



INDIAN COUNCIL OF MEDICAL RESEARCH

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

Media report (2 February to 8 February 2019)
(ICMR IN NEWS)

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WORLD CANCER DAY 2019: CANCER IS A WAR THAT CAN BE WON IF YOU KNOW WHAT TO LOOK FOR

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Spurt in cancer cases across AP, but early detection holds out hope: Doctors

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Death rate due to cancer higher among females, reveals study

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India or China, Who Wins the 'Beat Pollution' Race? A Step Into Beijing Could End the Debate

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WORLD CANCER DAY 2019: CANCER IS A WAR THAT CAN BE WON IF YOU KNOW WHAT TO LOOK FOR

February 4, 2019/Firstpost

Cricketer Yuvraj Singh was diagnosed with it, former Bollywood heartthrob Manisha Koirala moved to New York to get treated for it, the beautiful Afreen girl Lisa Ray fought her way through it and legendary actress Mumtaz kept her fighting spirit alive despite it for 11 long years. These Indian celebs from different walks of life struggled, fought their way through one disease that took different forms. It hasn't spared Hollywood, Indian or international sports personalities and the millions of others around the world that are fighting their battle away from the spotlight. The disease is cancer. From lung, breast and ovarian to blood, skin and bone, this malady appears in many ways and can strike anyone at any time. To save the lives by raising awareness, educating people and taking timely action to prevent and treat the disease, World Cancer Day is celebrated each year on the 4 February.

What is Cancer?

Cancer is a condition in which some cells in the body grow uncontrollably, and in some case, spread and invade organs in other parts of the body — a process called metastasis. This abnormal growth is harmful because it doesn't just replace healthy cells in organs, but also causes changes in our body's biochemistry that can lead to weight loss and a compromised immune system. thereby, leading to death. There are over 200 different types of cancers, some of which are far more common worldwide than others are lung and breast cancer (12.3 percent of total cases each), colorectal i.e. the large intestine cancer (10.6 percent), followed by prostate cancer (7.5 percent) and stomach cancer (6.1 percent), according to the World Cancer Research Fund International statistics.

Is it spreading fast?

India has around 2.25 million cases with over 1 lakh new cases being registered every year, according to Cancerindia.org. In 2018, the disease led to nearly 7 lakh deaths. The **Indian Council of Medical Research** (ICMR) estimates that the country is likely to register over 17 lakh new cases and report over 8 lakh deaths by 2020.

What are the risk factors?

It is not possible in most cases to pinpoint or guarantee a direct relationship between risk factors and cancer. Hence, we witness many cases of people who, despite living a very healthy lifestyle, still get cancer. However, there are risk factors that can increase one's chances of getting cancer during their lifetime. These are lifestyle-related health risks and family history or risks related to hereditary cancers.

Cancer as a lifestyle disease

- Among the top 5 cancers in India, for instance, cancers of lungs, oral cavity, uterine cervix and large intestine have strong lifestyle risks. People who use tobacco products, smoke cigarettes, pipe, hookah or chew gutka, snuff etc. have much higher chances of getting lung or oral cavity cancers. **Consuming alcohol** alongside tobacco increases the risk of oral cancers even further.

- Practising **unsafe sex** has a strong association with cancer of the uterine cervix.
- A combination of diet and exercise has emerged as a very strong protective lifestyle factor to reduce the risk of cancer. A diet high in unprocessed cereals, fruits and vegetables and **less animal protein** has shown reduced rates in many cancers, especially cancer of the large intestine.
- Similarly, exercising regularly is linked with significantly lower risk (by 12-24 percent) of many cancers, including cancers of large intestine, breast and uterus



Spurt in cancer cases across AP, but early detection holds out hope: Doctors

February 4, 2019/The Times of India

With cancer being on the rise across Andhra Pradesh, oncologists call for early detection to check the growth of the disease. The state came in the 10th place in terms of the highest cancer rate across the country, as per the data in the national cancer registry (NCR). Dr Karuna Murthy, president, Indian Public Health Association said, “The state capital needs a dedicated government cancer hospital to cater to the patients. With Amaravati region being declared as the capital, there will be an influx of more people. The lifestyle of people will also change here. So, the cases will only increase further.” Dr Prashant Yarlagadda, radiation oncologist, American Oncology Institute, Vijayawada, said “Cancer is on the rise in Vijayawada and adjoining coastal districts in the state. It is important to address the growing cancer menace. There should be coordinated efforts with emphasis on prevention, timely diagnosis and effective treatment.” Lack of a dedicated cancer hospital in the capital region is making the life of cancer patients even more difficult, doctors said. According to the latest available statistics of the **Indian Council of Medical Research**, Andhra Pradesh recorded a little over 58,000 cancer cases, while Telangana reported 41,939 cases. However, the first sign of progress in the area comes from Kurnool Medical College where a state-level cancer hospital is being developed to meet the needs of cancer patients in the state.

