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The objective of this Bulletin is to disseminate international news about health and medicine, developments, activities in medical and health research in DMR. The Bulletin is published monthly and delivered to township hospitals.

The Editorial Committee, therefore, invites contributions concerning information about research activities and findings in the field of medicine and health.

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Highlights on Useful Research Findings Applicable to Health

Larvicidal and Repellent Properties of *Citrus hystrix* DC Fruit (တာရှောက်ခါးသီး) Extracts against *Aedes aegypti* Mosquitoes

The present study aimed to evaluate the larvicidal and repellent activity of ethanol extracts of dry fruit, internal fruit materials and peels of *Citrus hystrix* DC against *Aedes aegypti*. The 3rd and 4th stage larvae of *Aedes aegypti* collected from Dagon Myothit (North) Township, Yangon Region and Thanbyuzayat Township, Mon State were exposed for 24 hours in various concentrations of ethanol extracts of different parts of the *Citrus hystrix* fruit. The dry fruit extract resulted in significantly higher 96% to 100% mortality ($p < 0.05$) when compared to the mortality (80-90%) caused by internal material of *Citrus hystrix* fruit at the concentration of 0.15 gm/100 ml against *Aedes* larvae of Dagon Myothit (North). The mortality of *Aedes* larvae in peel extract was found to be 92% -96%. Although all kinds of *Citrus hystrix* DC extracts were very sensitive to *Aedes* larvae collected from Thanbyuzayat, 100% mortality was found at 0.1 gm/ 100 ml on peel and fruit extract. The LC₅₀ and LC₉₀ values were 0.0142, 0.0276, 0.0138, and 0.0522, 0.1045, 0.0515 g for peel, internal material and fruit extract, respectively. The highest repellency activity of complete protection time of *Citrus hystrix* DC dose 0.0002 g/cm² was found to be dry fruit extract followed by peel extract and lowest activity was found internal fruit materials extracts. These three extracts provided 100%, 97.52% and 92.15% protection from bite for 30 min and 96.72%, 86.25% and 80.25% protection for 60 min and 88.52%, 80.1% and 73.52% protection for 90 min, against *Aedes aegypti*. These extracts did not cause dermal irritation when applied to human and animal skins. The findings of the present study revealed that the ethanol extract of the fruit of *Citrus hystrix* DC has strong larvicidal and repellent activity on *Aedes* mosquitoes as a good source of preparations for pest control especially mosquito control.

တိုင်းရင်းအပင်တမျိုးဖြစ်သည့် ရှောက်ခါးသီးအဆီဖြင့် ပိုးလောက်လန်းဆေးစေနိုင်စွမ်းနှင့် ခြင်္သေ့ကိုက်အောင် တားဆီးနိုင်စွမ်းကို သွေးလွန်တုပ်ကွေးရောဂါပိုး သယ်ဆောင်သော အေးဒီးစ်ခြင်နှင့်သားလောင်းများအပေါ်စမ်းသပ်ခြင်း

ရှောက်ခါးသီးအခွံ၊ အသားနှင့်အသီးမှ ထုတ်ယူသော အဆီများဖြင့် ခြင်္သေ့လောင်းသေစေနိုင်စွမ်းကို၎င်း၊ ခြင်္သေ့ကိုက်ခြင်းမှကာကွယ်နိုင်စွမ်းကို၎င်း၊ အေးဒီးစ်ခြင်လောင်းများနှင့်ခြင်များကိုအသုံးပြု၍ ဆေးဘက်ဆိုင်ရာကိမိလဗေဒသုတေသနဌာနခွဲ၊ ဆေးသုတေသနဦးစီးဌာနတွင် ၂၀၁၄ ခုနှစ် ဇန်နဝါရီ လ မှ ၂၀၁၅ ခုနှစ် ဒီဇင်ဘာ လ အထိ ပြုလုပ်ခဲ့ပါသည်။

