Media report (22nd February to 28th February 2020)
(ICMR IN NEWS)

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Preface

The PR Unit/PRO office of ICMR since last one and half years have reached from (where is ICMR located) to (everyday mention of ICMR and DG ICMR in National Media). This change from where to why signifies the media visibility and importance of our organization within this stipulated time duration.

Every week Indian Council of Medical Research and Director General ICMR are mentioned by dozens of daily newspapers, periodicals and magazines including online editions.

This week report (ICMR IN NEWS dated 22nd February to 28th February 2020) includes the mention Indian Council of Medical Research (ICMR) in 10 newspapers including top newspapers such as The Times of India, The Hindu, Outlook India among others.

As an organization we first need to fill internal information vacuum at the headquarters as well as the Institutes for better visibility of ICMR which will pave way for complete dilution of external information gap between ICMR and external public including media, government and other related organizations.

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Communication Unit
Let’s Be Realistic About Eating Healthy
February 22, 2020/Outlook India

Manipal lab that detected Nipah virus removed from ICMR list, contests move
February 22, 2020/The News Minutes

Home Ministry Revokes Manipal University's FCRA License Over Nipah Study
February 22, 2020/The Wire

Karnataka: Foreign fund row, Manipal lab can't test coronavirus
February 24, 2020/The Times of India

Let’s Fight Cancer
February 24, 2020/Brighter Kashmir

COVID-19: State ponders over next step
February 24, 2020/The Hindu

Fatty Indians
February 25, 2020/The Pioneer

On February 26, third flight heads to coronavirus-hit Wuhan to evacuate Indians
February 25, 2020/Yahoo News

Protein - A Key ‘Building Block’ Of Life
February 27, 2020/Outlook India

Myanmar signs slew of agreements with India
February 28, 2020/Myanmar Times
Let’s Be Realistic About Eating Healthy
February 22, 2020/Outlook India

Setting unrealistic dietary resolutions like zero eating out, zero-packaged foods, et al. are more often than not impossible to keep. Instead, moderation rather than abstinence would to be a more realistic goal to achieve. Our health would be better served by understanding, and then deciding, what we put inside our bodies. Specifically, the ingredients that we must be watchful of are oils and fats—an integral part of Indian cooking. Oils and fats are used in various recipes—baking/shortening, deep-frying, sautéing, pan-frying, stir-frying, etc. Hence, it’s important to choose the right kind of oils and fats for cooking. After all, the kind of fat and its sources play a major role in defining how healthy or unhealthy a food item is. On the other hand, trans-fats are also formed during the process of partial hydrogenation which is an industrial process to convert unsaturated oils into saturated fat. During this process, vegetable oil, which is liquid at room temperature, is converted into partially hydrogenated vegetable oil, which is solid at room temperature. As a result, it has better textural properties, better flavour and stability. Some food manufacturers also use partially hydrogenated oils to improve food’s texture, shelf life, flavour and stability in baked foods. WHO has set in motion a plan to eliminate industrially-produced trans-fat by 2023, citing linkages to increased risk of coronary heart diseases, including mortality. Demonstrating the dangers of trans-fats in an Indian context, an Indian Council of Medical Research (ICMR) report found that our country has the highest number of trans-fat consumption-related deaths—77,000—per year.

Manipal lab that detected Nipah virus removed from ICMR list, contests move
February 22, 2020/The News Minutes

