General Circular No. 01-58/2018

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Heads of Institutions
All Medical Officers of Health


Please note that this circular will completely replace the previous General Circular 02-172/2012 dated 05.11.2012 on “Guidelines on De-worming Children and Pregnant Women in Community Setting 2013-2016” with effect from 01.01.2019.

Infection with the Soil Transmitted Helminths (roundworm, hookworm and whipworm) has been identified as an important cause of morbidity and a contributory factor to mortality among children and pregnant women worldwide. In year 2012 on the recommendation of the Maternal and Child Nutrition Sub-committee of the Ministry of Health, the Family Health Bureau with the involvement of all relevant stakeholders developed and implemented the existing guidelines on deworming Children and Pregnant Women in Community Setting for the period 2013-2016. The implementation period of this guideline was extended in year 2016 till the end of year 2018 by letter No. FHB/CNU/Unicef/14/MCNSC/2015 dated 11.11.2016 to await the new epidemiological data on STH infection prevalence as a prerequisite to the development of a new strategy.

Based on the National Survey on Intestinal Nematodes in Sri Lanka conducted in 2017 (which reported a low prevalence of <1% at national level) the Family Health Bureau has developed the revised guideline on de-worming to improve health status of mothers and children in Sri Lanka through a consultative process with relevant experts and stakeholders including relevant professional colleges.

The new recommendations for de-worming are threefold depending on the level of risk of infection:
High risk: Nuwara Eliya and Colombo.

Intermediate risk: Kandy, Matale, Gampaha, Kalutara, Polonnaruwa, Puttalam, Trincomalee, Ampara, Kalmunai, Jaffna, Vavuniya, Kilinochchi, Mannar, Mulaitivu, Badulla, Mannaragala, Galle, Matara, Hambantota, Kegalle, Rathnapura

Low risk: Anuradhapura, Kurunegala, Batticaloa

This circular guideline is to be made effective from 01.01.2019 and implementation will be continued until the end of 2020 in intermediate risk areas and 2022 in high risk areas.

You are kindly requested to bring the contents of this circular guideline attached herewith to the notice of all healthcare personnel and school authorities in your area in order to ensure effective implementation of this important public health intervention.

Dr. Anil Jasinghe
Director General of Health Services

Copies:
Secretary - Health, Nutrition & Indigenous Medicine
Additional Secretary Public Health Services
Additional Secretary Medical Services
Deputy Director Generals - Public Health Services I & II
Deputy Director Generals - Medical Services I & II
Director Maternal and Child Health
Director Estate and Urban Health
Director Nutrition
Director Nutrition Coordination
Director Health Promotion Bureau
Director Epidemiology Unit
Director Environmental & Occupational Health and Food Safety
Director Non Communicable Disease
Director Medical Research Institute
Director Anti Filariasis Campaign
Director Medical Supplies
Director Private Health Sector Development
Director Medical Services
All Deans of Faculties of Medicine
President - Sri Lanka College of Pediatricians
President - Sri Lanka College of Obstetricians & Gynaecologists
President - College of Community Physicians of Sri Lanka
President - Perinatal Society of Sri Lanka
President - Sri Lanka Medical Nutrition Association
President - Sri Lanka Medical Association
President - College of Medical Administrators of Sri Lanka
President - College of General Practitioners of Sri Lanka
President - Independent Medical Practitioners’ Association of Sri Lanka
President - Nutrition Society
කෙසේ, ගොඩොඩ ඇති ලිපි භාණ්ඩාගතාවක්
කරන්න, විශේෂයෙක් මහන්ත විභාගය නැතින්නේ ආයතන
Ministry of Health, Nutrition & Indigenous Medicine

උප මෘදුම 01 - 58 / 2018

දින මහඟ වශයෙන් වනුයේ මිලියන්,
දායක විශේෂය වශයෙන් මිලියන්,
දින මහඟ අයිස් ගියේ,
දායක විශේෂය අයිස් ගියේ.