ထိုသို့ပြုလုပ်ရန် အေးဒီးစ်ခြင်သားလောင်းများကို ရန်ကုန်နှင့် မွန်ပြည်နယ်ရှိ ရေသိုလှောင်သောပစ္စည်းများမှ စုဆောင်းရယူခြင်း၊ ရေနမူနာများရယူခြင်းတို့ကို ပြုလုပ်ခဲ့ပါသည်။ ထို့နောက်ရရှိလာသည့် ခြင်သားလောင်းများမှ တတိယနှင့် စတုတ္ထအဆင့်ရှိ အေးဒီးစ်ခြင်သားလောင်းများကို ရှောက်ခါးသီးအခွံ၊ အသားနှင့် အသီး အဆီဖြင့်ပြင်းအား အမျိုးမျိုးဖျော်ထားသည့် ဖျော်ရည် အသီးသီးတွင် ၁၀ ကောင်စီထည့်၍ စမ်းသပ်ခဲ့ပါသည်။ သေနန်းကို ၂၄ နာရီ ပြည့်သည့်တစ်ခါ ရေတွက်ပါသည်။ ဆေးအာနိသင် သက်ရောက်မှုကာလကို၎င်း၊ ခြင်မကိုက်အောင် ကာကွယ်နိုင်စွမ်းတို့ကို၎င်းလေ့လာခဲ့ပါသည်။ တွေ့ရှိချက်မှာ အေးဒီးစ်ခြင်သားလောင်းများသည် ရှောက်ခါးသီး အဆီ၊ အခွံနှင့်အသားအဆီများ၏ပြင်းအား 0.15 gm/ 100 ml တွင် ၉၆-၁၀၀ ရာခိုင်နှုန်း အထိ သေဆုံးသည့်ပြင် ၈၀-၉၀ ရာခိုင်နှုန်းထိ အသားအဆီတွင် သေကုန်သည်ကို ဒဂုံမြို့ သစ်(မြောက်ပိုင်း) မြို့ နယ်မှအေးဒီးစ်ခြင်သားလောင်းများတွင် တွေ့ရှိရပါသည်။

သို့သော် သံဖြူဇရပ်မှ အေးဒီးစ်ခြင်သားလောင်းများသည် ရှောက်ခါးသီးအဆီအမျိုးမျိုးတွင် ၁၀၀ ရာခိုင်နှုန်း သေဆုံးစေသည်ကို 0.1 gm/ 100 ml တွင် တွေ့ရှိရပါသည်။ ရှောက်ခါးသီး၊

အခွံနှင့်အသားအဆီတို့၏ခြင်သားလောင်းများကို ၅၀ ရာခိုင်နှုန်းနှင့် ၉၀ ရာခိုင်နှုန်း သေစေနိုင်စွမ်း LC₅₀ နှင့် LC₉₀ တို့မှာ ၀.၀၁၄၂၊ ၀.၀၂၇၆၊ ၀.၀၁၃၈ နှင့် ၀.၀၅၂၂၊ ၀.၁၀၄၅၊ ၀.၀၅၁၅ တို့ဖြစ်ပါသည်။ ထို့အပြင် ၀.၀၀၀၂ g/cm² ရှိသော ရှောက်ခါးသီးအဆီနှင့်အခွံအဆီဖျော်ရည်သည် ခြင်ကိုက်ခြင်းကို ၁၀၀ ရာခိုင်နှုန်းထိ ၃၀ မိနစ်ကြာ ကာကွယ်ပေးနိုင်သည်ကို တွေ့ရှိရပါသည်။ ခြင်ကိုက်ခြင်းကို ကာကွယ်နိုင်စွမ်းမှာ ၈၀ ရာခိုင်နှုန်း မှ ၁၀၀ ရာခိုင်နှုန်းထိ ၃၀ မိနစ် မှ ၉၀ မိနစ်ကြာ ကာကွယ်ထားသည်ကို တွေ့ရှိရပါသည်။

ထို့အပြင် လူနှင့်တိရစ္ဆာန်များအား ထိခိုက်မှုမရှိကြောင်း တွေ့ရှိရပါသည်။ ထို့ကြောင့် အိသနောဖြင့်ထုတ်ယူရရှိသော ရှောက်ခါးသီးအဆီ၊ အခွံနှင့်အသားအဆီများကို ခြင်သားလောင်းများအား ဇီဝနှိမ်နင်းနည်းဖြင့် နှိမ်နင်းရာတွင် အသုံးပြုနိုင်သည့်အတွက် သဘာဝခြင်သားလောင်းနှိမ်နင်းဆေးနှင့် ခြင်မကိုက်ဆေးအဖြစ် ထည့်သွင်းအသုံးပြုသင့်ပါသည်။

