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BIOTECH EXPRESS

No Vaccine Force

after supreme court of India order, next compensation to AEFI survivors from Vaccine makers possible?

Public Health Bill 2022 is Illegal, Unconstitutional and Arbitrary: Dr Maya Valecha

The Union Government has Lied to the Supreme Court in COVID Vaccines Case?

Study Links Increase in Emergency Heart Events With COVID-19 Vaccine Rollout

Indian opposition seeks higher compensation for COVID deaths after damning WHO report

Bill Gates tests positive for COVID-19 even after many booster doses, mocked on twitter

Does the COVID Vaccine Kill More People Than It Saves?

BIOTECH EXPRESS

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BIOTECH EXPRESS

News...

Volume 9 | Issue 106 | May 2022

Featured BioNews | p20

Biotech Industry News | p34

Bad Research | p45

Biotech Research & Govt. news | p41

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No Vaccine Mandates after supreme court order, next compensation to AEFI survivors from COVID Vaccine makers possible?

Kamal Pratap Singh

An Aurangabad resident has approached Bombay High Court seeking compensation of Rs 1000 crore from the Maharashtra government, Centre and Serum Institute of India claiming his daughter, a medical student, died due to side effects of the Covishield vaccine that she was administered in January 2021.

Since the covid vaccination started many individuals are complaining about serious vaccine side effects, most of them reported in Covishield and include blood clotting events in various parts of body. These adverse events are creating many unexpected outcomes in patients like blindness, heart attacks and many more as reported in article appeared in Biotech Express in April 2022 issue.(http://www.biotechexpressmag.com/editorial-what-serious-side-effects-reported-after-inoculation-of-indian-covid-19-vaccines-survey-of-aefi-reports/)

Experts from the field expect that these adverse events are much more than reported in AEFI as the reporting system is not strong enough like developed countries and thus many adverse events go unnoticed. The presence of adverse events in AEFI show us that indeed COVID vaccines have side effects but what will be the compensation for these adverse events either from vaccine makers or government is not clear yet.

Though the government has always said that vaccine is not mandatory but limiting living resources like food, transportation etc. to unvaccinated individuals has forced people to take some action and toward this many NGOs and experts have come forward. Due to their consistent efforts a recent order from supreme court allowed people to choose whether to vaccinate or not and no restrictions on unvaccinated.

That is OK, but what will be the com-

pensation for vaccine injuries is still a matter of concern as many people have lost their lives due to vaccine side effects and many of them have become ill for lifetime.

These covid vaccines were approved in emergency mode but was forced to take in non emergent situation like Petitioner Dilip Lunawat, who filed the plea before the principal bench of HC Bombay, claimed about his daughter Snehal, a medical student in Nashik, who was administered both doses of the vaccine as part of the state government's initiative to vaccinate all health care workers. The plea said Snehal was assured the COVID vaccine was completely safe, and posed no risk or threat to the body, and «was, therefore, compelled to take vaccine at the college since she was a health worker». He said his daughter took the vaccine on January 28, 2021 and died a few weeks later on March 1 due to the side effects of those vaccines. He is seeking compensation of Rs 1000 crore from the Maharashtra government, Centre and Serum Institute of India. (https://www.india.com/maharashtra/maharashtra-man-claims-daughter-died-of-covid-vaccine-side-effects-seeks-rs-1000-core-compensation-5218452/)

The government of India has stated in Parliament that there is no provision of compensation for any side-effects or medical complications (adverse events) due to inoculation under emergency-use but an individual can still take legal recourse to get compensated. Specifically, if, there are adverse side-effects from a vaccination manufactured or administered by any agency, resulting in loss or injury to the vaccinated, including permanent-disablement or death then a legal-action can be brought by the injured-party or his or her representative in a Court of Law under Fatal Accidents Act of 1855.

Similar case of vaccine death in India due to covishield was filed in the Kerala High Court by the parents of a 19-year-old girl, who died allegedly due to a rare-immunogenic response to the Covishield vaccine seeking compensation of Rs 10 crore. The 19-year-old postgraduate student began feeling unwell a day after getting the Covishield vaccine, as per the petition. A week later, the girl was taken to the hospital where she was given symptomatic treatment and discharged the same day. The girl passed away on 12 August, 2021 exactly two weeks after she was administered the vaccine with the official post-mortem report stating that the cause of death was inter-cranial bleeding. Further, it found that the girl might have suffered from thrombocytopenia, thrombosis syndrome, which is supposed to be a rare immunogenic response to the COVID-19 vaccines. (https://www.firstpost.com/india/couple-moves-kerala-high-court-seeking-rs-10-crore-compensation-alleging-daughters-death-due-to-covishield-vaccine-10563821.html)

Compensation suit are not only restricted to India, in Taiwan, a panel of experts appointed by the Ministry of Health and Welfare agreed that the government should pay NT$6 million (US$209,025) in the case of a woman, whose death is the first to be classified as directly related to receiving a COVID-19 vaccine shot in Taiwan. Because the woman did not have any chronic ailments, nor other conditions that could explain a very rare blood-clotting disorder called "thrombosis with thrombocytopenia syndrome," a known side effect of the AstraZeneca vaccine she received, the panel determined that her death was linked to the vaccine, Chuang said. The woman was a Taipei resident in her 50s, who was identified only by her surname Yu. She died of a brain hemorrhage, a complication caused by the syndrome, according to the panel's findings. (https://focustaiwan.tw/society/202203290026)

As per data with Australian government, 37.8 million vaccine doses had been administered till November 7, 2021 and 78,880 adverse events linked to vaccination were recorded. A portal was being made to enable people to claim damages. At least 10,000 people have registered interest to make a claim, till the report came on news portal. (https://www.wionews.com/world/thousands-of-australians-want-compensation-for-covid-vaccine-side-effects-report-429883).

