



INDIAN COUNCIL OF MEDICAL RESEARCH

Department of Health Research – Ministry of Health & Family Welfare
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(ICMR IN NEWS)

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Center for One Health approved for Nagpur: ICMR Director

March 9, 2019/The Times of India

Nagpur: Director General of **Indian Council of Medical Research (ICMR)** Prof Balram Bhargava, on Friday, declared that the council has decided to establish ‘Center for One Health — a satellite centre under National Institute of Virology, in Nagpur. Maharashtra Animal and Fisheries Science University (MAFSU) will be the knowledge partner in this project. Bhargava was speaking as chief guest of the 9th convocation of MAFSU.

“On an average, a new disease has emerged or re-emerged each year since 1640s. Out of these, 75% have been from an animal source. From 1940 to 2018, more than 340 pathogens emerged, with 60% being zoonotic origin. Out of these, 70% zoonotic pathogens are from Wildlife. It is projected that future pathogens will emerge mostly from wildlife sources. So, the centre in Nagpur will be one of its kind and very important in research point of view,” said Bhargava.

“We have witnessed Nipah outbreaks, Zika cases, ebola cases and other emerging infections like CCHF and KFD are being reported regularly. These are due to the increasing globalization of health risks. The role of Center for One Health will be of paramount significance in such scenario,” he added. The Center will be established on a 4 hectare land in the premises of MAFSU.

MAFSU Vice-chancellor Dr Ashish Paturkar said that the centre would cater the need for systemic epidemiological studies on important zoonotic diseases in Central India. “Another significant development in the recent times is establishment of wildlife research and training centre at Nagpur. This centre will provide training of wildlife health Management to the veterinarians. This will be a great benefit for Nagpur being in vicinity of wildlife,” said Paturkar.

