



## **INDIAN COUNCIL OF MEDICAL RESEARCH**

Department of Health Research – Ministry of Health & Family Welfare  
Government of India

**Media report (30 March to 05 April 2019)**  
**(ICMR IN NEWS)**

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April 4, 2019/Business Standard

**Emcure launches world's first generic Eribulin for treatment of metastatic breast cancer**

April 4, 2019/Microbioz India

### **Diabetes can cause respiratory arrest**

March 30, 2019/Hindustan Times

A 47-year-old employee of a multinational company in the city suddenly started gasping for breath around 7am before collapsing earlier this month. A diabetic for the last eight years, he was rushed to the closest hospital where doctors found he was suffering from diabetic coma — a result of either extremely high (hyperglycemia) or low (hypoglycemia) blood sugar level. The man's blood sugar level had reached 600 milligrams per decilitre (mg/dL). A fasting blood sugar level less than 100 mg/dL is normal. Due to the coma, he was also experiencing an acute respiratory failure, a condition in which fluid leaks into the lungs, making breathing difficult or impossible. He was minutes away from a complete respiratory arrest, his doctor said, adding that a delay in treatment could have been dangerous and fatal. According to experts, diabetic coma is usually a result of poorly managed diabetes, especially Type 1 diabetes, and symptoms include fatigue, weakness, shortage of breath, nausea, difficulty speaking and sweating. Lapsing into a diabetic coma means the patient is alive but can't awaken or respond to stimulation. "The man had stopped taking his insulin which would have caused the hyperglycemia, ultimately resulting in a coma," said endocrinologist Dr Abhay Ahluwalia, who treated him at Columbia Asia Hospital in Palam Vihar.

He added that it took restoring the fluids by giving a controlled quantity to treat the patient who got out of the coma in four days. India recorded 72 million cases of diabetes in 2017, according to the **Indian Council of Medical Research (ICMR)**, which is 49% of the world's burden. Currently, one in every four people under 25 has adult-onset diabetes, a condition more usually seen in 40-50 year old, according to the ICMR youth diabetes registry. Experts said the disease could be managed easily by taking a few steps and precautions. "Good daily control of diabetes can prevent a diabetic coma. Firstly, keep an eye on your blood sugar levels. Take your medications as directed," said Dr Atul Luthra, endocrinologist, Fortis Hospital. He added that planning with the doctor about how to manage your blood sugar levels in case of illness is recommended. Avoiding diabetes in the first places requires cutting down on sugar and refined carbs in the diet of a high-risk person. Performing physical activity on a regular basis, quitting smoking and increasing Vitamin D intake may help prevent diabetes, said experts.

### **NIOH to develop occupational health programme in Indian context**

March 30, 2019/The Siasat Daily

The National Institute of Occupational Health (NIOH), an **ICMR** institute and the training division of the Public Health Foundation of India (PHFI), is developing a unique program designed for the care and compliance of unorganized sector workers perspective for primary health care professionals. A consultative meeting for the development of the curriculum framework for the occupational health program was held in Ahmedabad on Friday. Leading experts in various aspects of occupational health Dr R Manivelan, Nodal officer, NHM, Tamil Nadu, Dr K U Mistry, former chairman-GPCB, Dr T K Joshi, Advisor to Minister of Science and Technology, Government of India, Dr Tsuyoshi Kawakami, Senior OSH Specialist,

International Labour Organisation, DWT New Delhi, Dr Suneela Garg, Director Professor and Head, Department of Community Medicine, Maulana Azad Medical College, Dr Kamallesh Sarkar, Director – NIOH, Dr Dileep Mavalankar, Director, Indian Institute of Public Health Gandhinagar, PHFI, and Dr Sandeep Bhalla, Director, Training, PHFI were present. Due to the variety of industries present in India, there are varying trends in occupationally related health conditions from one industry to another. A few common occupational health-related conditions encountered in heavy industries, and in those categorized as having hazardous operations, include noise-induced hearing loss, vibration-related disorders, and poisoning. The categories of major occupational diseases in India are occupational injuries, occupational lung diseases, occupational infections, occupational toxicology, and occupational mental disorders. A grouping of major occupational disorders in India according to the etiological factors includes-occupational injuries like: ergonomics related, chemical occupational factors (like dust, gases, acid, alkali, metals etc.), physical occupational factors (like noise, heat, radiation etc.), biological occupational factors, behavioural occupational factors, social occupational factors. This story is provided by NewsVoir. ANI will not be responsible in any way for the content of this article.



