The month of July allowed a moment’s respite after battling the deadly second wave of coronavirus pandemic in India. It gave us a chance to deeply reflect upon and assess the indirect health and otherwise consequences of the pandemic. The pandemic necessitated stringent lockdowns which admittedly disrupted multiple ongoing activities and simultaneously the diversion of resources, energy, and intention towards pandemic management naturally caused some degree of neglect for other diseases.

Along with COVID-19, we need to continue with our response to other communicable and non-communicable diseases. This month we also celebrated the centenary anniversary of two landmark developments in medical research history, the development of the BCG vaccine against tuberculosis and the discovery of insulin. BCG vaccination which is administered to newborn babies as part of India’s National immunization program has been instrumental in the prevention of childhood tuberculosis. Meanwhile, the discovery of insulin not only substantially increased life expectancy but also improved the quality of life for diabetic persons. Symposiums were organized to commemorate and share knowledge of the same and they served as humble reminders of past accomplishments and work that remains to be done.

The Indian Council of Medical Research, through its pan India institutes is committed to engaging in holistic health research. According to the union health ministry, about 75% of fatalities due to COVID-19 were among the elderly and those with co-morbid conditions suffering from Non-communicable diseases. In view of that, ICMR-National Centre for Disease Informatics and Research (ICMR-NCDIR) had proposed research for covid-19 concerning non-communicable diseases (NCDs) such as diabetes, cancer, heart, and kidney ailments. The proposed agenda can strategically guide the preparedness of the health system to include NCDs in the response to the pandemic. The Union Government also accepted recommendations of the National Data Quality Forum (NDQF) at the ICMR-National Institute of Medical Statistics (ICMR-NIMS) and released the ‘National Guidelines for Data Quality in Surveys’. The aim is to guide advanced data quality monitoring, process audits and analytics, and capacity building of data collection agencies /producers to improve the quality of demographic, nutrition, and health surveys. Additionally, we are committed to enabling healthcare delivery through the use of technology, surveillance-monitoring-evaluation, governance, and policy, as the key research domains.

In Hindi it is said, ‘Pehla Sukh Nirogi Kaaya’, in Urdu ‘Tandrusti Hazar Naymat’ and in English, it is agreed that ‘Health is Wealth’. Such philosophies continue to drive the scientists at ICMR to constantly explore and innovate to improve awareness, prevention, diagnostics, management, treatment, and research in the service of our nation.
Findings of the Fourth National Sero Survey announced by ICMR

- Survey suggests two-third of population above six years have SARS-CoV-2 antibodies
- Highest sero positivity found in the 45-60 years age group at 77.6 per cent
- Ray of hope but can’t allow complacency against pandemic - Survey

The Indian Council of Medical Research has announced the findings of the fourth national serosurvey, aimed to estimate the seroprevalence of SARS-COV-2 antibodies. The survey was conducted during June and July 2021 across 70 districts of 21 states among 28,975 people, which included children aged 6-17 years and 7,252 healthcare workers. Three earlier surveys were conducted during May-June (2020); August-September (2020); and December-January (2020-2021).

The findings of the sero survey suggest that two-third of the general population above six years have SARS-CoV-2 antibodies indicating that they have been exposed to novel coronavirus. Overall seroprevalence in the country was 67.6 percent in June and July, which is higher than the seroprevalence rate recorded during the three earlier surveys 0.7 percent during May-June (2020); 7.1 percent during August-September (2020); and 24.1 percent during December-January (2020-2021).

The highest sero positivity was found in the 45-60 years age group at 77.6 per cent. In terms of gender distribution, 65.8 per cent of males and 69.2 per cent of females were found to be seropositive. The sero prevalence was similar in urban and rural areas. The survey findings show that more than half of the children (6-17 years) were sero-positive. It means they have been exposed to COVID-19 in the past months. The seroprevalence among minors was 57.2 percent in the age group 6-9 years and 61.6 percent in the age group 10-17 years.

Announcing the findings of the serosurvey in PIB briefing, Prof. (Dr.) Balram Bhargava, Director General, ICMR said, “The data shows that a third of the population did not have antibodies, which means 40 crore Indians are still vulnerable. Further, state-led sentinel sero-surveillance will inform further state-level action and state heterogeneity indicates possibility of future waves of infection”.

