (formerly referred to as swine flu) virus is not spread by food.

You cannot get novel H1N1 flu from eating pork or pork products. Eating properly handled and cooked pork products is safe.

What can you do to protect yourself from getting sick?

There is no vaccine right now to protect against this new H1N1 virus.

However, everyday actions can help prevent spread of germs that cause respiratory illnesses like influenza.

Take these everyday steps to protect your health

- Wash your hands often with soap and warm water, especially after you cough or sneeze. Wash for 15 – 20 seconds.
 - Alcohol-based hand wipes or gel sanitizers are also effective.



Take these everyday steps to protect your health

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Avoid touching your eyes, nose or mouth.
 Germs spread this way.
- · Avoid contact with sick people.

If you get sick...

 Stay home if you're sick for 7 days after your symptoms begin or until you've been symptom-free for 24 hours, whichever is longer.



 If you are sick, limit your contact with other people as much as possible.

Watch for emergency warning signs

Most people should be able to recover at home, but watch for emergency warning signs that mean you should seek immediate medical care.

In adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Emergency warning signs in children

If a child gets sick and experiences any of these warning signs, seek emergency medical care.

In children:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Irritable, the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough



References

- For the most current information on the H1N1 influenza outbreak, visit
 http://www.cdc.gov/h1n1flu/
- CDC, WHO, and public health officials worldwide are carefully monitoring the situation.
- Follow all recommendations for preventing the spread of influenza.
- For local guidance, contact your state, local, or county health officials.

Resources

- http://www.cdc.gov/h1n1flu/
- http://www.cdc.gov/h1n1flu/espanol/
- 1-800-CDC-INFO (1-800-232-4636)
- http://www.who.int/csr/disease/swineflu/en/index.html



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SCHOOL OF PHARMACY & RESEARCH

No: PIP&RC/15/.3.67 &

Date: 30/12/2015

To,

The Registrar People's University Bhopal (M.P.)

Subject: Regarding submission of report of extension activity on Dengue fever and Swine Flu.

Respected Madam,

With reference to the subject cited above please find the attached copy of report of extension activity on Dengue fever and Swine Flu which has been conducted in SOP&R, Peoples University on dated 18/12/2015-19/12/2015.

Thanking you,

Sincerely,

Prof. (Dr.) Neeraj Upmanyu Principal In-charge, SOP&R

Enclosed:

Detailed report of extension activity

Copy to:

1. Office of Hon'ble Director Administration

o seniable VC. Sir

Report of Extension Activity on Dengue fever and Swine Flu

An extension activity regarding awareness of treatment, prevention and cure of Dengue fever and Swine Flu has been conducted in SOP&R, Peoples University on dated 18/12/2015-19/12/2015. This program/activity has been done in different areas specially schools of Raisen and Barasiya nearest to territory of Bhopal (M.P.). The honorable vice chancellor of Peoples University Dr. V.K. Pandya gave his humble consent and erudite guidance to conduct such program in these areas. A team for this task constructed in the internal meeting of the institute on dated 5/11/2015 under the supervision of Dr. Neeraj Upmanyu (HOI, SOPR) and approved by honorable Vice Chancellor of university. The team members of extension activity were as follow:

- 1. Mr. Anup K. Chakraborty (Asstt. Professor, Pharmaceutical Chemistry)
- 2. Mr. Nitin Dwivedi (Asstt. Professor, Medicinal Chemistry)
- 3. Mr. Tarani P. Shrivastava (Astt. Professor, Pharmacology)
- 4. Mr. Amol Chandekar (Asstt. Professor, Pharmacology)

The team successfully conducted the activity and deliver the lectures for sign, symptoms, prevention and cure of Dengue & Swine Flu on power point presentation and aware the community regarding this context. The team covered following schools of Raisen and Barasiya areas.