In UK, Up to 920 compensation applications have been filed by people who were left seriously injured after getting the Covid-19 vaccine as claims could hit £110million. Vikki Spit, from Alston, Cumbria, hopes to qualify for financial support after her fiancé Zion, 48, died of a brain haemorrhage two weeks after getting the AstraZeneca vaccine in May 2021. She claimed his death certificate named the AstraZeneca vaccine but said she has been left in 'limbo' after applying for the scheme in June. (https://www.dailymail.co.uk/news/article-10556213/Covid-vaccine-claims-hit-110m-920-compensation-applications-filed.html)

So, the compensation mechanism exist in most developed countries and many of the vaccine adverse events injuries have been compensated appropriately but will it happen in India is still an important question. In case, the kin of injured people can go to courts as per the directions from the government for which they need proofs but will they be able to provide proof is still another question as AEFI has not registered all the adverse events. Recently, after thorough studies and suggestions from the experts, Supreme court of India has removed any kind of COVID vaccine mandate.

Guestorial

Letter: Public Health Bill to be presented in the Monsoon session 2022 is Illegal, Unconstitutional and Arbitrary: Dr Maya Valecha

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Last month a letter signed by many health professionals was sent to Hon'ble President of India, to report the shortcomings and harm which can arise after passing of current draft of Public health bill. The letter discussed various aspects which I am putting forward as an article.

While the media houses have got the Bill in preparation for Monsoon session, it is not shown to We the People of India, yet. But from whatever we gather from media is that it would be 2017 bill which was placed before public for pre-legislative comments plus more definition of lockdown. So, our requests are based on that. Because the government is in the habit of reducing the period or doing away with pre-legislative processes, we are writing to you in advance.

Sources:

Indian Express https://indianexpress.com/article/india/new-health-law-draft-four-tier-system-clearly-defined-powers-7828695

Photo: Dr Maya Valecha

The Economic Times https://m.economictimes.com/opinion/et-commentary/view-how-to-not-control-a-pandemic/articleshow/90766526.cms

While we recognize that the Public Health in India is a neglected subject for years and a bill to address the issues is required to implement measures to improve the health of people, the bill that was drafted in 2017 and the coming bill, appears to be just another tool to increase Government control and authority over the citizens of the country.

A comprehensive Act that covers the various aspects of health care rights, delivery and related matters has been a pressing need in this country for long. A Bill to that effect was drafted in 2009, but never progressed. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812745/)

We will address this Bill along with International Health Regulations and the coming WHO Treaty for Pandemic Management, because it is obvious that the draft Public Health Bill 2017 and this new draft are made to fulfill the legal obligations under IHR and coming WHO Treaty. And that is why the requirements of Indian people, Holistic meaning of Public Health are totally missing from this Bill and no other Bill to address the health requirements of our country is given priority.

The serious objections to the contents of this Public Health Bill as follows:

(I) Public Health

It is not limited to infectious diseases or bioterrorist attacks. **Health**, according to the World Health Organization, is "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.

Ensuring positive health is the most important task at hand in our country where around 2500 children are dying of malnutrition related diseases, Almost 50% of people aged 45 years and above have abnormal lung function, (https://indianexpress.com/article/explained/half-of-people-aged-45-and-older-have-abnormal-lung-function-says-large-study-7135897/)

Infection also affects people whose basic health is compromised. Non-infectious diseases also can be prevented/controlled by healthy lifestyle. Just by creating certain schemes like mid-day meal, the problem of malnutrition is not solved as can be seen from following data, prevalence of wasting in children under 5 years has actually increased from the year 2000 onwards and other parameters (Except Stunting) have not much improved. (https://www.intechopen.com/chapters/71300)

Similarly, just by convincing the world to declare Yoga Day, people of this country do not get the opportunity to practise it. Why no perfect mechanisms thought of and implemented to ensure the positive health for the people?

Without 1st allocating budget, for these priorities, addressing other socioeconomic, lifestyle issues, creating systems, mechanisms by an Act of Parliament, whereby positive health can be built for our people, the experience shows that by emulating suggestions given by a simulation experiment in other countries, we have deteriorated the basic health of people and made them prone to more diseases. For example, more people died by suicide than Corona in 2020. (https://www.news18.com/news/india/india-lost-more-people-to-suicide-than-coronavirus-in-2020-shows-ncrb-data-4388651.html)

(II) Oppose any Treaty with WHO

WHO is not an elected body and it is a privately funded organisation. Obviously private funders have their say in the advices WHO gives. Not only giving complete power to any such outside organisation is giving up our sovereignty but it will be the 2nd episode of East India Rule in India.

WHO Pandemic Treaty Does not make Epidemiological Sense:

Pandemics are driven by regional factors. These factors in turn are dictated by geography, climate, population density, demography such as age profile, health status such as obesity levels, state of health services, urbanization and migration, to name a few. For instance, in spite of similar guidelines followed by majority of countries of the world, the impact of Covid-19 differed vastly in continents.

For a disease having 0.05% Infection Fatality Rate, with 67.6% of adult population already having antibodies, and **99.5% of population never getting any symptoms of Covid in entire Two Years,** the vaccination drive of full adult population was started because of WHO advice, when many Indian Public Health Experts had never advised, lockdown for the whole coun-

try, vaccine for below 45 years of age. (https://economictimes.indiatimes.com/news/politics-and-nation/shots-for-18-44-yr-group-was-a-political-decision/articleshow/82812610.cms)

There is a mention in the Bill of WHO declaring, "public health emergency of international concern" means an extraordinary event which is determined, as provided in International Health Regulations (IHR) of World Health Organization (WHO);" (In Chapter 1, 2. (z)). But review of that declaration by Indian experts, giving Indian, even different regional conditions and health risk assessment is never mentioned in the draft Bill, 2017.