The basic role of serosurvey is to know the exact burden of infection. From this point of view, sero surveillance becomes very important because based on that one can find out which particular area has a susceptible population. However, the findings of Fourth National Sero Survey can be seen as a ray of hope, but there is no room for complacency. The need for maintaining Covid-appropriate behavior and curbs on community engagement persists and social, public, religious, and political congregations should be avoided.
COVISHIELD vaccinated individuals neutralize Delta variant- ICMR study

- B.1.617 lineage and its mutated sub-lineages caused new outbreaks and reinfections
- Immune response against Delta Variant assessed in sera of the COVISHIELD vaccinated individuals
- Individuals infected post-vaccination are protected from severe disease: Study

The Indian Council of Medical Research conducted a study to determine the protective immune response to infection with Delta variants and the effects of vaccines on this response. Research paper titled ‘Neutralization of Delta variant with sera of COVISHIELD vaccines and COVID-19 recovered vaccinated individuals’, was authored by Dr. Gajanan N. Sapkal, Dr. Pragya D. Yadav, Dr. Rima R. Sahay, Dr. Gururaj Deshpande, Dr. Nivedita Gupta, Dr. Dimpal A Nyayanit, Dr. Deepak Y. Patil, Dr. Sanjay Kumar, Dr. Priya Abraham, Dr. Samiran Panda and Dr. Balram Bhargava of Indian Council of Medical Research and has been published in bioRxiv. The paper can be accessed here: https://www.biorxiv.org/content/10.1101/2021.07.01.450676v1

The emergence of B.1.617 lineage and its mutated sub-lineages B.1.617.1 (Kappa), B.1.617.2 (Delta), B.1.617.3 caused alarming rates of new outbreaks and reinfections leading to the second wave of the pandemic in India. It has been found that the Delta variant has slowly dominated the other variants including B.1.617.1 (Kappa), B.1.617.2 (Delta), B.1.617 which has led to the World Health Organization to categorize it as a variant of concern.

Variants of concern have been reported to show lower neutralization to several approved vaccines as seen in breakthrough infections after completion of vaccination regimen. It necessitated a study to explore neutralization potential of available vaccines in India against the strain.

In this study, immune response in sera of the COVISHIELD vaccinated individuals belonging to category: I) One dose vaccinated, II) Two doses vaccinated, III) COVID-19 recovered plus one dose vaccinated, IV) COVID-19 recovered plus two doses vaccinated and V) breakthrough COVID-19 cases have been evaluated.

The findings of the study demonstrated that the breakthrough cases and the COVID-19 recovered individuals with one or two doses of vaccine had relatively higher protection against Delta variant in comparison to the participants who were administered either one or two doses of COVISHIELD.

Prior vaccination results in less severe disease against subsequent infection and provide evidence that both humoral and cellular immune response play an important role in protection.

The paper concluded that the monitoring of breakthrough infections would allow us to discern how new variants or VOCs escape of vaccination-induced immunity. The data has repeatedly demonstrated that if the individuals are infected post-vaccination, they are protected from severe disease.
Fewer vaccinated people needed hospitalization after COVID-19 infection: ICMR

- Survey conducted to explore possible reasons for re-infection and breakthrough infection of Coronavirus
- Majority of the breakthrough cases were found to be due to the Delta variant of the coronavirus
- Vaccination reduces the severity of the disease and mortality: Study

As cases of reinfection post-vaccination rose with the advent of Delta Variant and its sub-lineages, emphasis has been laid on studying possible reasons for people contracting COVID-19 infection after being fully vaccinated. One such study was conducted by the Indian Council of Medical Research (ICMR) titled ‘Clinical characterization and Genomic analysis of COVID-19 breakthrough infections during the second wave in different states of India”. This was published in preprint server medRxiv.

“These studies are highly significant, and underline the crucial role of vaccines in reducing the severity of the disease and mortality,” observed Dr. Samiran Panda, Head of ICMR’s Epidemiology and Communicable Diseases division.