First Indian guidelines for antibiotic use in ICU

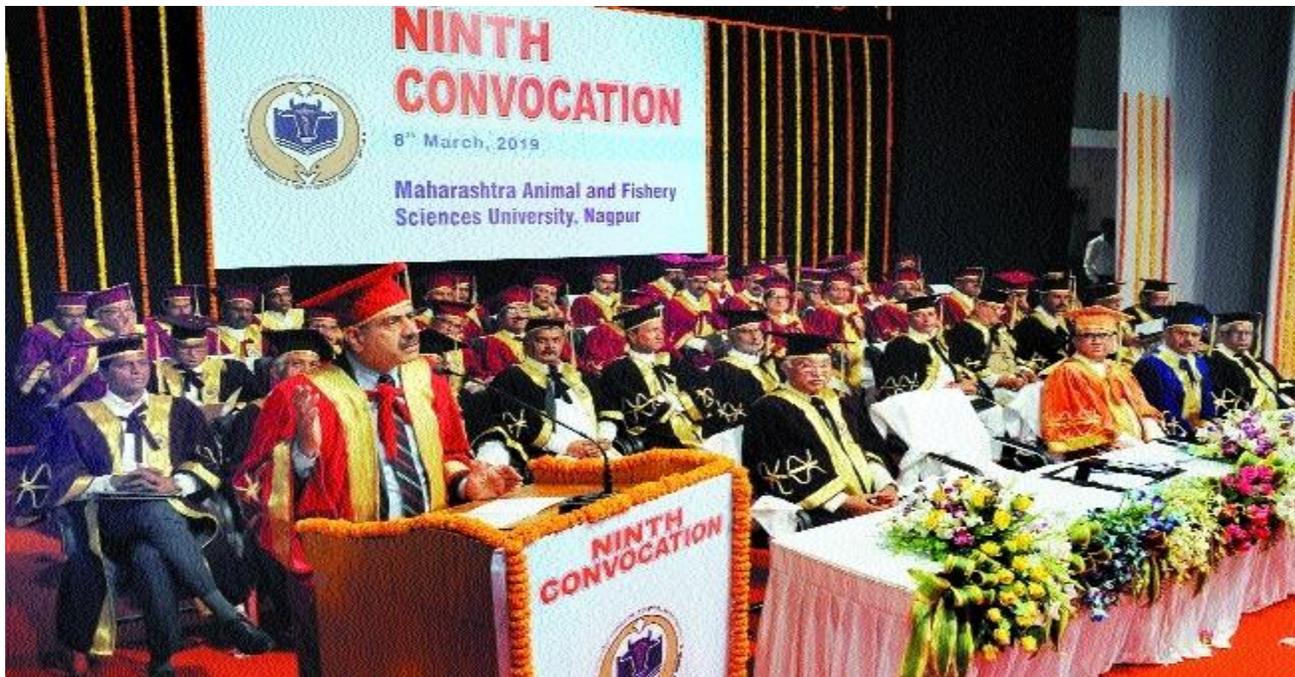
March 9, 2019/Pune Mirror

Experts from across the country, in a first-of-its-kind initiative, have developed national guidelines for antibiotic use in intensive care units (ICUs). The 40-doctor committee, comprising members of the Indian Critical Care Medicine Society (ICCMS), has prepared the country’s first India-centric guidelines for antibiotic prescription in the ICU. The ICCMS has recently discussed the guidelines with the **Indian Council of Medical Research (ICMR)** and who will be submitting it to the Union health ministry. It took two years for the experts to come up with the guidelines and in this members of the ICCMS were aided by experts from the All India Institute of Medical Sciences (AIIMS) Delhi. The comprehensive team included Dr Randeep Guleria, director of AIIMS and Dr GC Khilnani, former head of department of pulmonary and critical care medicine, AIIMS.

Dr Subhash Dixit, president of ICCMS, said, “This will help in planning the antibiotic policy and strategies of using the antibiotics in ICU. It will avoid the misuse and over use of antibiotics.” It will help to precisely pinpoint what antibiotics to start a specific drug with. It would streamline the use of antibiotics in a judicious way.”

Satellite centre on 'One Health' to be started at MAFSU

March 9, 2019/The Hitavada



Indian Council of Medical Research (ICMR) has decided to establish 'Centre for One Health - A Satellite Centre under National Institute of Virology (NIV), Pune, with Maharashtra Animal and Fishery Sciences University (MAFSU).

The Centre is being established as about 62% diseases in human being are transmitted through animals. MAFSU will transfer 4 hectare of land for the Centre. The announcement was made by Prof Balram Bhargava, Secretary, Department of Health Research, Ministry of Health and Family Welfare, Government of India and Director General of ICMR, New Delhi. The announcement was made during ninth Convocation of MAFSU, on Friday.

On an average a new disease has emerged or reemerged every year since World War-II, and 75% of them have been from animal source. From the year 1940 more than 340 pathogens emerged, with 60% being zoonotic origin and 70% from wildlife. It is projected that future pathogens will emerge mostly from wildlife source from the so called EID hotspots in tropical Africa, Latin America and Asia. Of the 1415 pathogens known 75% are of animal origin. From among those affecting humans, 61.6% are of animal origin, Bhargava stated.

'One Health' holistic approach cannot be disassociated from the notion of ecological health. The majority of emerging infectious diseases considered to be significant in terms of public health, also have zoonotic origin, and almost three-quarters originate in wild animals. Role of veterinarians will be of paramount significance to attain the oldest concept of 'On Health', he said.

Bhargava stated that India has made phenomenal progress through Green Revolution and White Revolution. Prof Bhargava congratulated MAFSU for carrying our and promoting research in this field.

Flu clue

March 9, 2019/The Week

The family of flu viruses is a dangerous foe. This year alone, a strain of the virus—Influenza A(H1N1)pdm09, also known as swine flu—has claimed 448 lives among the 14,803 cases that have been reported across the country. The big swine flu outbreak was in 2009-2010 when 2,744 people died, and then in 2015, resulting in 2,990 deaths.