It has been a testing week for Dr. G Arunkumar, who heads the Manipal Institute of Virology (MIV). The Indian government's decision to strike off MIV’s laboratory from the list of Indian Council of Medical Research’s (ICMR) Viral Research and Diagnostic Laboratories came as a rude shock to Dr. Arunkumar and his counterparts in Manipal. MIV was praised for detecting and containing the outbreak of Nipah virus in Kerala in 2018. "This decision has been taken through no fault of ours. We are unsure what has led to this decision," says Dr. Arunkumar speaking in his office in Manipal. A news report published earlier this month stated that MIV was accused by ICMR of storing pathogens of Nipah virus, considered a Risk Group (RG) 4 virus, and studying it despite not having the required biological safety level 4 (BSL4) certification. The report also stated that the Indian government also asked the United States Centre for Disease Control and Prevention (CDC) to stop funding any research in India without the government's approval. This comes in the wake of a review of research into biological weapons grade pathogens in India amid the coronavirus outbreak. However, the government’s actions were strongly contested by MIV.
In a surprising move, the Ministry of Home Affairs has suspended Manipal University’s FCRA license, effectively stopping the institute from availing or using foreign funds, citing “unauthorised” research undertaken by the Manipal Institute of Virology, according to Hindustan Times. FCRA stands for the Foreign Contribution Regulation Act of 2010, which regulates the use of funds transferred across the border. The accusation pertains to the Manipal Centre for Virus Research’s (MCVR’s) actions during the Nipah virus outbreak in Kerala in 2018. The Indian Council of Medical Research and the Union health ministry had accused the lab of storing and studying Nipah samples in a lab that didn’t have the necessary safeguards to contain the virus, and going so far as to suggest the lab’s access to foreign funds had potentiated it to develop bioweapons. However, MCVR has strongly denied these allegations, explaining that the ministry had explicitly approved the lab to handle Nipah samples as well as that the lab had inactivated the virus, thus nixing its ability to infect, before studying it. An unnamed ministry official reportedly said the license had been cancelled in January 2020 and the university had been informed. Prior to this incident, the government had also terminated the Acute Febrile Illness Project, which the MCVR and the US Centres for Disease Control had been working on together to study numerous infectious diseases with no known treatment, including the Nipah and Ebola viruses, citing the same reasons.

Karnataka: Foreign fund row, Manipal lab can’t test coronavirus
February 24, 2020/The Times of India

The Manipal Institute of Virology (MIV) that played a pivotal role in testing Nipah virus cases in 2018 is nowhere in the scheme of things in preventing the spread of coronavirus in the country. While the laboratory was dropped from the list of viral research and diagnostic laboratories (VRDLs) maintained by the Indian Council for Medical Research (ICMR) since July 2019, the ministry of home affairs in January this year suspended its Foreign Contribution Regulation Act (FCRA) 2010 account alleging it had carried out Nipah virus research using foreign funds.

ICMR sanctioned funds for Nipah virus research: Lab

The lab played a big role in 2018 when the Nipah Virus (NiV) disease broke out in Kerala. ICMR and Union health ministry appreciated the lab in 2018 by for diagnosing the virus and working on its surveillance. The lab tested 367 persons and found 18 of them positive. All cases were from Kerala. MIV began as Manipal Centre for Viral Research (MCVR) in 2010 and was the first private lab to be supported by ICMR for establishing Grade 1 Virus Diagnostic and Research Laboratory. MIV is part of the Manipal Academy of Higher Education. With MCVR removed from ICMR’s list of viral research & diagnostic laboratories, no samples of suspected coronavirus cases are being sent to it.
In a serious concern, Kashmir has been engulfed by various types of cancers, affecting people from length and breadth of Jammu and Kashmir. Government has greater responsibility to arrange facilities for the patients and prioritize health sector and make bring in synergy and help patients to feel better and psychologically stable. In a significant development, the Department of Radiation Oncology Sher-i-Kashmir Institute of Medical Sciences, Soura has been granted project Population-Based Cancer Registry (PBCR) which will be funded by Indian Council of Medical Research to help establish cancer incidence in Kashmir. This is in addition to existing Hospital Based Cancer Registry (HBCR), affiliated to National Cancer Registry Program (NCRP) Bangalore and data pertaining to all cancer patients since 2011 a number of patients have been transferred online to NCRP. However there is much to be done as far as the facilities and other resources at the Kashmir’s premiere healthcare Institute is concerned. In Kashmir, where good Medicare is scarce, and central healthcare system is in shambles, for cancer patients, the diagnosis is nothing short of a death sentence. While there is a lack of proper medical infrastructure, there are also no provisions to cater to mental health of the patient. There are no counseling centers or sessions in the healthcare institutions, especially in the tertiary healthcare institute SKIMS. For patients diagnosed with any type of Cancer, it is as if they are left to be living corpses, for even before their bodies fail them, it is their spirit and their will to live that dies.

