

TIMA News Letter

A MONTHLY BULLETIN OF IMA TAMILNADU STATE BRANCH



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Dr. C. N. Raja, IMA State President discussing online with our Hon'ble Chief Minister Thiru Edappadi K. Palaniswami at Expert Committee Meeting on 26.05.2020



Dr. C. N. Raja, IMA State President and office bearers discussing online with our Hon'ble Health Minister Dr. C. Vijayabasar and other Govt. Official at Expert Committee Meeting on 15.05.2020.



IMATNSB and Chennai office bearers discussion with Thiru Madhusudhana Reddy, IAS, Joint Commission, Greater Chennai Corporation and Dr. Jagadheesan, CHO on 18.05.2020 to restart the Clinic and Hospital.



World No Tobacco Day - 31.05.2020

Dear Family Members of IMA TNSB

The pandemic of covid has taught us many lessons

In the entire world is not in preparedness to handle such viral infection. Which made the world stand still.

All the Governments in the world are spending quite a lot of money in the defence activities. But not so in the Healthcare. This is the time that entire world to rethink and place their financial resources for the upliftment of the Health of the entire Humanity. We have a common enemy which has spread beyond the boundaries of the Nations. The entire World fighting against this unforeseen enemy, which made the boundaries meaningless.

Now everybody has realized the value of Doctors and the Health care professionals.

The Importance of IMA

Both the Central Government and the State Government now realized the importance of IMA. Which is the mother body of all the Associations. I thank the Governmental of Tamilnadu which is asking our opinion and recommendations in handling the current pandemic situation. I specially thank our Honorable Chief Minister and Honorable Health minister for their confidence in IMA. We are in the in Expert committee and we from IMA give our suggestions and recommendations on handling the Corona situation, Post Lockdown period relaxation and challenges.

I had four occasions to talk to our Honorable CM through Video Conference in these issues. I thank our CM for accepting all our demands during Dr. Simon Hercules demise. He announced them with in 24 Hours.

On May 15th we had and an elaborate discussion with our Health minister, Health secretary DME,



STATE PRESIDENT MESSAGE

Dr. C.N. RAJA

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DPH, DMS. This is also attended by the Project director and NHM chairman. About 450 of our members and office bearers participated in the Video Conference. Our Health the minister announced a committee to revise the package rate of CM scheme. We have also requested the Government to reduce the electricity tariff and give financial assistance to small and medium hospitals as that of small and medium Industries.

Public and Private Partnership

Government has formed 12 special Committee of specialist and super specialist along with IMA. This is to target the senior citizens with co morbid conditions. To take care of patients with Diabetics, Hypertension, Renal, Cardiac, OG, Cancer and Geriatric group among senior Citizens. In order to reduce and check mortality.

Digital Platform - TELEMEDICINE

IMA TNSB has utilized every opportunity to go on digital. We are doing regular webinar. We are sending WhatsApp messages Email communications and updating our website. I request every member to utilize and make use of these facilities. We have introduced Telemedicine facilities free of cost on April 7th. Now we are updating the same for individual Hospitals with payment gateway. This would be a milestone in the History of IMA TNSB.

Credit Points

The State office has taken every steps to encourage AMS, CGP, NHB to conduct regular webinar to update our members. We have taken necessary steps to get the Credit Points with Tamilnadu Medical Council. I understand nearly 50-60 branches have not registered with Medical Council in order to get CME Credit Points. I request them. to register immediately.

Anti - Quackery

We had a Zoom meeting with Quackery Eradication Standing Committee. This was attended by Dr.K.VijayaKumar Past Nation President, Dr.K.Prakasam past National Vice President. The draft bill being prepared which we would submit to the Government soon. ■



Dear Dr's

Greetings from state office. Slowly all of us are coming out of the fear of COVID and getting accustomed to live with CORONA. Thanks to some factor which keeps the morbidity and mortality due to COVID very low in India especially in TAMILNADU compared to other European and western countries. We should be clever to make use of this benefit in building our economical viability and sustainability of our services with all safety precautions.

IMA TNSB has been constantly updating the members with the status of COVID and the various guidelines we are supposed to follow for our and others safety. You can visit www.imatn.com for updates.

I wish to bring to your notice that our Representation of

1. Closure of clinics / hospitals and publishing in media if a case turns out to be positive has been solved by our Govt. with a definite protocol of 12-24 hours of disinfection and opening for regular services.
2. Our request of allowing more non NABL private labs to do the COVID test had been escalated by the Govt. of TAMILNADU to ICMR for perusal and approval though GOVT has assured to get the permission within 2-3 days from ICMR for NABL labs if they come forward to do COVID test.
3. The Request to increase the package rates for Govt. health insurance proceeding has been taken up and 1st VC was conducted on 27th May and further we are working on the costing to be submitted to Govt.



State Secretary Report

Dr. A.K. Ravikumar

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Thanks to Govt of Tamil Nadu for accepting our requests and also assure to Govt on behalf of you all that IMA will be with the Govt in fighting COVID.

I am, very much thankful to Academic council, AMS, NHB, CGP wings for coming forward to organize very interesting useful, practical webinars. I Take this opportunity to thank TNMC for conceding our request to give credit hours for all the webinars. Hope our request to waive the fee for E-credit certificate will also be considered by TNMC.

Special thanks to our IT wing under chairman ship of Dr. VIJAYKUMAR&NAVEEN OF SANTHILAL ASSOCIATES for keeping all of us well connected during the lock down through virtual meeting.

Many thanks and congratulation to most of the branches for being Vibrant and actively doing Social and Academic activities. May we all now concentrate On membership increase, Public awareness projects Virtually etc., during the coming months.

Thanks to Courtallam IMA for coming forward to host the forth coming 304th SCM on 4th /5th June which will be conducted according to the COVID status & GOVT protocols prevailing at that time.

Once again thanks to all for coming out to serve the society in this pandemic situation and let us all hope the virus behaves mildly. ■

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State Secretary Office for Communication

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Dear Friends

It gives me great pleasure to write you again as your President elect.

These are difficult times. We are going through the pangs of the pandemic and I am proud of the contribution the health care workers including the paramedics and hygiene workers have been giving to meet the challenges.

IMA TNSB and its wings, Academic Committee, AMS, Paramedical wing and NHB have done well by conducting webinars which I am sure are beneficial to our members.

During the Paramedical wing webinar I announced that I am willing to sponsor three awards to the best paramedical personal during the state doctor's day celebration. Hope this will be a great stimulus to them to work even much better.

STATE PRESIDENT ELECT

Dr. P. RAMAKRISHNAN

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The state office has effectively tried to keep everything running by arranging periodic webinars to discuss important issues. In the coming weeks we'll be having our MCMs of the wings through webinar. Refinement of this process of virtual meetings will go a long way to save money and time. This will also encourage a large attendance.

Our recent webinars are examples where the participation crossed 300+ and 400+.

I take this opportunity to congratulate our State Government, Hon'ble CM, Health Minister Health Secretary and other officials for effective steps to control the ongoing pandemic.

Hoping to meet you all in person soon under better circumstances.

Yours in IMA

-Dr. P. Ramakrishnan MS, FICS, President Elect IMA TNSB

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Dear friends and colleagues,

We are in the midst of an unprecedented situation with a lot of uncertainty about the future. The cases are increasing but so is **our resilience in tiding over.**

Various representations on a lot of issues have been given and are following it up to logical conclusions. We once again thank all the donors and other branches who have stood up in their respective districts to help our brethren.

A small wishlist The supply of n95 masks and ppes at realistic prices with standardisation of quality. Requesting the govt to provide an interest waiver or capital subsidy on all health care related loans.

Exempting all medical equipment, devices, drugs, and other consumables from gst in any form. We might have had a lot of good times and bad times but **nothing lasts forever. *HOPEis a wonderful word We shall overcome someday. Martin Luther king.**

Thanking you.

Yours in IMA Service

Dr. N.R.T.R. Thiagarajan

**State
Finance
Secretary
Message**





World No Tobacco Day. The World Health Organization (WHO) designates 31st May of each year as the World No Tobacco Day (WNTD). The theme of WNTD 2020 is “Protecting youth from industry manipulation and preventing them from tobacco and nicotine use.”

KEY FACTS

- Tobacco kills up to half of its users.
- Tobacco kills more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.
- Over 80% of the world’s 1.3 billion tobacco users live in low- and middle-income countries.

There are 1.3 billion tobacco users worldwide. That number would be even larger if tobacco didn’t kill half of its users. Every four seconds, tobacco takes another life. Decades of the tobacco industry’s deception and devious tactics have hooked generations of users to nicotine and tobacco, driving this global epidemic. The multi-billion-dollar industry recruits new tobacco and nicotine users to reward investors with as much profit as possible and keep its business alive. Tobacco and related industries have increasingly preyed on children and adolescents, employing advertising tactics and targeting them directly with a new portfolio of products that threaten their health. These industries are moving at a rapid speed to launch existing and new products and use every means to expand their market share before regulations can catch up with them. Tobacco and related industries continue to oppose evidence-based measures, such as increases in excise taxes and comprehensive bans on tobacco advertising, promotion and sponsorship, and have threatened legal actions against governments that try to protect the health of their citizens.

Leading cause of death, illness and impoverishment

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year around the world. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.

All forms of tobacco are harmful, and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide. Other tobacco products include waterpipe tobacco, various smokeless tobacco products, cigars, cigarillos, roll-your-own tobacco, pipe tobacco, bidis and kreteks. Waterpipe tobacco use is damaging to health in similar ways to cigarette tobacco use. However, the health dangers of waterpipe tobacco use are often little understood by users.

Smokeless tobacco use is highly addictive and damaging to health. Smokeless tobacco contains many cancer-causing toxins and its use increases the risk of cancers of the head, neck, throat, oesophagus and oral cavity (including cancer of the mouth, tongue, lip and gums) as well as various dental diseases.

Over 80% of the 1.3 billion tobacco users worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco.

The economic costs of tobacco use are substantial and include significant health care costs for treating the diseases caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality.

In some countries children from poor households are employed in tobacco farming to boost family income. Tobacco growing farmers are also exposed to a number of health risks, including the “green tobacco sickness”.

Surveillance is key

Effective monitoring tracks the extent and character of the tobacco epidemic and indicates how best to implement policies. Only 1 in 3 countries, representing 38% of the world’s population, monitors tobacco use by repeating nationally representative youth and adult surveys at least once every 5 years.

Key measures to reduce the demand for tobacco

Second-hand smoke kills

- Second-hand smoke is the smoke that fills enclosed spaces when people burn tobacco products such as cigarettes, bidis and water-pipes.
- There is no safe level of exposure to second-hand tobacco smoke, which causes more than 1.2 million premature deaths per year and serious cardiovascular and respiratory diseases.
- Almost half of children regularly breathe air polluted by tobacco smoke in public places, and 65 000 die each year from illnesses attributable to second-hand smoke.
- In infants, it raises the risk of sudden infant death syndrome. In pregnant women, it causes pregnancy complications and low birth weight.

- Smoke-free laws protect the health of non-smokers and are popular, as they do not harm business and they encourage smokers to quit.

Pictorial health warnings work

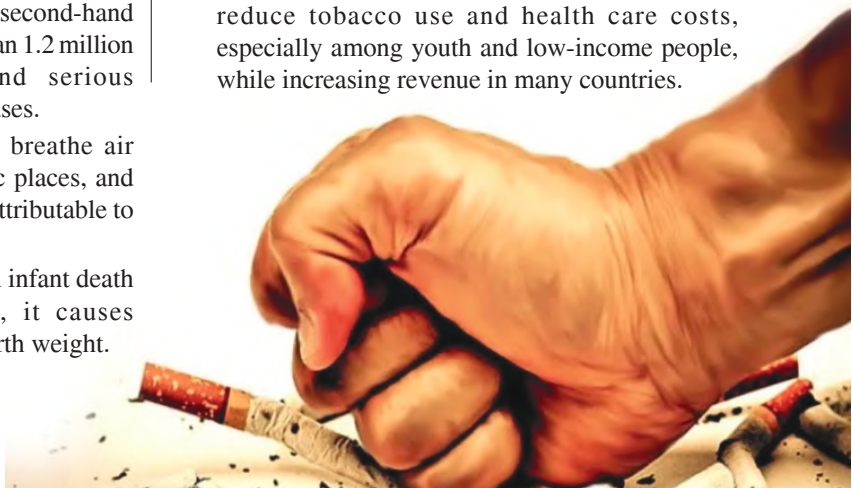
- Large pictorial or graphic health warnings, including plain packaging, with hard hitting messages can persuade smokers to protect the health of non-smokers by not smoking inside the home, increase compliance with smoke-free laws and encourage more people to quit tobacco use.
- Studies show that pictorial warnings significantly increase people’s awareness of the harms from tobacco use.
- Mass media campaigns can also reduce demand for tobacco by promoting the protection of non-smokers and by convincing people to stop using tobacco.

