

Integrated Health Information Platform National One Health Programme for Prevention and Control of Zoonoses Ministry of Health and Family Welfare, Government of India



User Manual for IHIP-NOHPCZ Medical Institutes National One Health Program for

Prevention and Control of Zoonoses

Software version: 1.0.0

Dated: 19 December 2023

Zoonoses Division, National Center for Disease Control Civil Lines, New Delhi

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IHIP-NOHPCZ Module

URL to see the listing of programs under IHIP is <u>https://ihip.mohfw.gov.in</u>. User can type it in web browser to open the listing.

Once listing is displayed, click on 'National One Health Program for Prevention & Control of Zoonoses (NOHPCZ) to access the IHIP-NOHPCZ module



Home Page

- The 'Home' page for the NOHPCZ-IHIP portal will be displayed. •
- To enter the module and report the cases, click on 'Sign In' button on menu bar •



The programme was initiated with an objective to strengthen intersectoral coordination among medical, veterinary and wildlife sector to address zoonoses through joint capacity building activities, lab strengthening of the States for zoonoses, strengthening surveillance, data sharing and joint

- Component B : Integrated capacity building programmes on zoonoses through multidisciplinary network of regional coordinators of One Health Institutes and Partner Organizations.
- Component C : Integrated Surveillance Programme on Zoonoses.
- Component D : Integrated Community Outreach Programme for Prevention and Control of Zoonoses with One Health approach at grass root level.

The institutional mechanism envisaged under the programme has incorporated important stakeholders from all Ministries/Department i.e., Medical, Veterinary, Wildlife etc. at National, Regional, State to Village lev · National Level Steering Committee on One Health and Zoonoses

- Standing Committee on Zoonoses
- National Programme Management Unit (NPMU) of NOHPPCZ
- Regional Coordinators on One Health

- Enter the provided 'Username' and 'Password' & 'Captcha' number & click on 'Sign In' button.
- If you have not received the credentials, please contact the nodal officer.

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	Sign in to IHIP - Zoonoses Username Zr35sas001 Password Captcha Remember me	S.I ©	

This will open the NOHPCZ-IHIP web portal. The name of your institution will be displayed on the top highlighted with green colour.

- The name of the institute's nodal person, as registered on the portal will also be displayed at right top corner.
- On menu bar there are four buttons: Home / About / Data Entry and Reports
- You can click on these buttons to navigate to respective web pages



The National One Health Programme for Prevention and Control of Zoonose (NOHPPC2) is the new name of already continuing central sector scheme of the Ministry of Health and Family Walter (MoHeHW) approved in 12m Fiveyear Plan as "Strengthening Inter-Sectoral Coordination for Prevention and Control of Zoonotic Diseases". The nodal agency for implementation for the programme is NCDC, MoHFW, Govt. of India.

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- level and up to the grass root level.

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- Standing Committee on Zoonoses
- National Programme Management Unit (NPMU) of NOHPPCZ
- Regional Coordinators on One Health

About

Under 'About' various web pages with information regarding 'NOHPCZ' is available



Data Entry

By clicking on 'Data Entry', user can access the 'Patient Case Entry Form'



Patient Case Form

- On 'Case Report Form', one can 'Add New Patient' by clicking on respective button
- The line listing of all entered cases is also available
- A particular case can be searched by name or contact number
- Against each listed case, 'Edit' \square and 'Delate' $\boxed{\square}$ action buttons are given

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Add New Patient

By clicking 'Add New Patient' a new case entry form will be displayed

There are four sections for the 'Case Form'

Patient Demography

- Under this basic patient information and address need to be filled
- The fields marked with * are mandatory to 'Save' / 'Submit' the form
- For a patient either 'Date of Birth' or 'Age' in YY/MM/DD can be entered
- Any of the listed 'Government Approved ID' may be mentioned for the patient. If ID is not available then option for selecting 'Not Available' has been provided
- For 'Current Address' the 'State' / 'District' / 'Taluka(Block)' / 'Village(ULB)' need to be selected from the dropdown lists.
- Detailed address and pin code can be provided in given boxes