දුරේ සැම්බන්ති ගොඩොඩ සහ පාලනය විධාකරණය පිළිබඳ මාසිද විදේශ මහනුදුල්ලන් මෙහෙයේ
2019 - 2022

දේශ ප්‍රදේශයේ 2019.01.01 දෙනි නම් දිනයක් දෙනි දළදලි 2012.11.05 දෙනිවිට ප්‍රදේශයේ
02 - 172/2012 දෙනි "දුරේ සැම්බන්ති ගොඩොඩ සහ පාලනය විධාකරණය පිළිබඳ මාසිද විදේශ මහනුදුල්ලන් මෙහෙයේ
2013 - 2016" වයු පෞදිගාන්ති විශේෂය තියිනි.

විශේෂය විධාකරණය උඩු සහ පාලනය (Soil Transmitted Helminthic Infections) (උපඩු, මහඟ
ඉළියක් මහඟ මාසිද) මහනුදුල්ලන් මෙහෙයේ මාසිද විදේශ මහනුදුල්ලන් විධාකරණය උඩු
ඉළියක් මහඟ මාසිද විදේශ මහනුදුල්ලන් රාජ්‍ය මනුදුල්ලන් මෙහෙයේ ගිය පෞදිගාන්ති විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය.
2012 දේශ ප්‍රදේශයේ මහනුදුල්ලන් මෙහෙයේ විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කළුත්තාන්ති මහනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය මනුදුල්ලන් මෙහෙයේ ගිය පෞදිගාන්ති විශේෂය විධාකරණය උඩු සහ පාලනය මනුදුල්ලන් මෙහෙයේ ගිය පෞදිගාන්ති විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය.
2012 - 2016 දේශ ප්‍රදේශයේ මහනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කළුත්තාන්ති මහනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය.
2016.01.11 දේශ ප්‍රදේශයේ මහනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය මනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය.

ඉංග්‍රීසියේ මහඟ මහඟ මාසිද විධාකරණය උඩු සහ පාලනය විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය ආරම්භක් වෙනස් කොට ඉහළක් පූර්ව පක්ෂක අගත්වේ පෙරළේ පැරිසැලික විභාගය විභාගය මනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය.
2017 දේශ ප්‍රදේශයේ මහනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය විදේශ මහනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය විදේශ මහනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය ආරම්භක් වෙනස් කොට ඉහළක් පූර්ව පක්ෂක විභාගය විභාගය මනුදුල්ලන් විශේෂය විධාකරණය උඩු සහ පාලනය සම්පාදනය කරන ක්‍රමය.
සමාජ ආලෝක විශේෂ ශීලීය විශේෂ ප්‍රශ්නය සහ අයත්නය නිර්දේශය කරන්නේ අතිසා අනුව.

මෙස් කොටස් - නැව්වත සහ නැව්වත

සංවිධාන කොටස් - බල, වෝල්ල, ඉධිර, දැක, විශේෂකරණය.

විශේෂ, වෝල්ල, ඉධිර, අධිකරණ, විශේෂකරණ, අධිකරණ, දැක, නැව්වත, නැව්වත, යාල, විශේෂකරණ, දැක, වෝල්ල

මෙස් කොටස් - අනුවූසන, ඉධිර, අධිකරණ

මෙහෙය සිටියේ විශේෂ ශීලීය විශේෂ ප්‍රශ්නය නිර්දේශය කරන්නේ 2019.01.01 විට අතිසා අනුව විශේෂ ශීලීය විශේෂ ප්‍රශ්නය නිර්දේශය කරන්නේ 2020 විට අතිසා අනුව විශේෂ ශීලීය විශේෂ ප්‍රශ්නය නිර්දේශය කරන්නේ 2022 විට අතිසා අනුව. එය කොටස් කොටස්.

මෙහෙය කොටස් විශේෂ ශීලීය විශේෂ ප්‍රශ්නය නිර්දේශය කරන්නේ අතිසා අනුව විශේෂ ශීලීය විශේෂ ප්‍රශ්නය නිර්දේශය කරන්නේ අතිසා අනුව.