“The main influenza season in India coincides with the monsoon months (June to September). But, in between, we also see summer peaks in February to March, as we did in 2015 [and again this year]. The exception is Jammu and Kashmir with its temperate climate. In India, influenza occurs throughout the year with a major seasonal peak during monsoon,” says Dr G. Arunkumar, head, Manipal Centre for Virus Research (MCVR).

Influenza viruses, say experts, fall in two categories—Influenza A (with several subtypes) and Influenza B (with only two subtypes). What turns the influenza viruses into formidable foes is that they change their genetic footprint rather quickly. The flu viruses belong to the family of RNA viruses (as opposed to DNA viruses) that typically lack a proofreading mechanism (error-correcting process) and have the highest mutation rates of any organisms on earth. Several high-profile viral diseases, such as Ebola, SARS and MERS, which have emerged recently, can be traced to the RNA family.

“When the Influenza A viruses replicate their genome, due to the absence of a proofreading mechanism, a lot of errors or mutations take place,” says Dr Nivedita Gupta, senior scientist, **Indian Council of Medical Research (ICMR)**. “These mutations cause changes in the virus strain, and give it the power to trick the host’s immune system.” The high rate of errors, the characteristic of having fewer genes and smaller genomes means that the virus-host relationship is less complex, and allows the virus to jump hosts quickly as well. “The Influenza A viruses reside in the wildlife populations, particularly wild aquatic birds. Sometimes, during replication activity, one part of the genome will be chopped off and taken from the host’s genes. This mixing of genes is called reassortment, leading to a newer strain of the influenza virus,” says Gupta.

Hyderabad: ICMR picks NIMS for clinical trials

March 10, 2019/Deccan Chronicle

Hyderabad: The Nizam’s Institute of Medical Sciences is the first centre in South India to be selected by **Indian Council of Medical Research (ICMR)** for clinical trials and development of new molecules to bridge the gap between academia and industry.

ICMR chairman Dr Nilima Kshirsagar, national chair clinical pharmacology, along with other senior members of ICMR, visited the NIMS hospital on Saturday. A huge section in the millennium block will be utilised for clinical trials and product development of different molecules.

The centre will also work towards developing innovative products put forth by the academic and industry centres.

ICMR to set up centre at NIMS soon

March 10, 2019/Telangana Today



Hyderabad: In a significant step towards Hyderabad becoming a hub for drug development, clinical research and drug testing in the country, the **Indian Council of Medical Research (ICMR)** has decided to set up its prestigious Rs 7 crore National Centre for Product Development at Nizam's Institute of Medical Sciences (NIMS).

The ICMR centre at NIMS will be the first-of-its-kind in South India and one among five other similar facilities being planned to be set up in Mumbai, Chandigarh, Lucknow and Hyderabad. As part of the initiative, the council will be setting up a state-of-the-art 'Pharmacodynamics and Pharmacokinetics' laboratory-cum-research centre on the seventh floor of NIMS Millennium Block, NIMS Director, Dr K Manohar, said. To draw out an action plan and hammer out other details related to the new clinical research facility, the National Chair of Clinical Pharmacology, ICMR, Dr Nilima Kshirsagar along with two other external experts including Dr Arun Bhatt and Dr Shanti, visited NIMS Hospital to interact with the authorities on Saturday.

"NIMS is the only facility that will have such an ICMR facility in South India. The ICMR National Centre will play an important role in coming up with national guidelines on usage of new and existing drugs, research and development and testing the feasibility of drugs before they are marketed," said Head, Clinical Pharmacology and Therapeutics, NIMS, Dr P Usha Rani.

Senior officials said the ICMR team was keen to start the project from the present financial year itself. They said the ICMR facility will be a major boost for the development of clinical pharmacology and other allied disciplines including translational and pharmaceutical medicines for the benefit of patients. The ICMR centre is also expected to play a vital role in updating regulatory requirements for new types of drugs including those coming up in AYUSH.