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Patient Demography	Patient Demography				
Clinical Details	First Name*	Middle Name	Last Name	Date of Birth O Age	
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Laboratory Details	Gender*	Government Approved ID	ID card number*		
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	Mobile Number*	Alternate Mobile Number	Email Id		
	1111111111	<i>Q</i> ₀	rohan@gmail.com		
	Current Address				
	State*	District *	Taluka*	Village	
	Andaman & Nicobar Islands	- SOUTH ANDAMANS	× 👻 Port Blair	× 👻 Port Blair	× *
	Address	Pincode			
	New Colony	744101			
	Next →			Save Details	

• After filling all the mandatory field user has to click on the 'Next' at the bottom or 'Step 2 Clinical Details' on menu at left

Clinical Details

• 'Provisional Diagnosis' need to be selected from the dropdown list

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O Patient Demography	Clinical Details			
Clinical Details	Provisional Diagnosis*	Date of Onset*	OPD/IPD*	
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Sentinel Surveillance Sites (Additional Details)	Next →			Save Details
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 If there is need to advise laboratory tests for multiple diseases listed under provisional diagnosis, one of the last three conditions, as applicable, may be selected under provisional diagnosis - 'Undiagnosed Acute Febrile Illness' / Pyrexia of Unknown Origin' / 'Undefined' from dropdown list

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- Select 'Date of Onset' and also whether this is a OPD or IPD patient
- Move slicer if you want to 'Advise laboratory test'
- Click 'Next' to proceed to 'Laboratory Tests'

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Patient Demography	Clinical Details			
Clinical Details	Provisional Diagnosis*	Date of Onset*	OPD/IPD*	
Laboratory Details	Anthrax 🗸	17/12/2023	OPD v	
	Do you want to advise Laboratory Te	ests?		
Sentinel Surveillance Sites (Additional Details)	Next →			Save Details
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Laboratory Tests

- Options for disease / sample type / test etc. are provided as per the laboratory matrix
- Select the disease for which you want to advise the test under 'Test Suspected For'
- Based on the 'Provisional Diagnosis' selected under 'Clinical Details' the respective diseases are available to select under 'Test Suspected For'
- Next select the 'Type of Sample' and 'Test Requested'
- Enter the 'Sample Collection Date'

- Enter the 'Test Performed Date'
- Laboratory is 'Internal' in most cases. If sample needs to be referred to an 'External Laboratory' please ensure mapping of such labs is updated on the portal.
- The 'Date Test Performed' and 'Laboratory Result' may be updated later, once it is available.
- The 🛨 button is given to add more tests for the same patient, if needed.
- After completing the 'Laboratory Tests' click next to move to the last section

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S Laboratory Details	Anthrax	✓ Blood	PCR -Toxin/Capsule/Direct	clinical s 🗸 🗎 21/12/2023	
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	Next →			Save Details	
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 In case the provisional diagnosis is selected as any of the last three conditions -'Undiagnosed Acute Febrile Illness' / Pyrexia of Unknown Origin' / 'Undefined' from dropdown list, all listed diseases will be available under 'Test Suspected For' to advice lab test

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	West Nile Fever Brucellosis Chapdipura Virus				
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• Click next to move to last section

Sentinel Surveillance Sites (Additional Details)

• Under this section more detailed program specific information is required to be entered

Clinical History

- Here user has to enter 'Type of Fever' / 'Date of onset of Fever' and 'Date of Admission/OPD visit'
- Based on the inputs the 'Duration of Fever' will be auto calculated

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Patient Demography	Sentinel Surveillance Sites (Additional Details)		
Clinical Details	A. Clinical History		^
Laboratory Details	Type of Fever	Intermittent 🗸	
Sentinel Surveillance Sites (Additional Details)	Date of Onset of Fever	17/12/2023	
A. Clinical History	Date of Admission/OPD Visit	≅ 21/12/2023	
B. History of Present Illness	Duration of Fever	4	
 C. History of Past Illness 			
O. Examination Findings	B. History of Present Illness		~
• E. Epidemiologic Data	C. History of Past Illness		~
• F. Follow-up and Discharge	D. Examination Findings		~
	E. Epidemiologic data		~
	F . Follow-up and Discharge		~
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History of Present Illness

- The symptoms present need to be selected
- The selected symptoms will get listed, the user has to provide the duration of each present symptom in days