“The hospital is being built at an estimated cost of Rs 120 crore and administrative grant of Rs 90 crore is already sanctioned. The paper work for the construction is in progress and we are awaiting a few permissions and completion of a few formalities. In a couple of years, the hospital will be opened and it will be a boon for the people in three states like Andhra Pradesh, Telangana and Tamil Nadu,” said Dr CSK Prakash, head of oncology, Kurnool.

High cost, low awareness tied to rise in breast cancer cases?

February 4, 2019/The Times of India

HYDERABAD: When it comes to cancer in women, breast cancer cases have seen an alarming rise over the past few years. It is the most common cancer in women. Today, even as the country joins the international community to mark World Cancer Day, the risks associated with breast cancer continue to rise in Hyderabad and the remaining districts in Telangana, despite innovations in treatment and various awareness campaigns. Most doctors believe mammography to be the best way for detecting breast cancer at its nascent stage. However, experts say it still hasn't been as widely adopted in India as it has been in other parts of the world, despite its numerous advantages over other screening methods.

UNDERSTANDING MAMMOGRAPHY

- Mammography is a low energy X-ray examination of the breasts that helps in early detection of cancer
- Digital mammography provides an electronic image of the breast
- The machine equipped to detect the smallest of lumps

- Digital mammography helps in detecting the presence of cancerous cells
- Doctors say, women over 50, especially those who have a history of cancer in their immediate families, should opt for regular mammography

FACTORS THAT CONTRIBUTE TO CANCERS

- High exposure to sun radiation
- Outdoor pollution
- Human papillomavirus
- Hepatitis B and C viruses
- Bacteria such as Helicobacter pylori

IN INDIA, HIGH MORTALITY

- Poor diagnosis and high cost of treatment contribute to high mortality
- Among various types of cancers, the most common and frequently occurring is that of the breast
- Statistics show that only one of every two women diagnosed with breast cancer continues to survive

- This, in other words, means a mortality rate of 50% or only half of the breast cancer patients successfully fighting the disease
- Cancer treatment is becoming costly
- Primary prevention holds the key to cancer control

COST FACTOR

₹1,500
Cost of conventional mammography in Telangana

3,000 to Rs 3,500
Cost of digital mammography in Telangana

COMMON CANCERS

- According to International Agency for Cancer Research, an affiliate body of the World Health Organisation (WHO), breast cancer, oral cancer, and cervical cancer are the most common cancers in India

➤ IARC estimates that in 2018 in India 3.75L people were diagnosed with and 2.2L people died from one of these cancers