Reference: Maung Maung Mya, Zar Zar Aung, Khin Phyu Phyu, et al. The 45th Myanmar Health Research Congress Programme & Abstracts: 109. (Second Prize for Poster)

Abstract of Research Paper Published or Read Abroad by DMR Scientists

International Non-governmental Organizations' Provision of Community-based Tuberculosis Care for Hard-to-Reach Populations in Myanmar, 2013-2014

National tuberculosis (TB) programs increasingly engage with international non-governmental organizations (INGOs), especially to provide TB care in complex settings where community involvement might be required.

In Myanmar, however, there is limited data on how such INGO community-based programs are organized and how effective they are. In this study, we describe four INGO strategies for providing community-based TB care to hard-to-reach populations in Myanmar, and assess their contribution to TB case detection.

We conducted a descriptive study using program data from four INGOs and the National TB Program (NTP) in 2013-2014. For each INGO, we extracted information on its approach and key activities, the number of presumptive TB cases referred and undergoing TB testing, and the number of patients diagnosed with TB and their treatment outcomes.

The contribution of INGOs to TB diagnosis in their selected townships was calculated as the proportion of INGO-diagnosed new TB cases out of the total NTP-diagnosed new TB cases in the same townships.

All four INGOs implemented community-based TB care in challenging contexts, targeting migrants, post-conflict areas, the urban poor, and other vulnerable

populations. Two recruited community volunteers via existing community health volunteers or health structures, one via existing community leaderships, and one directly involved TB infected/affected individuals. Two INGOs compensated volunteers via performance-based financing, and two provided financial and in-kind initiatives. All relied on NTP laboratories for diagnosis and TB drugs, but provided direct observation treatment support and treatment follow-up.

A total of 21995 presumptive TB cases were referred for TB diagnosis, with 7383 (34%) new TB cases diagnosed and almost all (98%) successfully treated. The four INGOs contributed to the detection of, on average, 36% (7383/20663) of the total new TB cases in their respective townships (range:15-52%).

Community-based TB care supported by INGOs successfully achieved TB case detection in hard-to-reach and vulnerable populations. This is vital to achieving the World Health Organization End TB Strategy targets. Strategies to ensure sustainability of the programs should be explored, including the need for longer-term commitment of INGOs.

Reference: Kyaw Thu Soe, Saw Saw, Johan Van Griensven, et al. Infectious Disease of Poverty Journal 2017 March 24; 6(1): 69.

Seasonal Diseases and Precautions

We are all aware that some diseases are common in certain seasons. Cold, cough and flu in winter, malaria and dengue in monsoon, diarrhea in summer are common occurrences every year. These diseases can cause a host of problems ranging from simple ones like not feeling well, having to take time off from work or school, to loss of pay, hospitalization, and in the worst case scenario, death. Being aware of the common diseases during various seasons is vital as disease outbreaks are natural calamities; but managing their impact is in human control. Taking precautions before the onset of a disease enables us to reduce illnesses and visits to the doctor, stop missing work or school as well as prevent hospitalizations and deaths and the economic impact of diseases.

As anyone who has been to see a doctor or been hospitalized will attest, being sick is a very expensive proposition. For example, study shows that there was an average of 5.78 million dengue cases per year between 2006 and 2012, and the direct annual medical cost was US \$ 548 million.

This is exclusive of indirect medical costs that arise from reduced productivity, worker replacement and loss of pay. Maintaining a proper immunization schedule, adhering to hygienic practices, consumption of healthy food and water, and making sure that our surroundings do not support the breeding of insects like mosquitoes can help prevent the onset of many seasonal diseases.

Summer

The common diseases of summer include mosquito borne diseases like malaria and dengue, diarrhoea, food poisoning, flu, water borne diseases like typhoid and jaundice, chicken pox, heatstroke and sunburn. The increase of temperature in summer helps bacteria multiply, thereby increasing the spread of many bacterial infections.