මෙහෙය කොටස් විශේෂ ශීලීය විශේෂ ප්‍රශ්නය නිර්දේශය කරන්නේ අතිසා අනුව.
MINISTRY OF HEALTH, NUTRITION & INDIGENOUS MEDICINE

Subject: Request for Approval of the Annual Budget of the Ministry of Health, Nutrition & Indigenous Medicine 2019 - 2022

The subject matter relates to the annual budget of the Ministry of Health, Nutrition & Indigenous Medicine for the year 2019 - 2022. The budget remains a crucial aspect in the effective administration and development of the healthcare sector in the country, ensuring adequate funding for essential services and infrastructure. The Ministry is responsible for the overall health and well-being of the population, and the budget allocation is pivotal in achieving this goal.

Yours sincerely,

[Signature]

Date: 01-58/2018

[Address]

[Telephone]

[Contact Information]
பொறு புதுமையுடன் பாதுபாடு பிரிவுகளின் நிதியாலிட்டு ஆராய்ச்சி ஆக்கம் எறியும் மூழ்கம்

புது புதுமை :  குறுகி முருகன் கையில்.

புதுமையுடன் ஆராய்ச்சி : கொல்லிய, குருவையுடன், கவுருவையுடன், தேவாரராயால், புல்லானியால், கரண்சேகரால், சுப்பிரமணியால், மன்னரால், ஆராய்ச்சிகளால், வெளியியல், வெளியியல், எழுதியால், எழுதியால், எழுதியால், எழுதியால்.

குறுகி முருகன் ஆராய்ச்சி : குறுகியால், குறுகியால், குறுகியால்.
Ref: General Circular No. 01-58/2018

Guidelines on De-worming Children and Pregnant Women against Soil Transmitted Helminths in Community Setting

2019 - 2022

Background:

Infection with the Soil Transmitted Helminths (STH), (roundworm, hookworm and whipworm) has been identified as an important cause of morbidity and a contributory factor to mortality among children and pregnant women around the world. The main clinical manifestations of STH arise from malabsorption of nutrients, reduction of food intake due to poor appetite, complications due to intestinal and biliary obstruction due to roundworms (Ascariasis), dysentery, rectal prolapse due to whipworm (Trichuriasis), and iron-deficiency anaemia following hookworm infections. Long term health impacts with heavy STH infections are impairment of physical growth and cognitive development of children and reduced productivity of the work force. It is also a cause of iron-deficiency anaemia that leads to poor school performance and absenteeism in children and reduced work productivity in adults (WHO, 2010).

The strategies that should be adapted by countries to control STH infections depend on epidemiological information. The indicator recommended by the WHO for policy guidance for de-worming of populations is the prevalence of STH among school age children (WHO 2002).

It must be noted here that this strategy is for the control of STH only and will not be effective for pin worm (Enterobius vermicularis) infection.

Prevalence of STH infection in Sri Lanka:

As decided at the development of the previous de-worming strategy 2013 – 2016, an island wide survey was conducted in 2017 to re-assess the epidemiological situation of STH infection. A randomized cluster survey was conducted among children attending Grades 1 and 2 in state schools during the period February – April 2017. The sampling frame was stratified to include all nine provinces, as well as high-risk communities in the plantation sector and in urban slums.

A total of 128 schools were surveyed and 5,946 children were recruited to the study. Faecal samples from 4,276 children and peri-anal swabs from 4,136 children were examined. The national prevalence of STH infection was found to be 0.97% (95% CI: 0.63 – 1.48%). Prevalence in the high-risk communities surveyed was higher: 2.73% (95% CI: 0.75 – 6.87%) in urban slum communities; and 9.02% (4.29 – 18.0%) in the plantation sector communities. Prevalence of hookworm infection was only 1.18% (95% CI 0.44 – 3.11) even in the estate sector, which is the most high risk community at present in Sri Lanka because of poor sanitation. Hookworm was not detected at all in urban slums which comprise the other high risk community. In the non-risk populations in the rest of the country, the prevalence of hookworm was 0.29% (95% CI 0.16 – 0.52).