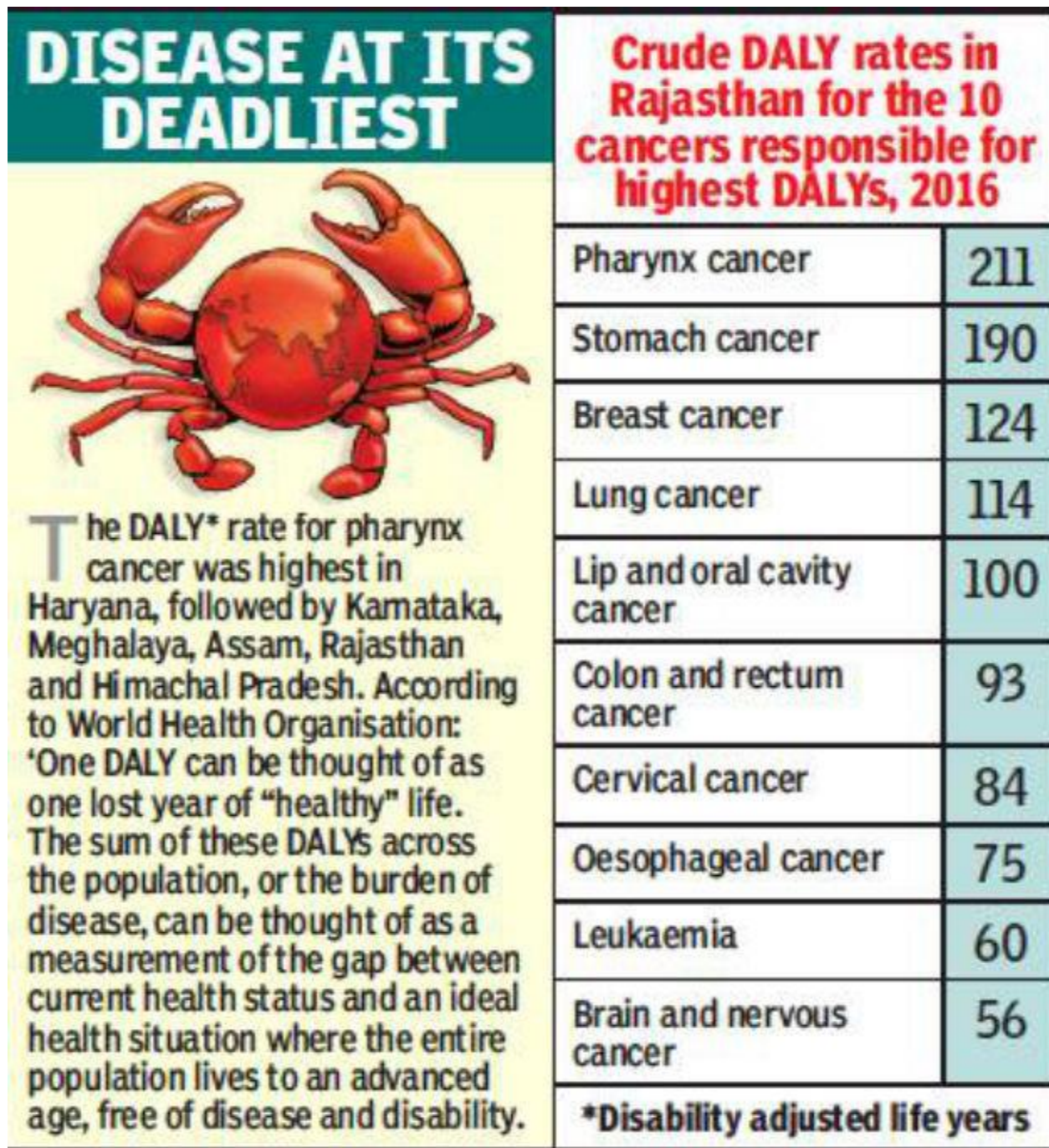
➤ Experts say, India figures at the top of the list of high mortality rate among cancer patients in Asian countries

➤ They suggest that the best way to fight cancers is to detect the malaise early



When it comes to mammography, doctors say though it is the best method to detect cancer, it is very expensive. Ram said that a digital mammography provides electronic images of the breasts, which can be enhanced by computer technology, stored on computers, and even transmitted electronically in situations where remote access to the mammogram is required. "This is particularly useful in cases of younger women with dense breasts to detect early subtle cancerous changes in the breast," he said. It also gives a 3D image of the breast, which helps in better diagnosis, he added. **Indian Council for Medical Research** reports 1.5 lakh new breast cancer cases in India, of which 70,000 succumb every year. In the absence of a cancer registry, experts in Hyderabad say the caseload could be equally alarming, especially when women shy away from examination.

JAIPUR: The death rate due to cancer is higher among females in comparison to their male counterparts, despite the fact that the incidence rate of cancer is higher among males than females, shows a recent study. The study titled ‘The burden of cancers and their variations across the states of India: The Global Burden of Disease Study 1990–2016’ was published in Lancet.