Height of ignoring Indian experts and without any transparent public debate came when vaccine roll out for children, having none whatsoever risk from Covid, was started, just because it was given in other countries, in spite of a clear "No" from NTAGI. Waste of public money for injecting a substance whose long-term safety data is not known and even short-term data cannot be relied with such small sample size during Trials.

The health requirements, priorities of all countries are different depending on the climatic, cultural, economic and demographic conditions. Imposing western models on our country in spite of Globalisation is Medical Imperialism and has proved damaging to our country.

The signing IHR after SARS CoV (2003) was uncalled for, as a so-called highly infectious virus had infected totally 8098 persons world over and total 774 deaths, in the country of its origin, China - 5327 cases and 349 deaths. It was believed to have started in November, 2002 and with all the international traffic, the world came to know a few cases elsewhere also by March 2003.

But signing WHO Treaty and to formulate a Public Health Act on the basis of such international guidelines will be suicidal.

Role of WHO was exposed enough during Swine Flu. "In a strong indictment of the World Health Organization, a report prepared for the Council of Europe has said WHO wasted large sums of public money by raising unjustified fears of a "pandemic that never really was" and expressed concern over the influence of the pharmaceutical industry on the decisions taken by it regarding the H1N1 virus outbreak." http://timesofindia.indiatimes.com/articleshow/6013135.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

"National governments, WHO, and EU agencies had all been guilty of actions that led to a "**waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public**," says the report." https://www.bmj.com/content/340/bmj.c3033.full

"The step is a long-overdue move to public transparency of a "Golden Triangle" of drug corruption between WHO, the pharma industry and academic scientists that has permanently damaged the lives of millions and even caused death." https://healthcare-in-europe.com/en/news/european-parliament-to-investigate-who-pandemic-scandal.html

Independent inquiries in Corona pandemic might establish the truth in future. But right now, it is very clear that WHO guidelines for our country have been not in synchronization with Indian Reality. And such inquiry with large scale public participation in an open transparent way is the primary requirement before bringing any Public Health Act focussed solely on infectious disease.

To give WHO guidelines as an overriding factor by way of an Act and not giving any mention of local experts' advice, wide scale feedback from every corner of the country is inviting disaster.

(III) Epidemic or Pandemic

Even for endemic diseases affecting our country, we will have **to have a clear definition of an epidemic**, that is at least more than 2 standard deviations above last three years data. Upper control limits must be clearly published in public domain. **Chapter II,3**, there is no mention of which experts or health departments will be consulted by authorities at all levels.

Even after declaring a pandemic/ Epidemic the blunders done during the Covid-19 management have to be consciously avoided.

a. As soon as outbreak of infectious disease is suspected, Government of India / applicable State Government must facilitate study on whether the disease is infectious or not.

b. Do not use any test kit that is not fully authorized / not fully approved, peer reviewed, Test kit should be indigenous i.e. not outsourced to a foreign entity, the testers should not have a conflict of interest on the outcome of the study, conducted in a radiation free environment,

c. The above study must be completed on emergency basis but within one month of the outbreak of the suspected epidemic / pandemic.

During the period the above study is in progress, government

a. Will not restrict movement of asymptomatic people.

b. Will recommend but not force the public to take containment / preventive measures

If within one month the above study is not completed or does not conclude that the disease is infectious then;

a. All the orders passed by government authorities regarding the suspected outbreak of disease become null and void.

b. No opportunity to ask for more time to complete the study.

If the study in point 1 concludes that the disease is infectious but the test kit that is released for the detection of the disease is still in approval phase then Government will;

a. Not isolate / restrict movement of asymptomatic people

b. Not force asymptomatic people to take the test

Even when the test kit becomes fully authorized, Government

a. Will not isolate / restrict movement of asymptomatic people

b. Will not force asymptomatic people to take the test

No measures like mask, distancing, lockdown should be declared as Covid – 19 experiences have produced enough number of studies that these are ineffective and harmful measures.

How can such measures be prescribed in an Act without having any scientific proof and in the presence of proofs against it?

"It is not unreasonable to conclude that surgical and cloth masks, used as they currently are being used (without other forms of PPE protection), have no impact on controlling the transmission of Covid-19 virus. Current evidence implies that face masks can be actually harmful. The body of evidence indicates that face masks are largely ineffective." https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/

(IV) Decentralization:

Chapter II, 4, a), gives extra ordinary powers to center without mentioning any process of consultation with state experts. India being a vast country, the local impact of any disease, its management keeping in mind of local factors are always very different for different regions. Even the rural and urban areas have different impact and requirements. If we take the example of Covid-19, with its most dubious unreliable RT-PCR test, the percentage of population having some symptoms varied from 0.1% in UP to 2.9% in Kerala but most states had between 0.2 to 0.7% of people having any symptoms at all.

Treatment protocols should also be decided by the treating doctor with the consent of the patient. No central protocol can be declared as the conditions of the patients are different and the training in the medical colleges are enough for a doctor to decide the line of treatment.

It should be the local bodies in consultation with local experts, not only on government panels but other domain experts with experience and different opinions, having transparent debates at each level should decide on the severity, impact of any disease and the course of action.

(V) Other Knowledge Systems: India has legally functioning systems of knowledge with glorious past, like Ayurveda, Yoga, Unani, Siddha, Homeopathy, Sowa Rigpa, Naturopathy, Nature Cure, and Energy Medicine. These systems are working on the principles of Indian way of life, climate, adapted and developed over years of experience. There are less invasive, less expensive methods to handle many diseases with better results when these knowledge systems are used. We should take full advantage of these knowledge systems and no allopathy protocol be imposed on everybody. There should be open, equal opportunity with publication of results transparently for all systems. Citizens should have choice to select whatever system treatment they want to have.