### **Human Embryos: Fertile Smuggling**

March 31, 2019/India Legal

The Directorate of Revenue Intelligence (DRI) that is used to all kinds of smuggling—from gold to jewellery to drugs—increasingly has to deal with smuggling of a different kind of cargo. Last week, the agency began probing an alleged case of smuggling of human embryos after Partheban Durai, a Malaysian national, was arrested at Mumbai International Airport on his arrival from Kuala Lumpur on March 15 with a nitrogen canister containing a single human embryo tucked inside his suitcase. On questioning, Durai admitted to bringing embryos to Mumbai at least eight to nine times in the past. In the present case, he was allegedly scheduled to deliver the embryo at Indo Nippon Clinic, Bandra, run by embryologist Goral Gandhi. The clinic has so far denied any involvement in the fiasco. The DRI will be conducting a forensic analysis of the seized embryo to establish its nationality and of the DNA to identify the parents. Import of embryo, ovum and sperm is prohibited in India except for research purposes since 2015. An **Indian Council of Medical Research (ICMR)** guideline to permit regulated import is under the consideration of the Union government. The Ministry of Commerce and Industry, vide a Directorate General of Foreign Trade (DGFT) notification dated October 26, 2015, on the subject, said: “Amendment in import policy of Human Embryo classified under Exim Code 0511 99 99 of Chapter 05 of ITC (HS), 2012–Schedule–1 (Import Policy) changed the existing policy of “import of Human Embryo will be free subject to a ‘No Objection Certificate’ from the Indian Council of Medical Research” to revised policy “Import of Human Embryo is ‘Prohibited’ except for research purposes based on the guidelines of the Department of Health Research.” Durai, who claims to work for Heart to ART IVF centre in Malaysia, was obviously not transporting the embryos for research purposes. The Malaysia centre was registered two years ago in Selangor to exclusively provide surrogacy services and services related to egg donors, surrogate mothers and sperm donors, along with IVF services. Investigators believe he was illegally importing fertilised eggs to be implanted in the wombs of surrogate mothers. In India, the demand for surrogate pregnancies through the commodification of women’s bodies has created a thriving market due to the low costs involved.

## [Yes, you can protect your child from autism when he is in the womb](#)

March 31, 2019/The Health Site



Yes, autism can grip your child's brain even when she is in the womb. Autism spectrum disorder (ASD) is an umbrella term for a cluster of neurodevelopmental disorders including autism, which impairs the normal growth of your child's brain and manifests itself through abnormal behaviour, impaired communication, social and cognitive skills. According to the researchers of a study published in the New England Journal of Medicine, ASD can occur to babies when they are inside the womb. The researchers studied the brain tissues of dead autistic children in the cortex, the outermost part of the brain. Abnormality was found in 90 per cent of the cases in the brain regions responsible for social, communication and language skills. The researchers further noted that these cells were formed due to the defects that took place during the second or third trimester of the gestational period.

As per the WHO estimates, 1 out of 160 children suffers from autism globally. However, the occurrence of this condition in India is 2.25 per 1000 children, as revealed by a 2018 report of **Indian Council of Medical Research**. Though psychiatrists and developmental experts haven't been able to identify the cause of behind autism yet, the World Health Organization (WHO) states that genetic and environmental factors can your child's risk of being born with autism.

According to experts in the field and a growing body of research, the would-be mother's exposure to environmental pollution and certain chemicals, along with other physiological changes that she may go through during pregnancy and delivery, can also negatively impact the prenatal brain development of her child and increase his chance of developing ASD. With World Autism Awareness Day around the corner, we tell you about the precautionary measures you can take during your gestational period to safeguard your newborn from this incurable developmental disorder.

## [ICMR begins research on Zika virus](#)

April 1, 2019/Live Mint

NEW DELHI: India has initiated research on impact of Zika virus on infected pregnant women in Rajasthan and Madhya Pradesh, where cases of virus outbreaks were reported last year. India's apex research organization **Indian Council of Medical Research (ICMR)** on Monday said that the study is being rolled out in Rajasthan in first week of April and in Bhopal by the end of April. "ICMR has initiated a study to understand the outcomes of pregnancy of women infected with Zika and also the occurrence of congenital Zika Syndrome (CZS) as well as other neurological malformations in their newborns," a senior ICMR official said. "Attempts are also being made to expedite the Phase II Zika vaccine clinical trials of Bharat Biotech International Ltd," the official said. According to ICMR, the Zika virus strain isolated from Rajasthan matches with the Brazilian Zika strain associated with outbreaks, and microcephaly or CZS. In this regard, the ICMR-National Institute of Virology (NIV), Pune, has also initiated animal studies (on mice) to understand the potential of this virus to cause microcephaly or CZS. Preliminary reports suggest the absence of one known mutation linked with microcephaly. However, further characterization of the strain is required as microcephaly or CZS has several attributable causes, the official said.

## [USA modifies Zika travel advisory to India](#)

April 1, 2019/Deccan Herald



Nearly six months after it was issued, the USA has modified its Zika travel advisory to India, following a prod from the **Indian Council of Medical Research**.

Between September to November 2018, India witnessed an outbreak of Zika virus disease in Jaipur as well as Bhopal and its neighbouring districts in Madhya Pradesh. While the outbreaks were contained by November end, a travel advisory issued in December 2018 by the Centre for Disease Control and Prevention (CDC) described India as a country with ongoing Zika outbreak. The advisory further cautioned pregnant women not to travel to areas with ongoing Zika outbreaks. On instructions from the Health Ministry, ICMR took up the issue with the CDC. Balram Bhargava, secretary, department of health research and ICMR director general wrote to his counterpart in the CDC and providing the US health agency with evidence of how the outbreak was effectively contained by November 2018.

“The communication was successful in ensuring modification of the travel advisory on March 27, 2019. The status of India has now been changed from 'ongoing outbreak' to 'current or past transmission but no current outbreak,’” ICMR says in a statement on Monday. Zika virus strain isolated from Rajasthan matches with the Brazilian Zika strain. Pune-based National Institute of Virology has initiated animal studies to understand the potential of this virus to cause microcephaly. While preliminary reports suggest the absence of one known mutation linked with microcephaly, studies are currently going on for further characterisation of the strain. ICMR has also initiated a study to understand the outcomes of pregnancy of women infected with Zika and the occurrence of congenital Zika syndrome and other neurological malformations in the newborns.

## [US govt's CDC modifies advisory against travelling to India](#)

April 1, 2019/Business Standard

The US government's Centre for Disease Control and Prevention (CDC) has modified its advisory against travelling to India which it had issued after zika cases were reported in Rajasthan and Madhya Pradesh. The Indian government had urged the US to "withdraw or modify" its advisory in January by providing evidence of the contained outbreak in the country. Director General of **Indian Council of Medical Research (ICMR)** Dr Balram Bhargava in his communication also provided data on human and vector surveillance for zika virus disease in India.

"The communication was successful in ensuring modification of the travel advisory on March 27, 2019. The status of India has now been changed from 'ongoing outbreak' to 'current or past transmission but no current outbreak'," the ICMR in an official statement said. It said the zika virus strain isolated from Rajasthan matches with the Brazilian zika strain associated with outbreaks, and microcephaly/Congenital Zika Syndrome (CZS) and that the ICMR-NIV Pune has initiated mice/animal studies to understand the potential of this virus to cause microcephaly or CZS. In December 2018, the Centre for Disease Control and Prevention, USA, issued a travel health notice on zika virus in India. The travel advisory depicted that India has an ongoing outbreak of the disease in Rajasthan and its surrounding states. The advisory further cautioned pregnant women not to travel to areas with ongoing zika outbreaks. Women planning pregnancy were also alerted on travel. "Such an advisory could have serious implications on travel and trade in India," Bhargava said. Raising concern over the advisory, Bhargava, had said it created an impression that the outbreak of the disease is still continuing.

## After govt of India rebuttal, CDC withdraws Zika travel alert

April 1, 2019/Medi Bulletin



The Centers for Disease Control and Prevention (CDC) has withdrawn its travel alert/advisory against pregnant women coming to India. This follows a stern rebuttal from the government of India which took strong offence to the advisory on the ground that Zika statistics do not match up to the CDC classification of the disease being endemic in India. Between September to November 2018, India witnessed outbreaks of Zika virus disease in Jaipur as well as Bhopal and its neighbouring districts in Madhya Pradesh. There were 153 cases. No fresh cases of Zika virus disease have been reported from both the States since end of November 2018. However, in December 2018 Centre for Disease Control and Prevention, USA issued a Travel health notice on Zika virus in India. The travel advisory depicted that India has an ongoing outbreak of Zika virus disease in Rajasthan and its surrounding States. The advisory further cautioned pregnant women not to travel to areas with ongoing Zika outbreaks. Women planning pregnancy were also alerted on travel. Such an advisory could have serious implications on travel and trade in India.

*As per CDC records the status of India has now been changed from “ongoing outbreak” to “current or past transmission but no current outbreak”*

The government of India immediately took the matter up. Prof. Balram Bhargava, Secretary Department of Health Research & Director General, **Indian Council of Medical Research (ICMR)** wrote to CDC to withdraw or modify the travel advisory providing evidence of the contained outbreak in India. The letter provided data on human and vector surveillance for Zika virus disease in India.

The communication was successful in ensuring modification of the travel advisory on 27th March 2019. The status of India has now been changed from “ongoing outbreak” to “current or past transmission but no current outbreak”.

## US govt's CDC modifies advisory against travelling to India

April 1, 2019/Outlook India

New Delhi, Apr 1 The US government's Centre for Disease Control and Prevention (CDC) has modified its advisory against travelling to India which it had issued after zika cases were reported in Rajasthan and Madhya Pradesh. The Indian government had urged the US to "withdraw or modify" its advisory in January by providing evidence of the contained outbreak in the country. Director General of **Indian Council of Medical Research (ICMR)** Dr Balram Bhargava in his communication also provided data on human and vector surveillance for zika virus disease in India. "The communication was successful in ensuring modification of the travel advisory on March 27, 2019. The status of India has now been changed from 'ongoing outbreak' to 'current or past transmission but no current outbreak'," the ICMR in an official statement said. It said the zika virus strain isolated from Rajasthan matches with the Brazilian zika strain associated with outbreaks, and microcephaly/Congenital Zika Syndrome (CZS) and that the ICMR-NIV Pune has initiated mice/animal studies to understand the potential of this virus to cause microcephaly or CZS. "Preliminary reports suggest the absence of one known mutation linked with microcephaly. However, further characterization of the strain is required as microcephaly/CZS has several attributable causes," the statement

stated. The ICMR has also initiated a study to understand the outcomes of pregnancy of women infected with zika and also the occurrence of CZS as well as other neurological malformations in their newborns. The study is being rolled out in Rajasthan in first week of April and in Bhopal by end of April.



### [U.S. modifies Zika advisory](#)

April 1, 2019/The Hindu

The U.S. has ‘softened’ and modified its Zika virus alert for travellers to India, changing the status from “ongoing outbreak” to “current or past transmission but no current outbreak” after the Health Ministry intervened. “As of now, no cases are prevalent,” an **ICMR** official said.

### [Zika virus: US relaxes travel warnings to India](#)

April 2, 2019/Down to Earth

Centre for Disease Control (CDC), a US health protection agency, has eased its December 2018 travel advisory to India over Zika outbreak, especially for pregnant women. The CDC had earlier cautioned pregnant women to not travel to India as there was an ongoing outbreak in Rajasthan and Madhya Pradesh. On April 1, 2019, the **Indian Council of Medical Research** said its December rebuttal to CDC’s earlier advisory has led the international agency to say the status of Zika outbreak has changed to “current or past transmission but no current outbreak” from the earlier status given to all south Asian nations — “ongoing outbreak”. Also, the revised CDC advisory puts all countries in the clear from having an “ongoing outbreak”. However, it is not immediately clear if this rebuttal was actually behind this change. According to the CDC website, the advisory now states, “India has reported past or current Zika virus transmission. We do not have accurate information on the current level of risk. There may be delays in detection and reporting of new outbreaks. Because Zika is a cause of severe birth defects, CDC recommends pregnant women and couples trying to become pregnant within the next three months work with their health care providers to carefully consider the risks and possible consequences of travel to areas with risk of Zika. If you travel, you should strictly follow steps to minimise exposure to and prevent mosquito bites.” The ICMR adds that Zika virus strain isolated in Rajasthan matches with the one in Brazil, which saw a massive outbreak in 2016. It further clarifies that though preliminary studies done on strain in Rajasthan do suggest that the mutation causing birth defects (microcephaly) was absent there but “further characterisation of the strain is required as microcephaly has several attributable cases. This is a quite a departure from the stand taken by ICMR earlier. It had almost ruled out the possibility of microcephaly in Rajasthan. It was also questioned by several experts, who had termed it detrimental to public health.

## Following India requests, US revises Zika advisory

April 2, 2019/The New Indian Express

NEW DELHI: Following requests by India's top health research body, the US administration has revised a travel advisory that advised pregnant American women against visiting India due to an outbreak of Zika virus.

In December 2018, Centre for Disease Control and Prevention, USA had issued a travel health notice on Zika virus in India. The travel advisory had said that India has an ongoing outbreak of Zika virus in Rajasthan and its surrounding states. It cautioned pregnant women against travelling to areas where the outbreak has been reported. Women planning pregnancy were also advised to revise their travel plans. Following a letter by **ICMR** to withdraw or modify the travel advisory in the light of evidence of containing the outbreak in India, the advisory, however, was changed last week. In the new notice by the CDC, US issued on March 27, the status of India has been changed from "ongoing outbreak" to "current or past transmission but no current outbreak" of Zika virus. In September-October last year, nearly 100 cases of Zika virus, which spreads from a mosquito bite and often leads to severe malformation, including microcephaly and other birth defects, in babies born to infected women, had been confirmed in Rajasthan and Madhya Pradesh. ICMR has now also initiated a study to understand the outcomes of pregnancy of women infected with Zika.

## No current Zika outbreak in India, US-CDC modifies travel advisory

April 2, 2019/Medical Dialogue

New Delhi: The US government's Centre for Disease Control and Prevention (CDC) has modified its advisory against travelling to India which it had issued after zika cases were reported in Rajasthan and Madhya Pradesh. The Indian government had urged the US to "withdraw or modify" its advisory in January by providing evidence of the contained outbreak in the country. Director General of **Indian Council of Medical Research (ICMR)** Dr Balram Bhargava in his communication also provided data on human and vector surveillance for zika virus disease in India. "The communication was successful in ensuring modification of the travel advisory on March 27, 2019. The status of India has now been changed from 'ongoing outbreak' to 'current or past transmission but no current outbreak'," the ICMR in an official statement said. It said the zika virus strain isolated from Rajasthan matches with the Brazilian zika strain associated with outbreaks, and microcephaly/Congenital Zika Syndrome (CZS) and that the ICMR-NIV Pune has initiated mice/animal studies to understand the potential of this virus to cause microcephaly or CZS. "Preliminary reports suggest the absence of one known mutation linked with microcephaly. However, further characterization of the strain is required as microcephaly/CZS has several attributable causes," the statement stated. The ICMR has also initiated a study to understand the outcomes of pregnancy of women infected with zika and also the occurrence of CZS as well as other neurological malformations in their newborns. The study is being rolled out in Rajasthan in the first week of April and in Bhopal by the end of April. Attempts are also being made to expedite the phase II zika vaccine clinical trials of Bharat Biotech International Ltd. Human surveillance for Zika virus disease in India will be continued. As of now, no cases of Zika virus disease are being reported from any part of the country.

## India's Zika status modified

April 2, 2019/ITIJ

The US Centres for Disease Control and Prevention (CDC) has modified its advisory against travelling to India due to Zika from 'ongoing outbreak' to 'current or past transmission but no current outbreak', indicating that it is now safe for travellers to visit the country without risk of the disease. Back in January, the Indian Government asked the US to withdraw its advisory against travel to India, stating that the Zika outbreak had subsided. At the time, Director General of the **Indian Council of Medical Research (ICMR)** Dr Balram Bhargava said: "I wish to bring to your attention that Zika virus outbreak in both Rajasthan and Madhya Pradesh have now subsided completely. There are no reports of fresh cases and vector indices are also well within acceptable limits. I urge you to take up the matter with the concerned authorities at CDC and withdraw/modify the travel advisory." He provided data on human and vector surveillance for Zika virus disease in India. In an official statement, the ICMR stated: "The communication was successful in ensuring modification of the travel advisory on 27 March 2019." It is still advisable for travellers to India to take precautions to avoid disease transmission, such as avoiding mosquito bites by using repellent and covering up.

## Zika virus: US eases travel warning for India

April 2, 2019/Drug Today Medical Times

NEW DELHI : The US health protection agency Centre for Disease Control (CDC) has relaxed its December 2018 travel advisory to India over Zika outbreak. This has been done after a letter was written to CDC by the **Indian Council of Medical Research (ICMR)**. Dr Balram Bhargava, director ICMR, had written to CDC to withdraw or modify the travel advisory. Dr Bhargava provided evidence of the contained outbreak in India and data on human and vector surveillance for Zika in India. "The communication was successful in ensuring modification of the travel advisory on March 27, 2019. The status of our country has now been changed from ongoing outbreak to current or past transmission but no current outbreak," a press statement of ICMR said.

## ICMR, African Union ink MoU for health science management

April 2, 2019/Bio Spectrum

**Indian Council of Medical Research (ICMR)**, Ministry of Health and Family Welfare, Government of India recently signed an MoU with the African Union (AU) represented by Scientific Technical and Research Commission (AU-STRC) in New Delhi. The MoU will strengthen South-South collaboration in advancing health sciences research; enhance local capacity and ownership. Recognizing the common health challenges faced by limited public health resources the current initiative aspires to intensify cooperation and collaboration to develop cutting-edge, innovative and sustainable solutions catering to the health needs of respective regions of the globe. The programme would focus on training and strengthening capacity of health professionals, researchers, regulators and industry staff; support research collaborations for developing preventive tools and improved diagnostics for diseases which are regional priorities in India and Africa strengthening product

development and manufacturing capacities for drugs and diagnostics.

Dr. Balram Bhargava, Secretary DHR and DG, ICMR said that this MoU is a major step to help enrich global health research and stitch it to regional needs of India and Africa. The deliberations charted through series of discussions with leading experts will ensure advancements in strategic and multifaceted regional cooperation to optimize available resources towards contesting shared challenges in health sciences.



### [US Government Changes Travel Advisory to India As Zika Outbreak Contained](#)

April 2, 2019/The Wire

New Delhi: The US government's Centre for Disease Control and Prevention (CDC) has modified its advisory against travelling to India which it had issued after Zika cases were reported in Rajasthan and Madhya Pradesh. The Indian government had urged the US to "withdraw or modify" its advisory in January by providing evidence of the contained outbreak in the country. Director General of **Indian Council of Medical Research (ICMR)** Dr Balram Bhargava in his communication also provided data on human and vector surveillance for Zika virus disease in India. "The communication was successful in ensuring modification of the travel advisory on March 27, 2019. The status of India has now been changed from 'ongoing outbreak' to 'current or past transmission but no current outbreak'," the ICMR in an official statement said. It said that the Zika virus strain isolated from Rajasthan matches with the Brazilian Zika strain associated with outbreaks and microcephaly or Congenital Zika Syndrome (CZS). The ICMR-NIV Pune has initiated mice/animal studies to understand the potential of this virus to cause microcephaly or CZS. The advisory further cautioned pregnant women not to travel to areas with ongoing Zika outbreaks. Women planning pregnancy were also alerted on travel. "Such an advisory could have serious implications on travel and trade in India," Bhargava said. Raising concern over the advisory, Bhargava had said it created an impression that the outbreak of the disease is still continuing. "I wish to bring to your attention that Zika virus outbreak in both Rajasthan and Madhya Pradesh have now subsided completely. There are no reports of fresh cases and vector indices are also well within acceptable limits. "I urge you to take up the matter with the concerned authorities at CDC and withdraw or modify the travel advisory," Bhargava had said in the letter.

### [US govt's CDC modifies advisory against travelling to India](#)

April 2, 2019/ET Healthworld

New Delhi: The US government's Centre for Disease Control and Prevention (CDC) has modified its advisory against travelling to India which it had issued after zika cases were reported in Rajasthan and Madhya Pradesh. The Indian government had urged the US to "withdraw or modify" its advisory in January by providing evidence of the contained outbreak in the country. Director General of **Indian Council of Medical Research (ICMR)** Dr Balram Bhargava in his communication also provided data on human and vector surveillance for zika virus disease in India. "The communication was successful in ensuring modification of the travel advisory on March 27, 2019. The status of India has now been changed from 'ongoing outbreak' to 'current or past transmission but no current outbreak'," the ICMR in an official statement said. It said the zika virus strain isolated from Rajasthan matches with the Brazilian zika strain associated with outbreaks, and microcephaly/Congenital Zika Syndrome (CZS) and that the ICMR-NIV Pune has

initiated mice/animal studies to understand the potential of this virus to cause microcephaly or CZS.



### Centre protests Zika warning, US CDC retracts

April 2, 2019/Health Issues India

The Government reacted with resentment to a travel warning issued by a US agency about the Zika virus, with the agency since withdrawing and modifying its comments. The Center for Disease Control and Prevention (CDC) previously put out an advisory, cautioning pregnant women from travelling to India following Zika virus outbreaks in two states last year. The CDC earlier described the virus as “endemic” but has since then relaxed the designation following criticism by the government, which had earlier called for the CDC to “withdraw or modify” its comments. The CDC has now retracted the notion that Zika is “endemic”, stating instead there is “current or past transmission but no current outbreak.”

Rajasthan and Madhya Pradesh were the sites of outbreaks last autumn. As the Zika virus can cause birth defects such as microcephaly (causing the brain and head to be underdeveloped) if transmitted to the mother during pregnancy. Hence, expectant mothers were told to avoid Rajasthan entirely. This came despite government insistence that the outbreaks had been confined to certain areas and was under control. High-level officials were dispatched to affected areas soon after the initial presence of the virus was confirmed. Screening programmes were conducted in areas where infections with the Zika virus were reported, such as Rajasthan state capital Jaipur. The Centre reportedly provided evidence to reflect that it had successfully contained outbreaks. **Indian Council of Medical Research (ICMR)** Director General Dr Balram Bhargava said, “the communication was successful in ensuring modification of the travel advisory.” The CDC has not ceased to warn of the risks to pregnant mothers and their children, however. “We do not have accurate information on the current level of risk. There may be delays in detection and reporting of new outbreaks,” the agency said.

### Gandhi: Fitness freak, champion of sustainable food and a pioneering vegan

April 3, 2019/Indus Dictum

Walking and engaging in physical activity every day, good intake of fresh vegetables and fruits, consuming food items low in sugars, salt and fats, avoid taking tobacco and alcohol, maintaining environmental cleanliness and personal hygiene.

This may sound pretty much like an advisory issued by the World Health Organisation to keep non-communicable as well as communicable diseases at bay. But these are actually the tenets of good health Mahatma Gandhi preached and practiced a century ago.

Nutritionists and public health experts feel that many of these ideas are greatly relevant now and have the backing of scientific evidence. They can help fight health problems ranging from malnutrition to heart disease.

Gandhi believed that excessive eating, inordinately frequent meals. and overindulgence of concentrated starches & sugars were unhealthy and caused diseases. He suggested avoiding sweets as much as possible and consuming gur (jaggery) in small quantities. He was against polishing of rice or refining of wheat flour. “Sieving of the flour should be avoided. It is likely to remove the bhushi or the pericarp which is a rich source of salts and vitamins, both of which are most valuable from the point of view of nutrition,” he had written.

“All this is in tune with the current recommendations on nutrition,” nutritionists

Subbarao M. Gavaravarapu and R. Hemalatha from the Hyderabad-based National Institute of Nutrition (NIN) have observed in an analysis published in a special issue of the Indian Journal of Medical Research (IJMR). "Gandhiji recognised the need for including fats/oils in the diet. Even today, the Dietary Guidelines developed by NIN suggest that about 10% of the total daily calories should be met from visible fats."



Through his interaction with scientists, Gandhi exchanged knowledge and even influenced medical research in British India to some extent. Robert McCarrison, the first Director of NIN, used to have long conversations with Gandhi on diet and dietetics, particularly on the use of milk as Gandhi had taken a vow not to drink milk. "That relationship resulted in creating a strong foothold in the area of nutrition and accelerating research," pointed out Dr Balram, Bhargava, Director General of the **Indian Council of Medical Research (ICMR)**.

In the field of communicable disease, Gandhi emphasized the importance of eliminating mosquito breeding sites and regular monitoring of water containers as a measure to prevent breeding of mosquitoes and malaria. He considered such methods more effective than distribution of quinine tablets. Gandhi also sought elimination of diseases like leprosy and tuberculosis that bred stigma and untouchability through isolation of those infected.

### [More policy work needed to reduce use of smokeless tobacco, say researchers](#)

April 3, 2019/Eurek Alert

Researchers at the University of York have shown that regulations on smokeless tobacco are still lacking, despite 181 countries agreeing to a common approach to controlling the demand and supply. The study, published in *The Lancet Oncology*, highlighted that of the 181 countries using the WHO Framework Convention on Tobacco Control (FCTC), only 138 define smokeless tobacco in their statutes and 34 countries have so far reported levying tax on smokeless tobacco products.

Just six countries check and regulate the content of smokeless tobacco products while only 41 mandate pictorial health warnings on these products.

Professor Kamran Siddiqi, from the University of York's Department of Health Sciences, said: "Smokeless tobacco is particularly popular in Asia and Africa and includes chewing tobacco as well as various types of nasal tobacco.

"They contain high levels of nicotine as well as cancer producing toxic chemicals, making head and neck cancers common in those who consume smokeless tobacco products. "Women are a particularly high-risk group, as cigarette smoking is less social acceptable in females in parts of Asia and Africa, resulting in smokeless tobacco being a popular alternative. "We found that there is a policy implementation gap in smokeless tobacco control, highlighting the need for increased global efforts to reduce the use of the products to catch-up with the progress made in curbing cigarette consumption." Professor Ravi Mehrotra, Director of the **Indian Council of Medical Research's** National Institute of Cancer Prevention and Research (ICMR-NICPR), India, said: "Smokeless tobacco use is a public health concern in Southeast Asia, and beyond and requires a comprehensive approach to deal with the challenges identified in this study.

"The WHO FCTC Global Knowledge Hub on Smokeless Tobacco at ICMR-NICPR is committed to assisting in implementing the key recommendations in order to reduce the significant health burden."

## **TB awareness prog held at Mopungchuket Village**

April 3, 2019/Morung Express

The **Indian Council of Medical Research (ICMR)**, Regional Medical Research Centre (RMRC), Dibrugarh organised a TB awareness program at Mopungchuket Village on April 3 on the theme, 'It's time to end TB' with Dr. M. Imyangluba Ao, District TB Officer as the guest of honour. Dr. Imyangluba Ao shared on the importance of awareness relating to TB, the symptoms and the different facilities provided by the government to TB patients and their caregivers. He also urged the community to take active participation to end TB as well as the social stigma surrounding the disease. He thanked the ICMR for the initiative taken to organise the program to throw light on an often ignored disease. The programme was attended by all the NGOs in the village along with the council members as well as concerned citizens. Welcome address was delivered by Aosadang, village council chairman who thanked the ICMR team for choosing Mopungchuket as the model village for conducting the survey and the follow up work that they have been doing since last year. Songs and plays relating to awareness of tuberculosis were also presented in the programme.

## **More policy work needed to reduce use of smokeless tobacco, say researchers**

April 3, 2019/Medical Xpress

The study, published in *The Lancet Oncology*, highlighted that of the 181 countries using the WHO Framework Convention on Tobacco Control (FCTC), only 138 define smokeless tobacco in their statutes and 34 countries have so far reported levying tax on smokeless tobacco products. Just six countries check and regulate the content of smokeless tobacco products while only 41 mandate pictorial health warnings on these products. Professor Kamran Siddiqi, from the University of York's Department of Health Sciences, said: "Smokeless tobacco is particularly popular in Asia and Africa and includes chewing tobacco as well as various types of nasal tobacco. "They contain high levels of nicotine as well as cancer producing toxic chemicals, making head and neck cancers common in those who consume smokeless tobacco products. "Women are a particularly high-risk group, as cigarette smoking is less social acceptable in females in parts of Asia and Africa, resulting in smokeless tobacco being a popular alternative. "We found that there is a policy implementation gap in smokeless tobacco control, highlighting the need for increased global efforts to reduce the use of the products to catch-up with the progress made in curbing cigarette consumption." Professor Ravi Mehrotra, Director of the **Indian Council of Medical Research's** National Institute of Cancer Prevention and Research (ICMR-NICPR), India, said: "Smokeless tobacco use is a public health concern in Southeast Asia, and beyond and requires a comprehensive approach to deal with the challenges identified in this study. "The WHO FCTC Global Knowledge Hub on Smokeless Tobacco at ICMR-NICPR is committed to assisting in implementing the key recommendations in order to reduce the significant health burden."

## [Only 138 countries define smokeless tobacco in their statutes: Study](#)

April 4, 2019/Business Standard

Of the 180 parties to the WHO Framework Convention on Tobacco Control, 138 countries define smokeless tobacco in their statutes while only 34 have so far reported levying a tax on such products, according to a recent study.

According to the study published in the Lancet Oncology journal on Thursday, just six countries check and regulate the content of smokeless tobacco products while only 41 countries mandate pictorial health warnings on them.

Describing the extent of the policy implementation gap in smokeless tobacco (SLT) control, researchers stated that there are only a handful of public awareness campaigns on the harms associated with tobacco so far and only 16 countries have implemented a comprehensive ban on smokeless tobacco advertisement, promotion and sponsorships. Globally, fewer smokeless tobacco users are advised to quit vis--vis smokers. Professor Ravi Mehrotra, Director of the National Institute of Cancer Prevention and Research (ICMR-NICPR) and the lead author of the paper, said that smokeless tobacco use as a public health concern requires a comprehensive approach to deal with the challenges identified in the paper. In this regard, the WHO Framework Convention on Tobacco Control Global Knowledge Hub on Smokeless Tobacco at **ICMR-NICPR** is committed to assisting all countries in implementing the key recommendations from the paper, he said. Co-author of the study Dhirendra Sinha from the School of Preventive Oncology highlighted the global burden of SLT use and said "smokeless tobacco kills over half a million adults worldwide".

## [Emcure launches world's first generic Eribulin for treatment of metastatic breast cancer](#)

April 4, 2019/Microbioz India

Eribulin will be available in India at approximately 40% cost of the innovator brand Emcure Pharmaceuticals, a leading integrated global pharmaceutical company from India today announced the launch of the world's first generic version of Eisai Pharmaceutical's Halaven (Eribulin) for the treatment of metastatic breast cancer (MBC). Emcure will be marketing the drug under brand name 'Eribilin', with an aim to offer high-quality and cost-effective treatment option to breast cancer patients in India. As per reports from the **Indian Council of Medical Research & Population Based Cancer Registry (ICMR-PBCR)** Breast cancer is the commonest occurring cancer in urban Indian women and the second commonest in rural women. Although world class breast cancer treatment is available in India, majority of the patients are unable to access it due to lack of quality infrastructure, skills and above all financial resources. "Incidence of breast cancer is on the rise in India and being a price sensitive market with low awareness, with the launch of Eribilin we aim to provide a proven and cost-effective treatment of high quality and efficacy as offered by the innovator brand. It is a proud moment for Emcure to launch Eribilin, the world's first generic version of the innovator brand that will break the price barrier making it a cost-effective option for patients," said Mr. Sainath Iyer, President – Business Strategy & Specialty Business – Emcure Pharmaceuticals Ltd. Various Indian studies suggest that about 20% of breast cancers are triple-negative breast cancers. Triple-negative breast cancer (TNBC) is cancer that tests negative for estrogen receptors, progesterone receptors, and excess HER2 protein

With regards,

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