It was conducted with support of **Indian Council of Medical Research**, department of health research, ministry of health and family welfare. The study shows that the death rate per one lakh population among women is 57, while the incidence rate per one lakh is 78. However, among men, death rate is 63 while incidence rate is 70

per one lakh population. In the state, the most common cancer among females leading to death is breast cancer, while stomach cancer is the second most common cancer among women, followed by cervical, pharynx, colon and rectum cancer, gallbladder and biliary tract cancer, lung, ovarian, oesophageal, lip and oral cavity cancer. Doctors claimed that there is a need for identification of symptoms for timely diagnosis of cancer. Cancer can cause many different symptoms like changes in skin, breast, lump on and under the skin, the cough that does not go away, difficult or painful urination, weight gain or loss with unknown reason, abdominal pain and among them most often are tumours. If any person has above symptoms that last for a couple of weeks, it is important to see a doctor so that problem can be diagnosed and treated as early as possible. Usually, early cancer does not cause pain. If you have symptoms, do not wait and visit a doctor immediately,” said Dr Prashant Sharma, a surgical oncologist of a private hospital. City-based hospital’s radiation oncologist Dr Nidhi Patni said, “The number of cancer patients is increasing rapidly. In the country, 11.57 lakh new cancer patients are registered and 7.84 million cancer patients are dying every year.”

High incidence rate of cancer in Telangana

February 4, 2019/Telangana Today

Hyderabad: Back in 1990, the incidence rate of cancers, which is the number of cancer patients for one lakh population, in Telangana was 54. Fast forward to quarter of a century, the incidence rate here rose to 74 cancer patients for a lakh population. The number of persons with cancer back in 1990 across the country was 5.48 lakh and by 2016, the numbers rose to a whopping 10.69 lakh. The cancer incidence rate in the country in 1990 was 63 and after 26 years, the incidence rate stands at 81, a jump of 28 per cent. As the entire medical community observes World Cancer Day on Monday by holding awareness programmes, health runs and walks, it is important to note and acknowledge that cancer is a public health challenge and poses a clear and present danger to the community.

According to the cancer incidence study conducted by **Indian Council of Medical Research (ICMR)** and Public Health Foundation of India (PHFI) between 1990 and 2016, which was published in ‘The Lancet’, in all the Indian States, nearly 59 to 60 persons for a one lakh population died to due to cancer in 2016.

‘The Lancet’ study says that number of cancer cases has doubled in the country between 1990 and 2016. The top ten cancers that contribute highest in terms of ailments are stomach, breast, lung, lip and oral cavity, pharynx other than nasopharynx, colon and rectum, leukaemia, cervical, oesophageal, and brain and nervous system cancers. Interestingly, according to a host of study papers, cancer is now the second leading cause of deaths globally, including India, behind cardiovascular diseases. Patients with cancer generally have a poorer or little chance of recovering in low-income and middle income countries, because of lack of awareness on cancer.

According to senior doctors, the growing number of cancer cases can only be tackled firmly by improving human resources and infrastructure for prevention, screening, treatment and palliative care for cancers, in addition to providing financial protection for cancer patients.

World Cancer Day, 2019: Commitment to tame the disease and increasing awareness can make India cancer-free



February 4, 2019/APN News

The word 'cancer' brings out the darkest of fear among most people. However, it is shocking that not many are aware of the true facts related to this deadly condition claiming about lakhs of lives every year. The year 2016 reported 106.6 new cancer cases per 100,000 people that placed India on the global radar as a country with lowest incidence of cancer. It has ranked tenth among the countries with minimal occurrence of cancer according to a recent global analysis by the Institute of Health Metrics and Evaluation (IHME), Washington University. However, the situation is not as trivial in India as indicated by these numbers. **Indian Council of Medical Research (ICMR)** has shown that in the same year, the country suffered from a burden of 14 lakh cancer patients. We mostly blame lack of knowledge about the early signs of cancer and inability to detect it at early stages to be responsible for the whopping loss of life. This is why India needs more events like World Cancer Day for educating people about the condition that can enable one to detect, diagnose and treat the condition at the right time. Apart from early detection of the disease and accessibility to advanced treatment, government also plays a vital role in effective tackling of cancer burden in the country. Not only has the cancer data collection in the country improved, but several important policy decisions taken by the government towards curbing cancer and other non-communicable diseases are highly commendable. Such policies include Cigarettes and Other Tobacco Products Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution Act (COTPA), 2003, increase in the pictorial warning size on cigarettes, bidis and smokeless tobacco products, implementation of population-based screening programs for cervical, breast and oral cancer. However, the screening techniques are still not adequate and more efforts need to be given on introducing human papillomavirus (HPV) screening keeping the financial feasibility in mind.