There is no rationale in following the dictates of western countries with different population profile, climate and other social factors.

(VI) Role of Media:

First principle of public health emergency during crisis is to reassure the public. Media has played fear mongering and scared people, calling experts from only one side who would draw the grimmest picture, which ultimately would turn out to be wrong. It happened during SARS Cov (2003), it happened during Covid-19 (2020-21).

The government will take steps to ensure the press does not sensationalize / fearmonger. These steps include -

a. While giving the number of deaths of disease in question, number of deaths because of other causes has to be broadcasted along with.

b. Broadcast number of deaths during the last week and also number of deaths because of similar disease during the corresponding week of previous five years. The public can compare these numbers to determine if there is a real pandemic.

c. Broadcast number of hospitalizations during the last week and also, number of hospitalizations during the corresponding week of previous five years.

d. Experts having different opinion have to be called during any debate on TV, Newspaper.

(VII) Human Rights: Human Rights have to be respected at all costs. And it should be widely publicized that people can refuse testing, vaccine or any other measures taken for Public Health by Government authorities.

Chapter II,3, k) says that authorize any official or person to enter and inspect, without prior notice, any premises where public health emergency has either occurred or is **likely to occur**.

The above provision can lead to abuse of Human Rights at ground level.

There cannot be any forced testing of asymptomatic people. In any case, in a fast-spreading disease as was found during Covid-19 when you test and detect one person with positive results other 30 to 90 are missed. The whole concept of asymptomatic people being declared cases, and asymptomatic persons can spread the disease is not having any proofs. Without open scientific debates showing evidence 72,000 crores of public money spent in testing with a test kit that is not diagnostic of a disease.

Chapter II,3, f) If any State Government or administration of Union Territory or any district or local authority is of the opinion that a public health emergency has arisen or is likely to arise, it may, by order**,** conduct medical examination including laboratory examination of, and provide treatment, vaccination or other prophylaxis to any person or class of persons exposed to or suffering from or suspected to be suffering from any such disease as may be stated in the order.

No forced injections of any drug experimental or otherwise, can be ordered. Because citizens have the Right to refuse treatment, preventive or curative, patients' right to choose the treatment from any medical system has to be respected at all times. There is no mention of with whom the authority will have consultation and take decisions. During Corona episode we have seen the adverse effects of this non-transparency.

Our Rights to Informed Consent and Confidentiality had been violated by giving vaccines without proper information about risk of Corona versus risk of Vaccine. Also asking for vaccine status is violation of Confidentiality Right, as described in ***Charter of Patients Rights'. (***https://www.thebetterindia.com/158829/patient-right-hospital-law/)

Chapter V, 9. (1), 10, 11 say that: No court shall take cognizance of any offence under section 3, section 4 and section 5 of this Act except with the previous sanction of such officer as may be prescribed.No suit, prosecution or other legal proceedings shall lie against any person for anything which is done in good faith or intended to be done in pursuance of this Act or any Rule or Order made thereunder.

The provisions of this Act shall have overriding effect over any provision in any other Law for the time being in force.

The above provisions are not legal and makes the right to approach court impossible. There cannot be any provision in any Act where all other basic Rights of citizens are overridden and even approaching court is made practically impossible. This is nothing but a way to declare Dictatorship in the name of 'likely' spread of an infection.

The use of phrase "likely to arise" is the most irresponsible and dangerous word in the draft Public Health Bill 2017, giving rise to misuse of the law. The mathematical models and other predictions have largely proved wrong in the Covid-19 situation. **In Chapter II,3**, the clause saying "If any State Government or administration of Union Territory or any district or local authority is of the opinion that a public health emergency has arisen or is likely to arise, it may, by order**", has to go.**

Decisions taken in full faith also can be challenged is a Supreme Court ruling and no blanket impunity can be awarded to Public Servants in the name of good faith.

(VIII) Lockdowns: Last and the most important point to be understood from the whole Covid-19 episode is that the word Lockdown has to go from the vocabulary of any Health Emergency.

Chapter II,3, m) says among other things, that state will have power to disseminate such information as deemed appropriate and take such other appropriate measures **in such circumstances including closure of markets, educational and other institutions and social distancing**. (Emphasis added.)

And therefore, we are presenting valid reasons to never think of lockdown again:

a) **Lockdowns are ineffective**. In our own country in spite of all containment measures, with innumerable hardships to people, literally ruining their lives, the first serosurvey in June 2020 showed that by June 4th, there were already 64 lacs cases in India, infection mortality rate very low 0.08%, less than seasonal flu. (https://science.thewire.in/.../

icmr-seroprevalence.../)And as it later came out for whatever reason in this scientific study also, some facts were hidden which were showing even larger number of people were actually affected. And therefore, the IFR was still lower. https://www.telegraphindia.com/india/how-covid-numbers-were-hushed-up/cid/1792482

b) Lockdowns disrupt the social and economic life of people, especially poor people.