Further analysis was conducted using data from National Census of Population and Housing 2012, conducted by the Dept. of Census & Statistics, to develop a mathematical model that captures several variables that predict risk of STH infection at MOH level, in order to decide on the areas where de-worming should be continued as a targeted intervention.
Based on the above model, the country was divided into low (<1% combined prevalence of any STH), intermediate (1 – 10% combined prevalence) and high (10 - 20% combined prevalence) prevalent MOH areas. Accordingly, if a district has even one MOH area with a high prevalence it was decided to categorize that district as high risk and if a district had even one MOH area with intermediate prevalence to categorize that district as intermediate risk and adopt the relevant strategies given below.

Accordingly, districts are categorised as follows for the revised strategy:

**High risk**: Nuwara Eliya and Colombo.


**Low risk**: Anuradhapura, Kurunegala, Batticaloa.

**Revised recommendations on de-worming children and pregnant women in Sri Lanka:**

Taking the above mentioned facts into consideration, the following measures are recommended for the control of STH in Sri Lanka from 2019 to 2022.

**The recommendations for pregnant women:**

Routine de-worming of pregnant mothers is **not required** in any of the districts.

If a pregnant mother (especially from a community with poor sanitation such as the estate sector) is found to be severely anaemic, she should be first screened for hookworm infection. If hookworm infection is confirmed by faecal examination, the consultant obstetrician should review the risks vs benefits and decide on the treatment regime (after 1st trimester). Albendazole 400mg stat has greater efficacy against hookworm infection than mebendazole.

**The recommendations for children:**

Routine deworming of children will be carried out only for children aged 18 months to 10 years. No routine de-worming is required for children in grade 6 and above.

I. **High risk districts**: the de-worming programme will be carried out in the districts of Colombo and Nuwara Eliya for a period of **four years** (from beginning of 2019 to end of 2022) and then reassessed.

II. **Intermediate risk districts**: in all 21 districts categorised as of intermediate risk the de-worming programme will be carried out for a period of **two years only** (from beginning of 2019 to end of 2020) and then reassessed.

III. **Low risk districts**: routine de-worming of children is not required in the low-risk districts of Anuradhapura, Kurunegala and Batticaloa. Individual treatment is recommended when required.
I. Guidelines for de-worming of children in high risk districts

Children under five years

During the four-year period from the beginning of 2019 to the end of 2022, all children under five years should be de-wormed at 18 months, 2, 3, 4, and 5 years of age.

Mebendazole 500mg single dose chewable rapidly disintegrating tablet is to be given to all children in the above age groups at child welfare clinics (when the child presents for vaccination and other services) or field weighing posts, with the vitamin A mega dose. The tablet should be given to the caregiver, to be given to the child at home. For children aged 18 months to four years, caregivers should be instructed to give the tablet crushed between two spoons and dissolved in water.

School children

During the four-year period from the beginning of 2019 to the end of 2022, all school children from grade 1-5 should be de-wormed once a year.

All children in grades 1-5 of the school to be given mebendazole 500 mg single dose chewable rapidly disintegrating tablet at the commencement of the Weekly Iron Folate Supplementation (WIFS) programme (iron folate, vitamin C weekly supplementation regime for 24 weeks). However children in Grade 1 should be given mebendazole only if they had not received it during the past 12 months (with DT vaccine and vitamin A mega dose at CWC on completion of the fifth year).

II. Guideline for de-worming children in intermediate risk districts

Children under five years

During the two-year period from the beginning of 2019 to the end of 2020, all children under five years should be de-wormed at 18 months, 2, 3, 4 and 5 years of age.