After smaller studies reported breakthrough infections in Kerala and Delhi, ICMR in April-May 2021 commissioned the nationwide study to understand the clinico-demographic profile of patients and SARS-CoV-2 strains responsible for post-vaccination breakthrough infections.

For the study, 604 patients received COVISHIELD, 71 received COVAXIN and two people had received Sinopharm vaccine. It was found that the majority of the breakthrough cases (infection after being vaccinated) were due to the Delta variant of the coronavirus. The sample of people who tested positive after taking the vaccine was collected by the virus research and diagnostic laboratories and it was found that a total of 71 percent of cases were symptomatic with one more than one symptom, while 29 percent had asymptomatic COVID-19 infection. Most significantly, it showed that only 67 people out of 677 people required hospitalization if they got infected after being vaccinated. Further, none of those admitted to the hospital required ventilator or oxygen support, and none had to be put into ICU.

Fever was found to be the most common symptom among people who tested positive, followed by body ache, including headache, cough, nausea, sore throat, loss of smell, diarrhea, breathlessness, and some people also had ocular irritation and redness. It was observed that in southern, western, eastern, and northwest regions, the cases of a breakthrough were mainly due to Delta and then Kappa variants.

ICMR has maintained extreme promptness in ideating and executing efficacy and neutralization studies on vaccines to keep up with the rapidly mutating virus. Such studies help identify problem points and explore evidence bases policy and medical interventions.

Cases of breakthrough infections mainly due to Delta and Kappa variants as observed in the southern, western, eastern, and northwest regions. Fever, body ache were most common symptoms.
ICMR analyzed India’s pragmatic COVID-19 vaccination strategy

To estimate the potential epidemiological impact of vaccinating different priority groups

Smart vaccination, based on public health considerations, rather than mass vaccination appears prudent

Study examined the potential impact of future vaccine rollout in India

The Indian Council of Medical Research studied the potential epidemiological impact of vaccinating different priority groups to explore the effects of different strategies for vaccination among such groups through mechanistic mathematical model. A paper titled ‘India’s pragmatic vaccination strategy against COVID-19: A mathematical modeling-based analysis’ - authored by Dr. Sandip Mandal, Dr. Balram Bhargava and Dr. Samiran Panda from the ICMR and Dr. Nimalan Arinaminpathy, from the Imperial College, London has been published at peer-reviewed open access journal BMJ Open on July 2. The paper can be accessed here: https://bmjopen.bmj.com/content/11/7/e048874

The study examined the potential impact of future vaccine rollout in mitigating rebounds and explored which population groups should receive the vaccination first, under different scenarios for vaccine efficacy. The model followed a deterministic and compartmental framework.

To do so, the study identified three priority groups based on public health considerations in India: (1) key workers, including healthcare professionals and other frontline workers; (2) those over 60 years of age; and (3) those aged between 24 and 60 years old having comorbidities, as they are at increased risk of severe COVID-19 disease.

According to the study, the priority groups together account for about 18 percent of India’s population. An infection-preventing vaccine with 60 percent efficacy covering all these groups could reduce peak symptomatic incidence by 20.6 percent and cumulative mortality by 29.7 percent, the results of the study showed. A similar vaccine with the ability to prevent symptoms but not infection will reduce peak incidence of symptomatic cases by 10.4 percent and cumulative mortality by 32.9 percent.

With a focus on prevention of infection and reduction of disease severity to averting deaths among most at-risk population groups, one objective was to explore models of distribution to optimize reach and effectiveness of immunization drive. Considerations included central storage facilities, the need for a cold chain to be maintained until vaccines are transported to the intermediary storage stations and administered at the remotest vaccine session sites, and resource mobilization.

In the event of insufficient vaccine supply to cover all priority groups, model projections suggest that vaccine strategy should prioritize all who are above 60 and subsequently individuals with comorbidities after key workers.

In settings with the weakest transmission, such as sparsely populated rural areas, those with comorbidities should be prioritized after key workers. Smart vaccination, based on public health considerations, rather than mass vaccination, appears prudent.
COVID-19 vaccine effective in preventing deaths among front line workers: ICMR

- Study conducted among 117,524 Tamil Nadu police personnel
- Strong protective effect of COVID-19 vaccines against death
- 82% effectiveness on personnel, who had received single-dose of vaccine

It has been most aptly called a ‘War against Coronavirus’, where frontline workers have risked their lives to perform their duties. While protective gear and sanitization provided the first degree of defense against the virus, a recent study has revealed that Vaccines have been effective in preventing fatality among front-line workers. The study was conducted by the Tamil Nadu state police department, ICMR-National Institute of Epidemiology, and Christian Medical College, Vellore. The study has been published in the Indian Journal of Medical Research (IJMR) and can be accessed here: [https://www.ijmr.org.in/preprintarticle.asp?id=318915;type=0](https://www.ijmr.org.in/preprintarticle.asp?id=318915;type=0)

The study was conducted on 1,17,524 Tamil Nadu police personnel. It was carried out between February 1 and May 14, 2021. Of these, 32,792 received one dose, 67,673 received two doses while 17,059 did not receive any vaccine dose at all. Among the 31 deaths of police personnel between April 13 and May 14 this year, it was found that four had taken two doses of the vaccine, seven had taken one dose and the rest 20 were unvaccinated.

The study has shown 82 percent effectiveness on state police personnel who had received single-dose and 95 percent on those administered with two. The incidence of COVID-19 deaths among the vaccinated with zero, one, and two doses were 1.17, 0.21, and 0.06 per 1,000 police personnel, respectively. The vaccine effectiveness in preventing COVID-19 deaths with one and two doses was 82 percent (95 percent CI: 57 - 92 per cent) and 95 per cent (95 percent CI: 85 98 percent) respectively.

The incidence of mortality among vaccinated and unvaccinated individuals was compared to calculate the relative risk of mortality associated with COVID-19 vaccination, along with a 95 percent confidence interval (CI).

Yet another study conducted among healthcare workers from a tertiary care hospital in the state indicated a strong protective effect of two doses of vaccines against hospitalization, the need for oxygen therapy, and the need for ICU care.

The analysis, however, has certain limitations as potential confounders including age, comorbidities and previous exposure to COVID-19 infection could not be adjusted for, as the vaccination details were collected as aggregated numbers.
ICMR-NIV developed cost-effective RT-LAMP technology for diagnosis of SARS-CoV-2

- No sophisticated instruments are required for the interpretation of results
- RT-LAMP allows quicker analysis of genetic material than traditional RT-PCR
- Invited expressions of interest from manufacturers to enable wide-scale use of the technology

Accurate, cost-effective testing with rapid turnaround time has been at the center of efforts towards augmenting India’s testing capabilities. ICMR has successfully been implementing the motto of Test, Track, Trace, Treat and use of Technology. As the risks of the pandemic still looms at large, medical interventions in the SARS-CoV-2 detection technology provide hope in preventing the virus from spreading. Aligning with this, the Indian Council of Medical Research–National Institute of Virology (ICMR-NIV), Pune has developed the RT-LAMP kits.

Loop-mediated isothermal amplification, or LAMP, is an assay that can be used for viral RNA detection. Reverse-transcription LAMP (RT-LAMP) allows for quicker analysis of genetic material than traditional PCR and has been successfully used in the detection of the COVID-19 virus. Rapid tests for detecting existing SARS-CoV-2 infections and assessing virus spread are critical. Approaches to detect viral RNA based on reverse transcription loop-mediated isothermal amplification (RT-LAMP) have the potential as simple, scalable, and broadly applicable testing methods.

The methodology for RT-LAMP is one-stop nucleic acid amplification. Unlike other technologies, RT-LAMP recognizes and multiplies specific sequences of RNA of the SARS-CoV-2. The mechanism works by making a copy of RNA into cDNA (copy DNA) by the usual method of reverse transcription and then the DNA is amplified by the LAMP technique.

One of the critical advantages of RT-LAMP is that amplification of genetic material is done quickly under isothermal conditions, which removes the requirements for a thermal cycler, thereby making it a lot more portable and reduces the turnaround time to less than an hour.

Other benefits include the high specificity and selectivity for the genetic material in question. Some experiments have found RT-LAMP to be 10 times more sensitive than normal RT-PCR assays. RT-LAMP also has higher specificity, with no false-positive results reported.

The current and widely used method for diagnosis of COVID-19 is the RT-PCR test which detects the presence of viral nucleic acids in nasopharyngeal swab samples. Meanwhile, the results through RT-LAMP technology can be detected visually and no other sophisticated instruments are required for the interpretation of results. The ICMR had invited expressions of interest from manufacturers to enable wide-scale use of the technology and the technology has since been shared with two manufacturing companies.
AMCH creates history by giving thrombolysis to patient through mobile stroke unit provided by ICMR

- Assam Medical College and Hospital became the first government facility to do thrombolysis treatment in MSU
- 65 years old given thrombolysis treatment inside a mobile stroke unit (MSU)
- MSU will be able to provide doorstep treatment to patients in nearby rural and village areas

Assam Medical College and Hospital (AMCH) became the first government facility to provide thrombolysis treatment to a patient inside a mobile stroke unit. Mobile stroke unit with CT scan is part of project funded by ICMR; three such MSUs are operational in Assam area. In this case, a 65-year-old patient, a worker from a nearby tea garden, reached the facility within two and a half hours of the stroke. A CT-Scan was done in the mobile van itself, following which he was administered medicines for thrombolysis through tele-consultation by doctors of CMC, Ludhiana and AIIMS, Delhi.

‘AMCH became the first government college in the country to have provided thrombolysis treatment to a patient in a mobile unit. After the COVID-19 situation improves, we are hopeful that we will be able to take this to the doorsteps of needy patients and will be a path breaking system in the health sector,’ said, Principal, Assam Medical College & Hospital, Dibrugarh.

Indian Council of Medical Research (ICMR), through its special project, initiated to provide stroke treatment through the state the art Mobile Stroke Unit in Dibrugarh and Tezpur area of Assam. The stroke care unit was inaugurated by former Hon’ble Union Minister for Health and family welfare Dr. Harsh Vardhan in presence of Prof. (Dr.) Balram Bhargava, Director General, ICMR, on 28th September 2020.

Mobile stroke unit (MSU) is a “State of Art” facility with the latest CT scanner, provision of telemetry, and thrombolytic therapy. This will bring the services of hospitals to the patient’s doorsteps by providing acute stroke care management. MSU provides services like imaging, mobile laboratories, telemedicine (connection with a hospital), appropriate medication, and assessment tools. This will serve the purpose of reducing the time from the symptom onset to treatment (OTT). The staff of the MSU has been trained in all aspects of Stroke Care. A multidisciplinary team of doctors has been formed to provide consultancy through Telemetry. Training manuals have been developed for doctors, paramedics, CT technicians, and drivers.

With the mobile stroke unit with an inbuilt CT scan in place in Dibrugarh and Tezpur areas of Assam, doctors will be able to provide doorstep treatment to patients in nearby rural and village areas where CT scans are not available, thereby reducing treatment time.
ICMR release disease burden from neurological disorders and their trends in every state of India from 1990 to 2019

- Study collaborative work of 300 leading scientists and experts from 100 institutions.
- Non-communicable neurological disorders and injuries have more than doubled between 1990 and 2019
- Finding suggests steering the health system to address disorders more effectively

The first comprehensive analysis of the disease burden and trends of neurological disorders at the state level in India was recently done. The paper titled ‘The burden of neurological disorders across the states of India: the Global Burden of Disease Study 1990–2019’, authored as a collaborative effort between the Indian Council of Medical Research, Public Health Foundation of India, Institute for Health Metrics, and Evaluation, and several other key stakeholders in India, including academic experts, institutions, government agencies and other organizations, under the aegis of the ministry of health and family welfare was published in peer review magazine Lancet Global Health. It can be accessed here: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00164-9/fulltext.

The paper engaged at least 300 leading scientists and experts representing about 100 institutions across India. All accessible data from multiple sources were collated to estimate the prevalence or incidence and disability-adjusted life-years (DALYs) for neurological disorders from 1990 to 2019 for all states of India as part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2019.

The research paper findings states that the rate of non-communicable neurological disorders and neurological injuries (of the total disease burden) has more than doubled – from 4% to 8.2% -- between 1990 and 2019 in the country. Stroke (37.9%), headache disorders (17.5%), and epilepsy (11.3%) are the leading contributors to neurological disorders burden in India. According to the paper, the total neurological disorders burden due to non-communicable disorders is 82.8%; 11.2% is due to communicable and 6% is injury-related disorders.

These neurological disorders include non-communicable neurological disorders (stroke, headache disorders, epilepsy, cerebral palsy, Alzheimer’s disease, and other dementias, brain and central nervous system cancer, Parkinson’s disease, multiple sclerosis, motor neuron diseases, and other neurological disorders), communicable neurological disorders (encephalitis, meningitis, and tetanus), and injury-related neurological disorders (traumatic brain injuries and spinal cord injuries).

The paper mentions that among the known risk factors for neurological disorders burden, high blood pressure, air pollution, dietary risks, high fasting plasma glucose, and high body-mass index are the leading contributors. The findings of the paper highlight a pattern of the increasing burden of non-communicable and injury-related neurological disorders, which suggests the need to steer the health system to address these disorders more effectively.
White paper on venomous snakebite in India published in IJMR on World Snake Day

- Reasons for high mortality and morbidity due to venomous snakes discussed
- Policy Interventions suggested to prevent deaths due to snakebite
- Proposal to make venomous snakebite made a notifiable disease

Venomous snakebite is one of the leading preventable causes of mortality and morbidity with tremendous socio-economic impact on the family and nation. Venomous snakebite has been relisted as a neglected tropical disease after having been removed from the list in 2013. On the occasion of World Snake Day 2021, a paper titled ‘White paper on venomous snakebite in India’ was authored by Dr. Joy Kumar Chakma, Dr. Jaideep C Menon, and Dr. RS Dhaliwal of Division of Non-Communicable Diseases, Indian Council of Medical Research and Department of Preventive Cardiology, Amrita Institute of Medical Sciences, Amrita University, Kochi was published in Indian Journal of Medical Research. The paper can be accessed here: https://www.ijmr.org.in/article.asp?issn=0971-5916;year=2020;volume=152;issue=6;spage=568;epage=574;aulast=Chakma

The paper discusses the various reasons which could be attributed to the high mortality and morbidity due to venomous snakes and also provides recommendations on policy decisions, improvement on the quality of venom and anti-snake venom, and promoting awareness on how to avoid snakebite.

According to the paper, venomous snakebite is a significant cause of morbidity and mortality in India, as also in other parts of South-East Asia and sub-Saharan Africa, especially in the rural hinterlands where medical facilities are lacking. Given the fact that India lacks a commercially available snake venom detection kit (SVDK), clinicians depend on the ‘syndromic approach for the diagnosis of envenomation. Other hindrances in planning for the mitigation of venomous snakebite in India are the unavailability of data on incidence, morbidity, mortality, socio-economic burden, treatment patterns, etc.

The paper proposes venom related, Anti-snake venom (ASV) related, Legislative, Medical, and diagnostics, and Awareness and media outreach specific policy interventions. It calls for setting up zonal banks or venom collection centers preferably in five zones in India for ASV manufacturing or to use pooled venom samples, representative of all regions, to immunize the equine, to include ASV in the National List of Essential Medicines.

It proposes to make venomous snakebite a notifiable disease. All cadres of healthcare professionals including the paramedics at all health facilities should be oriented to snakebite identification, first aid, and initial management and indications for immediate referral to a higher center for the prevention of morbidity and mortality.

It also suggests that appropriate information on snakes, snakebite prevention, and first-aid should be shared with all the vulnerable groups through campaigns, social media, and public broadcasting and setting up a 24x7 snakebite helpline to answer queries with relation to snakes and snakebite among other valuable inputs.
The ICMR-National Institute for Research in Tuberculosis (ICMR-NIRT) organized a virtual BCG centenary symposium on 19 July 2021 to mark 100 years of the vaccine. About 160 participants took part in the event virtually and 25 participants attended in person. Dr. Padma Priyadarshini, Director, ICMR-NIRT welcomed the speakers, guests of honor, and participants to the Symposium.