Dial motorbike ambulance in case of heart attack

February 4, 2019/The Hindu Business Line

Like ordering for food or groceries over phone, you may soon be able call for a motorbike-borne emergency medical assistance unit in the eventuality of a heart attack. The **Indian Council of Medical Research (ICMR)** is all set to launch a pilot project named Mission DELHI or Delhi Emergency Life Heart Attack Initiative.

Under this project, a pair of motorcycle-borne paramedics would be the first responders for treating heart attack patients. On getting a call, the pair would rush to the spot, conduct a quick medical examination, take the ECG of the patient, gather basic information on his or her medical history and establish a virtual connect to a cardiologist at the All India Institute of Medical Sciences (AIIMS).

While the emergency treatment is provided, a CATS ambulance will arrive and take the patient for further treatment. Even as the patient is on the way to the hospital, qualified doctors posted round the clock at the control centre will evaluate the data received from the paramedics to find out what type of treatment will be required so that it can be started soon after the patient reaches the hospital. ICMR has already signed a memorandum of understanding with CATS for this project.

The idea is to reach with medical help much faster, given the high density traffic

condition in the city where movement of ambulance becomes difficult. Motorcycle ambulances can reach people in narrow lanes in congested areas as well. The idea has been tried in some remote areas in the country but not specifically for reaching those with heart trouble.



Stage Zero Breast Cancer

February 4, 2019/The Hindu

Stage Zero Breast Cancer is the earliest form of breast cancer. Medically termed Ductal Carcinoma In Situ (DCIS), cancer cells are found inside the milk ducts (the canals that allow milk to move from the milk gland to the nipple) in the breast, but have not spread to the surrounding breast tissues or organs. “According to the **Indian Council of Medical Research (ICMR)**, more than 100,000 new cases of breast cancer are diagnosed each year. However, there are no precise statistics on the incidence of DCIS in India,” says Dr P Raghu Ram, director of KIMS – Ushalakshmi Centre for Breast Diseases, Hyderabad.

Though Stage Zero Breast Cancer is not dangerous, it has the potential to spread to the surrounding tissues if left untreated. Based on the appearance of the cells under a microscope and on the rate with which they multiply, it can be divided into low grade and high-intermediate grade. “It is less likely for a low-grade DCIS to be an invasive breast cancer when compared to the high-grade DCIS. The treatment is based on the extent of the DCIS within the ducts and its grade,” he explains.

DCIS is difficult to detect as it does not have any symptoms. “Women must look out for a change in size, rash on or around the nipple, a painless lump, blood-stained discharge from the nipple, swelling under the armpit or a retraction of the nipple. Women above 40 years of age must have a mammogram done at least once in two years for early detection.”

DCIS is not life-threatening and has a long-term survival rate. But the number of women in India being diagnosed with DCIS breast cancer is low. Says the good doctor, “According to statistics from the World Health Organization, fewer than 5% of women undergo breast screening in India. The reasons are lack of awareness about the importance of early detection and the absence of an organised nationwide breast cancer screening programme.” The bottomline: Be breast aware, checking from an early age, and going to the doctor if you see any change at all. It’s likely to be nothing, but if there’s something there, you’ll have caught it in time.

In this column, we demystify the buzzwords in wellness

Can Lack Of Sleep Cause Cancer? Take This Quiz To Find Out Facts You Didn't Know!

February 4, 2019/The Better India

In 2018, cancer took more than seven lakh lives in India. These are excluding the two million more who continue to live and suffer from the deadly disease. According to the estimates by the **Indian Council Medical Research (ICMR)**, the death toll is expected to rise to 8.8 lakh by 2020.

This rise is not a surprise, because it has been steadily growing over the years, bolstered by the lack of awareness, say experts. As they say, despite its potential for major harm, cancer is not deadly if detected at an early stage.

So, this World Cancer Day, The Better India decided to take an extra step and spread awareness about cancer, its symptoms, and how it can be overcome. Check out the quiz video below.

Soon, a population-based cancer registry for Kerala


February 5, 2019/The Times of India



THIRUVANANTHAPURAM: Health minister KK Shailaja said that the government will soon create a population-based cancer registry for Kerala. Till date, only hospital-based registry was available.

WHAT PROMPTED THE MOVE?