"In a letter written to the Prime Minister, the Right to Food (RTF) Campaign has warned that India's acute post-lockdown hunger crisis will worsen considerably if the government stops providing additional food supplies under the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY) after March 2022. The letter draws from a survey conducted by the Campaign in association with the Centre for Equity Studies and a number of other networks and organisations in December 2021 and January 2022 across 14 states, which made some startling findings:

- 66% people stated that their income had decreased compared to the pre-pandemic period
- 80% reported some form of food insecurity while 25% reported severe food insecurity in terms of having to skip meals, eating less than usual, running out of food, not being able to eat for a whole day and going to bed hungry due to lack of money or other resources.
- 41% said that nutritional quality of their diet deteriorated compared to the pre-pandemic period.
- 67% could not afford cooking gas in the month preceding the survey.
- 45% of households had outstanding debt.

https://countercurrents.org/2022/03/let-them-eat-amrit-after-covid-a-pandemic-of-extreme-hunger-awaits-india/

Rural and urban women hit hardest by Covid-induced unemployment

As another expert, Dr Amitav Banerjee, **Prof and Head, and Clinical Epidemiologist, Department of Community Medicine, Dr DY Patil Medical College, Pune,.), has put it,**

"Chasing the elusive virus at all costs proved disastrous in almost all countries. An estimated 500 million got pushed below the poverty line globally. Livelihoods were lost and lives endangered. Domestic violence against women and children escalated. And so did violence against the elderly, paradoxically the group to be protected from Covid-19. (https://countercurrents.org/2022/03/rural-and-urban-women-hit-hardest-by-covid-induced-unemployment/)

At the other age spectrum, children experienced negative effects." (https://www.doublehelical.com/?p=4937)

Lockdown measures decrease the immunity of people because of number of factors, obesity increase in some class of people and people get more prone to other diseases.

Countries like Sweden, Belarus, Tanzania and some states in US never had any lockdowns and performed much better than other countries. (https://off-guardian.org/2021/03/23/lockdown-one-year-on-it-doesnt-work-it-never-worked-it-wasnt-supposed-to-work/)

c) WHO had refused lockdowns, "The Asian flu of 1957-58 was a deadly pandemic with a broader reach for severe outcomes than Covid-19 of 2020." "There were two grounds for this rejection: lockdowns would be too disruptive, disabling the capacity of medical professionals to deal competently with the crisis, and also because such policies would be futile because the virus was already here and spreading." **(https://www.aier.org/article/in-the-asian-flu-of-1957-58-they-rejected-lockdowns/)**

(IX) Legal objections to the Bill.

This Prospective Bill Contravenes the Indian Constitution

There are grave legal objections to the draft Public Health Bill 2017. It is violative of Article 14, 19 and 21 of the Constitution of India and against the binding precedents of Constitution Bench in Common Cause Vs. Union of India (2018) 5 SCC 1. Article 13 of the Constitution of India says that the Government cannot make any law which is violative of Article 21, 14 etc. of the constitution.

The proposed Health Bill is violative of Article 7 of International Covenant on Civil and Political Rights (ICCPR) prepared by United Nations, which is ratified by Government of India. It is also against the provisions of United Nations, Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR). It is against the law of Informed Consent as has been laid down by the

Government of India under Disaster Management Act, 2005 itself.

In this Bill the State wants to repeal the Epidemic Act, 1897 which means, the State wants to repeal the Section 2, which has a provision for granting compensation to every citizen if any measures such as lockdown, night curfew or restrictions are taken by the State. Hence the Bill which is sought to be presented is not for the welfare of public, but for the promotion and profiteering of vaccine companies and the pharma mafia. It is also unconstitutional, null and void and ultra vires.

Therefore, we request you to ensure following things before signing the New Public Health Bill:

1. Draft Public Health Bill, to be presented in the Monsoon Session of Parliament as per the media reports, should be available to Public well in advance for comments and this being a very important issue affecting every citizen's life, especially after the experience of Corona episode, **a Referendum has to be taken to know the will of WE The People of India.**

2. Draft should be rewritten to keep priorities of our country in focus and taking the Holistic definition of Health as the basis.

3. Any Treaty with WHO should never be signed because health has regional factors to affect and role of WHO is well exposed during Swine Flu. Sovereignty of our country cannot be compromised at any cost.

4. Lessons of Corona time, as elaborated above in section III, IV, V, VI, VII, VIII have to be taken into account and corrections given for the draft Public Health Bill, 2017 have to be properly rewritten. And therefore

a) Management of pandemic or epidemic should be in a decentralised manner with advice from Local experts not only in the government committees but after having public debates with other domain experts and concerned citizens.

b) Role of other medical Knowledge Systems has to be given equal weightage.

c) Media should be strictly instructed not to spread panic and action should be taken if they do it. Because it has proved counterproductive.

d) Human Rights Violations cannot be tolerated at any cost.

e) Lockdowns and other restrictive measures like vaccine mandates for normal life activities, that has affected people's lives beyond repair should not be imposed at any time.

Redcliffe Lifetech raises $61 million in Series B funding

May 6, 2022

Redcliffe Lifetech (Redcliffe) has raised $61 million in Series B funding. Led by LeapFrog Investments (LeapFrog), the round saw participation from Healthquad, Schroders, LC Nueva, Growth Spark Ventures and existing investors Chiratae Ventures and Alkemi Venture Partners. While O3 capital acted as financial advisor on the transaction.

Preventative medicine helps to empower the average Indian with the information they need to take charge of their health and wellbeing, Dheeraj Jain, founder, Redcliffe Lifetech, said. "Redcliffe has built a one-stop diagnostic shop offering a wide selection of tests to choose from and delivering care closer to the customer. This investment will help us scale to achieve our goal to reach over 500 million Indians within the next five years," he added.

The company aims to use the proceeds from the fund to expand Redcliffe's geographical reach across India, with a focus on expanding its direct to consumer (D2C) diagnostics into tier 2, 3 and 4 cities, providing pathology services.

Additionally, the funding will be used to scale Redcliffe's platform and increase its product offerings to radiology, disease data profiling and lifestyle management, furthering its mission to shift India's healthcare focus from treatment to early diagnosis and prevention.

For Biju Mohandas, partner and global co-leader, health investments, LeapFrog Investments, the diagnostic platform is an exemplar of LeapFrog's focus on digital-led and asset-light business models that enable access to essential healthcare services to emerging consumers. "Its disruptive approach is transforming healthcare in the region by bringing consumers closer to the point of care and removing barriers to access.