Bans on tobacco advertising lower consumption

- Comprehensive bans on tobacco advertising, promotion and sponsorship can reduce tobacco consumption.
- A comprehensive ban covers both direct and indirect varieties of promotion.
 - **Direct forms** include, among others, advertising on television, radio, print publications, billboards and more recently in various social media platforms.
 - **Indirect forms** include, among others, brand sharing, brand stretching, free distribution, price discounts, point of sale product displays, sponsorships and promotional activities masquerading as corporate social responsibility programmes.

Taxes are effective in reducing tobacco use

- Tobacco taxes are the most cost-effective way to reduce tobacco use and health care costs, especially among youth and low-income people, while increasing revenue in many countries.



- The tax increases need to be high enough to push prices up above income growth. An increase of tobacco prices by 10% decreases tobacco consumption by about 4% in high-income countries and about 5% in low- and middle-income countries.
- Despite this, introducing high tobacco taxes is a measure that is least implemented among the set of available tobacco control measures.

Tobacco users need help to quit

- Studies show that few people understand the specific health risks of tobacco use. However, when smokers become aware of the dangers of tobacco, most want to quit.
- Without cessation support only 4% of attempts to quit tobacco will succeed.
- Professional support and proven cessation medications can more than double a tobacco user's chance of successful quitting.

Illicit trade of tobacco products must be stopped

The illicit trade in tobacco products poses major health, economic and security concerns around the world. It is estimated that 1 in every 10 cigarettes and tobacco products consumed globally is illicit. The illicit market is supported by various players, ranging from petty traders to big tobacco companies, and in some instances even organized criminal networks involved in arms and human trafficking.

Tax avoidance (licit) and tax evasion (illicit) undermine the effectiveness of tobacco control policies, particularly higher tobacco taxes.

The tobacco industry and others often argue that high tobacco product taxes lead to tax evasion. However, experience from many countries demonstrate that illicit trade can be successfully addressed even when tobacco taxes and prices are raised.

Stopping illicit trade in tobacco products is a health priority and is achievable. But to do so requires improvement of national and sub-national tax administration systems and international collaboration. The WHO FCTC Protocol to Eliminate the Illicit Trade of Tobacco Products (ITP) sets out a range of important measures and interventions to reduce tobacco use and its health and economic consequences.

Novel and emerging nicotine and tobacco products

Heated tobacco products (HTPs)

HTPs are like all other tobacco products, inherently toxic and contain carcinogens. They should be treated like any other tobacco product when it comes to setting policies on HTPs. HTPs produce aerosols containing nicotine and toxic chemicals upon heating of the tobacco, or activation of a device containing the tobacco. Examples include iQOS, Ploom, glo and PAX vaporizers. The aerosols are inhaled by users during a process of sucking or smoking involving a device. They contain the highly addictive substance nicotine, non-tobacco additives and are often flavoured.

In recent years, HTPs have been promoted as 'reduced harm' products and/or products that can help people quit conventional tobacco smoking. HTPs expose users to toxic emissions, many of which cause cancer and currently there is not enough evidence to suggest that they are less harmful than conventional cigarettes. There is also insufficient evidence at present on the effects of second-hand emissions produced by HTPs, though the emissions from these products contain harmful and potentially harmful chemicals (1).

E-cigarettes

Electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), commonly referred to as e-cigarettes, are devices which heat a liquid to create an aerosol which is then inhaled by the user, these may or may not contain nicotine. The main constituents of the solution by volume are propylene glycol, with or without glycerol, and flavouring agents. E-cigarettes do not contain tobacco but are harmful to health and are not safe. However, it is too early to provide a clear answer on the long-term impacts of using them or being exposed to them.

E-cigarettes are particularly risky when used by children and adolescents. Nicotine is highly addictive and young people's brains develop up to their mid-twenties.

ENDS use increases the risk of heart disease and lung disorders. They also pose significant risks to pregnant women who use them, as they can damage the growing fetus.

Advertising, marketing and promotion of ENDS has grown rapidly, through channels which rely heavily on internet and social media (3). Much of the marketing around these products gives rise to concern about deceptive health claims, deceptive claims on cessation efficacy, and targeting towards youth (especially with the use of flavours).

ENDS/ENNDNS should not be promoted as a cessation aid until adequate evidence is available and the public health community can agree upon the effectiveness of those specific products. Where ENDS and ENNDNS are not banned, WHO recommends that the products be regulated in accordance with four key objectives:

- Prevent initiation of ENDS/ENNDNS by non-smokers, minors and vulnerable groups;
- Minimize health risks for ENDS/ENNDNS users and protect non-users from exposure to their emissions;
- Prevent unproven health claims being made about ENDS/ENNDNS; and
- Protect tobacco control from all commercial and other vested interests related to ENDS/ENNDNS, including interests of the tobacco industry (5).

WHO response

The scale of the human and economic tragedy that tobacco imposes is shocking, but it's also preventable. Big Tobacco – along with all manufacturers of tobacco products – is fighting to ensure the dangers of their products are concealed, but we are fighting back: In 2003, WHO Member States unanimously adopted the WHO Framework Convention on Tobacco Control (WHO FCTC). In force since 2005, it has currently 182 Parties covering more than 90% of the world's population.

The WHO FCTC is a milestone in the promotion of public health. It is an evidence-based treaty that reaffirms the right of people to the highest standard of health, provides legal dimensions for international health cooperation and sets high standards for compliance. Strengthening implementation of the treaty is specifically included in the 2030 Agenda for Sustainable Development Goals (SDG) as Target 3.a.

In 2007, WHO introduced a practical, cost-effective way to scale up implementation of the main demand reduction provisions of the WHO FCTC on the ground: MPOWER. Each MPOWER measure corresponds to at least 1 provision of the WHO Framework Convention on Tobacco Control.

The 6 MPOWER measures are:

- ❖ Monitor tobacco use and prevention policies
- ❖ Protect people from tobacco use
- ❖ Offer help to quit tobacco use
- ❖ Warn about the dangers of tobacco

- ❖ Enforce bans on tobacco advertising, promotion and sponsorship
- ❖ Raise taxes on tobacco.

WHO has been monitoring MPOWER policies since 2007. For more details on progress made for tobacco control at global, regional and country level, please refer to the series of WHO reports on the global tobacco epidemic. Brazil and Turkey are the only two countries to fully implement all the MPOWER measures at the highest level of achievement.

WHO report on the global tobacco epidemic 2019: Offer help to quit tobacco use is the seventh in a series of WHO reports that tracks the status of the tobacco epidemic and interventions to combat it.

The Protocol to Eliminate Illicit Trade in Tobacco Products requires a wide range of measures relating to the tobacco supply chain, including the licensing of imports, exports and manufacture of tobacco products; the establishment of tracking and tracing systems and the imposition of penal sanctions on those responsible for illicit trade. It also seeks to criminalize actions such as illicit production and cross-border smuggling. The Protocol to Eliminate Illicit Trade in Tobacco Products, the first Protocol to the Convention, was adopted in November 2012 at the fifth session of the Conference of the Parties in Seoul, Republic of Korea, and came into force in September 2018. The Protocol counts 58 Parties, to date.

World No Tobacco Day is celebrated around the world every year on May 31. This yearly celebration informs the public on the dangers of using tobacco, the business practices of tobacco companies, what WHO is doing to fight the tobacco epidemic, and what people around the world can do to claim their right to health and healthy living and to protect future generations.

FACTS ABOUT TOBACCO INDUSTRY

The global campaign will debunk myths and expose devious tactics employed by these industries. It will provide young people with the knowledge required to easily detect industry manipulation and equip them with the tools to rebuff such tactics, thereby empowering young people to stand up against them. This is especially important right now as studies show that smokers have a higher risk for a severe case of coronavirus. WHO calls on all young people to join the fight to become a tobacco-free generation.



How has the tobacco industry previously manipulated people and attracted new users?

As awareness of the harms of tobacco use grew and global tobacco control efforts intensified over the last decade, social acceptability of tobacco use declined. This catalysed the tobacco industry to revisit old tactics to restore its tarnished reputation and secure a new generation of users.

The tobacco industry has made well-researched, calculated attempts to redesign and rebrand its products to sustain profitability. It introduced cigarette filters and the so-called “light” and “mild” tobacco products as an alternative to quitting, reducing tobacco users’ perceptions of risk and harm, and undermining effective tobacco control policies. Such misleading marketing continues today, with the industry advocating for the harm reduction approach through new products such as electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), commonly referred to as ‘e-cigarettes’, and heated tobacco products (HTPs).

How are tobacco and related industries marketing new and emerging products?

E-cigarettes are often promoted as “reduced risk”, “smoke-free”, “socially acceptable” consumer products. These promotional strategies have the potential to renormalize smoking and drive long-term use of addictive nicotine products which, like tobacco, are undoubtedly harmful to the consumer, under the guise of being a healthier alternative. Tobacco and related industries exploit the fact that the long-term health effects of e-cigarettes have not been established and they are not yet regulated in most countries, enabling them to work around tobacco advertising bans and promote use of their products in smoke-free environments.

Some manufacturers also tend to talk about e-cigarettes with HTPs together, thereby confusing potential consumers, and making it difficult to tell the difference between a tobacco and a non-tobacco product. These social-positioning techniques, coupled with strategic marketing tactics, are particularly effective in targeting children and adolescents and have the potential to sustain nicotine addiction in youth globally.

What sponsorship schemes are used to manipulate children and adolescents?

- **Celebrity and influencer endorsements.** Advertising is increasingly shifting to social media platforms, and the nicotine and tobacco industries are no different. “Influencers” on social media who reach and engage children and adolescents are invited by these industries to serve as “brand ambassadors” or offered financial incentives to promote their products. Social influencers have the potential to give their audiences the impression of more authentic promotion of the products, particularly when posts do not disclose the sponsorship details.
- **Scholarships.** Tobacco and ENDS-related entities have offered scholarships to high school, college and graduate students, some requiring applicants to submit essays on the dangers of tobacco and the potential benefits of ENDS use.
- **School programmes and youth camps.** Tobacco and ENDS-related entities have paid schools for the opportunity to speak in classrooms or after school. They have also sponsored summer camps to spread misconceptions about the risks of ENDS use and market their products under the guise of promoting “safer alternatives” to conventional tobacco products.

What advertising tactics are used to target new, young consumers?

- **Digital and social media advertising.** With the pervasiveness of smartphones and constant Internet access, nicotine and tobacco companies have strategically used digital and social media platforms to reach younger generations, including through their favourite apps and video games. Social media platforms allow users to interact with the marketing features, which increases exposure

and influence among children and adolescents. They also allow marketers to access profile details of users and their friends and effectively target potential customers. Countries that have adopted advertising, promotion and sponsorship bans, but have not explicitly banned cross-border advertising, are susceptible to exposing their youth to digital and social media advertising originating from other countries. Just over 100 hashtags associated with tobacco companies have been viewed more than 25 billion times around the world between 2007-2016.

- **Attractive displays in retail shops.** Vendors near schools are frequently paid to display nicotine and tobacco products in their retail shops, along with sleek point-of-sale display boards, attractive marketing materials and bright, colourful cases to attract young customers. Modern, attractive retail spaces with a wide variety of products that appeal to youth are also now commonly used to market new and novel products.
- **Advertising materials and products at eye-level of children.** In many countries, nicotine and tobacco products can be found at children's eye levels and near shops selling toys, electronic gadgets, sweets, snacks or soda.

What marketing ploys are used to attract children and adolescents to nicotine and tobacco products?

- **Flavours that appeal to youth.** Tobacco products, such as smokeless and water pipe tobacco, are sold in sweet and fruity flavours, which may increase appeal to non-smokers and mask the harsh tobacco taste. To date, researchers have identified over 15,000 e-cigarette flavours available, including flavours proven to appeal to youth, such as cotton candy and gummy bear. Advertisements of flavoured products may enhance appeal and encourage children and adolescents to buy and try nicotine products. The flavours may lower perception of the harmfulness and addictiveness of nicotine products.
- **Sleek, pocket-sized designs.** ENDS and HTPs are extensively promoted as modern, high-tech and high-end lifestyle products, with minimalist designs, and high-profile product launches that portray them as attractive and harmless products.