Prof. (Dr.) Balram Bhargava, Secretary of DHR and Director General, ICMR in his opening remarks emphasized the milestones achieved during the BCG vaccine trial and recollected the participation of the ICMR-NIRT in the BCG Chingleput trial. The youtube link for the symposium can be accessed here: https://youtu.be/9lTXa_gy9KM

Addressing the symposium, Prof. (Dr.) Balram Bhargava urged the 27 permanent institutes of ICMR to work closely on Tuberculosis research to achieve the goal of ‘TB Free India’ by year 2025.

The Bacillus Calmette–Guérin (BCG) vaccine has been used since 1921 to prevent tuberculosis (TB) and is considered to be the world’s most widely used vaccine. Dr. Manjula Datta, former deputy director, ICMR-NIRT delivered a talk on ‘ICMR’s Trial of BCG vaccine in the Prevention of Tuberculosis’ in which she spoke of the Chingleput BCG Trial which was the largest population-based trial that was conducted from July 1968 to September 1987. She gave a comprehensive presentation on the large scale community-based double-blind randomized controlled trial that was carried out in the Chingleput district of south India to evaluate the protective effect of BCG against bacillary forms of pulmonary tuberculosis.

During the symposium, five retired field staff who took part in the BCG Chingleput trial was felicitated with mementos by Dr. Baskaran, Head, Department of Clinical Research, ICMR-NIRT. Following this Dr. Subash Babu, Scientific Director, NIH-NIRT-ICER, delivered a talk on “BCG hits a century: Impact of tuberculosis, viruses, cancer and beyond”. In his talk, he emphasized the utility of the BCG vaccine in various disease conditions including COVID-19. The symposium concluded with a vote of thanks from the Director, ICMR-NIRT.

The research carried out in the field of tuberculosis at ICMR-NIRT since its inception in 1956 has been a joint effort between the ICMR, NIRT, the TB control program in India with assistance from the World Health Organization (WHO) and the National Institutes of Health (NIH), USA.
ICMR welcomes Shri Mansukh Mandaviya, Union Minister of Health and Family Welfare

Shri Mansukh Mandaviya has been appointed as the new Union Minister of Health and Family Welfare, Government of India. Shri Mandaviya is a Post Graduate in Political Science from Maharaja Krishnakumarsinhji Bhavnagar University, Gujarat. He has shown an active participation in Pradhan Mantri Bharatiya Jan Aushadhi Pariyojana (PMBJP). He was also recently honoured by the UNICEF and others for his contribution to women’s menstrual hygiene.

Shri Mandaviya will be leading India’s ongoing response against COVID-19 pandemic and realizing the dream of a healthy India.

Dr. Bharati Pravin Pawar has been given the charge of Minister of State in the Ministry of Health and Family Welfare.

Centenary Symposium organized to mark 100 years since the discovery of insulin


The symposium marked the 100th anniversary of the discovery of insulin and had Dr. Nikhil Tandon, Prof, and Head, Department of Endocrinology at AIIMS, Delhi, and Dr. V Mohan, President, Madras Diabetes Research Foundation, Chennai as Guest speakers.

While addressing the symposium, Dr. Balram Bhargava appreciated the tools available for the management of diabetes which has substantially improved the quality of life for patients.

During his talk on ‘100 years of Insulin Therapy: Key Milestones’, Dr. Tandon emphasized that the discovery of insulin gave hope to all the people suffering from diabetes and significantly improved life expectancy among diabetic patients. He also shed light on various innovations that had taken place since the discovery of insulin. He also spoke of the Registry of People with Diabetes with Young Age at Onset (YDR) which was set up by the ICMR as an observational multicenter clinic-based registry enlisting physicians to diagnose diabetes in individuals below 25 years of age.

Dr. Mohan shared insights on ICMR-India Diabetes Study (ICMR-INDIAB). He mentioned that the ICMR-INDIAB study has covered 28 states and 2 UTs. The findings reveal that the prevalence of diabetes and pre-diabetes is very high in India and that while prevalence was higher in urban areas, rural areas are fast catching up.
ICMR is available on Facebook, Twitter and Instagram. For latest update about COVID-19 and other medical research breakthroughs, you can follow ICMR’s Official handles.
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