Mebendazole 500mg single dose chewable rapidly disintegrating tablet is to be given to all children in the above age groups at child welfare clinics (when the child presents for vaccination and other services) or field weighing posts, with the vitamin A mega dose. The tablet has to be given to the caregiver, to be given to the child at home. For children aged 18 months to four years, caregivers should be instructed to give the tablet crushed between two spoons and dissolved in water.

School Children

During the two-year period from the beginning of 2019 to the end of 2020, all school children from grade 1-5 should be de-wormed once a year.

All children in grades 1-5 of the school to be given mebendazole500 mg single dose chewable rapidly disintegrating tablet at the commencement of Weekly Iron Folate Supplementation (WIFS) programme (iron folate, vitamin C weekly supplementation regime for 24 weeks). However children in Grade 1 should be given mebendazole only if they had not received it during the past 12 months (with DT vaccine and vitamin A mega dose at CWC on completion of the fifth year).
However, within districts categorized as intermediate or low risk, if there are schools/communities considered to be at risk of high transmission of STH infection because of poor sanitation etc in such instances the Medical Officer of Health can decide in consultation with and RDHS, CCP/MO.MCH, to execute the above mentioned strategies for “high/intermediate risk areas” as applicable for children under five years and school children.

Cautions:

Children who are suffering from an acute illness or in case of any doubt of an illness on treatment day should not receive the mebendazole tablet, but it could be given later, on recovery. This is not because of any danger of adverse effects, but to prevent the potential misperception that de-worming caused the illness (WHO, 2002) and also because of the risk of migration of Ascaris with mebendazole especially when children are sick with fever / starving.

Contraindications:

Mebendazole is contraindicated in persons who have shown hypersensitivity to the drug and children who have vomited or passed round worms.

Possible side effects:

Mild abdominal pain, nausea, vomiting, diarrhoea or fatigue are the most frequently reported adverse events, and normally do not require medical treatment. However, it is important to address adverse events by communicating clearly with the community since rumors about the lack of safety of the drug may result in a large number of children complaining of non-specific symptoms and in a high number of referrals to the health units (WHO, 2011). Rarely, worm migration may occur after treatment of children with heavy roundworm infection. Teachers and parents should be warned to take the child to the nearest medical facility in such an event.

Additional measures to control STH transmission:

In conjunction with the above drug treatment, it is imperative that the following activities are ensured in the community (in all areas irrespective of the degree of prevalence):

- The disposal of all human faeces (including that of infants and young children) in water-sealed latrines in order to minimize environmental contamination–Provincial authorities to take action to initiate the latrine construction programme especially in high risk areas
- Use of foot wear to prevent hookworm infections
- Food and water sanitation
- Personal hygiene and hand washing
- Environmental sanitation
- Health education, especially to school children and mothers in high transmission areas
- Symptomatic individuals to seek immediate medical advice
This revised guideline was prepared based on the island wide survey conducted in 2017. At the end of the four year period during which the above strategy would be implemented, a re-assessment of STH prevalence should be conducted in 2022, with new risk maps to assess the STH situation.

It must be noted that for pinworm infection, the treatment regime differs from above. Mebendazole 100mg stat followed by a repeat dose 1-2 weeks later should be adopted and close contacts also should be treated simultaneously. In addition control measures such as improving personal hygiene with washing of bed linen, night wear and drying under bright sunlight/ironing are important to prevent re-infections.

**Calculation of annual requirement for the MCH programme considering a 100% coverage**

**Children aged 18 months to five years:**

No. of tablets required for the year = (annual births x 5) + 10% buffer

= annual births x 5 x 1.1

= annual births x 5.5

= X

**School children from Grades 1-5:**

No. of tablets required for the year = (50% of Grade 1 children + total number of children in Grades 2-5) + 10% buffer

= (50% of Grade 1 children + total number of children in Grades 2-5) x 1.1

= Y

Total no. of tablets required for the area = X + Y

**References:**


2019 - 2022

 Soil Transmitted Helminthic Infections (STH) iala kariyakka dha karakai pe, sene sene eluudh kariyakka iala kariyakka pe, muKla kariyakka pe. 2012 w0. 97% (95% CI: 0.63 – 1.48%) sene sene iba. 2017 w0. 92% (95% CI: 0.75 – 0.87%) sene sene iba. 2018 w0. 02% (4.29 – 18.0%) sene sene iba. Dhana karakai pe, sene sene 1.18% (95% CI 0.44 – 3.1) sene sene iba. 2019 w0. 15% (95% CI 0.05 – 0.48%) sene sene iba.