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Laboratory Details	B. History of Present III	ness			^
Sentinel Surveillance Sites (Additional Details)	History of Present Illne	<u>ss (Tick all applicable)</u>			
A. Clinical History	Nausea	Vomiting	Jaundice	General weakness	
B. History of Present Illness	Loss of appetite	Loss of weight	t Abdominal Pain	Myalgia	
 C. History of Past Illness 	Chills	Rigor	Sweating during night	Running nose (Coryza	a)
D. Examination Findings	Cough	Sore throat	Breathlessness	Chest Pain	
E Epidemiologic Data	Headache	Photophobia	Red eye	Burning micturition	
	Neck Stiffness	Altered Senso	rium Seizures/Convulsions		
F. Follow-up and Discharge	Joint Pain (Small Joi	nts/Large joints/Both) 3 a	or more loose/liquid stools/day Pain bel	hind your eye ball	
	Symptoms Dur	ation of symptoms			
	Nausea 3				
	Chills 2				^
	History of any skin mar before/after onset of fe	ifestation – a rash within few d wer?	ays Select V		

- If there is history of any skin manifestation, the user has to select 'Yes'
- In such case the 'Site' and 'Type' also need to be mentioned
- Similar, information needs to be provided for 'Hemorrhagic Manifestations'.

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	Joint Pain (Sma	all Joints/Large joints/Both)	3 or mo	re loose/liquid stools/da	y 🕘 Pain behir	nd your eye ball		
	Symptoms	Duration of symptoms Number of Days						
	Nausea	3						
	Chills	2						
	History of any skir before/after onset	manifestation – a rash wit of fever?	hin few days	Yes	~			
	If yes, Site			Trunk 🚺	Extremities	Face		
	If Yes, Type			Rash Mheals	Papule Ma	cule B	ulla 🌒 P	'ustules
	Hemorrhagic Mani	festations		Yes	~			
				Petechiae	Purpura 🌒	Ecchymosis	Epitaxi	es 🔨
	If Yes			Gum bleeding	Hematemesi	s Male	ena	_

History of Past Illness

- All application disease/conditions for this patient need to be selected
- If there is history of any other past illness, which is not mentioned, the user has to provide that information in the provided box

• Duration of selected past illnesses needs to be provided in the table

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O Clinical Details	A. Clinical History	~
S Laboratory Details	B. History of Present Illness	\sim
Sentinel Surveillance Sites (Additional Details)	C. History of Past Illness	^
 A. Clinical History 	History of Past Illness (Tick all applicable)	
B. History of Present Illness	Hypertension Diabetes Asthma Liver Cirrhosis	
C. History of Past Illness	Stroke Cancer Chronic Renal failure	
O. Examination Findings	Myocardial Infarction (heart attack) Others (Any other major illness diagnosed recently, please mention)	
E. Epidemiologic Data	Symptoms Duration of symptoms Number of Months Number of Years	
S F. Follow-up and Discharge	Hypertension 0 2	
	Diabetes 0 2	
	D. Examination Findings	× 📭
	E. Epidemiologic data	~
	F . Follow-up and Discharge	~

Examination Findings

- Under this user has to give details for the clinical examination including general & systems examination.
- If any relevant laboratory or other reports are available, these need to be uploaded
- The file format supported for uploading are images and pdf. The maximum size permitted is 5 mb for each document and up to 3 documents may be uploaded.

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Sentinel Surveillance Sites (Additional Details)	C. History of Past Illness			~
• A. Clinical History	D. Examination Findings			~
B. History of Present Illness	General Examination	NAD		
C. History of Past Illness	Cardiovascular System	NAD		
D. Examination Findings				4
 E. Epidemiologic Data 	Central Nervous System	NAD		1.
F. Follow-up and Discharge	Per-abdominal Examination	NAD		4
	Renal System	NAD		é
	Upload Relevant Laborato	ry Reports		
	Upload Relevant Laboratory Repor	ts	Choose Files No file chosen (Allowed *pdf,image/png,image/jpeg files only, Max size is 5 MB)	
	E. Epidemiologic data			~ .