**COVID-19: State ponders over next step**
February 24, 2020/The Hindu

As the COVID-19 epidemic spreads across countries the State, too, is bracing to launch its next phase of surveillance to pick up any virus transmission in the community. Kerala’s initial response to COVID-19 outbreak in Wuhan and the possibility of the infection being imported to the State was pre-emptive and focussed. Given the manner in which the situation surrounding COVID-19 has rapidly changed across the globe, the State’s initial strategy of aggressively isolating and imposing quarantine on all travellers from Wuhan seems to have been spot-on. However, now that the risk stratification has changed and there is on-going local transmission of COVID-19 in not just China, but Singapore, South Korea and Italy, there is a lot of confusion regarding the steps that the State should adopt. “Kerala’s response in the initial phase has been the best because we did not wait for a case to surface in community before initiating containment measures. Against all advisories by WHO and ICMR, we isolated and quarantined Wuhan-returnees ahead and then tested them to identify cases. Kerala’s all three COVID-19 cases were already in isolation in hospitals when they developed the mildest of symptoms (day 1 or 2), which is why we could prevent a secondary spread. Not even a single family member of the positive cases contracted the infection from them,” said a public health expert.

“In the next phase, our focus should be on detecting possible community-level transmission at the earliest. We have proposed that our response be scaled up by initiating hospital-based surveillance and investigation of all cases of viral pneumonia with bilateral lung infiltration, even if the patient has had no history of travel,” R. Aravind, Head of Infectious Diseases, Government Medical College Hospital (MCH), Thiruvananthapuram, said.
That Indian cuisine is high on flavour is an undisputed fact but so is the reality that it is making us sick. Not because there’s anything wrong with our food but because our eating habits are askew and we are over-dependent on coating our food with fat. We think nothing of adding more butter to our food and eating deep fried snacks, biryani, paranthas and so on, especially in the metropolitan cities where there’s a culture of indulgence, easy availability of rich foods, even late at night thanks to food apps and an increasing capacity to pay for foods that we crave for. It’s no surprise then that a recent survey by the Indian Council of Medical Research (ICMR) on consumption patterns in Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata and Mumbai shows that the average intake of added fat in all the seven metro cities pooled together was 32.6 grams per person each day, which is higher than the ICMR-recommended levels of 20 grams. Out of these seven cities, Delhi and Ahmedabad topped the list in the daily average consumption of fat. Overall, 18 per cent of the total intake of energy was obtained from visible fat and vegetarians consumed more fat at 40.7 grams per person daily than non-vegetarians at 30.2 grams. The survey also revealed that men consume more fat at 34.1 grams than women who consume 31.1 grams per day. These figures are worrying as the country’s burden of non-communicable diseases (NCDs) is escalating at an alarming rate.

Indian nationals who were airlifted from coronavirus-hit Wuhan city of China’s Hubei undergo screening inside a quarantine facility set by up ITBP, at Chhawla area of New Delhi. (PTI) While India is likely to send a military aircraft carrying relief items to Wuhan, Ground Zero of the coronavirus (COVID-19) outbreak, on February 26, amongst the group of Indians waiting to be evacuated is an Indian businessman, his Chinese wife and son. “I drove over from Shenzhen where I have an export business to visit my wife’s family in Hubei for six days but I got caught in the lockdown,” he told The Indian Express via WeChat. “We couldn’t be evacuated in the first round since I was still waiting for my wife and son who hold OCI cards to be eligible for travel,” the businessman who did not wish to be named said.