ICMR-Pfizer Collaboration: A Conflict of Interest?

March 10, 2019/India Legal Live

Recently, there was a lot of furore over news that the **Indian Council for Medical Research (ICMR)** was collaborating with Pfizer, a drug multinational company that sells antibiotics, for its Anti-Microbial Resistance (AMR) project. There were charges of conflict of interest (CoI) in this "public-private partnership" (PPP) as Pfizer had provided an initial grant of Rs 7 crore to set up a centre in Delhi to combat anti-microbial resistance and to enhance the surveillance programme for this malaise.

As per officials of the ICMR, Pfizer offered its Corporate Social Responsibility (CSR) funds to it and there were no strings attached and no CoI. Those criticising this collaboration advocate that industry support to AMR activities, if any, should be in the form of unrestricted educational grant with multiple grants to a common pool. They assert that the WHO document pertaining to PPPs states: "Pharmaceutical companies would have to be willing to contribute collectively, for example, through their industry associations." They also say that to eliminate or at least reduce CoI, no single company should be selected as a partner to a specific educational or surveillance activity. Before deciding whether this collaboration amounts to CoI or not, let's first understand the meaning of "conflict of interest" and "corporate social responsibility". A conflict of interest is a situation in which a person/organisation

has competing interests or loyalties. It is a situation in which an individual/organisation is involved in multiple interests, financial or otherwise, and serving one interest could involve working against another.



Here, the personal interest of an individual/organisation might adversely affect a duty owed to make decisions for the benefit of a third party. A conflict of interest exists if the circumstances are reasonably believed (on the basis of past experience and objective evidence) to create a risk that a decision may be unduly influenced by secondary interests, and not on whether a particular individual is actually influenced by a secondary interest.

Mayo charges Rs 4,000 for free-of-cost test

March 10, 2019/The Times of India

NAGPUR: Patients requiring prenatal-diagnostic test for sickle cell disease are running from pillar to post at the Indira Gandhi Government Medical College and Hospital (Mayo) as they are being forced to pay Rs4,000 for the test which is supposed to be done free. In government's sector this test (chorionic villi sampling or CVS) which can diagnose whether the baby in the womb is having the sickle cell trait (is just a carrier of disease) or has sickle cell diseases (SCD) is available in only the IGGMCH. Hence, samples from all government hospitals are sent here for testing. This test is supposed to be done free of cost. But the hospital is charging Rs4000 for the test which poor patients cannot afford. Though this money is reimbursed later, a majority of the pregnant women belonging to economically backward sections are complaining that the test is free and no test money should be charged from them. One patient told TOI that it took her two months to arrange for the money but by then she was over three months pregnant. The test has to be done before the completion of three months. "I am a SCD patient. I wanted to know whether my child was also having the disease so that I could abort the baby. But now I have no choice but to carry on the pregnancy," she said.

The IGGMC is learnt to be not doing the test itself. It sends samples to Mumbai where it has to pay the charges. So, it takes the money in advance from the patient. Dr Balwant Kowe, head of the pathology department at the IGGMCH, told TOI that the college was sending the samples to an **Indian Council of Medical Research (ICMR)** laboratory. "The thermocycler of the machine here has gone bad," he said.

Bharat Biotech's Zika, Chikungunya vaccines to enter Phase II trials; focus now on private label market

March 11, 2019/Money Control

Vaccine maker Bharat Biotech International said two of its vaccines against Zika and Chikungunya will be entering phase-II clinical trials, where they will be tested on humans for safety and efficacy. So far there are no vaccines in the world against Zika and Chikungunya. Both are viral diseases and spread primarily by mosquito bites. "We are ready for phase-II trials," said GVJA Harshvardhan, Director at Bharat Biotech. "In the first phase, the vaccine was tested on healthy volunteers to determine the safety," Harshvardhan added.