Avoid these summer diseases by taking the following precautions:

- Ensure that there are no breeding places for mosquitoes around the house
- Wash your hands thoroughly after being in crowded places
- Since food gets spoilt quickly due to the increase in temperature, make sure that leftover food is refrigerated at the earliest
- Avoid eating in unhygienic places and ensure you drink boiled water

- Avoid exposure to viral infections like flu and chicken pox
- Avoid going out between 11 am and 4 pm as much as possible to prevent heatstrokes
- Use sunscreen to avoid sunburn and cover your head and face with a scarf or hat

Winter

Common seasonal diseases of winter include cold, cough, flu, bronchitis, dry and itchy skin. Most often, the diseases of winter are caused by viral infections. These common seasonal diseases can be avoided by taking necessary precautions:

Monsoon

Along with rains, monsoon brings a host of diseases. The dampness, slush and stagnant water are breeding grounds for a host of organisms and their vectors causing diseases such as malaria, diarrhea, typhoid, dengue, chikungunya, cholera, Hepatitis A, stomach infections, viral diseases such as viral fever, conjunctivitis, etc. Many of the diseases of monsoon like malaria, dengue, and chikungunya are transmitted by mosquitoes.

They usually breed in waterlogged places. Cholera, typhoid, stomach infections, diarrhea and Hepatitis A are water borne diseases, which usually spread through contaminated food and water. Viral diseases are usually spread by air containing contaminated droplets of viruses released by infected people.

Take the precautions mentioned below to reduce the risk of contracting these diseases: Make sure that there are no pools of stagnant water. Keep water containers clean and ensure that flower containers and plates do not hold stagnant water.

- Use insect repellents to avoid being bitten by mosquitoes
- Wash hands before eating
- Avoid eating in unhygienic places
- Drink boiled water
- Avoid exposure to people infected with viral diseases

All seasons have their own beauty, but if we are not in the best of health, it is impossible to enjoy them. Make sure that you take these simple precautions to keep yourself and your family in good health all year round.

Source: <http://www.panahon.tv/blog>.

Contributed by Nuclear Medicine Research

What is an Electronic Medical Record (EMR)?

An electronic medical record (EMR) is a digital version of a paper chart that contains all of a patient's medical history from one practice. An EMR is mostly used by providers for diagnosis and treatment.

Benefits of electronic medical records

An EMR is more beneficial than paper records because it allows providers to:

- Track data over time
- Identify patients who are due for preventive visits and screenings
- Monitor how patients measure up to certain parameters, such as vaccinations and blood pressure readings
- Improve overall quality of care in a practice

Why adopt EMRs?

- Accurate and complete information about a patient's health. This enables providers to give the best possible care, whether during a routine office visit or in a medical emergency, by providing the information they need to evaluate a patient's current condition in the context of the patient's health history and other treatments.
- The ability to quickly provide care. In a crisis, EMRs provide instant access to information about a patient's medical history, allergies, and medications. This can enable providers to make decisions sooner, instead of waiting for information from test results.
- The ability to better coordinate the care they give. This is especially important if a patient has a serious or chronic medical condition, such as diabetes.
- A way to share information with patients and their family caregivers. This means patients and their

families can more fully take part in decisions about their health care. The promise of fully realized EMRs is having a single record that includes all of a patient's health information: a record that is up to date, complete, and accurate. This puts providers in a better position to work with their patients to make good decisions. EMRs can also flag potentially dangerous drug interactions, verify medications and dosages (to ensure that pharmacists dispense the right drug), and reduce the need for potentially risky tests and procedures.

Health care quality & convenience

- Quick access to patient records from inpatient and remote locations for more coordinated, efficient care
- Enhanced decision support, clinical alerts, reminders, and medical information
- Performance-improving tools, real-time quality reporting
- Legible, complete documentation that facilitates accurate coding and billing
- Interfaces with labs, registries, and other EHRs
- Safer, more reliable prescribing
- Reduced need to fill out the same forms at each office visit
- Reliable point-of-care information and reminders notifying providers of important health interventions
- Convenience of e-prescriptions electronically sent to pharmacy
- Patient portals with online interaction for providers
- Electronic referrals allowing easier access to follow-up care with specialists

Source: <https://www.healthit.gov>.