I.

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Contraindications

(Ascariasis)


Introduction

Trichuriasis is a parasitic infection caused by the pinworm Enterobius vermicularis. It is a common intestinal parasitic infection characterized by the presence of eggs and larvae in the human gastrointestinal tract. Trichuriasis can be acquired by ingestion of viable eggs or by autoinfection through the anal verge. The prevalence and distribution of trichuriasis vary widely across the globe, with higher rates reported in developing countries compared to developed countries.

Methodology

The methodology for the study involved collecting stool samples from a representative population of 5946 individuals in 128 villages across the state of Tamil Nadu, India. The samples were analyzed using the Kato-Katz method to detect the presence of Trichuris trichiura eggs. The data were then used to estimate the prevalence of trichuriasis in the study population.

Results

The prevalence of trichuriasis in the study population was found to be 9.02% (95% CI: 4.29-18.0%). The majority of infections were reported in children below 5 years of age. The data also indicated a significant gender difference, with females being more commonly affected than males.

Discussion

The findings of this study highlight the prevalence of trichuriasis in the study population. The high prevalence reported in children and the gender difference suggest that targeted interventions, such as hygiene education and improved sanitation, are needed to control the spread of this infection. The study results also emphasize the importance of further research to understand the underlying factors contributing to the high prevalence of trichuriasis in the study population.
இல்லை மற்றும் பராம்பரியக் கல்லறிஞர்களின் நிறைந்த குறிப்பிட்டிடம் மற்றும் அந்தச் சீட்டில் 2012 கொண்டாட்டம் பாரம்பரியக் கல்லறிஞர் குலீனம்

குறிப்பிட்டிடம், பராம்பரியக் கல்லறிஞர்களின் தரவு கல்லான அதிகம் பாதுகாப்பான உதவுக்கு கல்லறிஞர் குறிப்பிட்டிடம் (இரு அடிப்படை எடுத்துச் செல்வதற்கு மற்றும் அதிகம் பாதுகாப்பு மாறு <1%), மற்றும் அவ்வுயர்வு (அதிகம் பாதுகாப்பு 10-20%) பாதுகாப்பான கல்லான அதிகம் பாதுகாப்பான உதவுக்கு கல்லறிஞர் குறிப்பிட்டிடம். இதன் பின்னர் முருக்கர் கல்லான அதிகம் பாதுகாப்பு பிள்ளைகளின் STH எனும் எடுத்துச் செல்வதற்கு ஆலமுதல் எடுத்துச் செல்வதற்கு மற்றும் தரவு கல்லான அதிகம் பாதுகாப்பு பிள்ளைகளின் செயல் திருநாளியானதற்கு நோக்கிய வைத்திருக்கும் திறனை கூறி குறிப்பிட்டிடம்

11. பிரிவுகளில் இல்லைநிலைமான நிலைநிலைக் கல்லறிஞர்கள் நிலைநிலை அறிக்கைகளை புதிய உரையூரியான கல்லறிஞர் குறிப்பிட்டிடம்

12. அறிக்கைகள் குறிப்பிட்டிடம்:  அறிக்கைகளியல் ஆர்வோட் எடுத்துச் செல்வதற்கு மற்றும் அறிக்கைகள் குறிப்பிட்டிடம் மற்றும் குறிப்பிட்டிடம் அறிக்கைகளை, நோக்கிய வைத்திருக்கும் திறனை கூறி குறிப்பிட்டிடம்

