



INDIAN COUNCIL OF MEDICAL RESEARCH

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ICMR launches web-based tool to help treat cleft

February 16, 2019/The Sunday Guardian Live

NEW DELHI: **Indian Council of Medical Research (ICMR)**, along with All India Institutes of Medical Sciences (AIIMS), launched “IndiCleft”, a web-based tool that will identify risk factors and help in online and offline data recording of patients suffering from cleft lip or cleft palate. Cleft of the lip or the palate is the split or an opening in the lip or the roof of the mouth and is a common birth condition. It can occur alone or as part of a genetic condition or syndrome. Patient suffering from cleft palate has difficulty speaking and feeding. IndiCleft is a robust, first web and android-based tool and has been developed with the help of National Informatics Centre (NIC). “There are two elements here, the first element that you are looking at here is the patient information and the second element is module for collecting patient’s data,” ICMR Director-General Dr Balram Bhargava said during the launch on Thursday. Explaining the working of the tool, experts said that the whole page is designed specifically to capture information for two categories of users – one is for the patients and parents seeking information, and the other is for the professionals “who are willing to get associated with us.” About 35,000 cleft babies are born every year in India. Speaking on the subject, Dr Bhargava said, “In this era of technological dominance, we should be slightly careful and I think we should start small projects like this.” The Rashtriya Bal Swasthya Karyakram has identified cleft lip and palate as one of the visible deformities which are recorded under the government programme. Speaking about the programme, Deputy Health and Family Commissioner Dr Ajay Khera said, “This tool is also going to identify the risk factors because prevention is better than cure. If we have complete information about 35,000-40,000 cases and if we try to collect their demographic profile and various risk factors one can make out whether the reasons are genetic in nature or whether other factors could be the culprit.” The multi-centric phase of the study is currently underway in New Delhi, Hyderabad, Lucknow and Guwahati.

ICMR launches portal to detect cleft patients

February 16, 2019/The Hindu

A national web-based portal on cleft education and researchers platform was launched at the **Indian Council of Medical Research (ICMR)**. The Indicleft tool is the first-of-its-kind portal that provides facility to researchers’ data and findings to upload cleft anomaly from any site. “The tool includes all aspects of the cleft anomaly from the time of conception, birth and till adulthood. The tool was developed under the aegis of a task force multi-speciality project funded by the ICMR in collaboration with the Centre for Dental Education and Research, AIIMS, New Delhi. The project is the brainchild of Professor O.P. Kharbanda and was conceived in 2007. The pre-pilot phase started in 2010,” noted an ICMR release. The project is on multicentre mode. The overall goal of the project is to establish strategies for prevention and treatment of this deformity. As a part of the study, a comprehensive “IndiCleft tool” has been developed in collaboration with National Informatics Centre (NIC), which has been employed across different participating centres in the country. The Standard Operating Procedures (SOPs) for

recording extra and intra oral photographs, radiographs, dental study model and investigations on hearing and speech defect have been developed in the IndiCleft tool. Speaking on the occasion, Prof. Balram Bhargava, Director General, ICMR said: “There are obvious advantages of the tool like GIS data recording where the data from all over the country can be co-related with the demographic details of the area for the determination of risk factors, features of patient follow-up, real time data analysis. Overemphasis of the quality of the data collection under a promising project like IndiCleft was also highlighted.”

National Aids Research Institute to drop focus on HIV, undergo name change

February 17, 2019/Hindustan Times

Nearly three decades after it was established, the National Aids Research Institute (NARI) is set to drop its focus on research into the Acquired Immuno-deficiency Syndrome (Aids) and also undergo a name change in the coming months.

NARI director Dr Samiran Panda said in an interview that this was among the issues discussed during the February 8 visit by **ICMR (Indian Council of Medical Research)** director Dr Balram Bhargava to the institute at Bhosari, Pune.

A number of issues were discussed, “of which the most important was a mandate to change the name of the institute. The reason being, HIV infection has come down majorly, showing a success in controlling and preventing the disease in the country and the incidence rate too has dropped majorly. Hence, to make better use of the institute and its research team in other fields as well, the ICMR has proposed to rename the institute. Now it will not be known as NARI anymore,” Dr Panda said.

According to him, NARI will no longer serve as a single disease centre but will address other areas of public health too. “We will extend our expertise to the sudden outbreak of HIV, as was detected in Unnao of Uttar Pradesh some time ago,” he said.

Dr RR Gangakhedkar, country head of epidemic and communicable diseases, ICMR, said, “We have seen a major drop in number of HIV positive cases in the last few years in the country and now the institute can impart the same knowledge with others and apply the same to other fields of public health as well.”

Global Adult Vaccines Market Expansion to be Persistent During 2017 – 2025

February 19, 2019/Honest Version

Vaccination and immunization is aids in prevention of diseases among adults and children. Vaccines are biological suspensions that contain an agent that resembles the disease causing microorganisms and are often made from inactivated microbes, toxins or surface proteins. The active agents present in the vaccine stimulates body’s immune system to recognize the disease causing agent as ‘foreign substance’ and develop antibodies against it. Vaccines are a preferable and highly recommended preventive measure against certain severe diseases, however, have mild side effects.

Market Dynamics

Development of vaccines for various new diseases and rising awareness regarding advantages of preventive medication are the two prominent factors supporting growth of the market. For instance, according to the Centers for Disease Control and Prevention, 2015, flu vaccinations prevented around 1.9 million flu illnesses, 966,000 flu-associated medical visits, and around 67,000 flu-associated hospitalizations, representing 6.5% lowering of disease burden. However, high

complexity in cost of manufacturing a vaccine is one of the major factors negatively affecting growth of the market. Factors such as increasing number of government initiatives to prevent certain diseases and epidemic caused due to vaccine-preventable diseases. Additionally, increasing number of countries are conducting national immunization programs to provide vaccination and promote awareness regarding advantages of vaccination to fight fatal diseases with natural immunity among adults as well as children. For instance, in 2015, the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA) and the National Institutes of Health (NIH) partnered with the U.S. Department of Health and Human Services Biomedical Advanced Research and Development Authority (BARDA) to support the advanced development of new and better influenza vaccines, as a part of inter-agency government effort in the U.S. Among the middle-income and emerging economies, relevant Indian government funding agencies such as Department of Biotechnology (DBT) and The **Indian Council of Medical Research (ICMR)** are scaling up their investments in research and development associated to vaccine development.

80% maternal, infant deaths preventable: ICMR-WHO study

February 20, 2019/Drug Today

*NEW DELHI: 80% of maternal and infant deaths in India can be prevented by improving coverage and quality of evidence based health services to be provided by health workers, says a new study by the **Indian Council of Medical Research (ICMR)** and World Health Organization Implementation Research Project in New Delhi.*

The randomized study stressed that a new mobile phone application called ImTeCHO as job-aid for frontline health workers can help improve coverage of health services and health outcomes. Conducted by voluntary organization SEWA Rural-Gujarat, the study, however, found that good training, supportive supervision and ongoing resolution of technology problems are critical operational requirements for the success of such technology intensive interventions. “This is the first randomized study globally which proves the effectiveness of a mobile phone application for frontline health workers in government-run system throughout the continuum of care in difficult to reach tribal areas,” noted Dr. Pankaj Shah, principal investigator of the study. Dr. Gaurav Dahiya, MD- National Health Mission, Gujarat, noted, “The health department has scaled up the project in the entire state. We aim to taper off use of paper registers by using digital interventions. It is a right step towards gender equality and Digital India”. He claimed that 5.8 crore citizens, 4.9 lakh pregnant women and 6.4 lakh infants under the age of 1 year, were enrolled by ANMs in the TeCHO+ app in Gujarat until February 2019.

Mobile tech changing the face of maternal health in Gujarat

February 19, 2019/The Hindu Business Line

Before they were handed mobile phones, Accredited Social Health Activists, popularly known as ‘ASHAs’ in Gujarat, used to visit homes of pregnant women and mothers of newly-born During these visits, they would inquire about the health of the mother and the child, but would not always delve deeper. This has changed with technology. Now, ASHAs digitally track pregnant women and infants’ health and schedule home visits, which enables decision support through a digital checklist that help analyse health complications and notify stock levels of drugs, vaccines and other consumables.

According to data released by the **Indian Council of Medical Research (ICMR)**, a scientific study related to the mobile app ImTeCHO — now being used almost across the State — has shown substantial improvement in health of women and children. The app also helps primary health care centre (PHC) staff and doctors monitor data that ASHA feeds, track high-risk cases, register births and deaths, calculate and pay incentives to ASHAs online, and broadcast training content to ASHAs for enabling learning on the job.



[Cervical Cancer:vaccination can prevent lakhs of deaths](#)

February 20, 2019/Deccan Herald

India can avert more than 24 lakh cases of cervical cancer in the next 50 years and death of 100,000 women each year if the government takes up screening and vaccination of cervical cancer in a major way, suggests new research.

Such efforts could result in cervical cancer being eliminated as a public health problem with its average rate falling to less than four per 100,000 by 2070-70 in countries with the medium level of development such as India, Vietnam and Philippines, it says. “Our research found that if vaccination coverage could be scaled-up to 80-100% coverage in India and if screening coverage could increase to 70% (twice per lifetime), over 2.4 million cases of cervical cancer could be prevented in India over the next 50 years,” said Kate Simms, a researcher at the Cancer Council, New South Wales, Sydney and first author of the paper, published in the Lancet Oncology on Tuesday. Introduction of the HPV vaccine would also depend on the outcome of a Supreme Court litigation that originated in the wake of the illegal 2009 trials of HPV vaccines among girls from a poor socio-economic background in Gujarat and Andhra Pradesh. Government and Parliamentary panels found fault with two leading manufacturers of the HPV vaccine, **Indian Council of Medical Research**, Drugs Controller General of India and the non-profit agency PATH in permitting and carrying out the trials in which several girls died.

“It’s a prediction study, but there are practical difficulties to implement such strategies in the developing world with varying religious beliefs and customs,” commented B C Das, a former director of the National Institute of Cancer Prevention and Research, Noida, who is not associated with the study.

[Are women in Karnataka consuming an excessive amount of iron?](#)

February 21, 2019/The Hindu

While the National Family Health Survey (NFHS-4) has pointed out that the overall prevalence of anaemia in Karnataka among women is 51.2%, the risk of inadequate or excess iron intake after fortification of a single food staple and supplementation is not more than 3%. While the reduction of risk of dietary iron inadequacy is adequate, there is nonetheless a small proportion of women who would be at risk of excess intake and this is not ideal, according to a recent study published in the Journal of Nutrition. According to the study, the revised estimate of 15 mg per day comes from transparent calculations that take into account iron loss and absorption by the body and the likely dietary intake varying across States.

An **Indian Council of Medical Research** expert group had in 2010 recommended a daily iron intake of 21mg per day for women of reproductive age — between 15 and 49 years. The current estimate of iron requirement is lower by 6 mg per day, meaning that the risk of dietary iron deficiency could be lower than previously thought. The study also compared these dietary risks with blood biomarker-based estimates of iron deficiency. Dr. Kurpad, who also heads the Scientific Panel on

Nutrition and Fortification at Food Safety and Standards Authority of India (FSSAI), said FSSAI has set standards for iron fortification of salt and rice, which are relevant in southern States, and salt and wheat which are relevant in northern States. Each of these staples, when fortified, could provide an additional 10 mg of iron per day. “With Karnataka’s low risk of dietary iron inadequacy when just one staple food is fortified, along with the iron and folic acid (FA) supplementation being provided under the National Iron Plus Initiative (NIPI) for anaemia control program, it would suffice if just one of the two food staple commodities – either salt or rice – is fortified,” Dr. Kurpad said, stressing on the need for a “precision-based approach”. However, gynaecologists in Karnataka said risk of excess overall iron intake is not an issue among women. Hema Divakar, Federation of Obstetric and Gynaecological Societies of India (FOGSI) ambassador to International Federation of Gynaecology and Obstetrics (FIGO), attributed this to low absorption levels mainly because of flouride contamination in water, rampant problem of chronic intestinal inflammation in women and the habit of drinking tea and chewing supari (beetel nut). Countering this, Dr. Anura Kurpad said, “We are talking about a habitual daily iron intake. When iron is given as a treatment, one balances the risks versus the benefit in severely anaemic women.”



Microcephaly can't be ruled out in Rajasthan Zika outbreak

February 21, 2019/Down to Earth

Pune-based National Institute of Virology (NIV) has come out with a study on strains of Zika virus (ZIKV) that led to an outbreak in Rajasthan in 2018, and in Gujarat and Tamil Nadu in 2016 and 2017 respectively. In the first such study, NIV said that while the mutation which causes microcephaly (birth defects) in children born to Zika positive pregnant women was not found in Rajasthan currently, it cautioned that the possibility of the same can't be ruled out too.

The Union Health and Family Welfare Ministry had earlier ruled out this possibility saying that the known mutations of the virus does not cause microcephaly and large scale outbreaks. The NIV paper, to be published in *'Infection, Genetics and Evolution'*, an Elsevier journal in April 2019, said that mutation (S139N) leading to increased infectivity in humans causing microcephaly was not present, but “once ZIKV establishes in the Indian ecosystem, its chances of mutation (to other forms) cannot be neglected. Despite the absence of the proposed mutation on the transmission and microcephaly, the chances of not finding such a clinical condition cannot be guaranteed.” Replying to an email sent by *Down To Earth*, NIV's Pragya D Yadav, one of the authors of the paper, said, “The paper clearly states that the mutation linked to higher transmission was not seen in the current Rajasthan strain. According to the study by Logan et al published in 2016 the mutation rate for zika virus is 12-25 bases per year. The presence of such high mutation rate increases the possibility of different mutations taking place in ZIKV genome and the above (microcephaly mutation) is not an exception.”

The US-based Centre for Disease Control had issued a level 2 (out of 3 levels) alert in December 2018. In its advisory, it advised pregnant women not to visit areas exposed to Zika in India as ZIKV was endemic (regularly found).

It had further said, “Public health officials in India have reported an unusual increase in the number of confirmed Zika cases in Rajasthan and surrounding states. Zika continues to be a risk throughout India.” The **Indian Council of Medical Research (ICMR)**, under the aegis of which NIV functions, raised ‘strong objection’ to this advisory, according to media reports. It said that there were

“particular issues with the use of the word ‘endemic’ as it claimed the cases were localized”. The fact that the current NIV study issues ‘alarm for India to enhance surveillance in other states and monitor the mutation’ indicates that the country’s vulnerability towards ZIKV is just not in localised areas. A detailed questionnaire sent by Down To Earth to ICMR director general Balram Bhargava remains unanswered.

AstraZeneca partners with NASSCO

February 21, 2019/Express Pharma

AstraZeneca has partnered with the National Association of Software and Services Companies (NASSCOM) IoT Centre of Excellence to set up an accelerator programme to support Indian start-ups for developing new innovative solutions to NCD care in India and beyond. Under this collaboration, the two organisations will incubate start-ups in bringing innovative and frugal solutions that can help in the management of non-communicable diseases (NCDs). A Memorandum of Understanding (MoU) was signed between the two for an incubation centre in Bengaluru during Unnati Healthcare 2.0 Day in Delhi. AstraZeneca’s Indian and Swedish partners aspire to the ambitions of the India-Sweden innovation partnership for a sustainable future, as agreed upon last year by Narendra Modi, Prime Minister, India and Swedish Prime Minister Stefan Löfven. Taking advantage of the new opportunities created by the Digital India initiative, they aim to create new innovative solutions for patients with diseases like asthma, diabetes and cancer in India and beyond. Speaking at the occasion, R Ramanan, Mission Director, Atal Innovation Mission- NITI Ayog, informed that 5,400 tinkering labs have been launched under Atal Innovation Mission so far. “We are promoting ‘New India Challenges’ for product innovation. Till date, we have already organised 35 such challenges, along with five ministries,” he notified.

Also, present at the occasion were Leif Johansson, Chairman, AstraZeneca, along with Professor Balram Bhargava, Secretary, Ministry of Health and Family Welfare and Director General, **Indian Council of Medical Research**; R Chandrashekhar, former President, NASSCOM and Sanjeev Malhotra, CEO, CoE—IoT, NASSCOM. Johansson commended the Ayushman Bharat scheme with regards to the Indian healthcare by saying that the scheme aims to shield millions from health risks. He also said, “We are pleased to collaborate with the government, start-up eco-system and industry partners to achieve the shared vision of making meaningful interventions in improving the lives of patients impacted by non-communicable diseases in India.”

Unnati is based on the spirit of India-Sweden joint declaration on innovation partnership for sustainable future to create on-the-ground collaboration through user-case driven innovation challenges. The Unnati Healthcare Innovation Challenge, a first-of-its-kind, was launched in November 2018 to accelerate innovative technologies that can provide affordable and accessible solutions for early screening and management of NCDs such as remote screening methods, point of care diagnostics and digital solutions that enable efficient data capture. Selected startups will have access to NASSCOM’s innovation labs, development resources, cloud services and mentoring support from NASSCOM and AstraZeneca, including the opportunity to showcase their innovations in national and global platforms where the latter can showcase their products or services. This opportunity will be open for companies or individuals who are working in the therapeutic areas like diabetes, cardiovascular, cancer/oncology or respiratory with special focus on thematic areas like digital solutions, diagnosis and devices.

Swine flu deaths: Concerned CM seeks remedial measures

February 22, 2019/The Times of India



Bhopal: Following death of three swine flu patients in the state capital on Wednesday, chief minister Kamal Nath expressed concern over spurt in deaths due to deadly H1N1 virus in the state. State's industrial capital, Indore, is also witnessing deaths due to disease this year. Asking the health officials all over the state to take effective steps to control the disease, the CM sought to know the reasons why figures of death were constantly rising. He also sought their feedback on resources they needed to deal with the situation so that the state government could provide them with all the resources required for the purpose. The chief minister also expressed concern over delay in construction of virology lab at Indore, the worst-hit district, and said it was surprising that two years after **Indian Council for Medical Research (ICMR)** sanctioned a virology lab at Indore, work on the project has not begun at all. He said that not only in Indore, ICMR had sanctioned establishment of virology lab at Rewa, Gwalior and Sagar as well, but the facility to confirm presence of H1N1 virus was still limited to Bhopal and Jabalpur. The chief minister said there were several deaths due to swine flu in Indore because of delay in H1N1 test as samples have to be sent outside and receipt of report takes time. He said work for establishing virology lab in Indore would begin soon and the state government would ensure that test of swine flu also starts there. A proposal would be introduced in the next state cabinet for the purpose, he said. Whistleblower from Indore Dr Anand Rai said that the MP high court had also ordered for establishing a virology lab in Indore some years ago, but the order was not complied with. In the absence of virology lab in Indore, samples are sent to Pune for testing and by the time report is received, it's too late for the patient.

With regards,

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