The sleek designs can be deceptive, available in shapes resembling a USB flash drive, and can be easily concealed in a young person's hand.

- **Cartoon characters.** Some ENDS-related entities use cartoons and child-friendly imagery, such as unicorns, to brand their products and market sweet flavours.

What promotional tactics are used to tempt children and adolescents?

- **Product placement in entertainment media, such as television and cinema.** Children and adolescents who watch movies and television shows containing depictions of smoking are at an increased risk of initiating smoking. Exposure to tobacco products or e-cigarette marketing in entertainment media influences children and adolescents' intention to use these products.
- **Free product samples.** Nicotine and tobacco product samples are distributed in high traffic areas, and particularly venues frequented by youth, such as street corners, shopping malls, festivals and concerts, to attract new consumers. In over 50 countries, at least 10% of students aged 13-15 reported ever being offered a free cigarette by a tobacco company representative.
- **Merchandise with company logos.** In over 120 countries, at least 1 in 10 students aged 13-15 reported having an object with a tobacco company logo on it.

E-CIGARETTES?

There are many different types of e-cigarettes in use, also known as Electronic Nicotine Delivery Systems (ENDS), with varying amounts of nicotine and harmful emissions. ENDS emissions typically contain nicotine and other toxic substances that are harmful to both users and those exposed to the vapours secondhand.



Are e-cigarettes and other vaping products dangerous?

There are many different types of e-cigarettes. E-cigarettes are the most common form of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS) but there are others, such as e-cigars, e-pipes, etc. ENDS contain varying amounts of nicotine and harmful emissions.

E-cigarette emissions typically contain nicotine and other toxic substances that are harmful to both users, and non-users who are exposed to the aerosols secondhand. Some products claiming to be nicotine-free have been found to contain nicotine.

Evidence reveals that these products are harmful to health and are not safe. However, it is too early to provide a clear answer on the long-term impact of using them or being exposed to them.

They are particularly risky when used by children and adolescents. Nicotine is highly addictive and young people's brains develop up to their mid-twenties. Exposure to nicotine of children and adolescents can have long-lasting, damaging effects on brain development and there is risk of nicotine addiction.

Furthermore, there is a growing body of evidence in some settings that never-smoker minors who use ENDS at least double their chance of starting to smoke conventional tobacco cigarettes later in life.

ENDS use increases the risk of heart disease and lung disorders. They also pose significant risks to pregnant women who use them, as they can damage the growing fetus.

ENDS also expose non-smokers and bystanders to nicotine and other harmful chemicals.

Exposure of children to ENDS liquid continues to pose serious risks. There is a risk of the devices leaking,

or of children swallowing the liquid, and ENDS have been known to cause serious injuries, including burns, through fires and explosions.

Do e-cigarettes (ENDS) cause lung injuries?

There is growing evidence that ENDS could be associated with lung injuries and in recent times e-cigarette and vaping have been linked to an outbreak of lung injury in the USA. This is described by the United States Centers for Disease Control and Prevention (CDC) as 'e-cigarette or vaping associated lung injury' (EVALI), which led the CDC to activate an emergency investigation into EVALI on 17 September 2019.

The CDC says "as of 14 January 2020, there have been a total of 2,668 cases of EVALI reported from all 50 states, the District of Columbia, Puerto Rico, and the US Virgin Islands, including 60 deaths confirmed in 27 states and the District of Columbia. Among 2,022 hospitalized cases with information on substances used, 1,650 (82%) reported using any THC-containing product, and 1,162 (57%) reported using any nicotine-containing product; 669 (33%) reported exclusive THC-containing product use, and 274 (14%) reported exclusive nicotine-containing product use." Further information on this incident, including a strong link of the EVALI outbreak to Vitamin E Acetate and the latest report, is available at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html, which is updated every week, as the evidence is not sufficient to exclude the contribution of other chemicals.

At least five other countries have initiated investigations to identify cases of lung injuries related to the EVALI cases reported in the US.



IMA TNSB GUEST HOUSE

Doctors Colony, Off. Mudichur Road, Via-Bharathi Nagar , 1st Main Road & Jothi Nagar 9th Street, West Tambaram, Chennai – 45. Email:imatnsbguesthouse@gmail.com

Good spacious 7 Rooms with Air-condition & TV. Hot Water round the clock. 2km from the Tambaram Railway Station & Bus Stand With new easy approach Road.

FOR BOOKING CONTACT: IMA TNSB Guest House

Chairman Dr. V. Saravanan: 9840026265

Secretary Dr. Vaibhav Suresh: 9840084257

@ Rs.1200/- for Double bed room / @ Rs.1700/- suit **Cash/DD/Cheque in favour of IMA TNSB Guest House**

Are e-cigarettes more or less dangerous than conventional tobacco cigarettes?

It is difficult to generalize on the risk to health of ENDS as compared with cigarettes or other tobacco products, as this is contingent on a range of factors.

Both tobacco products and ENDS pose risks to health. The safest approach is not to use either.

The levels of risk associated with using ENDS and/or tobacco products are likely to depend on a range of factors, some relating to the products used and some to the individual user. Factors include: product type and characteristics, how the products are used, including frequency of use, how the products are manufactured, who is using the product, and whether product characteristics are manipulated post-sale.

Toxicity is not the only factor in considering risk to an individual or a population from exposure to ENDS emissions. These factors may include the potential for abusing or manipulating the product, use by children and adolescents who otherwise would not have used cigarettes, simultaneous use with other tobacco products (dual or poly use) and children and adolescents going on to use smoked products following experimentation with ENDS. Further, not all ENDS are the same and the risks to health may differ from one product to another, and from user to user.

Are ENDS addictive?

ENDS contain nicotine, which is highly addictive, and ENDS use involves the inhalation of a nicotine-infused aerosol.

Are secondhand ENDS emissions dangerous?

The aerosols generated by ENDS typically contain toxic substances. ENDS pose risks to both users and non-users.

What are the policy options for regulating ENDS?

How a country approaches ENDS will depend on factors particular to its situation. ENDS are currently banned in over 30 countries worldwide. In others they are regulated as consumer products, as pharmaceutical products, as tobacco products, other categories or totally unregulated.

Where they are not banned, WHO recommends that ENDS be regulated.

Regulatory objectives include:

- Preventing initiation of ENDS use by non-smokers and children, such as by preventing or restricting



advertising, promotion and sponsorship, and restricting flavours that appeal to children

- Minimizing as far as possible potential health and/or risks to ENDS users, such as by regulating product characteristics
- Protecting non-users from exposure to their emissions, such as by prohibiting ENDS use in indoor spaces where smoking is not permitted
- Preventing unproven health claims
- Protecting public health policies from commercial and other vested interests

What role do ENDS play in smoking cessation?

- The scientific evidence regarding the effectiveness of ENDS as a smoking cessation aid is still being debated. To date, in part due to the diversity of ENDS products and the low certainty surrounding many studies, the potential for ENDS to play a role as a population-level tobacco cessation intervention is unclear.
- To truly help tobacco users quit and to strengthen global tobacco control, governments need to scale up policies and interventions that we know work. Tried and tested interventions, such as brief advice from health professionals, national toll free quit lines and cessation interventions delivered via mobile text messaging is recommended. Where economically feasible, governments should also consider promoting nicotine replacement therapies and non-nicotine pharmacotherapies for cessation.

**SMOKERS HAVE A HIGHER RISK
FOR A SEVERE CASE OF CORONAVIRUS.
WHO CALLS ON ALL YOUNG PEOPLE TO JOIN
THE FIGHT TO BECOME
A TOBACCO-FREE GENERATION.** ■



Revised advisory on the use of **Hydroxychloroquine (HCQ)** as prophylaxis for COVID-19 infection (in supersession of previous advisory dated 23rd March, 2020)

1. Background

The Joint Monitoring Group under the Chairmanship of DGHS and including representatives from AIIMS, ICMR, NCDC, NDMA, WHO and experts drawn from Central Government hospitals reviewed the prophylactic use of Hydroxychloroquine (HCQ) in the context of expanding it to healthcare and other front line workers deployed in non-COVID and COVID areas, respectively.

The National Task force (NTF) for COVID-19 constituted by Indian Council of Medical Research also reviewed the use of HCQ for prophylaxis of SARS-CoV-2 infection for high risk population based on the emerging evidence on its safety and efficacy. The NTF reviewed the data on in-vitro testing of HCQ for antiviral efficacy against SARS-CoV-2, safety profile of HCQ reported to the pharmacovigilance program of India, and data on the use of HCQ for the prophylaxis of SARS-CoV-2 infection among health care workers (HCWs) and reported its findings as detailed below:

1.1. In-vitro study

At NIV, Pune, the report of the in-vitro testing of HCQ for antiviral efficacy showed reduction of infectivity /log reduction in viral RNA copy of SARS-CoV2.

1.2. Safety Profile of HCQ

The data on assessment of HCQ prophylaxis among 1323 HCWs indicated mild adverse effects such as nausea (8.9%), abdominal pain (7.3%), vomiting (1.5%), hypoglycemia (1.7%) and cardiovascular effects (1.9%). However, as per the data from the Pharmacovigilance program of India, there have been 214 reported instances of adverse drug reactions associated with prophylactic HCQ use. Of these, 7 were serious individual case safety reports with prolongation of QT interval on ECG in 3 cases.

1.3. Studies on prophylaxis of SARS-CoV-2 infection

- A retrospective case-control analysis at ICMR has found that there is a significant dose-response relationship between the number of prophylactic doses taken and frequency of occurrence of SARS-CoV-2 infection in symptomatic healthcare workers who were tested for SARS-CoV-2 infection.
- Another investigation from 3 central government hospitals in New Delhi indicates that amongst healthcare workers involved in COVID-19 care, those on HCQ prophylaxis were less likely to develop SARS-CoV-2 infection, compared to those who were not on it. The benefit was less pronounced in healthcare workers caring for a general patient population.
- An observational prospective study of 334 healthcare workers at AIIMS, out of which 248

took HCQ prophylaxis (median 6 weeks of follow up) in New Delhi also showed that those taking HCQ prophylaxis had lower incidence of SARS-CoV-2 infection than those not taking it.

2. Eligibility criteria for HCQ prophylaxis

The Advisory earlier issued (dated 23rd March, 2020; available at: <https://www.mohfw.gov.in/pdf/AdvisoryontheuseofHydroxychloroquinaprophylaxisforSARSCoV2infection.pdf>), provided placing the high risk population (asymptomatic Healthcare Workers involved in the care of suspected or confirmed cases of COVID-19 and asymptomatic household contacts of laboratory confirmed cases of COVID-19) under chemoprophylaxis with HCQ.

In light of all of the above, the Joint Monitoring Group and NTF have now recommended the prophylactic use of HCQ in the following categories:

1. All asymptomatic healthcare workers involved in containment and treatment of COVID19 and asymptomatic healthcare workers working in non-COVID hospitals/non-COVID areas of COVID hospitals/blocks
2. Asymptomatic frontline workers, such as surveillance workers deployed in containment zones

and paramilitary/police personnel involved in COVID-19 related activities.

3. Asymptomatic household contacts of laboratory confirmed cases.

3. Exclusion/contraindications

- The drug is contraindicated in persons with known case of:
 1. Retinopathy, 2. Hypersensitivity to HCQ or 4-aminoquinoline compounds, 3. G6PD deficiency, 4. Pre-existing cardiomyopathy and cardiac rhythm disorders
- The drug is not recommended for prophylaxis in children under 15 years of age and in pregnancy and lactation.

Rarely the drug causes cardiovascular side effects such as cardiomyopathy and rhythm (heart rate) disorders. In that situation the drug needs to be discontinued. The drug can rarely cause visual disturbance including blurring of vision which is usually self-limiting and improves on discontinuation of the drug. For the above cited reasons the drug has to be given under strict medical supervision with an informed consent.

4. Dosage

S.No.	Category of personnel	Dosage
1.	<ul style="list-style-type: none"> ● Asymptomatic household contacts of laboratory confirmed cases 	400 mg twice a day on Day 1, followed by 400 mg once weekly for next 3 weeks; to be taken with meals
2.	<ul style="list-style-type: none"> ● All asymptomatic healthcare workers involved in containment and treatment of COVID-19 and asymptomatic healthcare workers working in non COVID hospitals / non-COVID areas of COVID hospitals / blocks. ● Asymptomatic frontline workers, such as surveillance workers deployed in containment zones and paramilitary/police personnel involved in COVID-19 related activities 	400 mg twice a day on Day 1, followed by 400 mg once weekly for next 7 weeks; to be taken with meals

5. Use of HCQ prophylaxis beyond 8 weeks [in categories 4 (2) above]

In clinical practice HCQ is commonly prescribed in a daily dose of 200mg to 400mg for treatment of diseases such as Rheumatoid Arthritis and Systemic Lupus Erythematosus for prolonged treatment periods

with good tolerance. With available evidence for its safety and beneficial effect as a prophylactic drug against SARS-COV-2 during the earlier recommended 8 weeks period, the experts further recommended for its use beyond 8 weeks on weekly dosage with strict monitoring of clinical and ECG parameters which would also ensure that the therapy is given under supervision.