Furthermore, Redcliffe's vision of shifting healthcare from treating the sick to enabling wellness will have implications for millions," he stated.

Redcliffe operates at the intersection of healthcare and technology, developing solutions that address challenges in the Indian market, Ranjith Menon, partner, Chiratae Ventures, said. "It has built a proprietary technology platform for outstanding consumer experience also enabling scaling of its operations at its labs, fulfilment and overall CRM," he highlighted.

Guestorial

Paid publishing in science has killed peer review system, says CSIR's ex-chief Shekhar Mande

Article First published on The Print on 15 May, 2022, Source: https://theprint.in/india/paid-publishing-in-science-has-killed-peer-review-system-says-csirs-ex-chief-shekhar-mande/952841/

The peer review system – or the evaluation of academic work by others in the same field – has broken down because authors can just pay to be published, says leading biologist Shekhar Mande.

The former director general of the Council of Scientific and Industrial Research (CSIR) told ThePrint that mushrooming online journals, even the reputed ones, charge an author hefty fees to post their scientific findings. Mande said a scientific publication brought in only a very small set of editors and peer reviewers to vet this article. This introduced a lot of subjectivity and personal bias in the system, he said.

Mande spoke of the art of peer-reviewing in olden times. "Traditionally, the way knowledge advanced was that learned people got together, debated the known current facts… if someone proposed advanced material, this too was debated in a fraternity of very

well-known people."

He said noted examples of such peer reviews in ancient India took place at Nalanda and Takshashila universities, where learned people gathered to debate whether to accept a new discovery. But in the last 100 years, the focus has been on printing scientific research, Mande said. He added: "A person who has discovered something new, now wants to announce it to the public by sending a written article to a journal."

"The journal has either one or a set of editors… out of which, one editor would take a decision on this. And it would be reviewed by two or three peers. "So what used to be debates among many learned people, is now reduced to opinions of only one or two people. And as we know, human opinions are always subjective."

Mande said when such new thoughts came from a country like India, or lesser known countries, the West tended not to accept them. "So in that sense, the peer review system is broken," he said.

Mande emphasised that a "complete breakdown" has taken place only recently – due to the surge in online publishing and "author-pays" model. He took the example of an infamous paper that claimed the antimalarial drug hydroxychloroquine could help treat Covid. It was published and later retracted by The Lancet journal.
Mande said: "That particular paper would not have passed a peer-to-peer review system in any other journal. But what were the arguments for accepting it by a journal like The Lancet? We don't know."

He added that many well-reputed journals in the world today were continuously retracting papers which have been published in the past, because they were not appropriately reviewed. Mande has recently published this view in an article in Current Science.

'Study science if you are a dreamer'

Mande said science was for dreamers and those who wanted to contribute fresh thoughts to knowledge. He said: "You are best fitted to scientific work if you are driven by the passion of contributing new thoughts to the world."

When he took over as director general of CSIR in 2018, Mande said the morals of scientists needed a boost. "Moreover, the connection with industry has been diminishing," he said, adding that he has focused on rejuvenating this relationship. "An important component of science is continuous advance into new territory. Another is that while doing so, we translate it for the benefit of people," Mande said.

He added: "That's a very, very important aspect of science. When scientists receive financial support from the public, expectations are that scientific discoveries would eventually turn into technologies that would benefit people."

Is all ok with CSIR stipends?

The scientist also addressed reports that PhD students at CSIR institutions were not receiving fellowships for months on end. He said: "It was a matter of great embarrassment to me when I was director general that the fellowships were not being disbursed on time to many students."

He said the various processes that involved collecting attendance certificates added to the delay in monthly stipends, but a lot of the delays also happened when students switched universities.

"But the work has now begun on war-footing to resolve such cases. I expect most of them will be done by September or October," he added.

Featured Biotech News

India's speedy approvals of COVID-19 vaccines come under fire

27 Apr 2022
Original article by Priyanka Pulla appeared in Science

A COVID-19 vaccine named Corbevax looked like a triumph for India's burgeoning drug industry. Because its U.S. developers hadn't claimed a patent on it, an Indian manufacturer named Biological E was able to sell the two-dose protein-based vaccine to the government at the extraordinarily low price of 145 rupees ($1.90) per dose. In March, the country began to give the shots to 12- to 14-year-olds, a group for which India did not yet have a licensed COVID-19 vaccine.

But the celebration was quickly drowned out by questions over whether India's drug regulator, the Central Drugs Standard Control Organization (CDSCO), had properly vetted the vaccine.

In February, CDSCO had authorized the use of Corbevax for adolescents ages 12 to 18. But within weeks, the Indian media outlet The Wire Science revealed that the National Technical Advisory Group on Immunisation (NTAGI), an expert group that advises the health ministry on which vaccines to add to the national immunization program, had questioned whether Biological E had shown the vaccine is effective. In adolescents, who are at a lower risk of severe COVID-19, the

benefits of a vaccine should be beyond any doubt, NTAGI member Jayaprakash Muliyil tells Science: "Anytime you vaccinate children, you have to be extremely careful."

Other CDSCO approvals of COVID-19 vaccines have raised questions as well, both from NTAGI and independent experts. The agency has used "suboptimal" standards on several occasions, says Vineeta Bal, an immunologist at India's National Institute of Immunology. That has led some scientists to ask whether the agency has the capabilities—and is independent enough—to oversee the quality of medicines for India's 1.4 billion people.

The implications go beyond India, because the country is a major global medicine supplier. The World Health Organization has "prequalified" 54 vaccines produced in India for use elsewhere, and WHO relies on CDSCO to oversee the manufacturers.

CDSCO didn't respond to questions from Science about the criticism. In May 2020, India's health ministry appointed a committee to advise it on how to restructure India's drug regulatory system in line with global best practices, but that committee's recommendations haven't been published. It's unclear whether they will address vaccine regulation.