Schools coming under Raisen:

- 1. Dr. Radha Krashanan H.S. School
- 2. Excellence Boys H.S. School
- 3. Excellence Girls H.S. School
- 4. Maharshi H.S. School
- 5. Saraswati H.S. School
- 6. Swami Shivom Tirth H.S. School
- 7. Bright convent S.S. School
- 8. St. Francis Convent S.S. School
- 9. Shine S.S. School

Schools coming under Barasiya:

- 1. Vidya Vihar H.S. School
- 2. Excellence Boys H.S. School
- 3. Excellence Girls H.S. School

At end of the lecture and presentation team has taken a question session from the students regarding Dengue and Swine Flu and distributed the prizes among the students, in addition with this the team members also took feedback of the activity. Such programmes will be conducted in near future also to make the society aware for these and other diseases like tuberculosis, Malaria, Diabetes, AIDS etc.

Prof. (Dr.) Neeraj Upmanyu

Principal In-charge, SOP&R

Prencipal Premises of Pharmacy & Prescript Centre, Bhopsi

PEOPLES'S UNIVERSITY

SCHOOL OF PHARMACY & RESEARCH

DENGUE & DENGUE HEMORRHAGIC FEVER

PRESENTED BY

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PEDPLES'S UNIVERSITY

SCHOOL OF PHARMACY & RESEARCH

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Mr. Nitin Dwivedi

Mr. Tarani P. Shrivastava

Mr. Anup K. Chakarborty

Mr. Amol Chandekar



Raveena Brajapali Samikata Yadar Samikata Gaur Marisha Melun Monica Rajput - 12th (Bio) Neha meena - 12th (Maths) Ashutush - 12th (Bio) Ashutesh burija - 12th (Bio)

People's Institute of Pharmacy and Research Centre Bhanpur, Bhopal Marathon for Epilepsy

Date: 17/02/2013 Schedule of Activities:

hedule of Activities:		Timings
S. No.	Activities	07:30 AM
01	Arrival of students and staff member	08:00-08:30AM
02	Instruction given to all students and participants	08:30-09:00AM
	Distribution of tehirts to all participants	9:30-11:30 AM
	Marathon race started with the massage about epilepsy	
	treatments and cure	11:30-12:30 PM
03	Prize distribution to winners	
US	1 1120 diotria	

The epilepsies are common and frequently devastating disorders, affecting approximately 2.5 million people in the India alone. More than 40 distinct forms of epilepsy have been identified. Epileptic seizures often cause transient impairment of consciousness, leaving the individual at risk of bodily harm and often interfering with education and employment.

People's Institute of Pharmacy and Research Centre has participated as a part of Peoples University in marathon race organized by Swami Vivekanand Spine Centre to make the awareness amongst the individuals of Bhopal about epilepsy and give a supportive massage to all the people suffering from epilepsy.

People's University School of Pharmacy and Research Centre

Hypertension Awareness Camp on World Hypertension Day May 17th, 2012

Date: 21/05/2012

Place: Village Chopda, Vidisha Road, Bhopal

Schedule of Activities:

S. No.	Activities	Timings
01	Arrival of students and staff member at village	10:00 AM
	Counseling of villagers by faculty and students	10:30-12:30 AM
	A) Hypertension as a social dilemma	10:30-11:30 AM
02	B) Various causes of hypertension and myths related with it	11:30-12:00 AM
	C) Presentation of posters by students related to the treatments and alternative options	12:00-12:30 APM

Description of Events:

The World Health Organization attributes hypertension or high blood pressure, as the leading cause of cardiovascular mortality. Several surveys from many countries around the world pointed out that the public's awareness of their blood pressure levels was very poor. Even in highly developed, resource-rich countries with high-quality health care systems, such as Canada, awareness of hypertension was only 58%.

Taking this in view on the occasion of World Hypertension Day, School of Pharmacy and Research Centre, People's university has planned to organize a hypertension screening and awareness camp in the rural area (Chopda) near by the institute.

The students and staff members of the institute were reached to the village at scheduled time. About 250 individuals including females, children old age persons and males were gathered for the camp. Firstly, the faculty members and students judged the current knowledge of villagers about hypertension and its impact on health. Various causes like;

changes in life style, obesity, dietary habits, hypothyroidism and renal impairment were explained elaborately to make the understanding regarding cardiac mortalities which can be caused by hypertension. Students then represented various charts to explain the treatments and alternative methods to control the blood pressure.