Epidemiological Data

- Under this travel and contact details for the patient need to be provided
- On selecting any given choice, further questions may appear and need to be answered
- All the questions need to read carefully and answered to ensure capture of valuable information

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B. History of Present Illness	E. Epidemiologic data		^
C. History of Past Illness D. Examination Findings	History of Domestic/ Foreign Travel in The Last One Month?	No ×	
E. Epidemiologic Data	History of contact with anyone having/had similar illness in the month before you got sick?	No	
F. Follow-up and Discharge	Do you have any animal in your premises?	No 🗸	
	Does any animal parturated or aborted (in the last trimester) at your home/farm/animal shed in the last 2 months?	No	
	Did you consume raw/unpasteurized milk or its products (khoa, paneer, curd, etc.) in the last 1 month?	No 🗸	
	History of any contact with sick/dead animal or bird in you household / neighborhood in the last 1 month?	No v	
	Did you consume any meat in the last 1 month?	No 🗸	
	Did you participate in slaughtering/butchering livestock or any other animal in the last 2 months?	No	
	Did you handle/clean/cut/cook raw meat in the last one month?	No ~	*
		Farmer Livestock owner/Livestock farm worker/Milker	Ţ

• Occupation / habitat / practices are also inquired to ascertain the possible exposure

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	Did you handle/clean/cut/cook raw meat in the last one month?	No v
	Do you have any of the following occupations?	Farmer Evestock owner/Livestock farm worker/Milker Slaughterhouse worker Veterinarian/Parweterinarian/Livestock Inspector/Animal Handler Forest ranger Animal meat butcher/seller None
	Do you live in close proximity (within 5 minutes walking distance) to the forest?	No v
	History of going to forest in the past 4 weeks?	No 👻
	Do you see ticks/mites in and around your household within 4 weeks before the onset of fever?	No v
	Do you see ticks/mites on your body or H/O tick/mite bites, within 4 weeks before the onset of fever?	No v
	Type of Housing	O Kutcha ○ Pacca
	What is the Source of drinking water in your home?(Tick all applicable)	Tube well/Public well Panchayath/Municipality water supply/ Public water tap River/Pond/Stream
	Do you use a sanitary latrine at your home?	Yes 🗸
	Where do you take bath? (Tick all applicable)	Home River/Stream/Pond
	F. Follow-up and Discharae	· · · · · · · · · · · · · · · · · · ·

Follow-up and Discharge

- The 'Outcome' of the patient, 'Date of Outcome' and any other additional/significant findings are to be entered under this section.
- The choices for 'Outcome' given are: Recovered / Partial Improvement / No Improvement / Worsened Symptoms / Dead
- The 'Date of Outcome' also need to be entered
- Any document related to additional/significant findings may be uploaded

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• A. Clinical History	D. Examination Findings		~
• B. History of Present Illness	E. Epidemiologic data		~
 C. History of Past Illness 	F . Follow-up and Discharge		^
 D. Examination Findings 	Any additional/significant findings of investigation done, please annex	as None	
 E. Epidemiologic Data 	Outcome	No improvement	
 F. Follow-up and Discharge 	Date of Outcome		
		Chocsa Eiler No file chosen	
	Any other signification information	(Allowed *pdf,image/png,image/png files only, Max size is 5 MB)	
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- Once all information is entered, the 'Save Details' button on the bottom may be clicked to save all entered details for this case form.
- A message informing 'Success Data stored successfully' will be displayed
- If there is any error the error message with be shown. In that case user has to review the form for any missing information and has to 'Save' the form again.

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A. Clinical History	D. Examination Findings		~
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C. History of Past Illness	F . Follow-up and Discharge		^
D. Examination Findings E. Epidemiologic Data	Any additional/significant findings of investigation done, please annex as attachment	None	
F. Follow-up and Discharge	Outcome	No improvement 🗸	
	Date of Outcome	⊟ 21/12/2023	
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- After successful submission the patient will get listed under line list
- To 'Edit' or 'Delate' a case, user need to click on respective button for that case

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Editing a saved form

- On clicking the 'Edit' button, the patient's case form will open
- The necessary edit / update can be done and form can be saved again

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ZOONOSES CASE FORM				Data Entry / Zoonoses Case Form
P-Form Step 1 Patient Demography	Patient Demography			So Back
Step 2 Clinical Details	First Name*	Middle Name	Last Name	O Date of Birth Age
	Rani	kumari		🛱 01-Jun-2001
Step 3 Laboratory Tests	Gender*	Government Approved ID	ID card number	
Step 4 Sentinel Surveillance Sites on Zoonoses	Female 🗸	Aadhaar 🗸	97384264987284	
	Mobile Number*	Alternate Mobile Number	Email Id	
	€ 9888888888	¢	knidhi22@gmail.com	
	Current Address			
	State*	District *	Taluka*	Village
	Andaman & Nicobar Islands 👻	SOUTH ANDAMANS × -	Little Andaman X 👻	× *