In January 2021, for example, the agency greenlit Covaxin, an inactivated-virus vaccine produced by Bharat Biotech, without data from large-scale efficacy trials—only phase 2 data about the immune response generated by the vaccine. By the time the company published data showing 78% efficacy against symptomatic COVID-19, 6 months later, millions of Indians had already received the shot.

NTAGI also differed with CDSCO's assessment when the regulator approved a COVID-19 vaccine named ZyCoV-D for use in both adults and adolescents in August 2021. Produced by Zydus Cadila in Gujarat state, ZyCoV-D is the first DNA vaccine approved by any country for use in humans. CDSCO based its decision on results of a trial in about 28,000 participants over 12 years of age, which found the vaccine 67% efficacious at preventing symptomatic COVID-19.

NTAGI, which does not typically make its advice public, opposed the use in adolescents, Muliyil says; it felt a completely new vaccine platform should only be used in adults at first. Moreover, the phase 3 trial had a single efficacy estimate for all ages, says another NTAGI member who asked not to be identified, even though efficacy can differ by age group.

In March, CDSCO's reputation took another hit when a WHO inspection of the Covaxin manufacturing facility in Hyderabad found quality control deficiencies, whose nature WHO has not disclosed. WHO recommended that member countries stop using the vaccine, and Bharat voluntarily halted exports. But the company has downplayed the problems and says it will keep selling Covaxin in India.

CDSCO did not respond to questions from Science about the problems or why it failed to spot them. "It concerns me that CDSCO, the custodian of public health as India's national drug regulator, haven't issued any statements yet on this issue," says Jayanthi Vuppala, an independent expert on good manufacturing practice based in Hyderabad.

Last month's approval of Corbevax—which by now has been given to 30 million adolescents—raised more questions. CDSCO authorized the vaccine for 12- to 18-year-olds based on interim data from a 312-participant study that showed the vaccine triggered a rise in neutralizing antibodies. But NTAGI wasn't convinced the vaccine was entirely responsible for the rise, Muliyil says. Data from the unvaccinated placebo group could have shed light on whether CO VID-19 infections were also contributing, but as a preprint posted on 26 April shows, the trial did not assess antibodies in the placebo group. Biological E did not respond to a question about the data.

In March, CDSCO's reputation took another hit when a WHO inspection of the Covaxin manufacturing facility in Hyderabad found quality control deficiencies, whose nature WHO has not disclosed. WHO recommended that member countries stop using the vaccine, and Bharat voluntarily halted exports. But the company has downplayed the problems and says it will keep selling Covaxin in India.

No One Can Be Forced To Get Vaccinated": Supreme Court of India's Big Order

May 02, 2022

No one can be forced to take the vaccine, the Supreme Court said in a landmark decision on India's Covid vaccine policy, also directing the central government to publish reports on the adverse effects of vaccination.

"Bodily integrity is protected under the law and nobody can be forced to be vaccinated," the Supreme Court said. The court asserted, however, that "certain limitations on individual rights" could be imposed in the interest of community health. "Barring Covid-appropriate behaviour, we suggest no curbs on unvaccinated individuals in access to public places, services and resources if cases are low," the Supreme Court said.

Restrictions imposed on individuals through vaccine mandates cannot be called to be proportionate, the court said - a reference to many states making it essential for people to get the Covid shot to access public places. "Till infection numbers are low we suggest that no restriction is imposed on individuals on access to public places, services and resources. Recall the same if already done," the Supreme Court ordered. Supreme Court Justices LN Rao and BR Gavai added that their directives did not extend to Covid-appropriate behaviour, but was limited to vaccines in the "rapidly evolving situation".

The Supreme Court also directed the Centre to publish reports on adverse events of vaccines from people and doctors on a publicly accessible system, without compromising the details of the individuals reporting them.

"Regarding segregation of vaccine trial data, subject to the privacy of individuals, all trials already conducted and to be subsequently conducted, all data must be made available to the public without further delay," the court said. "Regarding vaccine for children, it is not possible for us to second guess the opinion of experts and the vaccination indeed follows the global standards and practices. However, data of adverse reactions should be published at the earliest."

A petition by Jacob Puliyel, a former member of the National Technical Advisory Group on Immunisation (NTAGI), had argued that states mandating vaccination for accessing benefits or services is a violation of citizens' rights, and therefore, unconstitutional. Many states, said the petition, had made vaccines necessary for state government employees, for travel in public transport and to access subsidised food grains.

The petition called for clinical trial data of Covid vaccines to be made public and alleged that vaccines being administered had not been adequately tested for safety or efficacy and were licensed under emergency use authorisation without trial data being disclosed to the public.

The Union Government has Lied to the Supreme Court in COVID Vaccines Case?

May 5, 2022

According to an article by The Wire Science, it says yes the government has lied to court and provided a detailed analysis with the facts which are discussed here.

The petitioner, Jacob Puliyel, a paediatrician and former member of the National Technical Advisory Group on Immunisation (NTAGI), had contended, among other things, that the government's decisions to approve various vaccines hadn't been transparent and that "relevant data is not always placed before" NTAGI. In his petition, Puliyel had cited the example of The Wire Science's report on Corbevax that revealed that the government had cleared the vaccine's use among those aged 12-14 years without the NTAGI's approval.

The Wire Science's report had included comments from an extant NTAGI member, Jayaprakash Muliyil, to this effect. However, the Indian government claimed to the Supreme Court that all vaccines had been approved by NTAGI, an ICMR scientist familiar with the matter confirmed to The Wire Science that minutes of NTAGI meetings had never been uploaded on the ICMR site as said by government. Second, both Muliyil and another NTAGI member also confirmed that the body's top-most panel (in a three-tier setup) had not approved the use of Corbevax among children.