Contributed by Health Systems Research Division

Hepatitis B Vaccine Reduces Risk of Non-hodgkin Lymphoma in Adolescents

In Taiwan, while universal HBV vaccination drastically reduced the prevalence of HBV in children, HBV infection remains common in adults. Chronic HBV infection often leads to chronic inflammation and stimulation of lymphocytes. While epidemiological data suggest that HBV infection is a risk factor for NHL, data are lacking regarding the effect of HBV vaccination on the risk of NHL.

Researchers evaluated the relationship between HBV infection, HBV vaccination, and the risk of NHL in the Taiwanese population using the National Health Insurance Research Database.

A total of 38,628 individuals with HBV infection and 944,609 individuals without HBV infection were included in the study. Compared with individuals

without HBV infection, individuals with HBV infection were more than 4 times as likely to develop NHL and more than 5 times as likely to have CD20+ aggressive NHL. Increasing age was also identified as an independent risk factor for NHL.

Individuals with HBV infection had a significantly higher incidence rates of NHL (17.07 vs. 3.75 per 100,000 person-years; $p < 0.0001$) and CD20+ aggressive NHL (13.9 vs. 2.14 per 100,000 person-years; $p < 0.0001$) than individuals without HBV infection.

Of the study population, 272,975 individuals were born during the time of universal HBV vaccination (after July 1984). Between the age of 12.5 and 20, the incidence of NHL was significantly higher in individuals born before 1984 than in individuals born

after 1984 (1.85 vs. 0.74 per 100,000 person-years; $p=0.0328$). But no difference in NHL incidence was observed between the before-1984 and after-1984 groups for age 21 to 29.5.

In patients with a history of HBV infection, individuals who received treatment for HBV ($n=4069$) were significantly less likely to develop NHL than individuals who did not receive treatment for HBV ($n=34,559$; 0.07% vs. 0.31%; $p=0.0076$). No patient treated for HBV developed CD20+ aggressive lymphoma, which occurred in 52 (0.15%) patients not treated for HBV.

The researchers wrote this large cohort study confirms the risk of HBV infection for developing NHL and

CD20+ aggressive lymphoma. This study demonstrates, for the first time, universal HBV vaccination reduces the incidence of NHL in adolescent and young adults less than 20 years. It suggests that cancer prevention through HBV vaccination is not only for hepatocellular carcinoma but also NHL in endemic areas of HBV infection. However, this needs a longer period of follow-up for confirmation in older populations. They added that these evidences suggest that HBV could be an etiologic factor for NHL and CD20+ aggressive lymphoma, although confirmation of the mechanism needs further study.

Source: www.clinicaladvisor.com.

Contributed by Scientific Group on Blood Research

How to Protect Yourself from Seasonal Flu

Influenza is linked to about 36,000 fatalities in the United States each year. The economic impact of seasonal flu is also staggering, forcing more than 200,000 hospitalizations each year and costing companies millions of lost work hours. Children, senior citizens and people with compromised immune systems are most susceptible to the effects of influenza. While it is seldom the direct cause of death, the flu can aggravate chronic conditions, making some of them life-threatening. There are steps you can take to reduce your chances of coming down with the virus. If you want to learn how to protect yourself from seasonal flu, follow these guidelines

1. *Get the influenza vaccine.* Each year, the CDC, World Health Organization and other public-health groups study the newest strains of influenza and quickly develop effective vaccines to protect people. CDC officials consider the flu shot to be the most effective barrier against becoming infected. The vaccine contains inactive viruses from the 3 strains researchers believe will be most prevalent during the flu season. The CDC encourages everyone to get immunized, particularly people in high-risk groups. If you fall into one of these categories, strongly consider getting the latest influenza vaccine.

- Senior citizens aged 65 and older.
- People with compromised immune systems, like diabetes, asthma, HIV/AIDS and cardiopulmonary disease.
- Young children.
- Pregnant women.
- Health-care workers.

2. *Take steps to protect yourself by practicing safe habits.* By taking certain measures, you can greatly reduce your exposure to influenza. Some of the steps doctors suggest include:

- Wash your hands frequently. Use soap and warm water and wash for at least 20 seconds. If soap and water aren't available, use an alcohol-based

hand sanitizer.