Zika vaccine

Bharat Biotech surprised the world when it announced in February 2016 that it had developed two Zika vaccine candidates, one of them is an inactivated vaccine

or that contains inactivated virus. The company also said it was probably the first in the world to file for a global patent for Zika Vaccine candidates.



Apart from Bharat Biotech, globally several drugmakers including Inovio Pharmaceuticals, Cerus Corporation, Immunovaccine are in the race to develop a vaccine for Zika.

Zika virus, transmitted through the aedes aegypti mosquito, causes fever, skin rashes, conjunctivitis, muscle and joint pain. Zika infections during pregnancy have been linked to miscarriage and can cause microcephaly, a potentially fatal congenital brain condition. In the backdrop of Zika outbreaks in India starting Ahmedabad in 2017, **Indian Council for Medical Research (ICMR)**, according to media reports announced undertaking phase-II trial of the Bharat Biotech's vaccine.

World Health Organisation launches new global influenza strategy

March 12, 2019/The Indian express

The World Health Organisation (WHO) on Monday released a Global Influenza Strategy for 2019-2030 aimed at protecting people in all countries from the threat of influenza. Experts at the **Indian Council of Medical Research** and Pune-based National Institute of Virology have said that their strategy was in line with the one released by WHO and due emphasis has been given on strengthening and building the capacity of virus diagnostic laboratories across the country. Influenza remains one of the world's greatest public health challenges. Every year across the globe, there are an estimated 1 billion cases, of which 3 to 5 million are severe cases, resulting in 2,90,000 to 6,50,000 influenza-related respiratory deaths. The goal of the strategy is to prevent seasonal influenza, control the spread of influenza from animals to humans, and prepare for the next influenza pandemic. A statement issued on Monday said that the threat of pandemic influenza is ever-present.

According to WHO Director-General Dr Tedros Adhanom Ghebreyesus, "The ongoing risk of a new influenza virus transmitting from animals to humans and potentially causing a pandemic is real. The question is not if we will have another pandemic, but when. We must be vigilant and prepared — the cost of a major influenza outbreak will far outweigh the price of prevention."

It has two overarching goals: Build stronger country capacities for disease surveillance and response, prevention and control, and preparedness. To achieve this, it calls for every country to have a tailored influenza programme that contributes to national and global preparedness and health security. Develop better tools to prevent, detect, control and treat influenza, such as more effective vaccines, antivirals and treatments, with the goal of making these accessible for all countries. For more than 65 years, the Global Influenza Surveillance and Response System (GISRS), comprised of WHO Collaborating Centres and national influenza centres, have worked together to monitor seasonal trends and potentially pandemic viruses. This system serves as the backbone of the global alert system for influenza.

Workshop on diabetes at SKIMS on Mar 14

March 13, 2019/Greater Kashmir

The **Indian Council of Medical Research (ICMR)** has initiated a task force project on "Registry of People with Diabetes in India with Young Age at Onset (YDR)" with SKIMS Srinagar as one of the collaborating centres.

Dr. Shariq Rashid Masoodi, principal investigator, YDR said the primary objective of the project is to understand the magnitude of the problem, disease pattern, types, geographic variation, and incidence/prevalence rates of complications. He said in this regard 7th YDR workshop is being organised on March 14 at SKIMS Auditorium at Soura from 10:00 am to 1:00 pm

He said the on the occasion key feature of the workshop will be free check-up for children and adolescents with diabetes, blood tests, Lipodystrophy check, counselling, diet n diabetes - Carb Counting, insulin injection technique and panel discussion.

"All patients with Diabetes with Young Age at Onset (less than 25 years), their healthcare providers, and diabetes doctors of the Valley are cordially invited to attend the program," said Dr Raiz Ahmad Misgar organising secretary of the event.