Based on the available evidence, it has been opined that HCQ is relatively safe, when certain contraindications are avoided, and has some beneficial effect as a prophylactic option.

6. Monitoring

- An ECG (with estimation of QT interval) may be done before prescribing HCQ prophylaxis.
- An ECG should be done in case any new cardiovascular symptoms occurs (e.g., palpitations, chest pain syncope) during the course of prophylaxis.
- An ECG (with estimation of QT interval) may be done in those who are already on HCQ prophylaxis before continuing it beyond 8 weeks.
- One ECG should be done anytime during the course of prophylaxis.

7. Key considerations

While following above recommendations, it should be noted that:

- 1) The drug has to be given under strict medical supervision with an informed consent.
- 2) The drug has to be given only on the prescription of a registered medical practitioner.

Dear Members,
IMA TNSB congratulates **Dr. K.M. Abul Hasan** Chairman IMA Junior Doctors Network, for having successfully executed IMA Corona Helpline and Psychosocial Helpline at IMA HQ. IMA HQ sent appreciation mail for Dr. K.M. Abul Hasan's work in this Corona Pandemic.



3) Advised to consult with a physician for any adverse event or potential drug interaction before initiation of medication. The contraindications mentioned in the recommendations should strictly be followed.

4) Health care workers and other frontline workers on HCQ should be advised to use PPE. Front line workers should use PPEs in accordance with the guidelines issued by this Ministry (available at: <https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf> and <https://www.mohfw.gov.in/pdf/UpdatedAdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVID19areas.pdf>) or by their respective organization.

5) They should be advised to consult their physician (within their hospital/surveillance team/

SARS-CoV-2 has never been found in surgical smoke and there is currently no data to support its virulence if ever it could be transmitted through surgical smoke/aerosol.

If laparoscopy is performed in a closed cavity enabling containment of surgical smoke/aerosol, and proper evacuation of smoke with simple measures is respected, and as long as laparoscopy is not contraindicated, we believe that this surgical approach may be safer for the operating team while the patient has the benefits of minimally invasive surgery. Evidence-based research in this field is needed for definitive determination of safety.

security organization) for any adverse event or potential drug interaction before initiation of medication. The prophylactic use of HCQ to be coupled with the pharmacovigilance for adverse drug reactions through self-reporting using the Pharmacovigilance Program of India (PvPI) helpline/app. (available at: https://play.google.com/store/apps/details?id=com.vinfotech.suspectedadversedrugreaction&hl=en_IN)

6) If anyone becomes symptomatic while on prophylaxis, he/she should immediately contact the health facility, get tested as per national guidelines and follow the standard treatment protocol. Apart from the symptoms of COVID-19 (fever, cough, breathing difficulty), if the person on chemoprophylaxis develops any other symptoms, he should immediately seek medical treatment from the prescribing medical practitioner.

7) All asymptomatic contacts of laboratory confirmed cases should remain in home quarantine as per the National guidelines, even if they are on prophylactic therapy.

8) Simultaneously, proof of concept and



Legend, Doyen of Surgeons, Man of Simplicity, Teacher of Teachers, Courageous Surgeon, Example for Politeness
Prof Dr. K. Shanmuga

Sundaram attained Heavenly Board on 17th May, 2020.

- IMA Coimbatore Branch.

pharmacokinetics studies should be continued/ taken up expeditiously. Findings from these studies and other new evidence will guide any change further in the recommendation.

9) They should follow all prescribed public health measures such as frequent washing of hands, respiratory etiquettes, keeping a distance of minimum 1meter and use of Personal protective gear (wherever applicable).

Note: It is reiterated that the intake of above medicine should not instil a sense of false security. ■

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We have given the criteria for various categories in this News Letter and I request all the branch Presidents and Secretaries recommend our deserving colleagues for this Prestigious Award. IMA TNSB invites nomination forms from its constituent's branches for choosing Doctors Day Awardees 2020. The nomination for the eligible candidates must be submitted on behalf the branches, **on or before 12th June to the State Secretary.** Eminent persons will be honoured on the eve of IMA Doctors Day with Best Doctor Day Award by IMA TNSB.

Awards for Medical Professional. All nominations must have 10 years of IMA Life Membership, not received any of these awards before and should carry exemplary character and fulfill minimum criteria for each category. Note : Current Office Bearers are not eligible.

I. Academic Awards Teaching / Research Work for 20 years / Exemplary Teaching Aptitude

II. Community Service Award

Effective Continuing Community Work with Palpable out come.
Public Health Works and Outstanding Social Service

III. IMA Leadership Award

Dynamic Leadership in branch or state level
Significant contribution for growth of IMA movement

IV. Rural Service Award Minimum 25 years of rural service / Publication in regional language

V. Senior Citizen Award Minimum 40 years of Medical Service

VI. Administrative Award State Level Administrative Post / Contribution to IMA.

VII. Dr. M.S. Ashraf Awards for Non Medical Professional

Allied Health Professional (Good Leadership, Academic)
Non Medical Professional (Out Standing Humanity and
Contribution of medical fraternity and profession.

VIII. Master S. Prashanth Award

IMA Doctor Kids who has secured FIRST MARK in State Board +2 Examination. (This is award will be given in our forth coming 304th State Council Meeting)

IX. +2 Toppers Awards

IMA Doctor Kids who has secured highest marks in State & Central Board Exam. (First Five places)

Send your nomination with your short resume, Photo, IMA Lifemembership Number through your concern branch secretary and send it to the following address by 12-06-2020 Dr. A.K. Ravikumar, Hony. State Secretary, IMA Tamilnadu State Hqrs, Doctors Colony, Via - Bharathi Nagar First Main Road, Off. Mudichur Road, Tambaram West, Chennai - 600 045.

Dr. C.N. RAJA
State President, IMA TNSB

Dr. A.K. RAVIKUMAR
State Secretary, IMA TNSB



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- Obstetric & Gynecology
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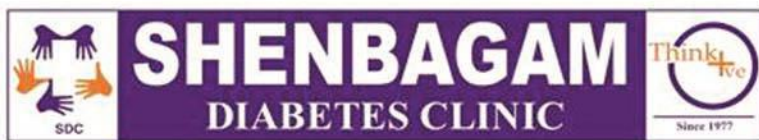




*Prevention is
better than cure*

OUR SPECIALITIES

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Every Drop Counts:

Donation blood is one of the greatest ways to help humankind. It is very safe, sterile, voluntary procedure, that can potentially save a life, within few weeks. Our body replaces the lost blood cells. There are

several types of blood donation, which help us meet different medical needs. The most common type of blood donation is whole blood donation. The whole blood is then separated in to its components – Red cells, Plasma, Platelets.

Providing enough blood for hospitals and vulnerable patients is a challenge during the corona virus pandemic and it is an indispensable need.

Some common questions that arise among blood donors:

1. Am I allowed to travel to give blood despite social distancing?

Yes. Travelling to donate blood is allowed because it helps meet the medical needs of the vulnerable people.



BLOOD DONATION AWARENESS

- Will I be checked for corona virus?
You will be assessed clinical before donation and will be screened for corona virus.
- Is it safe to come and donate blood?
Yes. We have to ensure social distancing and hand hygiene.
- Will my blood be tested for corona virus?
No. Donated blood is not test for corona virus as there is no evidence that it is transmitted through blood donation.

Dr. P.R.V. Thirumoorthie

Blood Donation Committee Chairman, IMA TNSB

DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE DISINFECTION GUIDELINE FOR HOSPITALS

- If positive case reported in any of the Hospital, Entire Hospital should be thoroughly disinfected and concerned block should be closed and reopen within 12 hours.
- Dedicated infection control teams comprising of an administrator and senior nurse with required number of housekeeping staff.
- Disinfection of the Hospital OP and Patient Care area atleast ten times a day is must.
- Disinfection chart should be displayed at every ward, toilets, nursing stations, lab, pharmacy, X-ray, and other diagnostic places etc.
- If volume of patient is more, disinfection rounds may be increased.
- Regular wet mopping of hospital floors with 1% Hypochlorite solution.
- In patient ward and operation theatres should be disinfected with 5% Lysol (1 litre of Lysol in 9 litres of water) using Knapsack sprayer.
- In other buildings, buses and other vehicles in the Hospitals and surface frequently touched by hands should be cleaned with 2.5% Lysol (1 litre of Lysol in 19 litres of water)
- Every health facility should maintain adequate stock of disinfectants like Lysol and Hypochlorite solution at all times. Every facility should prepare hand sanitisers for their use as per standard guidelines.
- All ambulances should follow infection prevention procedures including disinfection of ambulance after every trip with 2.5% Lysol (1 litre of Lysol in 19 litres of water)
- Surfaces frequently touched by the Hands including life, door handles, various counters should be cleaned with disinfectants.
- Toilets should be given special focus.
- Various surfaces touched by the patients during diagnostic procedures in places like X-Ray, Scan and other places should be disinfected after every use for a patient.

IMA COLLEGE OF GENERAL PRACTITIONERS, TAMIL NADU



Dr. A. Govindarajan
Director of Studies
IMA CGP
Cell: 9443437826



Dr. R. Anburajan
Faculty Secretary
IMA CGP
Cell: 9442612138

Dear All, Greetings from IMA CGP!

As the coronavirus has brought various sectors to a grinding halt, IMA CGP could not conduct the classes as per the schedule at the allocated centres. We have been seeing many have switched to online coaching portals which have remained immune to the nationwide lockdown. Hence, IMA CGP has also planned to conduct the online learning courses through the web minar which is the only option for at least the next 3-4 months. The idea is to ensure the safety by avoiding the necessity to venture out to centres due to the covid-19 situation, while at the same

time providing avenues to acquire your skills. The members of IMA CGP who have enrolled into the courses have to come to terms with the changed reality.

As a first step, we have started conducting IMA TNSB – CGP Webinar which start from 28th May 7:30PM to 9PM with topics on Covid-19. And, there after, every 4th Thursday of every month in the same time we will be having CGP Webinar. Secondly we are going to have our CGP classes hereafter in Web class rooms weekly once and once in 3 months, contact classes for one or two days. I believe this will facilitate more doctors to join our courses.

Thirdly we are planning to start new courses soon and one course will be on Covid-19 management.

Fourthly we are taking steps to affiliate our courses with a recognised University.

In fact, online courses provide flexible way of continuing your courses without a gap, in a time where your mobility outside your home is restricted. Not only can you pursue your courses at your conveniences, but online learning is also an affordable and effective way of upgrading the skills for those who couldn't not come to centres due to their busy schedules.

Don't miss this opportunity!

“Support your IMA
to support you”!

Long Live IMA !!
Long Live our unity !!!

- Dr. R. Anburajan
Faculty Secretary
IMA CGP



Dr. P. Senguttuvan
Chairman,
IMA Paramedical Wing

IMA TNSB PARAMEDICAL



Dr. S. Babu
Secretary,
IMA Paramedical Wing



Dr. B. Jeyakumar
Joint Secretary,
IMA Paramedical Wing

Dear esteemed members,

Greetings. We are undergoing a very tough time (lock down) in our life. The paramedical wing is affected by 'cancellation of all the classes' in all the paramedical centres. Hence, we are now clueless when to have the exams for those students. We could have the exams only after two or three months after resuming the classes. In the meantime we have received suggestions from the Paramedical faculties regarding the updating of the syllabus and that could be done within a month. Regarding starting of the next academic year it would be after August and the centres (Hospitals) wishing to apply for starting the courses can apply even now.

The International Nurses Day was celebrated by our wing by inviting all the Paramedical centers to participate in a Zoom meeting on 12.05.20 and to have their presentation regarding the prevention of Corona disease under the topic 'Stay away from COVID 19'. There was a good response with nearly 50 centres participating. All our State office bearers and Past State Presidents also participated in this meeting and I thank all the participants. **United we are, We succeed forever!**

IMA Tamilnadu Academic Cell

Fellowship Courses under IMA Academic Cell - Year 2020

IMA TNSB intends to conduct the following courses for the members of IMA. The registration fee is reduced considerably for the interest of the members. Interested and eligible members to apply within the prescribed period. Necessary certificates will be issued under Academic Cell of IMA TNSB. These courses are conducted to empower Practitioners to deliver evidence based medicine to the community, also to acquire more knowledge.