<ul style="list-style-type: none">▶ Regional Cancer Centre (RCC) in Thiruvananthapuram published first cancer registry in 2012▶ It had data of all patients between 1982 and 2012▶ In 30 years, the rate of	<p>increase in cases was pegged at 280%</p> <ul style="list-style-type: none">▶ RCC was catering to patients from neighbouring districts of T'puram	<ul style="list-style-type: none">▶ Malabar Cancer Centre (MCC) in Thalassery started its work on a cancer registry two years ago▶ The yet-to-be published registry will feature the details of patients who are seeking treatment from Kannur, Kozhikode, Malappuram and Kasaragod▶ Experts said a population-based study was necessary to	<p>get a total picture of cancer cases in state</p> <ul style="list-style-type: none">▶ The state government will launch a massive campaign as part of Ardram Mission to detect cancer cases at an early stage▶ Family health centres will be organizing cancer detection camps to find fresh cases that are not reported at hospitals
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Regional Cancer Centre (RCC) in Thiruvananthapuram and Malabar Cancer Centre (MCC) in Thalassery have a registry of their patients. Now, a decision has been taken to create a registry based on Kerala Cancer Control Strategy. The strategy focuses on decentralization of cancer diagnosis, treatment and palliative care centres while augmenting government institutions. The plan is to reduce cancer cases by 2030 through early detection and treatment, she said while inaugurating World Cancer Day observance in the capital. In 2012, RCC was the first agency to release a cancer registry and it had 30 years of data collected from its patients. The registry showed a 280% increase in cancer cases from 3,696 cases in 1982 to 2.5 lakh in 2012. It recorded the increase in number of new patients. If it was 3,696 cases in 1982, the figure was 14,016 in 2011, an increase of 280%. The hospital-based cancer registry, which was the first paperless cancer registry in India, was prepared under the National Cancer Registry Programme of **Indian Council of Medical Research**. Since RCC was the only cancer centre in Kerala 10 years ago, its findings were termed as first-of-its-kind and based on the registry, further studies were carried out to find the reasons for the increase in number of cases. Two years ago, MCC too started a similar exercise. The yet-to-be published registry will feature the details of patients who are seeking treatment from Kannur, Kozhikode, Malappuram and Kasaragod. Similarly, RCC was catering to patients from neighbouring districts of Thiruvananthapuram.

[DNA SPECIAL: January's swine flu death toll outruns 2018 body count](#)

February 5, 2019/DNA



Swine flu cases spiked three times over across North India in January as compared to the total number of cases these states had seen in the whole of 2018, a report released by the health ministry has revealed.

The spike has caused state governments to issue precautions. Experts say the virus is mutated and isn't seasonal anymore. Cases have even been reported from Jammu and Kashmir and Himachal Pradesh, states which had been quieter in previous years. "From January 1 to February 3, 168 cases tested positive in Kashmir, of which 10 died. In the entire of last year, 75 cases tested positive, of whom 14 died," said SM Kadri, head, Division of Epidemiology and Public Health, Directorate of Health Services, Kashmir.

In Himachal, 105 cases had been reported by February 3, with 14 deaths. "We have created isolation wards and are making sure we provide vaccines to all healthcare staff. Precautionary measures have been circulated," said Dr Sonam Negi, disease surveillance officer, Himachal Pradesh.

Gujarat too is seeing around 40 cases every day. Till Monday evening, the state had reported 898 cases and 43 deaths. "We are keeping a close eye on the swine flu situation, and expect cases to start coming down," said a government official.

In Rajasthan, the disease claimed 221 lives in 2018, and still poses a challenge, with 42 per cent of all deaths in India coming from the state. As per daily monitoring report from the health department, till February 4, 2,455 people have tested positive for the influenza virus H1N1 in the state, of whom 86 succumbed due to the illness.

In Delhi, meanwhile, 895 cases were reported till February 4, including 40 on Monday alone. Dr Soumya Swaminathan, former director general, **Indian Council of Medical Research**, had earlier confirmed that the H1N1 virus has mutated. The new strain, Michigan, was discovered in India early in 2018. The California strain has existed since 2009.

[Now, dial a motorbike ambulance in case of a heart attack in Delhi](#)

February 5, 2019/Down to Earth

Like ordering for food or groceries over phone, you may soon be able call for a motorbike-borne emergency medical assistance unit in the eventuality of a heart attack. The **Indian Council of Medical Research (ICMR)** is all set to launch a pilot project named Mission DELHI or Delhi Emergency Life Heart Attack Initiative.