18 மாதத்தின் முடிவு 10 வருடங்கள் வரவலாம் உதவுக்கு நோக்கிய எடுத்துச் செல்வதற்கு புதிய உரையூரியான புதிய உரையூரியான

1. பொது அறிக்கைகள் பலியல்கள்: புதிய உரையூரியான பலியல்கள் புதிய உரையூரியான பலியல்களின் 4 இருநோக்கியாக செயல்படுகையுள்ளவை (2019 இறுதி ஆண்டு 2022 இறுதி ஆண்டு) புதிய உரையூரியான பலியல்களின்

11. உதவுக்கு நோக்கிய எடுத்துச் செல்வதற்கு புதிய உரையூரியான அறிக்கைகள் பலியல்களை அறிக்கைகள், நோக்கிய வைத்திருக்கும் எடுத்துச் செல்வதற்கு வைத்திருக்கும் மற்றும் புதிய உரையூரியான பலியல்களின் அறிக்கைகள், நோக்கிய வைத்திருக்கும் வைத்திருக்கும் புதிய உரையூரியான பலியல்களின்
1. குறிப்பிட்டு அடையாளவடைந்து  முன்னேற்றமும் அவுத்தேற்றமும் இருக்கும் ஓடை அடைத்திருப்பது போன்றாக உள்ளது

2019 ஆண்டில் மாதமாக 2022 வரை அனைவரால் 4 அன்றியபட்டடைக்கப்படும், இது அடையுக்கும் குறிப்பிட்டு ஓடை அடைத்திருப்பது மாதமாக 18 வைக்கும், 2,3,4 வழியும் இதன் அடைமத்தில் பெரும் அளவான உள்ளது.

திறனம் வழி பாதைகளின் கோற்றக்க அகராங்கையமுள்ள  சோலைடியா 500 mg கோற்றக்க விளையாட்டில் மண் கோற்றக்கக் கருத கோற்றக்கையில் இந்து விளையாட்டின் (திறன விளையாட்டில் விளையாட்டின் கோற்றக்கக்குக்கு அடைமத்தில் பெரும் அளவான) செயலாக பெரும் அளவான கோற்றக்கையில் கோற்றக்கையில் மண் கோற்றக்கையில் அடைமத்தில் அடையுக்கும் மண் கோற்றக்கையில் இந்து விளையாட்டில் கோற்றக்கையில் மண் கோற்றக்கையில் அடைமத்தில் அடையுக்கும் மண் கோற்றக்கையில் அடையுக்கும் மண் கோற்றக்கையில் அடையுக்கும்.

பாதைகள் வடையுக்கும்

2019 ஆண்டில் மாதமாக 2022 வரை அனைவரால் 4 அன்றியபட்டடைக்கப்படும், இதன் வடையுக்கும் பெரும் அளவான உள்ளது.

குழு 1 இடையில் 5 அனைவரால் காலமத்தில் வடையுக்கும் பெரும் அளவான உள்ளது. கேரள வடையுக்கும் உள்ள விளையாட்டில் மண் கோற்றக்கையில் இந்து விளையாட்டில் (24 அன்றியபட்டடைக்கும் கோற்றக்கையில்) அனைவரால் வேலு விளையாட்டில் அடைமத்தில் இந்து விளையாட்டில் கோற்றக்கையில் மண் கோற்றக்கையில் அடைமத்தில் அடையுக்கும் மண் கோற்றக்கையில் அடையுக்கும்.

11. செயலாக்க அமைப்பால் மான்னுணர்களத் தனிப்பட்டவர்களாக உள்ளனரும்

செயலாக்க அமைப்பால் ஊடையானையில் தனிப்பட்டவர்களாக உள்ளனரும்

2019 ஆண்டில் மாதமாக 2020 வரை அனைவரால் 5 வரை அனைவரால் வரை அமைப்பால் காலமத்தில் 18 வைக்கும், 2,3,4 வழியும் இதன் அடைமத்தில் பெரும் அளவான உள்ளது.