FELLOWSHIP CERTIFICATE IN CRITICAL CARE TOXICOLOGY

Course Coordinator : Dr. N. Ganapathy **Course Fee:** Rs. 25000/- **Duration :** 9 Months

Course will commence shortly. **Terms:** Hands on Training / Online Examination

Final Exam : Theory / Viva. **Eligibility:** IMA & CGP Life Members.

Contact Class : Dhanvantri Institute of Medical Education & Research Center, Erode & Online classes weekly

Note : Candidates will be trained in depth in management of : 1. Mechanical Ventilators; 2. Airway Management;

3. Central Venous Catheterization; 4. Beside Echo & Ultrasonograph (Point of care ultrasound);

5. Decontamination; 6. Haemodialysis & Haemoperfusion; 7. Students will be exposed in Extracorporeal membrane oxygenation (ECMO) and MARS (Hepatic Dialysis) in relation to Critical Care Toxicology

FELLOWSHIP CERTIFICATE IN SEXUAL MEDICINE

Course Coordinator : Dr. D. Narayana Reddy & Dr. M. Balasubramanian

C. Fee: Rs. 25000/-; **Duration :** 6 Months; **Terms :** Six Modules; **Final Exam:** Written

Contact Class held : JVL Plaza, Teynampet, Chennai and online cases weekly.

Eligibility: IMA & CGP Life members. Course will commence on June 2020

Note: Passed candidates can enrol in Council for Sex Education & Parenthood International (CEEPI) & Practice Sexual Medicine

FELLOWSHIP CERTIFICATE IN MENTAL HEALTH

Course Coordinator : Dr. R. Anburajan **Course Fee :** Rs. 25,000/- **Duration :** 6 Months.

Terms : Six modules **Contact class :** IMA Mayaan Hall, Tirunelveli and Practical at Sneka Mine Care Centre, Tirunelveli and online classes weekly

Final Exam : Theory / Viva. **Eligibility :** IMA & CGP Life members

ONLINE COURSES

FELLOWSHIP CERTIFICATE IN DIABETOLOGY

Course Coordinator : Dr. N. Bhavatharini **Course Fee :** Rs. 25,000/- **Duration :** 6 Months

Terms : **ONLINE CLASSES weekly and two contact classes at IMA Hall Coimbatore.**

Course will commence from 2nd week of June 2020. **Final Exam :** Theory, Project & Viva.

Eligibility : IMA & CGP Life members. Interested person to apply immediately

FELLOWSHIP CERTIFICATE IN RESPIRATORY DISEASES

Overview - Basics : 1. Lung anatomy; 2. Respiratory physiology; 3. Respiratory Investigations including Basics of chest x Ray interpretation & spirometry interpretation; 4. Respiratory Pharmacology with Inhaler techniques

Topics to be covered : 1. Tuberculosis - Pulmonary & Extra Pulmonary; 2. Asthma & Occupational Lung Diseases; 3. COPD, Pulmonary Hypertension & Cor Pulmonale; 4. Respiratory Infections - Upper and Lower; 5. Respiratory Emergencies / Pleural Diseases; 6. Lung Cancer & Interstitial Lung Diseases; 7. Allergy and Sleep Apnea. **Course Fee:** Rs. 25,000/-;

Course Co-ordinator : Dr. V. Nandagopal; **ONLINE CLASSES weekly and two contact classes at IMA Hall Coimbatore.**

Duration : 6 months. **Eligibility :** IMA & CGP Life Members. Course will start soon. Interested person to apply immediately.

For further details contact: Dr. A. Govindarajan, CGP Director of Studies - Cell : 94434 37826, Dr. R. Anburajan,

CGP Faculty Secretary - Cell : 94426 12138. Contact IMA State office Cell # 90871 80123 or

email: imatamilnadu@gmail.com. Application forms available in www.imatn.com.

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The AMS report and plan of action: May 2020

IMA AMS TNSB organized a webinar on 21 May 2020 with the approval of the IMA TNSB.

The topic was, "Basics in ECG during Covid Era. Are we ready for the wearable devices?"

The speaker was Prof M Chenniappan, Adjunct Professor, The Tamil Nadu Dr MGR Medical University. The program overview was given by Prof Amuthan, Chairman IMA AMS TNSB Presidential address was by Dr CN Raja, President IMA TNSB and the Secretary address by Dr AK Ravikumar Hon. State Secretary IMA TNSB and Felicitations by Dr Ashraf, Chairman, IMA AMS National Headquarters. Prof Chenniappan gave....

1. Brief account of pathophysiology of Covid and Heart.
2. Usefulness of ECG in identifying various cardiac abnormalities in Covid.
3. How ECG helps in managing these abnormalities
4. ECG's usefulness in monitoring drug therapy
5. Procedures and latest gadgets to record ECG in Covid and Non Covid hospitals. The webinar was an instant success with about 380 participants who had attended the meeting.

The second webinar would be on Diabetic foot - Current concepts and management by Dr AK Ravikumar, IMA TNSB Hon. Secretary. This webinar would probably be held on First Wednesday of June. There are series of webinars planned to be held with most of the departments

Prof. Dr. V. Amuthan
Chairman, AMS

Prof. Dr. R. Kannan
Secretary, AMS



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An another Month and an other editorial and yet the world around us is changing rapidly to the new norms created by the Pandemic. The world is going to be changed forever post this crisis. Covid-19 has taught us many new attributes and it's going to teach us ever more in the coming years. The world is not going to be the same as it was post the covid-19 pandemic crisis. The 'new normal' which is what is the term given to it by many countries. The healthcare sector which is being directly hit by this pandemic is already seeing the new normal around it's working conditions and the new normal is going to be a financial nightmare for many Healthcare institutes. The attributes which are going to affect our current practices and which are going cost more to put in practice are:

1. Out Patient Department are to be streamlined to cater for fewer patients per day and schedule appoint with regard to the severity of the case presented. This drastically reduces number of patients seen per day in a hospital to ensure social distancing.
2. The importance of Personal protective equipment and hospital scrubs disinfection system for Doctors and staffs in hospital, during surgery and during consultation is drastically changed resulting in high volume consumption and more efficient disinfection technology implementation.
3. Disinfection of operation theaters and Intensive care units require a more robust system that tackles all form of infections and requires more time, energy and cost.
4. Reduction of number of surgeries and treatments done per day due to stringent infection control protocols.
5. Onsite testing of all patients walking into a hospital for surgery or treatment for all type of infectious diseases and its follow up treatment.
6. More importance to continues staff Health monitoring and vaccination against infectious diseases.

The new normal for healthcare is to ensure a safe and clean environment for both patient and healthcare worker. The current slab for treatment of various disorders are going to raise drastically due to the new normal and the slabs as per our Chief Minister's Comprehensive Health Insurance Scheme- Tamil Nadu is barely enough to run a small clinic. The expenses that come with to provide the required care for patients in post Covid-19 is exponential high and will become impossible to provide for the intended patients with the current slabs.

Covid-19 has thought us that healthcare is the backbone of any strong nation, Quality Healthcare can not be provided without the budget to back it up. We cannot go to war with a budget for a ball point pen! one needs tanks, fighter jets and all the latest equipment that is available to win the war. The Covid-19 situation has taught us one thing that Healthcare is as important as the countries defense sector. If the defense sector is weak our country will be infiltrated and if the Healthcare sector is weak our citizens will be put to suffer. I eager our Honorable government to restructure the Chief Minister's Comprehensive Health Insurance Scheme- Tamil Nadu to cater for the increase in cost for all relative treatments in a post Pandemic era. ■



Dr. C. THANGAMUTHU
FSS CHAIRMAN
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sailootmuthu@gmail.com

Dear Colleagues of IMA TNSB and brothers and Sisters of FSS, Warm greetings to you all.

We are happy to note that rigors of lockdown are being slowly eased. Except for the northern zone districts, movements of vehicles are free without e-pass to the great relief of the public. Our state has come out without much loss of life.

In the process of evolving treatment methodology and personal protection measures, it is quite unfortunate we lost a few of our colleagues to the killer Covid 19. May their soul rest in peace.

Our FSS office is resuming full-fledged work schedule from this week. I thank our Hony. Secretary Dr. V. Madhvan and Hony. Finance Secretary Dr. K. Soundararajan who ran the FSS office with skeleton staff during the rigorous lockdown period. We thank the members for their cooperation during this difficult period.

As announced, late fee for FSS I AFC premium of RS. 14,000/- is waived up to the end of June 2020. So, the members who have not paid the AFC premium so far, have to pay only Rs. 14,000/- till June end.

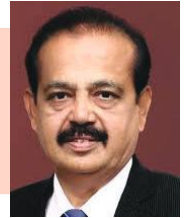
For FSS II, no late fee will be collected for the period 1st April to June 30th. So, the members who have not paid their AFC premium so far, are requested to pay Rs. 12,000/- + late fee (for the period 1st July 2019 to 31st March 2020 only) – Rs. 400/-.

Once again we request our members to keep vigil on their personal protection from the killer flu, and stay safe.

Our motto remains : JOIN FSS – SECURE YOUR FAMILY – FEEL FREE TO PRACTICE.

- Dr. C. Thangamuthu
Chairman FSS

FAMILY SECURITY SCHEME OF IMA TNSB



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Dr. V. MADHAVAN
FSS SECRETARY
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Dear Colleagues, Warm Greetings from FSS of IMA TNSB,

In this period of stress and turmoil due to Corona Virus Pandemic, do stay safe and stay Healthy. After 22nd March, during this period of Lockdown, myself and our Treasurer are trying our best to run the FSS office with one office staff. We are responding to members queries by phone calls, whatsapp and emails to the best of our ability. As there is no courier service, we are unable to send the receipts of 25th due lately. I am thankful to members who are paying their 25th due by online payment gateway. As the Banking services, Postal services are badly hit by this covid pandemic, our members can continue to pay the 25th due of FSS I, as Rs. 14,000/- only, till June 30th 2020 without any late fees.

Till now almost 6900 members have paid their 25th due of FSS I. As for as FSS II is concerned, only about 84 members are yet to pay their 2nd due. I request the members who are yet to pay the FSS II 2nd dues to pay at the earliest.

I am sure we will come out of this crisis, stronger than ever before. Till then **“Stay Healthy Stay Safe”**

Thanking You, Yours in IMA service

- Dr. V. Madhavan
Secretary, FSS, IMA TNSB

New Members joined in April - Nil
 Claims Paid in March - Nil
 Total membership as on 30.04.2020 - 9460

25th Premium Demand Account

Members paid in April
 Members 229 x Rs. 14,000/- - Rs. 32,06,000/-
 Delection members for not paid 24th premium - 26

S.#	Doctor Name	IMA Branch	FSS #		
1.	Dr. A. Sudharsan	Chennai Kodambakkam	9326	10.	Dr. V. Saravanan Chennai Tambaram 8152
2.	Dr. S.M. Sujatha	Chennai NAAM	6891	11.	Dr. S.S. Natarajan Ch. Villivakkam Ayanavaram 10591
3.	Dr. G. Umadevi	Chennai NAAM	9056	12.	Dr. G. Thirumalaisami Dharapuram 4538
4.	Dr. S. Geetha	Chennai North	6874	13.	Dr. K. Karigalan Krishnagiri 11132
5.	Dr. M. Mohankumar	Chennai North	10484	14.	Dr. A. Kirubanithi Madurai 5101
6.	Dr. M. Priya	Chennai North	10486	15.	Dr. B.S. Kumaresh Madurai 6624
7.	Dr. J. Thilagavathy	Chennai Pillar City	8086	16.	Dr. S. Revathi Madurai 7082
8.	Dr. K. Muthukumar	Chennai Pillar City	8087	17.	Dr. M.V. Preethi Madurai 8505
9.	Dr. M. Shahabdeen	Chennai South	3824	18.	Dr. N. Thirugnanam Nagerkoil 9904
				19.	Dr. C. Kannan Namakkal 8996
				20.	Dr. M. Edwin Pattukottai 10627
				21.	Dr. Deepa S Salem 5366
				22.	Dr. K. Suseela Salem 5564
				23.	Dr. P. Kalyana Sundaram Tirunelveli 4116
				24.	Dr. S. Chandar Tirunelveli 10128
				25.	Dr. S. Gayathri Tirunelveli 10129
				26.	Dr. D. Ragothaman Villupuram 10559

To Join in FSS 1 Age Group	Non Refundable / Deposit	Fraternity Contribution Deposit for 25th Premium (01.01.2020)
Upto 30 Yrs	Rs. 3000/-	Rs. 14,000/-
31 to 40 Yrs	Rs. 10,000/-	Rs. 14,000/-
41 to 50 Yrs	Rs. 50,000/-	Rs. 14,000/-

ONLY DD or ONLINE PAYMENT accepted DD in favour of "IMA TNSB FSS Advance a/c" Rs. 14,000/- Payable at Erode. NO CASH / NO NEFT / No Cheque

PAYMENT MODE

DD in favour of "IMA TNSB FSS Advance a/c" Payable at Erode

(OR) ONLINE PAYMENT: Online payment through FSS - I. Login in our website www.imatnsbfss.com

IMPORTANT

25th Premium for FSS - I for the year 2020 is Rs. 14,000/- DD/ONLINE PAYMENT @ ERODE

HOW TO LOGIN FOR ONLINE PAYMENT

- Step 1 : Select FSS-I option from the different user login options in the FSS home page (www.imatnsbfss.com)
- Step 2 : Click forgot password
- Step 3 : Dialogue box appears in that enter the FSS I number and date of birth
- Step 4 : Press enter key and verify your phone number
- Step 5 : Enter OTP which comes to your phone number
- Step 6 : Then in the next dialogue box enter the new password and click submit now the password got reset
- Step 7 : Select FSS - I option from the different user login options in the FSS home page. (www.imatnsbfss.com)

User name : FSS number

Password : Whatever password you have reset

Note : Same procedure will be followed for FSS II Login also.

