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Activity of chikungunya and its molecular status in the state of West Bengal

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Background: Re-emergence of chikungunya virus (CHIKV) in West Bengal was detected after almost 40 years, in the year 2006, after its last visit in 1963-1965 in this state, when an outbreak of fever occurred in Baduria village (West Bengal, India) in October 2006. The symptoms of CHIKV infection are similar to those of dengue virus (DENV) infection. By 2009, CHIKV had spread rapidly within ten districts of West Bengal. Middle-aged women (age group 31-40 years) were predominantly affected.

Methods: Serum samples were tested for detection of IgM antibody to CHIKV and DENV and the etiological agent was detected as CHIKV. RT-PCR was carried out for confirmation of CHIKV infection. Attempts were made to isolate CHIKV from 20 acute CHIKV RT-PCR positive samples in C6/36 mosquito cell line. Isolation was confirmed through RT-PCR and sequencing.

Result & Conclusion: This report highlights the rapid dominating activity of CHIKV with dengue-like clinical features and gradual decline of the Chikungunya activity in dengue-endemic regions like West Bengal. Our study also revealed that two sub-lineages of ECSA genotype of CHIKV strains were circulating simultaneously in this state; one type was circulating in rural/semi urban areas of the state from the year 2006 whereas another type was isolated from the metropolitan city of Kolkata in the year 2011 and 2012. Mutational pattern of those CHIKV strains suggest that the transmission of the viruses might have facilitated by different species of *Aedes* mosquitoes. Our results represent an important first step towards understanding the circulating strains of CHIKV in the state of West Bengal with the geographical variation.

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Pre-induction cervical ripening in patients with term pregnancy using oral and vaginal isosorbide dinitrate: A randomized clinical trial

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Background: Cervical ripening for labor is one of the most important issues in midwifery. Isosorbide dinitrate (ISDN) is one of the most important alternatives, which has been proposed for cervical ripening, but there are still controversies regarding its prescription. The present study aimed to evaluate the effects of vaginal and oral ISDN for pre-induction cervical ripening.

Materials & Methods: In this non-blinded clinical trial, 99 nulliparous women with term or prolonged pregnancy were randomly selected and were divided into two groups by block randomization. The intervention groups included vaginal ISDN group (50 subjects, 40 mg, daily) and oral ISDN group (49 subjects, 20 mg, twice daily). The amount of ripening was measured by bishop score before taking medication and 24 hours after it.

Results: After 24 hours, bishop score in vaginal ISDN group significantly increased compared to the oral ISDN group and the control group ($P<0.001$). Both of two groups were matched regarding the pregnancy termination and cesarean causes and there was no statistically significant difference between the two groups ($P>0.05$). Duration of induction to the second phase of delivery was compared in two groups. Although there was no statistically significant difference between the two groups in duration from the active phase to delivery and duration of the second phase ($P>0.05$), there was a meaningful significance difference between two groups in duration from induction to the active phase of delivery ($P<0.001$) and duration from induction to the active phase of delivery in vaginal ISDN group was shorter than oral ISDN group (3.7 hour versus 4.8 hour).

Conclusions: Prescribing vaginal ISDN for cervical ripening was effective and can be used with confident.

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