West Nile Virus: central team heads to Kerala

March 14, 2019/Medibulletin

Union health ministry on Thursday sent a multi-disciplinary team from the National Centre for Disease Control (NCDC) to support Kerala health authorities in managing West Nile Virus. A section of the media has reported that a seven year old boy from Malappuram District of Kerala is suffering from a West Nile Virus (WNV), a mosquito-borne disease, mostly reported in the continental United States. According to the Centers for Disease Control and Prevention (CDC), West Nile virus (WNV) is the leading cause of mosquito-borne disease in the continental United States. It is most commonly spread to people by the bite of an infected mosquito. Cases of WNV occur during mosquito season, which starts in the summer and continues through fall. There are no vaccines to prevent or medications to treat WNV in people. Fortunately, most people infected with WNV do not feel sick. About 1 in 5 people who are infected develop a fever and other symptoms. About 1 out of 150 infected people develop a serious, sometimes fatal, illness. You can reduce your risk of WNV by using insect repellent and wearing long-sleeved shirts and long pants to prevent mosquito bites. Secretary Sudan has also spoken with Additional Chief Secretary Rajeev Sadanandan in Kerala and reviewed the situation. The Central team includes Dr. Ruchi Jain, RHO Trivandrum, Dr Suneet Kaur, Assitant Director, NCDC, Dr E Rajendran, Entomologist, NCDC, Calicut and Dr Binoy Basu, EIS Officer, NCDC. The team will support the State Health Authorities in managing the disease.

The **Indian Council of Medical Research (ICMR)** has also been alerted and a close watch is being maintained at Central and State level. There are no reports available so far for spread of this virus in other parts of the country.

[World Kidney Day: Why kidney health for everyone, everywhere is a must to reduce burden](#)



March 14, 2019/APN News

Due to its high prevalence, morbidity and mortality, Chronic Kidney Disease (CKD) has become one of the pressing public health issues in India. This is mostly because of lack of adequate accessibility to treatment owing to large number of patients below the poverty line, low gross domestic product and reduced allocations for healthcare. According to latest report by **Indian Council of Medical Research (ICMR)**, the incidence of chronic kidney disease is as high as 17.2% and the number is increasing every day. This is where comes the need to realise the importance of making kidney care and treatment affordable for all. Thus, the World Kidney Day, celebrated every year on the 2nd Thursday of March, has been rightly themed as 'Kidney health for everyone everywhere'.

Financial hardship is considered to be the major reason why most patients suffering from CKD in India do not get appropriate access to treatment. Also, dearth of adequate infrastructure, facilities and doctors in rural and semi-rural areas also add up to the concern of inaccessibility to kidney treatment in the country. There are very less number of dedicated centres for care, lack of universal access to Renal Replacement Therapy (RRT) and lack of a proper record or registry. Despite considerable medical advancements across sectors, 90% of patients with CKD that need RRT for survival are hardly able to afford the treatment and meet fatal consequences. While some initially begin the treatment, 60% of them stop for monetary burden. Kidney transplants are often not affordable for most as the post-transplant complications can also increase the financial burden.

[Centre sends medical team to Malappuram to assess West Nile Virus situation](#)

March 14, 2019/Live Mint

NEW DELHI: Centre on Thursday sent a special medical team to Malappuram district of Kerala from where a confirmed case of West Nile Virus (WNV) fever, a mosquito-borne disease was reported this week. The government has also alerted the apex research organization **Indian Council of Medical Research (ICMR)** for keeping a close watch at central and state level.

"We have dispatched a multi-disciplinary central team from National Centre for Disease Control (NCDC). We are closely monitoring the situation and have spoken to the state health minister of Kerala in this regard. All support will be extended to Kerala in disease's prevention and management," union minister of health and family welfare J.P. Nadda said.

The central team includes Ruchi Jain from Trivandrum, Suneet Kaur, assistant director, NCDC, E. Rajendran, entomologist, NCDC, Calicut and Binoy Basu, EIS officer, NCDC. The team will support the State health authorities in managing the disease.