Office Working Hours : 10.00 a.m to 06.00 p.m. - SUNDAY HOLIDAY

PLEASE SEND YOUR PAYMENTS & COMMUNICATIONS TO

Dr. V. MADHAVAN, Hony. Secretary, FSS of IMA TNSB, Abirami Eye Hospital, No. 37, E.V.N. Road, Erode - 638 009.

Cell : 98405 37178, 93604 98113. e.mail : imatnsbfss@gmail.com, madhuerode@gmail.com



INDIAN MEDICAL ASSOCIATION TAMILNADU STATE BRANCH FAMILY SECURITY SCHEME - II



Membership For FSS – II

New Members joined in April is **02**.

Total Membership as on 30.04.2020 is **2902**

Active Members as on 30.04.2020 is **2846**

2nd Premium Demand

Members paid in April 09 x Rs. 12,000/- Rs. 1,08,000/-
Late Fee Collect (2 x 400) Rs. 800/-

FSS II -NEW MEMBERS JOINED IN APRIL 2020

S.#	Doctor Name	Age	IMA Branch	FSS #
1.	Dr. Bharathidasan	59	Salem	2901
2.	Dr. Indhu Bharathidasan	56	Salem	2902

ENTRY FEES

(NON- REFUNDABLE DEPOSITS)

Entry Fees According To Age

AGE	AMOUNT
Upto 50 years	As in FSS -I
51 Years	Rs. 51,000
52 Years	Rs. 52,000
53 Years	Rs. 53,000
54 Years	Rs. 54,000
55 Years	Rs. 55,000
56 Years	Rs. 56,000
57 Years	Rs. 57,000
58 Years	Rs. 58,000
59 Years	Rs. 59,000
60 Years	Rs. 60,000

Death Fraternity Contribution Advance Amount
Rs. 12,000/- per Year - for all age Groups. DD
in favour of "IMA TNSB FSS - II" payable at
Erode.

"IMA TNSB FSS - II Advance A/c" -
Rs. 12,400/- Payable at Erode.

AGE LIMIT FOR FSS – II

- Both Existing members of **FSS-I** and **New Members** can join in this Scheme.
- Age limit to join in this scheme is only **60 years** for both the Existing FSS – I Members and new members.
- **Age denotes the completed age as per the official records, (Aadhar / Voter ID / Pan card / Driving License / Passport / School Leaving Certificate)**
- Defaulters of FSS-I Scheme will not be allowed to join FSS-II, unless they give a valid reason for the default.
- The accounting year of the Scheme shall be 1st July of each year to 30th June of the following years.
- If a member failed to pay within this period the membership will be terminated after giving a registered notice with 15 days grace period.
- Management Committee's decision is final in case of any dispute regarding membership, death Claim or deletion of defaulters.

Note:- The upper age limit to join in FSS – II is **60 years only.** (for both new & existing FSS – I Members)

First Payment only by Demand Draft in favour of **"IMA TNSB FSS - II"** Payable at **Erode.**

From Second Premium onwards payment can be done by DD (or) online payment Gateway

Please Enroll more members in FSS II and utilize the chance to secure your family.

தனித்திருப்போருக்காக விழித்திருப்போம்!



அன்புள்ள மருத்துவ நண்பர்களுக்கு,

கொரோனாவால் பாதிக்கப்பட்டு, ஊரடங்குச் சட்டத்தால் நாம் தனிமைப்படுத்தப்பட்டுள்ள இந்த மே மாதத்தில் உங்களை எல்லாம் 'TIMA NEWS LETTER' வழியாகச் சந்திப்பதில் நான் மகிழ்ச்சி அடைகிறேன்.

கொரோனாவால் உலகம் முழுவதும் ஸ்தம்பித்து போயுள்ள நிலையில், தமிழக மக்களுக்கு மருத்துவச் சேவை ஆற்றுபவர்களுக்கும், அரசுக்கும் நல்ல ஆக்கப்பூர்வமான ஆலோசனை கூறி வரும் IMA-வின் தலைவர் Dr. C.N. Raja அவர்களையும், முன்னாள் தலைவர் Dr. கனகசபாபதி அவர்களையும், தலைவர் தேர்வு Dr.P. ராமகிருஷ்ணன், Dr. பழனிச்சாமி அவர்களையும், செயலாளர் Dr. A.K. ரவிக்குமார் அவர்களையும் PPLSSS இன் சார்பாக மனமார பாராட்டுகிறேன்.

ஈரோடு மாவட்டத்தில் நம் இந்திய மருத்துவச் சங்கத்தின் நிர்வாகிகளில் ஒருவரான CITY மருத்துவமனையின் நிர்வாகி Dr. அபுல்ஹாசன் அவர்களின் முயற்சியால் நடமாடும் சுகாதார மையம் அமைக்கப்பட்டு, இதுவரை 2000க்கும் மேற்பட்ட பொதுமக்கள் பயனடைந்துள்ளார்கள் என 'இந்து' நாளிதழில் வந்த செய்தியைப் பார்த்து மிகவும் மகிழ்ச்சி அடைந்தேன். Dr. அபுல்ஹாசன் அவர்களை PPLSSS-ன் சார்பாக மனதாரப் பாராட்டுகிறேன்.

ஊரடங்குச் சட்டம் அமலில் இருந்த காலத்திலும் மருத்துவமனைகளும், மருத்துவர்களும் தொடர்ந்து தாக்குதலுக்கும், வழக்கறிஞர் நோட்டீஸ்களுக்கும் உள்ளாகி கொண்டே இருந்தனர் என்பதை எடுத்துக்காட்ட கீழ்க்காணும்



Professional Protection Linked Social Security Scheme of IMA TN

Dr. K. Thangamuthu
Chairman PPLSSS of
IMA TNSB, Past PPLSSS
Legal Committee Chairman
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செய்திகளை உங்களுக்குக் கொடுக்கிறேன்.

1. நீலகிரியைச் சேர்ந்த ஒரு மருத்துவமனையில் Cesarean அறுவைச் சிகிச்சை செய்யப்பட்ட கர்ப்பிணி இறந்ததைத் தொடர்ந்து, எந்த விசாரணையும் இல்லாமல் அந்த மருத்துவமனையை அதிகாரிகள் மூடி 'சீல்' வைத்துள்ள அவல நிலை ஏற்பட்டுள்ளது. எந்த ஆதாரமும் இல்லாமல் 'சீல்' வைத்தது தவறு என்பதை எடுத்துக்காட்ட உயர் நீதிமன்றத்தை அணுகியுள்ளோம் என்பதைத் தெரிவித்துக் கொள்கிறோம்.

2. ஊடரங்கு அமலில் உள்ள சமயத்தில், இரண்டு தனியார் மருத்துவமனைகளுக்கு அவசரமாகக் கொண்டு வரப்பட்ட கர்ப்பிணிகளை 'ஊழியர்கள் பணியில் இல்லை' எனக்கூறி அரசு மருத்துவமனைக்கு அனுப்பி வைத்தனர். அதை நோயாளிகளின் குடும்பத்தினர் கடுமையாக எதிர்த்துப் போராடிய சம்பவங்களும் நடந்துள்ளன.

3. இதே காலக்கட்டத்தில்தான் அவசர அறுவைச் சிகிச்சை செய்யப்பட்ட பெண் அறுவைச் சிகிச்சைக்குப் பின் Complications ஏற்பட்டதால் அதற்காக நஷ்ட ஈடு கேட்டு ஒரு வழக்கறிஞர் நோட்டீசும், ஒன்பது ஆண்டுகளுக்கு முன் Cataract அறுவைச் சிகிச்சை செய்யப்பட்ட ஒரு நோயாளிக்குச் சரியாகப் பார்வை கிடைக்கவில்லை எனக் கூறி ஒரு

வழக்கும் வந்துள்ளன. ஊரடங்குச் சட்டம் அமலில் இருந்தாலும், கொரோனாவுக்காகச் சிகிச்சை அளித்த 35க்கும் மேற்பட்ட மருத்துவர்களும், பல செவிலியர்களும் அந்த நோயால் பாதிக்கப்பட்டு சிகிச்சைப் பெற்று வரும் நிலையிலும், மருத்துவர்கள் மேல் மக்களும், நோயாளிகளும், அரசு அதிகாரிகளும் கொண்டுள்ள கோபம் தணியாதது ஆச்சரியம் அளிக்கிறது.

சிகிச்சை அளித்தும் பலனின்றி இறந்து போன கொரோனா நோயாளிகளின் உறவினர்களும், அதிகாரிகளும் 'இறப்புக்குக் காரணம், சிகிச்சை அளித்த மருத்துவர்களின் அலட்சியமே' எனக்கூறி மருத்துவர்கள் மேல் வழக்கு போடாமல் இருந்தாலே அது மருத்துவச்

சமுதாயத்திற்குக் கிடைத்த வெற்றியாக எடுத்துக் கொள்ளலாம்.

PPLSSS-ன் உறுப்பினர்கள் புதுப்பிக்க வேண்டிய தங்களுடைய உறுப்பினர் தொகையை, ஊரடங்கு முழுமையாக நீக்கப்பட்ட பின் செலுத்தும்படிக் கேட்டுக் கொள்கிறேன். உங்களுடைய உறுப்பினர் பதவி ஊரடங்கால் ஏற்பட்டுள்ள கால தாமதத்தால் பறிக்கப்படாது என்பதை நான் உறுதியாகத் தெரிவித்துக் கொள்கிறேன்.

PPLSSS எப்போதுமே தனித்திருக்கும் உங்களுக்காக விழித்திருக்கும் என்பதைத் தெரிவித்துக் கொள்கிறேன்.

- டாக்டர்.K.தங்கமுத்து
தலைவர், PPLSSS, IMA TNSB

PPLSSS NEW MEMBERS SUBSCRIPTION (Block of Five years)		
Category	Compensation 5 Lakhs	Compensation 10 Lakhs
	per block of 5 years	per block of 5 years
GENERAL PRACTITIONER	Rs. 6,000 + 1,080 = 7,080/-	Rs. 11,000 + 1,980 = 12,980/-
NON – SURGICAL	Rs. 7,000 + 1,260 = 8,260/-	Rs. 13,000 + 2,340 = 15,340/-
SURGICALANAESTHETIST	Rs. 8,000 + 1,440 = 9,440/-	Rs. 15,000 + 2,700 = 17,700/-

NOTE : Subscription Amount which includes 18% GST

Only Demand Draft should be send in the name of "PPLSSS of IMA TN" Payable at Kallakurichi

PPLSSS RENEWAL MEMBERS - BONUS COMPUTATION		
SUBSCRIPTION (Block of Five years)		
Category	Compensation 5 Lakhs	Compensation 10 Lakhs
per block of 5 years	per block of 5 years	
GENERAL PRACTITIONER	Rs. 5,000 + 900 = 5,900/-	Rs. 10,000 + 1,800 = 11,800/-
Less : Bonus Rs. 1,000/-	Rs. 4,000 + 720 = 4,720/-	Rs. 9,000 + 1,620 = 10,620/-
NON – SURGICAL	Rs. 6,000 + 1,080 = 7,080/-	Rs. 12,000 + 2,160 = 14,160/-
Less : Bonus Rs. 1,000/-	Rs. 5,000 + 900 = 5,900/-	Rs. 11,000 + 1,980 = 12,980/-
SURGICALANAESTHETIST	Rs. 7,000 + 1,260 = 8,260/-	Rs. 14,000 + 2,520 = 16,520/-
Less Bonus Rs. 1,000/-	Rs. 6,000 + 1,080 = 7,080/-	Rs. 13,000 + 2,340 = 15,340/-

NOTE : Subscription Amount which includes 18% GST

BONUS APPLICABLE ONLY FOR 'NO CLAIM SUBSCRIBER'

Only Demand Draft should be send in the name of 'PPLSSS OF IMA TN Renewal A/C' Payable at Kallakurichi

Dr. S. NEHRU, Hony.Secretary, PPLSSS of IMA TN.