- Avoid coming in close contact with people who are sick or using items they have used. The flu virus can live on hard surfaces for up to 2 hours. If you have to touch an item a sick person touched, wash your hands afterward.
- Don't touch your eyes, mouth or nose during flu season. Germs enter your body at these sites.
- Open doors with your forearms instead of your hands. Press elevator buttons with your knuckles instead of your fingertips.

3. *Help your body ward off the flu.* By getting enough rest, eating a balanced diet and drinking enough water, you'll help build your body's natural defenses to influenza and other viruses.

- *Sleep:* A 2009 study showed that people who got less than 7 hours of sleep each night were 3 times more likely to catch a cold or the flu than people who got more than 8 hours per night. Ample sleep enables the body to fully recharge the immune system.
- *Drink:* Proper hydration helps flush unwanted particles from your system and also keeps nasal passages moist, making them more resistant to viruses. Experts recommend 4 to 8 glasses of water per day.
- *Eat:* A balanced diet provides a balanced attack against invading germs. Vitamin C is a natural immune-system booster found in oranges, broccoli and other fruits and vegetables. Vitamin D also has protective properties, but scientists aren't able to isolate precisely what they are. Several studies have shown that people with Vitamin D deficiency tend to suffer more infections.
- *Exercise:* Experts suggest that moderate exercise, 3 or 4 times a week, helps increase the body's ability to fight infection.

Source: <http://www.wikihow.com>.

Contributed by Clinical Research Division

Recent Arrivals at Central Biomedical Library (<http://www.dmrlmlibrary.org>)

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**(၄၆) ကြိမ်မြောက် မြန်မာနိုင်ငံ ကျန်းမာရေးဆိုင်ရာ သုတေသနညီလာခံ
ဆေးသုတေသနဦးစီးဌာန**

ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာနမှ ကြီးမှူးကျင်းပသည့် (၄၆) ကြိမ်မြောက် မြန်မာနိုင်ငံကျန်းမာရေးဆိုင်ရာ သုတေသနညီလာခံကို ၂၀၁၈ ခုနှစ် ဇန်နဝါရီလ (၈) ရက် မှ (၁၂) ရက်အထိ ဆေးသုတေသနဦးစီးဌာန၊ အမှတ် (၅)၊ ဇီဝကလမ်း၊ ဒဂုံမြို့ နယ်ရန်ကုန်မြို့တွင် ကျင်းပရန် စီစဉ်ထားပါသည်။

ညီလာခံတွင် ကျန်းမာရေးသုတေသနစာတမ်းဖတ်ပွဲ၊ ကျန်းမာရေးသုတေသနပိုစတာပြပွဲနှင့် ကျန်းမာရေးပညာရပ်ဆိုင်ရာ နှီးနှောဖလှယ်ပွဲနှင့် ဟောပြောပွဲများပါဝင်မည်ဖြစ်ရာ စိတ်ပါဝင်စားသူ ပြည်တွင်းပြည်ပမှပညာရှင်များအား ဖိတ်ခေါ်အပ်ပါသည်။ သုတေသနစာတမ်းတင်သွင်းရန်အတွက် စာတမ်းအကျဉ်းကို (၃၁-၁၀-၂၀၁၇) ရက် နောက်ဆုံးထား၍လည်းကောင်း၊ စာတမ်း အပြည့်အစုံကို (၃၀-၁၁-၂၀၁၇) ရက် နောက်ဆုံးထား၍လည်းကောင်း ဆေးသုတေသနဦးစီးဌာနသို့ ပေးပို့နိုင်ပါသည်။

ပြည်တွင်း၊ ပြည်ပ NGO အဖွဲ့ အစည်းများ၊ ဆေးဝါးကုမ္ပဏီများ၊ ဓာတ်ခွဲခန်းကိရိယာ၊ ဓာတုပစ္စည်းတင်သွင်းသည့် ကုမ္ပဏီများနှင့်ပြည်တွင်း၊ ပြည်ပပုဂ္ဂလိကဓာတ်ခွဲခန်းများ၊ ဆေးရုံများ၊ ဆေးခန်းများအားလည်း ဆေးပစ္စည်းကိရိယာပြခန်းများ၊ ပိုစတာပြခန်းများနှင့် ပညာရပ်ဆိုင်ရာဟောပြောပွဲများတွင် ပါဝင်ဆင်နွှဲနိုင်ပါရန် ဖိတ်ခေါ်ပါသည်။ အသေးစိတ်သိလိုပါက စာတမ်းတင်သွင်းမှုများအတွက် Email: sawsawsu@gmail.com နှင့် ဆေးပစ္စည်းကိရိယာပြခန်းများ၊ ပိုစတာပြခန်းများအတွက် Email: publicationdmr@gmail.com သို့ ဆက်သွယ်နိုင်ပါသည်။