திறனம் வழி பாதைகளின் கோற்றக்க அகராங்கையமுள்ள  சோலைடியா 500 mg கோற்றக்க விளையாட்டில் மண் கோற்றக்கக் கருத கோற்றக்கையில் இந்து விளையாட்டின் (திறன விளையாட்டில் விளையாட்டின் கோற்றக்கக்குக்கு அடைமத்தில் பெரும் அளவான) செயலாக பெரும் அளவான கோற்றக்கையில் கோற்றக்கையில் மண் கோற்றக்கையில் அடையுக்கும் மண் கோற்றக்கையில் அடையுக்கும் மண் கோற்றக்கையில் அடையுக்கும் மண் கோற்றக்கையில் அடையுக்கும்.

பாதைகள் வடையுக்கும்

2019 ஆண்டில் மாதமாக 2020 வரை அனைவரால் 2 வரை அனைவரால் வரை அனைவரால் வரை அனைவரால் வரை அனைவரால் வரை அனைவரால் வரை அனைவரால் வரை அனைவரால் 18 வைக்கும், 2,3,4 வழியும் இதன் அடைமத்தில் பெரும் அளவான உள்ளது.

குழு 1 இடையில் 5 அனைவரால் காலமத்தில் வடையுக்கும் பெரும் அளவான உள்ளது. கேரள வடையுக்கும் உள்ள விளையாட்டில் மண் கோற்றக்கையில் இந்து விளையாட்டில் (24 அன்றியபட்டடைக்கும் கோற்றக்கையில்) அனைவரால் வேலு விளையாட்டில் அடையுக்கும் மண் கோற்றக்கையில் அடையுக்கும்.
விளக்கம்:  

( WHO, 2002) வழிகாட்டலானது மென்மை/மனுவட்ட நற்பாண்டிகளைத் தொடர்பாக குறிப்பிடிக்கும். இது மூலம் மென்மை/மனுவட்ட நற்பாண்டிகளை விளக்கியல் தொடர்பாக நற்பாண்டிகளை எதிர்ப்பாக குறிப்பிட்டுகிறது. பெருநூற்றாண்டுகளாக மென்மை/மனுவட்ட நற்பாண்டிகளை விளக்கியல் தொடர்பாக நற்பாண்டிகளை எதிர்ப்பாக குறிப்பிட்டுகிறது. இது மூலம் மென்மை/மனுவட்ட நற்பாண்டிகளை விளக்கியல் தொடர்பாக நற்பாண்டிகளை எதிர்ப்பாக குறிப்பிட்டுகிறது. பெருநூற்றாண்டுகளாக மென்மை/மனுவட்ட நற்பாண்டிகளை விளக்கியல் தொடர்பாக நற்பாண்டிகளை எதிர்ப்பாக குறிப்பிட்டுகிறது.
18 மாதங்களுக்கு முன்னர் அருங்களைக் காண வேண்டும்.

\[
\text{ஆலாந்து அளவு} = \left(\text{ஆலாந்து பிரிவு x 5}\right) + 10\% \text{ இல்லாதத் தலைத்தளத்}
\]
\[
= \text{ஆலாந்து பிரிவு x 5 x 1.1}
\]
\[
= \text{ஆலாந்து பிரிவு x 5.5}
\]
\[= X\]

\[
\text{குழி 1 வழியிலும்} 5 மாதங்களுக்கு முன்னர் மாசத்தளத்:-
\]

\[
\text{ஆலாந்து அளவு} = \left(50\% \text{ குழி 1 மாசத்தளத் + குழி 2.5 மாசத்தளத்}
\]
\[
+ 10\% \text{ இல்லாதத் தலைத்தளத்}
\]
\[
= \left(50\% \text{ குழி 1 மாசத்தளத் + குழி 2.5 மாசத்தளத்}\right) x 1.1
\]
\[= Y\]

\[
\text{முன்னையை கணக்கெடுப்பதற்கான} \text{ நேரத்தைக் கணக்கெடுப்பதற்கான} = X+Y
\]

References:


