e-CME ON WORLD AIDS DAY 2020

CONDUCTED BY DEPARTMENT OF COMMUNITY MEDICINE AND DEPARTMENT OF DERMATOLOGY VENEREOLOGY AND LEPROSY

TAGORE MEDICAL COLLEGE AND HOSPITAL, CHENNAI

DATE: 1ST DECEMBER 2020

VENUE: Google Meet
On first of December every year the world AIDS day is celebrated since 1988. It is an internationally day dedicated to raise awareness of the AIDS pandemic caused by the spread of HIV infection and mourning for those who have died of the disease.

People around the world unite to show support for people living with and affected by HIV and to remember those who lost their lives to AIDS.

In 2020, the world's attention has been focused by the COVID-19 pandemic on health and how pandemics affect lives and livelihoods. COVID-19 is showing once again how health is interlinked with other critical issues, such as reducing inequality, human rights, gender equality, social protection and economic growth. With this in mind, the theme for the world AIDS day 2020 is “

ENDING THE HIV/AIDS EPIDEMIC: RESILIENCE AND IMPACT
DEPARTMENT OF COMMUNITY MEDICINE

Cordially welcomes all the Faculty, CRRIs and Students to the E-CME on WORLD AIDS DAY 2020.

DATE: 1ST DECEMBER 2020
TIME: FROM 9 AM ONWARDS

Dr.N. Gunasekaran M.D., DTCD., Dr.Kumudha Lingaraj M.D.,D.A
Dean, TMCH Medical Director

Dr.K.Ravindran M.D Dr.Sivaprakasam M.S.,
Dean academics Medical Superindentent

Dr.A.Balaji MD
Professor & HOD, Community Medicine.

Dr.K.Gopalakrishnan,MD.,
Associate Professor, Dept of DVL.
<table>
<thead>
<tr>
<th>S.NO</th>
<th>TIMING</th>
<th>SESSION</th>
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<tbody>
<tr>
<td>I</td>
<td>9.00 – 9.15 AM</td>
<td>Registration: Welcome and Opening Remarks</td>
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<tr>
<td></td>
<td></td>
<td>Dr. A. Radhakrishnan, Assistant Professor,</td>
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<td></td>
<td></td>
<td>Dept. of Community Medicine, TMCH</td>
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<tr>
<td>II</td>
<td>9.15 - 10.00 AM</td>
<td>Epidemiology of HIV/AIDS – DR. Arun Murugan</td>
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<td></td>
<td></td>
<td>Professor, Dept of Community Medicine</td>
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<td></td>
<td></td>
<td>Chaired by Dr. A. Balaji, M.D., DIH, Prof</td>
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<td>and Head</td>
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<td>III</td>
<td>10.00 - 11.00 AM</td>
<td>Clinical vignettes of HIV/AIDS</td>
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<td>Dr. S. Arunkumar, MD., Professor, Institute</td>
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<td>of Venereology, Madras Medical College</td>
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<td>Moderator – DR. K. Gopala Krishnan MD</td>
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<tr>
<td>IV</td>
<td>11.00 AM – 12 Noon</td>
<td>E-Poster Presentation (UGs, PGs, CRRIs)</td>
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<td>V</td>
<td>12.00 – 1.00 pm</td>
<td>Oration Competition On WORLD AIDS DAY</td>
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<td>2020 Theme: “GLOBAL SOLIDARITY SHARED</td>
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<td>RESPONSIBILITY”</td>
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<td>VI</td>
<td>1:00 TO 1:15 PM</td>
<td>Valedictory &amp; Vote of Thanks</td>
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<td></td>
<td></td>
<td>Dr. K. Gopala Krishnan, Associate Professor,</td>
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<td>Dept of DVL, CH</td>
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ON THE DAY ........
Organizing Committee Members

Organizing Chairman: Dr A. Balaji, Prof & HOD, TMCH
Organizing Secretary: Dr.K.Gopalakrishnan, MD., Associate Prof, TMCH

Event Organisers: Dr.A.Balaji, Prof & HOD, TMCH
Dr Sivagurunathan, Asso Prof, TMCH
Dr A. Radhakrishnan, Assistant Prof, TMCH
Dr R. Karthik, Assistant Prof, TMCH
Dr. Vikram, Assistant Prof, TMCH

E poster Competition: Dr A. Balaji, Prof & HOD- Dept of Community Medicine, TMCH
Dr Saravanan, Prof & HOD- Dept of General Medicine, TMCH

ORATION Competition: Dr A. Radhakrishnan, Assistant Professor, TMCH
There were totally 8 Poster Presentations predominantly by the Under graduates and about 3 Poster presentations from Post graduates. This approach was intended to bring out the student’s best effort by inspiring creativity and challenging student community to utilize the opportunity to analyze and search within them to identify their true potential.

**List of Postgraduate Poster Presentations**

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>NAME OF THE STUDENT</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>1.</td>
<td>Keerthana</td>
<td>AIDS in covid Pandemic</td>
</tr>
<tr>
<td>2.</td>
<td>R.Nivetha</td>
<td>Post Exposure Prophylaxis and exposure Management</td>
</tr>
<tr>
<td>3.</td>
<td>Kavitha</td>
<td>Elimination of Mother to child transmission of HIV</td>
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</tbody>
</table>
## List of Abstracts for Undergraduate Poster Presentation

<table>
<thead>
<tr>
<th>POSTER NO</th>
<th>Name</th>
<th>College</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>G.S.Vidhyavathi K.Surya</td>
<td>Tagore Medical College and Hospital</td>
<td>HIV and its prevention</td>
</tr>
<tr>
<td>2</td>
<td>P.Varunkumar</td>
<td>Tagore Medical College and Hospital</td>
<td>Prevention of AIDS</td>
</tr>
<tr>
<td>3</td>
<td>V.Sudhapiyaa Teena shivani</td>
<td>Tagore Medical College and Hospital</td>
<td>Global impact of HIV and AIDS</td>
</tr>
<tr>
<td>4</td>
<td>M.Tamilarasi N.Vishali</td>
<td>Tagore Medical College and Hospital</td>
<td>Global solidarity : shared responsibility</td>
</tr>
<tr>
<td>5</td>
<td>K.Vigneshwari Sushmitha</td>
<td>Tagore Medical College and Hospital</td>
<td>Epidemiology and prevention of HIV</td>
</tr>
<tr>
<td>6</td>
<td>A.Vijaya Sindhu Bharathi</td>
<td>Tagore Medical College and Hospital</td>
<td>Ending HIV transmission from mother to child</td>
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<tr>
<td>7</td>
<td>R.Vaishikaa</td>
<td>Tagore Medical College and Hospital</td>
<td>Mute the stigma against HIV</td>
</tr>
<tr>
<td>8</td>
<td>Rajalakshmi</td>
<td>ACS Medical College and Hospital</td>
<td>COVID and HIV Pandemic</td>
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UG POSTER PRESENTATION

1. G.S. Vidhyavathi & K. Surya

HIV AND ITS PREVENTION

WHAT IS HIV?
The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections.

WHAT IS AIDS?
The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further.

HIV SYMPTOMS
- Muscle aches
- Chills
- Mouth ulcers
- Fever
- Sore throat
- Fatigue
- Night sweats
- Swollen lymph nodes
- Skin rashes

ENDING THE HIV EPIDEMIC

HIV CAN BE TRANSMITTED BY
- Sexual Contact
- Sharing Needles to Inject Drugs
- Mother to Baby during pregnancy, birth, or breastfeeding

HIV IS NOT TRANSMITTED BY
- Air or Water
- Saliva, Sweat, Tears, or Cough/Mouth P raising
- Insects or Pests
- Sharing Cookware, Food, or Drinks

BY VIDHYAVATHI G.S & SURYA K
2. P.Varun Kumar

PREVENTION OF AIDS

LET'S STOP AIDS TOGETHER

PREVENTING THROUGH EDUCATION
- Educate about protective sex, use of shared razors
- Educate about risk of sharing needles
- Women with AIDS advised not to get pregnant
- Educative materials should be made available
- Mass media channels must be involved to spread knowledge about AIDS

COMBINATION HIV PREVENTION
- Mix of biochemical, behavioural & structural intervention to reduce new infection
- Anti retroviral drugs helps in optimal viral suppression
- Male and female advocacy
- Needle & syringe Programme
- Opioid substitution recipe with methadone
- Voluntary Medical Male circumcision

PREVENTION OF BLOOD BORNE HIV TRANSMISSION
- High risk people should avoid donating blood, body organ and sperm
- Heat treatment of factors VIII & XI used in haemophiliacs
- Strict sterilization of hospital & clinics
- Pre sterilized disposable syringes and needles to be used

P. VARUN KUMAR
3. V.Sudha Priya, R.Teena Shivani
Global solidarity and shared responsibility

M.Tamil Arasi & N.Vishali

World AIDS Day 2020
Global solidarity, resilient services.

World AIDS Day takes place on 1 December each year. It's an opportunity for people worldwide to unite in the fight against HIV, to show support for people living with HIV, and to commemorate those who have died from an AIDS-related illness. Founded in 1988, World AIDS Day was the first ever global health day.

To ensure
- Health is fully financed.
- Access is ensured.
- Health systems are strengthened.
- Human rights are respected.
- The rights of women and girls, and gender equality, are at the centre.

The global AIDS response was off track before the COVID-19 pandemic hit, but the rapid spread of the coronavirus has created additional setbacks. Modelling of the pandemic’s long-term impact on the HIV response shows that there could be an estimated 123,000 to 293,000 additional new HIV infections and 69,000 to 146,000 additional AIDS-related deaths between 2020 and 2022.

ROLE OF CHW
HOW THE ROLE IS PERFORMED IN HIV CONTINUUM

CHW ROLE
Cultural Mediation Between Individuals, Communities and Health and Social Systems
Support and increase linkage to and retention in care and adherence to treatment by educating clients about treatment and the appropriate use of services

Providing Culturally Appropriate Health Education and Information
Improve adherence to treatment by providing structured educational sessions on topics such as HIV, viral life cycle, treatment, and side effects

Case Coordination, Case Management, and System Navigation
Support retention in care by assisting clients with referrals for transportation, housing, behavioral health treatment, and other support services

Providing Coaching and Social Support
Support retention in care and treatment adherence by providing emotional support to clients

Advocating for Individuals and Communities
Support the entire HIV Care Continuum by serving on Ryan White Planning Councils

Building Individual and Community Capacity
Support retention in care and reduce barriers by collaborating with medical, behavioral health, and social services providers

Providing Direct Service
Support treatment adherence by picking up prescriptions for clients and educating them on the medication and its side effects
### COVID-19 AND HIV AFFECTED INDIVIDUALS
BY H. RAJALAKSHMI  IIND YEAR MBBS

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>HEALTH CARE WORKERS</th>
<th>ARV FOR COVID-19</th>
<th>PREVENTION AND PROTECTION</th>
<th>CHILDREN WITH HIV</th>
</tr>
</thead>
</table>
| • CD4 cell count <200/mm³  
• >60 years old with co-morbidities  
• Ineffective ART | • Follow CDC recommendations, as well as state and local health dept. guidance on infection control, triage, diagnosis and management  
• Provide HIV self testing kit  
• Provide waive to ADAPs for 90 - day supply of medications | • LPV/r as post exposure prophylaxis for SARS co-V and MERS co-V  
• Adequate production and supply | • Cleanliness and hygiene  
• Social distancing  
• Adequate supply of Antiretroviral drugs for ideal 90 days  
• Telemedicine and telehealth  
• Eating nutritious food  
• 8 hours of sleep  
• Reducing stress  
• Flu vaccine |

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<tr>
<th>PREGNANT INDIVIDUALS WITH HIV</th>
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</thead>
</table>
| • Preterm delivery, fetal distress  
• ARV to both moth and fetus  
• No vertical transmission of covid-19  
• Should practice respiratory hygiene while breast feeding  
• Provide information about safe infant feeding and IPC measures | | | |

<table>
<thead>
<tr>
<th>HEALTH CARE WORKERS</th>
<th>ARV FOR COVID-19</th>
<th>PREVENTION AND PROTECTION</th>
<th>CHILDREN WITH HIV</th>
</tr>
</thead>
</table>
| • Follow CDC        |                 | • Cleanliness and hygiene  
• Provide HIV self testing kit  
• Provide waive to ADAPs for 90 - day supply of medications | • Lesser chance of infection than adults  
• All immunizations should be given |
LEARN. SUPPORT. UNITE.
in the war against HIV
EMPOWERING through HIGH QUALITY medical interventions, PEOPLE-CENTERED HIV prevention care services & Community support.

MUTE THE STIGMA

38 MILLION
people worldwide live with HIV/AIDS.
690 000 people die every year, 1.7 million newly infected.

FIGHT AIDS, NOT ITS VICTIMS
FEAR | STIGMA | DISCRIMINATION | SILENCE | IGNORANCE
IGNORANCE KILLS

WORLD AIDS DAY 2020
"END THE EPIDEMIC"
"DEFEAT HIV/ AIDS"
TODAY, WE REFLECT ON THOSE WE’VE LOST TO HIV/AIDS

By Vaishikaa
8. A.Vijaya Sindhu Bharathi

**Ending HIV Transmission from Mother to Child**

**Prevention of Mother to Child Transmission of HIV**
- Prong 1: Primary prevention of HIV among women of child-bearing age.
- Prong 2: Preventing unintended pregnancies among women living with HIV.
- Prong 3: Preventing HIV transmission among women living with HIV to her infant.
- Prong 4: Providing treatment, care and support to women living with HIV, their children and their families.

**PPTCT (NACO)**

4 prongs for PPTCT

**Management of HIV-Positive Pregnant Women**

**ARTs**
- ZIDOVUDINE ALONE: During pregnancy - ZIDOVUDINE, INTRAPARTUM - NEvirapine, POSTPARTUM - Tenofovir, Emtricitabine
- ZIDOVUDINE - ART: During pregnancy and postpartum - zidovudine, lamivudine, Tenofovir, Emtricitabine

- A. Vijaya Sindhu Bharathi (CRRI)
10. K.Vigneshwari & V.Sushmitha

WORLD AIDS DAY 2020
Global solidarity: resilient services

Over 5 million people continue to be newly infected with HIV every year, despite advances in understanding the factors that drive the epidemics. Approximately 14,500 individuals are infected daily.

India (2017)
2.1m people living with HIV
0.2% adult HIV prevalence (ages 15-49)
88,000 new HIV infections
69,000 AIDS-related deaths
56% adults on antiretroviral treatment
n/a children on antiretroviral treatment
*All adults/children living with HIV

Source: UNAIDS Data 2018

FACTORS INFLUENCING RISK AND VULNERABILITY TO HIV

<table>
<thead>
<tr>
<th>Individual factors</th>
<th>Social and Demographic factors</th>
<th>Structural factors</th>
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<tbody>
<tr>
<td>Protective behaviours (e.g. use of condoms)</td>
<td>Age structure of population</td>
<td>Position of women</td>
</tr>
<tr>
<td>Type of partnerships</td>
<td>Sexual mixing patterns</td>
<td>Wealth of population</td>
</tr>
<tr>
<td>Injection drug use</td>
<td>Population mobility</td>
<td>Income distribution</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>Rates of urbanization</td>
<td>Policy environment</td>
</tr>
<tr>
<td>Denial of risk</td>
<td>Gender-based discrimination</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Range of male circumcision</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Access to effective STI treatment</td>
<td></td>
</tr>
<tr>
<td>Presence of other sexually transmitted infections (STIs)</td>
<td>Availability and use of commercial sex</td>
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<tr>
<td>Male circumcision status</td>
<td>Services for drug users</td>
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PREVENTION—NACP IV

- Targeted Interventions for High Risk Groups and Bridge Population (Female Sex Workers, Truckers & Migrants)
- Needle-Syringe Exchange Programme and Opioid Substitution Therapy
- Prevention Interventions for Migrant population at source, transit and destination
- Link Worker Scheme for vulnerable population in rural areas
- Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections
- Blood Safety
- HIV Counseling & Testing Services
- Prevention of Parent to Child Transmission
- Condom promotion
- Information, Education, Communication & Behaviour Change Communication
- Work Place Interventions

CARE SUPPORT AND TREATMENT SERVICES

- Laboratory services for CD4 Testing and other investigations
- Free First line & second line Anti-Retroviral Treatment through ART centres and Link ART Centres, Centres of Excellence & ART plus Centres.
- Pediatric ART for children
- Early Infant Diagnosis for HIV exposed infants and children below 18 months
- HIV-TB Coordination
- Treatment of Opportunistic Infections
- Drop-in Centres for PLHIV networks
ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION (eMTCT) OF HIV IN INDIA

1. Introduction:
Elimination is the reduction of the incidence of disease or infection in a defined geographical area to zero. However, so long as HIV is prevalent among adults, it is not possible to reduce the incidence of Prevention of Parent To Child Transmission (PPTCT) to zero. Thus, the goal for elimination of mother-to-child transmission (eMTCT) of HIV is to reduce incidence to a very low level such that they no longer pose a public health problem.

HIV infection can be asymptomatic, and therefore detection is often delayed and depends on the initiative of the individual and/or the capacity of the health system to promote and facilitate testing for early detection. To date, there is no cure for HIV infection. However, ART can prolong and improve quality of life, and reduce the risk of both vertical and horizontal transmission.

2. Objective of the PPTCT Programme:
   a) Primary prevention of HIV, especially among women of childbearing age
   b) Integration of PPTCT interventions into general health services such as basic ANC, natal and postnatal services, sexual and reproductive health, family planning, early infant diagnosis (EID), pediatric ART, adolescent reproductive and sexual health (ARSH), TB and STI/RTI services
   c) Strengthening antenatal care for the HIV-infected mother and her exposed infant
   d) Providing the essential package of PPTCT services

3. Comprehensive PPTCT cascade of services:
   a) Overview of HIV epidemic
   b) Route of HIV Transmission to the baby
   c) Early detection leads to elimination
   d) Care during labour and delivery
   e) Feeding guideline
   f) Infant prophylaxis
   g) HIV Exposed infants (HEI) Testing

4. Estimated Risk of Mother to child transmission in absence of any intervention:

<table>
<thead>
<tr>
<th>Pregnancy/postpartum time</th>
<th>Risk of Transmission</th>
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<tr>
<td>Pregnancy/postpartum time</td>
<td>Risk of Transmission</td>
</tr>
<tr>
<td>During pregnancy</td>
<td>5-10%</td>
</tr>
<tr>
<td>During labour and delivery</td>
<td>10-15%</td>
</tr>
<tr>
<td>During breast feeding</td>
<td>5-20%</td>
</tr>
<tr>
<td>Overall risk without breast feeding</td>
<td>15-25%</td>
</tr>
<tr>
<td>Overall risk with breast feeding</td>
<td>20-35%</td>
</tr>
<tr>
<td>Overall risk with breast feeding to 18 to 24 months</td>
<td>30-45%</td>
</tr>
</tbody>
</table>

5. Multidrug Antiretroviral PPTCT Regimen:

6. Care of Positive Pregnant Women:
   a) Care during pregnancy
   b) Care during delivery
   c) Recommendations for normal delivery
   d) Recommendations for caesarean sections
   e) Post-partum care

7. HIV antibody testing for definitive diagnosis of baby:

8. Need for eMTCT of HIV by State/UT, 2019:

9. References:

www.naco.gov.in
WORLD AIDS DAY 2020
Global solidarity, shared responsibility

IT IS BAD ENOUGH THAT PEOPLE ARE DYING OF AIDS BUT NO ONE SHOULD DIE OF IGNORANCE.