For the Indians who have spent more than a month in lockdown, apprehension over the delay in evacuation efforts prompted the Embassy of India in Beijing to ask them to refrain from disseminating speculative information. “We do realise that some of you are getting apprehensive due to the delays. However, we would urge you to remain calm and not resort to disseminating speculative information which may lead to confusion and even panic in the group,” the Embassy said in the WeChat created for this next round of evacuation. At Indian Council of Medical Research, a total of 1461 samples from suspected cases across the country have been tested. This is barring those that were tested from evacuated individuals quarantined at Manesar Army Camp and ITBP Camp at New Delhi. So far there are only three confirmed cases and no new case that is positive for COVID-19.
Protein - A Key ‘Building Block’ Of Life
February 27, 2020/Outlook India

In an era where awareness about health, nutrition and fitness has taken center stage, there still is much to be known about the essential ‘building block’ of life – protein. Many reports indicate that majority of Indians are not aware of what is their ideal daily protein intake requirement. It then comes as no surprise when surveys reveal that consumption of this macronutrient has been on a gradual decline (Source: NSSO), leading to protein deficiencies in approximately 73% of Indians today (Source: IMRB 2017). These startling statistics reveal the urgent need for sound awareness around protein, which is also the first step to tackling its widespread deficiency. This is where public health campaigns like the government’s “Eat Right India” and others such as “Right To Protein” come to play. These initiatives are cultivating conversations around the nutrient to ensure that people are not only aware but, get access to necessary tools towards protein sufficiency leading to overall health and wellness.

Ideal daily protein intake
Children should get their daily protein from natural sources and whole foods, and those who don’t eat meat may need 10 per cent to 15 per cent more protein intake to get the same benefits as meat-eaters. At the same time, do you know how much protein is too much? As per the Recommended Dietary Allowance (RDA) given by Indian Council of Medical Research (ICMR) for Indians, 0.8 to 1 gm protein per kg body weight per day is sufficient to meet the basic nutritional requirements. An effective way to do so would be to ensure that at every meal 1/4th of the plate is filled with protein.

Myanmar signs slew of agreements with India
February 28, 2020/Myanmar Times

The MOUs were on prevention of human trafficking, environmental protection, petroleum product cooperation, health research, communications cooperation, and four on Rakhine State development. The Myanmar leader also met with Indian President Shri Ram Nath Kovind. India seeks to engage with Myanmar under its Act East and Neighbourhood First policies initiated by the government of Prime Minister Narendra Modi. India is the fifth-largest trading partner of Myanmar. Bilateral trade between the two grew 8 percent during 2018-19, and their trade is worth US$1.7 billion. President U Win Myint arrived in New Delhi on Wednesday, and will visit Bodh Gaya and Agra before returning to Myanmar on Saturday.

The MOUs include:
Cooperation for Prevention of Trafficking in Persons; Rescue, Recovery, Repatriation and Re-Integration of Victims of Trafficking Agreement regarding Indian Grant Assistance for Implementation of Quick Impact Projects Agreement between Rakhine State Government and Embassy of India, Yangon, for construction of incinerator in Mrauk-U township hospital, construction of seed storage houses and water supply systems in Gwa township under Rakhine State Development Programme Agreement between Rakhine State Government and Embassy of India, Yangon, for distribution of electricity by solar power in five townships of Rakhine State under Rakhine State Development Programme Agreement between Rakhine State Government and Embassy of India, Yangon, for construction of Kyawlyang-Ohlphyu road, construction of Kyaung Taung-Kyaw
Paung road in Buthedaung township under Rakhine State Development Programme Agreement between Ministry of Social Welfare, Relief and Resettlement and Embassy of India, Yangon, for construction of pre-schools under Rakhine State Development Programme Cooperation on Combating Timber Trafficking, and Conservation of Tigers and other Wildlife Cooperation on petroleum products between India Ministry of Petroleum and Natural Gas and Myanmar Ministry of Electricity and Energy Cooperation on communications between India Ministry of Communications and Myanmar Ministry of Transport and Communications Cooperation in health research between Indian Council of Medical Research and Department of Medical Research, Myanmar Ministry of Health and Sports