Under this project, a pair of motorcycle-borne paramedics would be the first responders for treating heart attack patients. On getting a call, the pair would rush to the spot, conduct a quick medical examination, take the ECG of the patient, gather basic information on his or her medical history and establish a virtual connect to a cardiologist at the All India Institute of Medical Sciences (AIIMS).

While the emergency treatment is provided, a Centralised Ambulance Trauma Service (CATS) ambulance will arrive and take the patient for further treatment. Even as the patient is on the way to the hospital, qualified doctors posted round-the-clock at the control centre will evaluate the data received from the paramedics to find out what type of treatment will be required so that it can be started soon

after the patient reaches the hospital. ICMR has already signed a memorandum of understanding with CATS for this project. Bhargava is also passionate about developing affordable, low-cost and need-driven medical facilities and devices. As a step in this direction, he has established a School of International Biodesign in collaboration with AIIMS, IIT-Delhi and Stanford University (US) at Delhi. The programme is called GANDHI (Global Affordable Need Driven Healthcare Innovation). Under the programme, some basic, low-cost and need-driven medical devices have been developed. Consure is one such device. It is used for managing stools in incontinence patients. “We have developed catheter for urine, but for stools, there is nothing available in the world except diapers.

India is 4th largest funder for tropical diseases R&D, finds study

February 6, 2019/News Today

Chennai: India is the fourth largest spender and is responsible for the lion’s share of public funding among low and middle income countries (LMICs) when it comes to research and development on tropical diseases, a study has said.

The findings come from an analysis of global investment into research and development (R&D) on new products for neglected diseases in developing countries. The 11th annual G-Finder survey said, “This year, India maintains its position as the fourth largest government funder globally into neglected disease research. It tops among other compatriot LMICs, contributing 72 per cent of all the funding towards neglected disease research.”

India also records the strongest global growth in public funding for R&D on neglected diseases since 2009. The report examines funding from government sources, philanthropies, private sector funding and other types of organisations.

Among LMIC’s, the top three public funders into research in 2017 were India (\$76 million), South Africa (\$14 million) and Brazil (\$9.2 million). LMIC public funding increased even though Brazil cut back heavily. The report says that the increased funding from LMIC’s “was due to a large increase in Indian government investment, which was in turn entirely due to additional funding from the Indian ICMR”. The survey also looks at funding for a number of diseases like trachoma, buruli ulcer, rheumatic fever, meningitis, leptospirosis and also for HIV/AIDS, malaria, TB, dengue, hepatitis C and leprosy. According to the G-Finder report, TB research gets the largest of all Indian government funding, with Rs 147 crore (30 per cent). Malaria is a close second with Rs 115 crore (23 per cent), while leprosy gets Rs 39 crore, dengue, Rs 35 crore, and HIV/AIDS, Rs 14 crore. The top public funding agencies into R&D on neglected diseases in India are the **Indian Council for Medical Research (ICMR)**, the Department of Biotechnology (DBT), the Council of Scientific & Industrial Research (CSIR) and Biotechnology Industry Research Assistance Council (BIRAC). ICMR’s overall funding in 2017 increased by 61 per cent to Rs 38 crore. Among global government funders for R&D, ICMR is the fourth largest on TB, the third largest on dengue and the second largest on leptospirosis.

Eating habits expose tribals to anthrax

February 7, 2019/Daily Pioneer



Driven by hunger and cultural practices, tribals in many pockets of Odisha are taking to butchering and de-skinning of dead animals and consuming them, exposing themselves to anthrax, a deadly infectious zoonotic disease.

Ringling alarm bells, scientists from the **Indian Medical Council of Research (IMCR)**-Regional Medical Research Centre, Bhubaneswar, have called for a mass awareness campaign and livestock vaccination in villages and monetary incentive to the tribals for disposal of dead livestock to combat the unhealthy practice of consumption of dead animals. During the household survey conducted in four anthrax-hit districts—Koraput, Rayagada, Sundargarh and Malkangiri—in April-December, 2017, scientists found that of the 88 anthrax cases reported, at least 36 per cent affected persons were engaged in butchering and deskinning and consuming of dead animals, both as part of their cultural practices as also to combat hunger. About 23 per cent of the total 555 respondents admitted to follow practices that proscribed burial of dead animals for disposal while about 18 per cent admitted to consuming them. No surprise that during the last 15 years, out of 30 districts in Odisha, 14 with high density of tribal population have witnessed outbreak of anthrax affecting at least 1,208 people and killing 436.