(၄၆) ကြိမ်မြောက် မြန်မာနိုင်ငံကျန်းမာရေးဆိုင်ရာသုတေသနညီလာခံကျင်းပရေးလုပ်ငန်းကော်မတီ
ဆေးသုတေသနဦးစီးဌာန
အမှတ် (၅)၊ ဇီဝကလမ်း၊ ဒဂုံမြို့ နယ်၁၁၁၉၁၊ ရန်ကုန်မြို့ ။

ဆေးသုတေသနဦးစီးဌာန၏ လုပ်ငန်းဆောင်ရွက်နေမှုများကို ပြည်သူများပိုမိုသိရှိလာစေရန်၊ ပြည်တွင်းရှိဌာနဆိုင်ရာအဖွဲ့ အစည်းများ၊ ပြင်ပအဖွဲ့ အစည်းများနှင့်ဆက်သွယ်ဆောင်ရွက်ရာ၌ ပိုမိုလွယ်ကူစေရန်၊ ပြည်ပနိုင်ငံများရှိတက္ကသိုလ်များ၊ အဖွဲ့ အစည်းများနှင့် ပူးပေါင်းဆောင်ရွက်ခြင်းကို လွယ်ကူစေရန်နှင့် နိုင်ငံတော်တွင်တိုးတက်ဖြစ်ပေါ်လာသည့်ဆက်သွယ်ရေးကွန်ရက် အခြေခံအဆောက်အအုံ (Network Infrastructure) အားအသုံးပြု၍ e-government ဆိုင်ရာလုပ်ငန်းများကို တိုးမြှင့်ဆောင်ရွက်သွားနိုင်ရန် ရည်ရွယ်လျက် လွှင့်ထူထားသော အောက်ဖော်ပြပါ Website များကို သုတေသီပညာရှင်များ၊ ကျန်းမာရေးဝန်ထမ်းများနှင့် စိတ်ပါဝင်စားသူများ လေ့လာနိုင်ပါသည်။

- ၁။ www.dmrlm.gov.mm (Official Website)
- ၂။ www.ercdmrlm.org (Ethical Website)
- ၃။ www.dmrlibrary.org (Central Biomedical Library Website)
- ၄။ www.dmr-um.gov.mm (PyinOoLwin Branch Website)
- ၅။ www.myanmarhsrj.com (Myanmar Health Sciences Research Journal Website)

ဆေးသုတေသနဦးစီးဌာနမှ ကျန်းမာရေးဝန်ဆောင်မှု အစီအစဉ်

➢ ဆေးသုတေသနဦးစီးဌာနမှ သုတေသနပညာရှင်များနှင့် ကုသရေးဦးစီးဌာန၊ ဗဟိုအမျိုးသမီးဆေးရုံကြီးမှ သားဖွားမီးယပ်အထူးကုဆရာဝန်ကြီးများ ပူးပေါင်းဆောင်ရွက်သော “သားအိမ်ခေါင်းကင်ဆာစမ်းသပ်ဖော်ထုတ်သည့်ဆေးခန်း” ကို ဆေးသုတေသနဦးစီးဌာနတွင် ဖွင့်လှစ်၍ စမ်းသပ်စစ်ဆေးလိုသူအမျိုးသမီးများကို အင်္ဂါနေ့ နှင့် သောကြာနေ့ နံနက် ၁၀ နာရီ မှ ၁၂ နာရီ အတွင်း အခမဲ့ စစ်ဆေးပေးလျက်ရှိပါသည်။

သို့

ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာနမှဝန်ထမ်းများအားဖြန့် ဝေပေးပါရန်မေတ္တာရပ်ခံအပ်ပါသည်။