Hi - Tech Eye Care Hospital, 25/A, Chekkumettur Street, Kallakurichi - 606 202. Villupuram District.

Ph : 04151 - 224176, 94872 72627. Email : secretarypplsss@gmail.com

Professional Protection Linked Social Security Scheme of IMA TN



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Secretary
PPLSSS of IMA TNSB
Ph:04151224176, 94443229176
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Treasurer
PPLSSS of IMA TN
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அன்பார்ந்த சகோதர சகோதரிகளே, அனைவருக்கும் எனது பணிவான வணக்கம்!

கொரோனா உலகையை உலுக்கிக் கொண்டிருக்கும் இந்த இக்கட்டான சூழ்நிலையில், தன்னலம் கருதாமல் மக்களுக்கு மருத்துவச் சேவையாற்றி வரும் நம் மருத்துவ நண்பர்கள் அனைவருக்கும் எல்லாம் வல்ல இறைவன் அருளாசியையும், பணிப் பாதுகாப்பையும் வழங்க வேண்டி பிரார்த்திக்கிறேன்.

தற்சமயம் COVID-19 சென்னையில் தீவிர பாதிப்பை உண்டாக்கி வருவது அதிக மன வேதனை அளிக்கிறது. அங்கு பணிபுரியும் மருத்துவர்கள் அனைவரும் மிகவும் பாதுகாப்பாக இருக்க வேண்டும் என்பது எனது வேண்டுகோள். மேலும், நமது இந்திய மருத்துவக் கழக தமிழ்நாடு கிளையின் தலைவர் Dr. C.N. Raja அவர்கள் காணொளி மூலமாக தமிழக முதலமைச்சர், தமிழக அரசு சுகாதாரச் செயலாளர் ஆகியோருடன் தொடர்பு கொண்டு மருத்துவக் கழக மருத்துவர்கள் அனைவருக்கும் COVID-19-ஐ தடுக்கும் விதமாக பாதுகாப்பின் அவசியத்தை எடுத்துரைத்தார். அதன் அடிப்படையில் மாண்புமிகு முதலமைச்சர் மற்றும் சுகாதாரச் செயலாளர் அவர்கள் COVID-19 Treatment Guidelines மற்றும் மருத்துவர்களின் பாதுகாப்பானச் செயல்பாட்டிற்கும் உறுதியளித்துள்ளார். மருத்துவச் சேவை புரியும் நாம் எல்லோரும் COVID-19-ஐ நாட்டை விட்டு துரத்த, உற்சாகத்துடன் போராட வேண்டிய தருணம் இது. நாம் எல்லோரும் கொரோனாவை விரைவில் கட்டுப்படுத்துவோம். கொரோனா தொற்று இல்லாத மாநிலமாக தமிழ்நாட்டை மாற்றுவோம் என உறுதியேற்போம். நன்றி!

- Dr. S. NEHRU MS.D.O., செயலாளர் IMA, PPLSSS



MASTER S. PRASHANTH AWARD

Master S. Prashanth Award to be given to a IMA Doctors Kid who has secured the highest marks in the State Board +2 Exam 2020. Please apply to the IMA State Office. This award is given in our forth coming 304th State Council Meeting.

PPLSSS RENEWAL - INTIMATION

FROM 01.06.2020 TO 30.06.2020

S.No.	Doctor Name	Member Code	Renewal Date		
COURTALLAM					
AMBATTUR - AVADI					
1.	Dr. Saai Arivudai Nambi T.G.2670		30.06.2020	35.	Dr. Kodanda Rama Rao 8802 25.06.2020
ARANTHANGI					
2.	Dr. Jothi S.	2875	23.06.2020	36.	Dr. Selva Renga Raju R. 11181 02.06.2020
3.	Dr. Palvannan V.	2874	23.06.2020	CUMBUM VALLEY	
ARIYALUR					
4.	Dr. Rajeswari R.	8806	17.06.2020	37.	Dr. Murugesan R. 5853 27.06.2020
5.	Dr. Sivakumar V.	8821	23.06.2020	DHARMAPURI	
CHENNAI CITY					
6.	Dr. Ranjini Priya Sathyanarayanan	8830	25.06.2020	38.	Dr. Siva Subramaniam P. 5868 26.06.2020
7.	Dr. Sasireka P.	8831	25.06.2020	DINDIGUL	
8.	Dr. Sathish Manivel	8829	25.06.2020	39.	Dr. Hemalatha K. 11203 25.06.2020
CHENNAI KODAMBAKKAM					
9.	Dr. Prashant Kekre	5441	28.06.2020	40.	Dr. Suguna S. 8807 18.06.2020
10.	Dr. Srinivasan S.	11182	03.06.2020	ERODE	
11.	Dr. Sushama Kekre	5442	28.06.2020	41.	Dr. Anitha M. 11204 25.06.2020
CHENNAI NORTH					
12.	Dr. Saravanan J.	11190	16.06.2020	42.	Dr. Venkatesan S. 5814 10.06.2020
CHENNAI PERAMBUR					
13.	Dr. Arunai Theepan G.	5862	23.06.2020	KUMBakonAM	
14.	Dr. Chitra Devi S.	5849	22.06.2020	43.	Dr. Anandakumar A. 5848 08.06.2020
15.	Dr. Nithya Gayathri Devi D.5852		10.06.2020	44.	Dr. Nirmala T.N. 8820 21.06.2020
16.	Dr. Sathish Kumar C.	8827	23.06.2020	MADURAI	
17.	Dr. Srinivas E.R.	11202	23.06.2020	45.	Dr. Bhoominathan K. 8840 29.06.2020
18.	Dr. Vivekanandan	11192	16.06.2020	46.	Dr. Gayathiri M. 5745 22.06.2020
CHENNAI SOUTH					
19.	Dr. Sankara Narayanan G.	5843	06.06.2020	47.	Dr. Kavitha G. 8795 07.06.2020
CHENNAI TAMBARAM					
20.	Dr. Kanagaraj K.	11205	25.06.2020	48.	Dr. Ravi Narayanan M. 2849 18.06.2020
21.	Dr. Premalatha E.	11198	21.06.2020	49.	Dr. Seerala Boopathy K. 5811 29.06.2020
22.	Dr. Sevagamoorthy K.	2878	26.06.2020	50.	Dr. Subbiah S. 2848 30.06.2020
23.	Dr. Sharavanan T.K.V.	11197	21.06.2020	51.	Dr. Sumathy S. 8839 29.06.2020
CHETTINAD					
24.	Dr. Shankar N.	5799	14.06.2020	52.	Dr. Swaminathan S. 1933 22.06.2020
CHIDAMBARAM					
25.	Dr. Ravichandran S.	5842	07.06.2020	53.	Dr. Velmurugan B. 8700 23.06.2020
COIMBATORE					
26.	Dr. Deepa K.S.	11195	19.06.2020	MADURAI THIRUNAGAR	
27.	Dr. Gurumoorthi P.	8790	06.06.2020	54.	Dr. Raghavan N. 8838 29.06.2020
28.	Dr. Kanimozhi V.	11187	09.06.2020	MANAPPARAI	
29.	Dr. Mohanakrishnan L.	2865	15.06.2020	55.	Dr. Padmaritha Peddi 2824 07.06.2020
30.	Dr. Natana Sabapathy T.	11199	22.06.2020	56.	Dr. Raghunandan B. 2823 07.06.2020
31.	Dr. Ponni Sundar	8819	21.06.2020	57.	Dr. Venkataprasath R. 2825 07.06.2020
32.	Dr. Sajitha A.	5822	20.06.2020	MULLAI PERIYAR	
33.	Dr. Senthilkumar P.	11193	16.06.2020	58.	Dr. Banumathi M. 8799 15.06.2020
34.	Dr. Vasuki J.	11200	22.06.2020	NAMAKKAL	
COURTALLAM					
AMBATTUR - AVADI					
35.	Dr. Kodanda Rama Rao	8802	25.06.2020	59.	Dr. Mithun Adith 11178 01.06.2020
36.	Dr. Selva Renga Raju R.	11181	02.06.2020	60.	Dr. Subramaniam A.P. 5818 07.06.2020
ARANTHANGI					
37.	Dr. Murugesan R.	5853	27.06.2020	NILGIRIS	
ARIYALUR					
38.	Dr. Siva Subramaniam P.	5868	26.06.2020	61.	Dr. Rajan N.J. 5864 24.06.2020
CHENNAI CITY					
39.	Dr. Hemalatha K.	11203	25.06.2020	PATTUKOTTAI	
40.	Dr. Suguna S.	8807	18.06.2020	62.	Dr. Raju V. 1506 19.06.2020
ERODE					
41.	Dr. Anitha M.	11204	25.06.2020	POLLACHI	
42.	Dr. Venkatesan S.	5814	10.06.2020	63.	Dr. Jayamurugan R. 11180 02.06.2020
KUMBakonAM					
43.	Dr. Anandakumar A.	5848	08.06.2020	64.	Dr. Poongodi P. 2788 20.06.2020
44.	Dr. Nirmala T.N.	8820	21.06.2020	POONAMALLEE HIGH ROAD	
MADURAI					
45.	Dr. Bhoominathan K.	8840	29.06.2020	65.	Dr. Latha G. 5858 27.06.2020
46.	Dr. Gayathiri M.	5745	22.06.2020	66.	Dr. Sivakumar A. 8836 28.06.2020
47.	Dr. Kavitha G.	8795	07.06.2020		
48.	Dr. Ravi Narayanan M.	2849	18.06.2020		
49.	Dr. Seerala Boopathy K.	5811	29.06.2020		
50.	Dr. Subbiah S.	2848	30.06.2020		
51.	Dr. Sumathy S.	8839	29.06.2020		
52.	Dr. Swaminathan S.	1933	22.06.2020		
53.	Dr. Velmurugan B.	8700	23.06.2020		

67.	Dr. Sureka J.	11186	09.06.2020	85.	Dr. Ganapathy S.	8833	27.06.2020
68.	Dr. Uma J.	8787	06.06.2020	86.	Dr. Lakshmanan M.	8826	23.06.2020
PUDUKOTTAI				87.	Dr. Madhubala M.	8824	23.06.2020
69.	Dr. Mahalakshmi	11188	16.06.2020	88.	Dr. Manickavasagam M.	8823	23.06.2020
70.	Dr. Vasuki K.	6925	19.06.2020	89.	Dr. Meena S.	8825	23.06.2020
RAJAPALAYAM				90.	Dr. Mohamed Arafath M.	11206	28.06.2020
71.	Dr. Muthusaravanan S.V.	11179	02.06.2020	91.	Dr. Paul Robinson I.	5834	20.06.2020
RASIPURAM				92.	Dr. Ramalakshmi M.	8822	23.06.2020
72.	Dr. Hemalatha N.	11196	19.06.2020	93.	Dr. Shalini A.	5833	01.06.2020
SALEM				94.	Dr. Simpson Ravi C.	5832	01.06.2020
73.	Dr. Arul Mozhi Varman S.	8793	07.06.2020	TIRUPUR			
74.	Dr. Lavanya D.	11185	05.06.2020	95.	Dr. Vidhubala S.	11189	16.06.2020
75.	Dr. Malathy Priyadarsini M.	8794	07.06.2020	TIRUVARUR			
76.	Dr. Sakthimohan V.	8800	13.06.2020	96.	Dr. Devi Sri R.	11183	05.06.2020
77.	Dr. Selvi P.	11184	05.06.2020	TUTICORIN			
THANJAVUR				97.	Dr. Mariano Anto Bruno Mascarenhas J.	567216	16.06.2020
78.	Dr. Balasubramani M.	8792	07.06.2020	VANIAMBADI			
79.	Dr. Raja R.	5829	01.06.2020	98.	Dr. Senthil Rajkumar V.	11191	16.06.2020
TIRUCHIRAPALLI				VILLUPURAM			
80.	Dr. Adiththan G.	8781	07.06.2020	99.	Dr. Selvaraj M.	2862	15.06.2020
81.	Dr. Deepa Mukhundhan R.	4345	28.06.2020	100.	Dr. Sudha V.	11201	23.06.2020
82.	Dr. Janakiraman T.N.	9179	14.06.2020	VIRUDHUNAGAR DISTRICT			
83.	Dr. Maheswaran S.	5788	06.06.2020	101.	Dr. Neerathalingam P.T.	5800	10.06.2020
TIRUNELVELI				102.	Dr. Rasmi R.K.	11194	19.06.2020
84.	Dr. Esther Kamalarani A.	5835	20.06.2020				

