

Regional Medical Research Centre



ABOUT

Regional [Medical Research](#) Centre in Farzand Ali Market at Aberdeen Bazar, Port Blair, Andaman & Nicobar Islands, India and was established by Indian Council of Medical Research. The university was established in 1983. This institute with the purpose of accomplishing biomedical research on communicable and non-communicable diseases prevailing in Andaman and Nicobar Islands with a special priority on the health problems of the indigenous tribes and to evolve technical manpower locally. This centre is governed by Ministry of [Family & Health Welfare](#).

Research Centre Name	Regional Medical Research Centre
Centre Type	Central
Governed By	Ministry of Family & Health Welfare
Location	Port Blair, India
Topic Cover	Leptospirosis, Virology, Diarrhoeal Diseases, Microbiology, Molecular Medical Microbiology, Epidemiology and Community Medicine, Entomology/Vector Borne Diseases, Clinical Biochemistry, Mycobacterium, Bioinformatics
Application Mode	Online & Offline
Head	Dr. P Vijayachari
How to Reach	http://www.rmrc.res.in/contact.php
Founded In	1983
Website Link	Click Here

MISSION AND VISION

To carry out biomedical [research](#) this centre was established with focus on the health issues faced by indigenous tribes. Till 1983, field station of the National Institute of Cholera and [Enteric Diseases](#) (NICED), Kolkata was functioning at Port Blair which was later merged with Regional Medical Research Centre.

To develop technical manpower and to resolve health issues of indigenous tribes such as communicable and [non-communicable diseases](#) a biomedical research centre was established.

DIFFERENT ON-GOING RESEARCH PROJECTS

Continuous research work is going in centre. Some of the titles are listed in below table.

1) Ongoing Projects

1	Establishment of a network of laboratories for managing epidemics and natural calamities.
2	Control of tuberculosis among the Nicobarese of Car Nicobar: Consolidating the gains of strengthened public health system and the recent socio-economic progress.
3	Surveillance of long-term sequelae of chronic Hepatitis B infection and risk reduction among the Nicobarese of Car Nicobar.
4	Study on the prevalence of oral premalignant and malignant lesions and the associated viral etiological agents among the tribal population of Car Nicobar Islands.
5	Prevalence of uterine cervical high risk human papillomavirus (HR-HPV) and its sociodemographic determinants among married tribal and non-tribal women of Andaman and Nicobar Islands.
6	Surveillance of high-risk group viral pathogens causing influenza like illness in Car Nicobar.

2) Ongoing Schemes

1	Inter-sectorial coordination programme for prevention and control of zoonotic diseases in India. Launched by National centre for disease control, Directorate General of Health Services, Ministry of Health and Family welfare, Govt. of India.
2	Establishment of model rural health research unit launched by department of health research, Ministry of health & family welfare, Government of India.

3) Completed Projects

1	Identification of differentially regulated proteins during the host pathogens interaction of Leptospirosis and establishment of a proteome data base.
2	Identification, characterization and role of proteinases during the pathogenesis of Leptospirosis.
3	Assessment of Risk factors of chronic non communicable diseases in A&N Islands.
4	Assessment of diet and nutritional status of urban population and prevalence and determinants of hypertension and diabetes among adults in India” under NNMB.
5	Health system preparedness for intervention for Diabetes, Hypertension, Chronic Respiratory Diseases and Cardiovascular Disease and deaths due to non-communicable diseases among the tribal population of India

RESEARCH AND DEVELOPMENT

1) Community Based Surveys

In initial years (1983-1993) the major work in centre were community-based surveys on communicable and non-communicable diseases such as lymphatic filariasis, malaria, intestinal parasitic infestations and [tuberculosis](#). All these research studies developed data on the prevalent health issues of the people of Andaman and Nicobar Islands and hence, were the foundation stones on which the Centre’s research was built up.

2) Identifying Andaman Haemorrhagic Fever as Leptospirosis

In Adamans, an outbreak of a febrile illness with [pulmonary](#) involvement and high fatality have occurred since 1988. This disease was referred as Andaman Hemorrhagic Fever by Local health professionals. Pathogenesis of this disease was remained unidentified till 1993. An outbreak of AHF at Diglipur in North Andaman was investigated by centre in 1993. The clinical features were very different but as per the medical history of islands it shows the outbreak of lepstrosis based on epidemiological features. As per the different [community-based studies](#) it shows that the disease is highly endemic in Andaman. Because of this important reason centre took leptospirosis as the major thrust area of research.

3) Identification of a New Serovar of *Leptospira*

A new serovar of a new serogroup was found in an isolate of *Leptospira* obtained from a patient affected during an [outbreak](#). Portblairi was named for serovar, and the group is called Sehgal. Four Different isolates from patients were recovered during investigating outbreaks of leptospirosis in Andaman Islands. Out of four three were identified as similar to serogroup [Grippotyphosa](#). Fourth isolate did not provide any evidence to kept in any known serogroup. Hence, it is kept as a new serovar Portblairi of a new serogroup Sehgal.

4) RCT on Doxycycline Prophylaxis

only practical control measure is [Chemoprophylaxis](#) for leptospirosis in an outbreak situation. This is useful for person visiting from non-endemic areas to endemic areas. This is mainly occurred in the post monsoon season Oct-Nov and lasts only for some time. By conducting a randomized controlled trial to evaluate the efficacy of doxycycline chemoprophylaxis as a measure. Since no control measure is available. It was assessed that the efficacy of doxycycline in the dose of 200 mg per week in preventing leptospiral [infection and diseases](#). Only 54% protection against illness is observed against infection.

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