Reports

- Under reports the option to download the line list of the patients is available
- Click on the 'Case Linelist' to open the web page to download the linelist



Case Line list

- User can select the appropriate option to filter the cases and click on the 'Search' button
- The filtered list will be shown

- Click on 'Excel Export' to download the list
- For institute level users, the line list can be downloaded for cases reported from this instituted
- Once all filters are selected click on 'Excel Export' to download the line list

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SE LINELIST								Reports / Case Line
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Andaman & Nicobar Islands	 South Andamar 	15	Regional Medical Research (Centre, Port E v 21/11/2023	G	21/12/2023	C Search	Excel Export
						Total Records : 13		» »
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2 jaya	9696989898	Male	20/12/2017	Andaman & Nicobar Islands	SOUTH ANDAMANS	Port Blair		
3 ravi	9999999999	Male	20/12/1983	Andhra Pradesh	Alluri Sitharama Raju	Addateegala		
4 Bhupesh	7869010091	Male	19/12/1989	Andaman & Nicobar Islands	SOUTH ANDAMANS	Port Blair		
5 Abhishek	11111111	Male	17/12/1969	Andaman & Nicobar Islands	SOUTH ANDAMANS	Ferrargunj		
6 Abhishek	11111111	Male	17/12/1969	Andaman & Nicobar Islands	SOUTH ANDAMANS	Ferrargunj		
7 test	9999999999	Male	14/12/1968	Andaman & Nicobar Islands	SOUTH ANDAMANS	Little Andaman	Butler Bay Forest Camp 4-I	
8 cfe	4564566666	Male	10/11/2023	Andaman & Nicobar Islands	SOUTH ANDAMANS	Bodri		65yrtrg
9 Test	11111111	Male	28/11/2001	Andaman & Nicobar Islands	SOUTH ANDAMANS	Port Blair	Austinabad	Austinabad
1 XYZ	1245639874	Female	09/10/1991	Andaman & Nicobar Islands	SOUTH ANDAMANS	Little Andaman	Butler Bay Forest Camp 4-I	23

- The exported line list will be saved in default 'Download' location.
- User can navigate to it and can open to see & furthe analyse.

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1 SI No	Facility Name	Case ID	Patient Name	Δσε	Gender	Government	Mobile	Alternat	e Fmail ID	State	District	Taluka	Urban Loca
2 51.110	Regional Medical	14	- maskad-	22 waarr	Mala	Approved ID	Number	Mobile	rohan@gmail.com	Andaman & Nicol	SOUTH AND AMA	Port Plair	Body Port Plair
4 2	Regional Medical	13	masked	6 years	Male	Not Available	masked	masked	test@gmail.com	Andaman & Nicol	SOUTH ANDAMA	Port Blair	Porcolai
5 3	Regional Medical	12	masked	39 years 11 mons	Male	Not Available	masked	masked	rav@yahoo.com	Andhra Pradesh	Alluri Sitharama R	Addateegala	59 Kothurupad
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7 5	Regional Medical	9	masked	53 years 11 mons	Male		masked	masked		Andaman & Nicol	SOUTH ANDAMA	Ferrargunj	
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User Menu

- User menu can be accessed by clicking the down arrow at right upper corner, below username
- Here options are given for 'Profile' (view/update), 'Change Password' and to 'Logout'
- By clicking any of the option will open the respective web page.



Profile (View/Update)

• Here user can update the profile details

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Home / Update Profile				
User Details				
First Name *	Middle Name	Last Name	O Date Of Birth * Age	
Vijayachari	Dr	Р	dd/mm/yyyy	
Gender*	ID Type •	Email *	Mobile Number *	
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	Director & Scientist G			
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Change Password

• Here user can update the password

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	New Password *			
	Retype New Password *			
	Save	Q Reset		
National Health Programmes Help Privacy Terms Acknowledgements	Release Notes	21/12	1/2023 10:57 AM Indian Standard Time	•

Logout

• By clicking 'Logout' user will be logged out and will be taken to the sign in page

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