"WNV, a viral infection currently is very uncommon in India. Birds are the natural hosts of this virus. But it spreads to human by Culex mosquitoes. Mosquitoes become infected when they feed on infected birds. Once a person gets infected, the virus multiplies thereby causing illness," said Pranjit Bhowmik, director, Internal Medicine, Asian Institute of Medical Sciences, Faridabad.

Health Ministry team to assess WNV spread in Kerala

March 14, 2019/Social News



New Delhi, March 14 (IANS) The government on Thursday said it has dispatched a multi-disciplinary Central team from the National Centre for Disease Control (NCDC) to assess the spread of West Nile Virus (WNV) in Kerala. The Health Ministry decision came after a seven-year-old boy from Malappuram district was reportedly diagnosed with WNV -- a mosquito-borne disease mostly reported in the US.

Union Health Minister J.P. Nadda has reviewed the situation with Secretary Preeti Sudan and has directed for all support to be extended to Kerala for the prevention and management of the disease, the Union Ministry said.

Nadda is closely monitoring the situation, it added.

"The NCDC Central team includes Doctors Ruchi Jain RHO Trivandrum, Suneet Kaur, Assistant Director NCDC, E. Rajendran Entomologist NCDC Calicut and Binoy Basu, EIS Officer, NCDC. The team will support the state health authorities in managing the disease," the Ministry said in a statement.

The **Indian Council of Medical Research (ICMR)** has also been alerted and a close watch is being maintained at the Central and state level. There are no reports of the spread of the virus to any other part of the country.

West Nile fever is spread by Culex mosquitoes and the infection could be confirmed only if the second samples test positive. Symptoms include fever, headache, tiredness, body aches, nausea, vomiting, occasionally a skin rash on the body, and swollen lymph glands. The World Health Organisation (WHO) says the WNV is transmitted to humans through bites from mosquitoes which get infected when they feed on infected birds.

Centre Sends Team To Kerala After Boy Tests Positive For West Nile Virus

March 14, 2019/NDTV

NEW DELHI: A central team has been sent to Kerala where a seven-year-old boy has reportedly tested positive for vector-borne West Nile virus to review the situation. The team will also help the district administration in its prevention and management. The virus is transmitted to humans through a mosquito bite and is mostly reported in North America. Affected people complain of fever, headache, body aches, nausea, vomiting, occasionally skin rash and swollen lymph glands.

The boy from Malappuram district is undergoing treatment at the Kozhikode Medical College hospital. A health ministry statement said the Centre is closely monitoring the situation and Union Health Minister JP Nadda has directed for all support to be extended to Kerala for prevention and management of the disease.

Union Health Secretary Preeti Sudan spoke to Additional Chief Secretary Rajeev Sadanandan in Kerala and took stock of public health measures for controlling the spread of the virus, the statement said. The Health Ministry has dispatched a four-member multi-disciplinary central team from National Centre for Disease Control. The team will support the state health authorities in managing the disease.

The **Indian Council of Medical Research** has also been alerted and a close watch is being maintained at the central and state levels, the statement said. "There are no reports available so far about the spread of this virus in other parts of the country," it said.

Union Ministry alert to control spread of West Nile Virus

March 15, 2019/DNA



Two days after the reports of a seven-year-old found positive for West Nile Virus in Malappuram district of Kerala, Union Health Ministry on Thursday released a statement confirming required measures for controlling the virus. The disease is a mosquito-borne disease mostly found in the continental United States of America, and this is the first confirmed case that has been reported in India. The patient was suffering from fever from last few days and was shifted to the Kozhikode Medical College, where the tests confirmed WNV.

"We are vigilant and have extended all the help to the state. The child is responding to the treatment given to him at the Medical College and we are wishing a speedy recovery for him. We will also ask ICMR to conduct some preliminary research," said Preeti Sudan, Secretary, MoHFW.

