STORAGE AND RETRIEVAL OF MYCOBACTERIUM TUBERCULOSIS ON FILTER PAPER STRIPS

Dear Editor,

Mycobacteria are isolated from clinical specimen in many laboratories but most of these isolates are not studied further for proper identification or drug sensitivity/resistance pattern due to lack of facilities locally. Transportation of live cultures on Lowenstein - Jensen medium being costly and hazardous is not practicable. The observations on a study of a simple and cost effective method for storage and transportation of mycobacteria on filter paper strips are reported.

The colonies of standard strain of *M. tuberculosis* (H 37 Rv) were suspended in 1 - 2 ml of sterile distilled water. Sterile strips of Whatman No 1 filter paper, 3 x 1.0 cm in size, were soaked in this suspension, dried at room temperature and stored from sunlight and maintained at room temperature. Retrieval was optimum on storage up to 7 days.

Since all material and equipment used in this method are readily available in most of the laboratories and the plastic vials used in this method are autoclavable, non-breakable and light weight, this inexpensive method can be conveniently employed for transportation of mycobacteria by post from a peripheral laboratory to referral laboratory. Details of this method can be obtained from the author.

REFERENCE

1. Koul RL, Shali P, Malla N, 1989. Survival and transportation of bacteria on filter paper. *Indian J Med Microbiol* 7 : 3 ; 110-2.

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RESURGENCE OF MT MALARIA AMONGST TROOPS IN THE NORTH EAST

Dear Editor,

Please refer to the article "Resurgence of MT malaria amongst troops serving in the North East" by Wg Cdr SK Krishnan, *et al* [1].

The yearly incidence of malaria shown in Table 1 of this article do not tally with the incidence shown in Fig. 1. The annual incidence (API) approximates the total of the 12 months incidence in that year and not the average monthly incidence as the authors have obviously shown

as annual incidence (API). Therefore incidence in any one month of a particular year cannot exceed the yearly incidence, because of which Fig. 1 and Table 1 are contradictory.

REFERENCE

1. Krishnan SK, Nayar KR, Kalra AS. Resurgence of MT malaria amongst troops in the North-East. *Medical Journal Armed Forces India* 1994; 50 : 5-9.

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Author's Reply

The observation seems to be correct. The authors inadvertently calculated the average monthly incidence and hence Table 1 requires the following amendment and interpretation :

Incidence of malaria has been ranging from 1.08 per thousand to as high as 10.44 per thousand (Table 1).

Incidence has been increasing from 4.50 per thousand in 1989 to 6.66 per thousand in 1992. Corps-wise incidence of malaria also shows that A Corps has a three-fold rise (3.84/1000 to 10.44/1000), B Corps an increase (7.08/1000 to 8.88/1000) and C Corps also an increase (2.28/1000 to 3.00/1000) during the last four years.

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TABLE 1

Malaria morbidity rate (per thousand) during the past four years in troops serving in the North East.

Formations	1989	1990	1991	1992
A Corps (Nagaland, Tripura, Manipur, Mizoram)	3.84	1.08	5.76	10.44
B Corps (Assam, Arunachal Pradesh)	7.08	5.40	6.24	8.88
C Corps (Sikkim, West Bengal)	2.28	1.92	2.28	3.00
Bengal Area	4.20	3.96	6.12	6.48
Meghalaya Area	5.28	6.48	6.00	6.48
Independent Divisions	4.32	6.60	3.60	4.68
Total	4.50	4.24	5.00	6.66