FBS RENEWAL - INTIMATION FROM 01.06.2020 TO 30.06.2020

S.No.	Doctor Name	Member Code	Renewal Date				
				ARAKKONAM			
1.	Dr. Natarajan K.	442	03.06.2020	12.	Dr. Barkath Ali M.	145	30.06.2020
CHENNAI ASHOK NAGAR				DINDIGUL			
2.	Dr. Satchidhanandam N.	1888	26.06.2020	13.	Dr. Venkatesh G.	1041	20.06.2020
3.	Dr. Subhashini A.S.	1889	26.06.2020	ERODE			
CHENNAI GREATER CITY				14.	Dr. Shabir Ahmed S.A.	1026	20.06.2020
4.	Dr. Mohan George	1817	13.06.2020	15.	Dr. Sukumar S.S.	2	13.06.2020
CHENANI KODAMBAKKAM				GUDIYATHAM			
5.	Dr. Ramanathan D.	1686	27.06.2020	16.	Dr. Dhanalakshmi Ammal	1027	09.06.2020
CHENANI PERAMBUR				KRISHNAGIRI			
6.	Dr. Thousen S.M.	1103	16.06.2020	17.	Dr. Lovelena Munawar	1213	06.06.2020
CHENNAI TAMBARAM				18.	Dr. Santhana Gopalan R.	1221	15.06.2020
7.	Dr. Murugesan P.	1886	18.06.2020	MADURAI			
8.	Dr. Prema Sundari M.	1887	18.06.2020	19.	Dr. Babu S.	1775	29.06.2020
CHIDAMBARAM				20.	Dr. Mathirajan N.	1863	20.06.2020
9.	Dr. Krishnamurthy C.	592	21.06.2020	MARTHANDAM			
COIMBATORE				21.	Dr. Navakumari R.	448	07.06.2020
10.	Dr. Ganesh Babu S.	1485	12.06.2020	22.	Dr. Vijayakumar K.	447	07.06.2020
11.	Dr. Rukmani P.	1632	19.06.2020	MULLAI PERIYAR			
DHARAPURAM				23.	Dr. Manimohan S.	138	18.06.2020
				NEYVELI			
				24.	Dr. Shaik Anwar Hussain K.	715	15.06.2020

NIDAMANGALAM MANNARGUDI				THANJAVUR			
25.	Dr. Bharathi Selvan R.	767	01.06.2020	34.	Dr. Srinivasan A.	576	08.06.2020
PALANI				TIRUCHENDUR			
26.	Dr. Backiam S.	1331	28.06.2020	35.	Dr. Subramanian K.	431	06.06.2020
POLLACHI				TIRUCHIRAPALLI			
27.	Dr. Sredevi S.M.	1787	08.06.2020	36.	Dr. Ashok B.	1418	19.06.2020
POONAMALLEE HIGH ROAD				37.	Dr. Rafi Ahmed Khan A.	133	03.06.2020
28.	Dr. Mohanadass K.A.	1890	26.06.2020	38.	Dr. Vasuki K.	1240	22.06.2020
PUDUKOTTAI				TIRUNELVELI			
29.	Dr. Gaja Lakshmi	1831	07.06.2020	39.	Dr. Pratap Gnanamuthu	249	13.06.2020
PULIANGUDI				40.	Dr. Vaikuntaraman T.M.	143	27.06.2020
30.	Dr. Arunmozhi D.	1790	21.06.2020	TIRUVANNAMALAI			
SALEM				41.	Dr. Tamilmani P.	573	19.06.2020
31.	Dr. Jayanthi Easan	779	02.06.2020	VELLORE			
32.	Dr. Maharani M.	788	20.06.2020	42.	Dr. Jayapaul M.	1204	04.06.2020
33.	Dr. Ramarajan S.	1412	12.06.2020	VIRUDHUNAGAR DISTRICT			
				43.	Dr. Indumani K.	76	28.06.2020

HPS RENEWAL - INTIMATION

FROM 01.06.2020 TO 30.06.2020

S.No.	Hospital Name	Member Code	Renewal Date	Branch
1.	Kumar Eye Hospital	966	16.06.2020	Attur
2.	Dr. Ravishankar's Eye Clinic & Nursing Home	975	09.06.2020	Chennai Ashok Nagar
3.	Raadha Rajendran Hospital Private Limited	276	04.06.2020	Chennai Ashok Nagar
4.	Harenee Hospital	707	21.06.2020	Chennai City
5.	M.N. Orthopaedic Hospital	365	28.06.2020	Chennai Kodambakkam
6.	Cardiac Wellness Institute	1255	06.06.2020	Chennai South
7.	J.S. Hospital	596	02.06.2020	Chennai Tambaram
8.	Madhu Hospital	1257	07.06.2020	Chennai Tambaram
9.	Richmond Hospital	1256	07.06.2020	Coimbatore
10.	Sree Resmika Hospital	971	01.06.2020	Coimbatore
11.	Chamba Maternity Home	976	23.06.2020	Courtallam
12.	Sucila Nursing Home	309	19.06.2020	Courtallam
13.	Raksha Hospital	1259	26.06.2020	Dindigul
14.	Abhi S.K. Hospital Private Limited	974	06.06.2020	Gobichettipalayam
15.	Lakshmi Hospital	604	26.06.2020	Hosur
16.	Santhi Hospital	981	30.06.2020	Hosur
17.	Surya Hospital	101	12.06.2020	Hosur
18.	Amaravathi Hospital	965	19.06.2020	Karur
19.	Ram's N.R. Hospital	983	11.06.2020	Kumbakonam
20.	S.R. Hospital	765	14.06.2020	Marthandam
21.	Venkatesh Nursing Home	972	16.06.2020	Mayiladuthurai
22.	St. Marys Hospital	978	23.06.2020	Salem
23.	K.G. Multi Speciality Hospital and Research Centre	942	07.06.2020	Thanjavur
24.	Keerthi Hospital	281	27.06.2020	Thanjavur
25.	Raja Rajan Nursing Home	759	13.06.2020	Thanjavur
26.	Veeramani Hospital	600	06.06.2020	Tuticorin
27.	Indira Nursing Home	1258	20.06.2020	Vellore
28.	Sharada Nursing Home	986	29.06.2020	Vellore

DECLARATION/SCREENING FORM FOR COVID-19 INFECTION

கோவிட் தொற்று-19க்கான அறிவிப்பு / ஸ்கீரினிங் படிவம்

NAME OF THE PATIENT நோயாளியின் பெயர்	
Age / GENDER (வயது / பாலினம்)	
Address முகவரி	
Mobile No (அலைபேசி எண்)	
E Mail ID (மின்னஞ்சல் முகவரி)	

COVID-19 QUESTIONARE

YES NO

	YES	NO
1. Do you have symptoms of fever, Cough Sneezing Sore Throat, Fatigue Myalgia. உங்களுக்குக் காய்ச்சல், இருமல், தும்மல், தொண்டை வலி, சோர்வு, உடல் வலி போன்ற அறிகுறிகள் உள்ளனவா?		
2. Do you have difficulty in breathing? உங்களுக்கு சுவாசிப்பதில் சிரமம் இருக்கின்றதா?		
3. Have you travelled outside the country in past 30 days? கடந்த 30 நாட்களில் நீங்கள் நாட்டிற்கு வெளியே பயணம் செய்து இருக்கிறீர்களா?		
4. If 'Yes', mention the countries 'ஆம்' எனில் நாடுகளைக் குறிப்பிடவும்.		
5. Have you travelled inside india to others cities in past 15 days கடந்த 15 நாட்களில் இந்தியாவிற்குள் மற்ற நகரங்களுக்குச் சென்று இருக்கிறீர்களா?		
6. If Yes mention the cities 'ஆம்' எனில் நகரங்களைக் குறிப்பிடவும்.		
7. Exposure to a confirmed Covid-19 Case OR to suspicious patient in the last 2 weeks கடந்த இரு வாரங்களில் உறுதிப்படுத்தப்பட்ட Covid-19 அல்லது சந்தேகத்திற்கிடமான நோயாளிகளுடன் தொடர்பு உள்ளதா?		
8. Have you visited any hospital in the past 2 weeks? கடந்த இரண்டு வாரங்களில் நீங்கள் எந்த மருத்துவமனைக்கேனும் சென்று இருக்கிறீர்களா?		

The above information is true to the best of my knowledge. I understand that withholding any information is unethical and against the interest of the global population fighting this pandemic.

மேற்கண்ட தகவல்கள் எனது அறிவின் மிகச் சிறந்தவை. எந்த ஒரு தகவலையும் நிறுத்தி வைப்பது நெறிமுறையற்றது. மற்றும் இந்தத் தொற்று நோயை எதிர்த்துப் போராடும் உலக மக்களின் நலன்களுக்கு எதிரானது என்பதை நான் புரிந்துகொள்கிறேன்.

Name & Signature of the Patient / நோயாளியின் பெயர் மற்றும் கையொப்பம்

Name & Signature of the Attender / உதவியாளரின் பெயர் மற்றும் கையொப்பம்

Staff Name & Signature / பணியாளர் பெயர் மற்றும் கையொப்பம்

Date / இடம்:

304th – STATE COUNCIL MEETING

The 304th State Council Meeting of IMA Tamil Nadu State Branch will be held on 04.07.2020 & 05.07.2020 organised by IMA TNSB and hosted by IMA Courtallam Branch. All the State Council Members are cordially invited to attend the Meeting.

**Dates : 04.07.2020 - Saturday - 04.00 pm onwards
05.07.2020 – Sunday - upto 01.00 pm**

@ Courtallam IMA Hall, Ayikudi, Tenkasi

MODALITIES WILL BE INFORMED LATER.

Dr. C.N. RAJA

State President, IMA TNSB

Dr. A.K. RAVIKUMAR

Hony. State Secretary, IMA TNSB

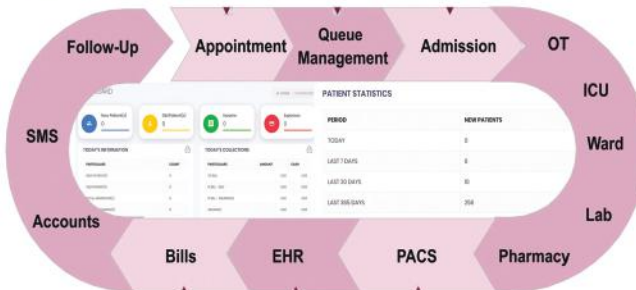
For accommodation and other local hospitality, kindly contact

IMA Courtallam President – Dr. T. Balaji, 94422 77815

IMA Courtallam Secretary – Dr. I. Raghavendra Asranna, 94433 62056

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INTERNATIONAL NURSES DAY CELEBRATION BY OUR IMA PARAMEDICAL INSTITUTIONS

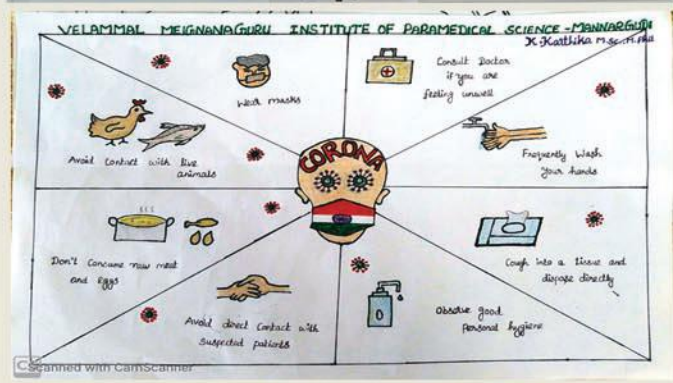
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