An **Indian Council of Medical Research (ICMR)** has also been alerted on the virus and has been asked to keep a close watch on it at Central and State level.

Sudan held a meeting with Rajeev Sadanandan, Additional Chief Secretary, Kerala and reviewed the situation. The Health Ministry has dispatched a multi-disciplinary central team from the National Centre for Disease Control (NCDC). The team includes Dr Ruchi Jain, RHO Trivandrum, Dr Suneet Kaur, Assistant Director, NCDC, Dr E Rajendran, Entomologist, NCDC, Calicut and Dr Binoy Basu, EIS Officer, NCDC. The team will support the State Health Authorities in managing the disease. "Union Minister of Health and Family Welfare is closely monitoring the situation and has spoken to the State Health Minister of Kerala in this regard. He has directed for all support to be extended to Kerala in its prevention and Management. There are no reports available so far for the spread of this virus in other parts of the country," stated the Ministry.

Team sent to Kerala to probe West Nile virus

March 15, 2019/The Telegraph

The Union health ministry has sent a disease surveillance team to Kerala to investigate a case of West Nile fever, a mosquito-borne viral infection rare in India but documented earlier in several states, including Bengal.

The health ministry said on Thursday that the team will probe the circumstances of a case of West Nile fever in a seven-year old boy in Kerala's Mallapuram district and assist state health authorities in managing the disease.

The West Nile virus, which may cause encephalitis or brain inflammation in some infected people, does not have any specific treatment or a vaccine. But only about eight of 10 people infected with West Nile virus actually develop any symptoms. Doctors typically prescribe pain-relievers and anti-fever medications but patients with severe symptoms may need to be hospitalised for supportive treatment such as intravenous fluids. The health ministry said in a statement that it has alerted the **Indian Council of Medical Research (ICMR)** but also added that there are no reports of the spread of this virus from other parts of the country.

While West Nile virus infections have been rare in India, doctors and virologists from multiple states, including Assam, Bengal, Madhya Pradesh and Kerala have detected presence of the infection among patients in recent years.

In April 2017, the ICMR's virology unit in Calcutta examining 574 cases of suspected viral infection had found 141 positive for West Nile virus and cautioned that their findings have "clearly established the emergence of West Nile virus in Bengal." Over the past year, virologists have also documented West Nile virus in

three children in Madhya Pradesh and a 34-year-old woman in Lucknow. Scientists with the ICMR unit in Assam had in 2011 also reported 12 West Nile positive samples among 103 examined.



Encephalitis: National Centre for Disease Control team to visit Kerala

March 15, 2019/The New Indian Express

KOCHI: Following reports of Acute Encephalitis Syndrome (AES) cases in Malappuram and Kozhikode districts, a team from the National Centre for Disease Control (NCDC) will soon visit the state. AES, which include Japanese Encephalitis Virus (JEV), West Nile virus (WNV), Nipah (NiV), Kyasanur Forest Disease (KFD) and others, is a group of clinical neurological manifestation caused by a wide range of viruses, bacteria, fungus, parasites, spirochaetes, chemical and toxins.

“There is a spike in AES cases at Kozhikode and Malappuram districts. It was in this backdrop a proposal for conducting an outbreak investigation and epidemiological studies was presented to the NCDC,” said Dr Meenakshy V, additional director of health services (Public Health).

According to her, the said study will help to introduce the JEV vaccine at Kozhikode and Malappuram. It has been pointed out the changes effected due to the floods and its impact on the transmission of vector-borne disease will have to be studied. For this, it is learnt the department is also mulling an eco-epidemiological study by organisations like **ICMR**.

“There is no conclusive evidence to state AES like JEV and KFD were due to the atmospheric temperature variations or due to the impact of the floods. For that, epidemiological studies by NCDC or ICMR are needed,” said Meenakshy.

With regards,

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