The camp consummated with the felicitation and vote of thanks by Gram Panchayat officials.

People's Institute of Pharmacy and Research Centre Bhanpur, Bhopal

Diabetes Awareness Camp on World Diabetes Day November 14th, 2011

Date: 17/11/2011

Place: Sub Urban Area of Karond, Bhopal

Schedule of Activities:

S. No.	Activities	Timings
01	Gathering at Venue	10:00 AM
02	Questionnaire on knowledge of society about Diabetes	10:30-10:45 AM
03	Discussions	10:45-12:45 AM
	A) Types of Diabetes and its causes	10:45-11:15 AM
	B) Diagnostic tools and Preventive measures	11:15-11:45 PM
	C) Presentation of posters by students related to the treatments and alternative options	11:45-12:30 PM

Description of Event:

Diabetes is rapidly emerging as a major public health problem in India, not only in urban areas but also in the rural areas. As of today, India is the Head quarters for diabetes in the world. The increase in prevalence is due to rapid the urbanization, changing lifestyle and genetic predisposition as well. The fact remains that the diabetes can be prevented. Life style changes will help preventing diabetes.

In order to bring about changes in the lifestyle of the people, various awareness programmes are conducted. They include: exhibitions, film shows, puppet shows, diabetes detection camps, seminars, film shows, Television & Radio Programmes, etc,. People from various stream of life such as teachers, students of schools and colleges, software professionals, industrial workers, police personnel, bank officials, general population are widely covered. Educational materials such as pamphlets, flyers, banners, flip books, placards, charts, photographs, films, slides are extensively used in these programmes.

As a part of one of its various extension activities, People's Institute of Pharmacy and research Centre has organized a Diabetes detection camp to make the awareness amongst the individuals of sub urban area of

Karond locality near by the institute. About 75 individuals including youngsters, old age person and women were gathered.

First of all a questionnaire was distributed among public to make people aware about their daily dietary habits which may lead to diabetes, then faculty staff of the college has discussed various types of diabetes, its causes and complications. Students have shown various presentation charts to make the understanding of public regarding treatment options like; drugs, life style management, Beneficial Dietary habits, yoga and other alternative methods. The camp consummated with the felicitation by local public.

People's Institute of Pharmacy and Research Centre Bhanpur, Bhopal Awareness Camp on HIV-AIDS

Date: 10/05/2010 Schedule of Activities:

6. No.	Activities Activities	Timings
-	Arrival of students and staff member at village	09:00 AM
02	Couriseiing of villagers by faculty and students	09:30-1:00 AM
	A) Myths related with AIDS B) Modes of Transmission of Infection	09:30-10:30 AM
	C) Various clinical Manifectation	10:30-11:00 AM
	C) Various clinical Manifestations and secondary infections to HIV infection	11:00-12:00 PM
03	Presentation of posters by students related to the	
	and alternative options	12:30-1:00 PM

Place: Village Lambakheda, Berasia Road, Bhopal

Description of Events:

The Government of India estimates that about 2.40 million Indians are living with HIV (1.93 -3.04 million). The Indian epidemic is concentrated among vulnerable populations at high risk for HIV. The concentrated epidemics are driven by unprotected sex between sex workers and their clients and by injecting drug use with contaminated injecting equipment. Several of the most at risk groups have high and still rising HIV prevalence rates. According to India's National AIDS Control Organization (NACO), the bulk of HIV infections in India occur during unprotected heterosexual intercourse. Consequently, and as the epidemic has matured, women account for a growing proportion of people living with HIV, especially in rural areas. In order to make awareness in these issues of spread of HIV infection, various awareness programmes are conducted by central as well as state and local bodies.

As a part of one of its various extension activities, People's Institute of Pharmacy and research Centre has organized a Awareness Camp on HIV-AIDS to make the awareness amongst the individuals of Village Lambakheda, Berasia Road, Bhopal. About 75 individuals including youngsters, old age person and women were gathered.