GLOBAL HIV DATA

- People living with HIV
- New HIV infections (total)
- New HIV infections (aged 15-49)
- New HIV infections (aged 0-14)
- AIDS-related deaths
- People accessing antiretroviral therapy™
28-day course of PEP is indicated: The exposed person should complete a 28-day course of PEP with a recommended regimen by WHO in 2016. All medications are taken by mouth:

- TDF 300 mg FTC 200 mg once per day or TDF 300 mg STC 300 mg once per day
- Plus LPV/r 800mg/200mg once per day or ATV/r 300mg/100mg once per day
- For Children less than 10 years – AZT +3TC or ABC +3TC or TDF +3TC or FTC

TDF – tenofovir ; LPV/–lopinavir ; r – ritonavir ; ATV – atazanavir ;
3TC – lamivudine ; AZT – zidovudine ; FTC – emtricitabine ; ABC – abacavir.

Source is known by the medical record to have HIV.

Source is not available, does not have the capacity to consent, or refuses HIV testing.

Source’s HIV status is not known.

Obtain source consent; perform HIV Ag/Ab test (lab-based or POC); also perform HIV and HCV screening.

Yes: Perform source HIV RNA assay; continue PEP until source results is available.

Yes: Perform source HIV RNA assay; continue PEP until source results is available.

Source had an exposure to HIV within the previous 3 months?

Source’s HIV test result is negative.

No: Stop PEP; not indicated.

Positive source HIV RNA

Negative source HIV RNA
On the day….

The event began at 9.00 AM. After the participants logged in, the event was formally inaugurated by Dr.A.Radha Krishnan, Assistant Professor, department of community medicine, TMCH, who delivered the welcome address.”.

Guest speaker Dr.Arun Murugan, Professor, Dept of Community Medicine, Stanley Medical College orated his guest lecture on Epidemiology of HIV/AIDS. In his speech, he explained on epidemiological factors which include agent, host and environment of HIV and also about the prevalence of HIV in India. He also added about the source of infection such as blood, CSF, semen. Mode of transmission such as sexual transmission, mother to child transmission etc was explained clearly. He also highlighted about the CD4 cells and the treatment of HIV based on the cell count. Preventive measures were effectively made clear. The session was informative and insightful and the doubts of the students were cleared.

The session was chaired by HOD of Community Medicine DR.A.Balaji.

The second guest speaker, Dr.S.Arun Kumar MD, Professor, Institute of Venereology, Madras Medical College. He enlightened the listeners in the history of HIV, significance, our roles and responsibilities, problem based learning to raise awareness about HIV/AIDS pandemic, new infections, characteristic features, global solidarity and shared responsibility. He also discussed about the reality of HIV, routes of transmission, ART, blood transfusion in HIV Clinical case scenarios were discussed with the students for easy understanding. The whole session was totally interesting.

The Session was chaired by Associate Professor, Dept of DVL, DR.K.Gopala Krishnan.
An E-Poster competition was held, the theme being centred on world AIDS day 2020. Several participants from various colleges submitted entries out of which 8 Undergraduate E-Posters and 3 Post graduate poster were selected for presentation. The session was chaired and judged by Dr. Saravanan, HOD, Dept of General Medicine TMCH.

An Oration Competition was held, the Theme being centered on

GLOBAL SOLIDARITY SHARED RESPONSIBILITY

Winners of the E-Poster and Oration competition were announced by Dr. A. Radha Krishnan

Vote of thanks was delivered by Dr. K. Gopala Krishnan.
PRIZE WINNERS:

E POSTER COMPETITION WINNERS

UG POSTER PRESENTATION

CATEGORY 1: TAGORE MEDICAL COLLEGE – 1st place – SUDHA PRIYA AND TEENA SHIVANI

CATEGORY 2: TAGORE MEDICAL COLLEGE- 2nd place – SUSHMITA AND VIGNESHWARI.K

PG POSTER PRESENTATION

1ST PLACE – DR.NIVETHA

ORIZATION COMPETITION WINNER

1ST PLACE – DR. VINOD RAJ 1ST YEAR PG COMMUNITY MEDICINE