Koraput was worst affected with total 354 human anthrax cases and 9 deaths reported in last seven years. Mainly a disease of cattle, anthrax can be passed off to humans where it manifests in three forms- cutaneous (skin), pulmonary (respiratory) and intestinal. If untreated, risk of death from cutaneous anthrax can go as high as 25 per cent and for the other varieties the risk of death might be up to 75 per cent, even with treatment. The State Government seems to be least bothered about this rising health hazard.

Swine flu impact highest in four states

February 7, 2019/Hindustan Times

North India has been worst hit by influenza (A) H1N1 or swine flu this year, with at least 61% cases reported from across the country coming from Rajasthan, Delhi, Haryana and Punjab.

According to surveillance data collected under the government's Integrated Diseases Surveillance Programme (IDSP), the week between January 28 and February 3 this year was particularly bad as 1,176 of the 2,101 cases that tested positive during this period were from the four north Indian states.

Again, of a total of 6,701 cases, as many as 4,114 were reported from these states with Rajasthan reporting 2,363 cases, Delhi 1,011, Haryana 490 and Punjab 250 cases. Of 226 swine flu deaths, 117 were reported from three of these states, except Delhi that has officially reported no death. Experts have, however, warned against creating panic, saying this was a cyclic phenomenon.

"Flu cases are either due to influenza (A) H1N1, H3N2 or influenza B. There will always be a strain or a combination of strains that is more prevalent than the other and cause infection. There's largely immunity within the community against the strains but whenever there is a build-up of people who aren't exposed to the prevalent strain, infections will go up," said an expert in a government laboratory requesting anonymity as the expert is not authorized to speak to the media.

There are typically two peak flu seasons — monsoon (August-October) and winter (January-March). While H3N2 was the dominant strain last monsoon, between 70-90% of the cases this winter were found carrying the H1N1 strain.

“There is an increase in the number of cases reported when the pool of unimmunised population increases. This can be due to migration and new births. But it can also be because of the changing structure of the virus that leaves the population without immunity,” said Dr Nivedita Gupta, senior scientist at **Indian Council of Medical Research (ICMR)**. The H1N1 outbreak in 2009 had sparked fears that it would be the killer virus of the future. But the fear has proved unfounded, said an expert not wishing to be named.

[India or China, Who Wins the 'Beat Pollution' Race? A Step Into Beijing Could End the Debate](#)

February 7, 2019/News18

New Delhi: Delhi is getting high on smog as it loses the battle to Beijing in controlling its air pollution. According to an analysis done by News18.com, based on the data from Berkeley Earth, a California based non-profit organisation, the average PM 2.5 level has been marginally high in Delhi as compared to Beijing for about three years. This difference widens and the trend peaks drastically in the national capital during the winters of November due to various activities taking place simultaneously. The air quality of the Indian capital was polluted about twice as compared to its Chinese counterpart. On an average, while Beijing has had a PM 2.5 level of 50.39 microgram per cubic metre ($\mu\text{g}/\text{m}^3$) from March 2016 to January 2019, Delhi breathed air with PM 2.5 level at 111.22 $\mu\text{g}/\text{m}^3$. Going by the System of Air Quality and Weather Forecasting and Research (SAFAR), an air quality index standardised under the Union Ministry of Earth Science, the Indian capital has been breathing ‘severe’ to ‘very poor’ air every winter — “a silent crisis” in the light of International Agency for Research on Cancer (IARC) of the World Health Organization (WHO). It declared outdoor pollution as “carcinogenic”. An **Indian Council of Medical Research (ICMR)** report further showed Delhi with the highest number of patients with lung cancer, with an emerging trend of non-smokers getting affected by the disease. As per the figures released by the Delhi Cancer Registry, lung cancer cases have been increasing in men and women with the former showing the highest spurt among all cancers. While the numbers have gone up from 14 cases in 2008 to 15.5 in 2010 per 100,000 population for the men, it has risen from 4.2 cases in 2008 to 4.6 in 2010 for the women.

With regards,

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