Puliyel, the petitioner, also contended in court that the system for 'adverse events following immunisation' (AEFIs) has been dysfunctional in the case of COVID-19 vaccination in India. He called it non-transparent because "investigation done to know the cause of deaths following vaccination was obscure". Currently, it is only possible to report an AEFI through a helpline number provided on the CoWIN portal. If a vaccinator or district immunisation officer learns of an AEFI, she can also report it through CoWIN. It also said that the Union health ministry website "carries the results of causality assessment of AEFI cases, from which the public can obtain relevant information pertaining to AEFIs", according to the court's order. This is not true. There has been no such information on the Union health ministry website (as of May 5, 7:30 am).

Third, the court refused to entertain Puliyel's request that the primary data from the clinical trials of COVID-19 vaccines be placed in the public domain because doing so would violate the privacy of the trials' participants. Instead, the court said it was satisfied with the scientific papers of the trials that had been published. However, a lawyer and a member of the ethics committees of various medical research institutions told The Wire Science that "there is no harm in disclosing the primary data. As far as confidentiality of the participants is concerned, it can always be protected by simply anonymising the data." The primary data refers to a clinical trial's raw data. Papers published by the trial investigators contain the analyses of this data.

This said, the court also asked the government to release the data from "post-marketing" trials – i.e. trials conducted after a vaccine's real-world use – of Covishield and Covaxin "without undue delay".

Source: https://science.thewire.in/health/union-government-false-hoods-ntagi-approval-aefi-data-supreme-court/

Indian opposition seeks higher compensation for COVID deaths after damning WHO report

May 6

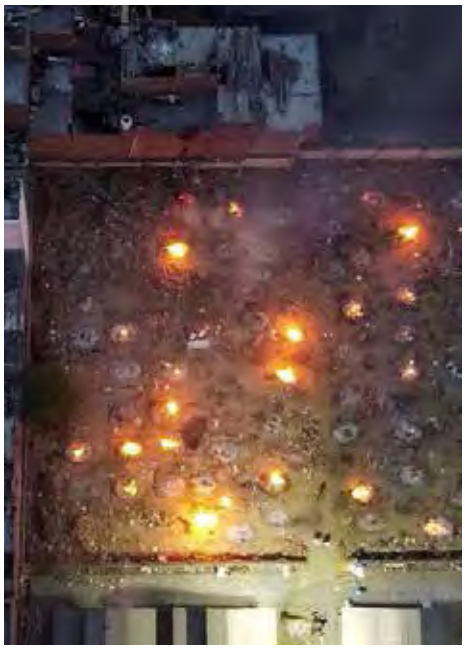
India's main opposition Congress party on Friday demanded a hefty rise in compensation for the families of those who died of COVID-19, after the World Health Organization estimated the country's toll was nearly 10 times the reported figure.

Prime Minister Narendra Modi's government has rejected the WHO estimate released on Thursday that 4.7 million people died in India as a result of the pandemic until last year, when hospitals ran out of oxygen and beds due to a record wave driven by the Delta variant.

India has reported only 524,002 COVID-19 deaths - the most after the United States and Brazil - with more than 43 million infections. Actual infections are believed to be in the hundreds of millions in the country of 1.35 billion people.

"Science doesn't LIE. Modi does," Congress's second-in-command, Rahul Gandhi, said on Twitter, citing the WHO report. "Respect families who have lost loved ones."

He asked the government to compensate the families of each person dying of COVID with 400,000 rupees ($5,213). The government currently gives 50,000 once deaths are confirmed to be from COVID.



No medical care for 45% of recorded deaths in 2020, highest ever in India: New data

May 5, 2022

As reported by Indian Express The Civil Registration System (CRS) data for 2020 includes a key metric that shows how difficult it was for people to access health facilities during the pandemic: over 45 per cent of all recorded deaths that year happened in the absence of medical attention, the highest percentage ever. The data also show a sharp decline in deaths recorded in hospitals and other medical facilities in 2020.

For several months in 2020, when the pandemic first gripped the world, non-Covid medical services were suspended or operating thinly in India, with 80 to 100 per cent of beds in several hospitals reserved for Covid patients. As a result, a large number of people were unable to receive medical care for non-Covid illnesses.

The proportion of people dying in the absence of medical attention increased from 34.5 per cent of all recorded deaths in 2019 to 45 per cent in 2020, the largest single-year jump. Simultaneously, deaths under institutional care dropped from 32.1 per cent in 2019 to 28 per cent in 2020, the sharpest ever decline.

These two data points do not indicate a new or unusual phenomena. The proportion of deaths in the absence of medical attention has been steadily increasing over the past decade, and the proportion of institutional deaths coming down. What is new, however, is the quantum of increase, and decline, this year.

By 2019, the proportion of recorded deaths in the absence of medical care had overtaken that of institutional deaths. But due to the pandemic, an unusual acceleration of these trends took place in 2020. These trends are expected to be reinforced in the data for 2021, when a large number of Covid deaths also happened due to lack of access to hospital care.

Bill Gates tests positive for COVID-19 even after many booster doses, mocked on twitter

May 10, 2022

Microsoft co-founder and philanthropist Bill Gates announced that he has tested positive for COVID-19. The 66-year-old tech giant wrote in a tweet Tuesday that he is experiencing mild symptoms and is "following the experts' advice" by isolating himself until he's healthy.

The billionaire further informed that he has been completely vaccinated and received his booster shot too. "I'm fortunate to be vaccinated and boosted and have access to testing and great medical care," Gates tweeted. Gates has said that the biggest scientific breakthrough that would help end the pandemic would be better and longer-lasting vaccines. Notably, his book, "How to Prevent the Next Pandemic," came out last week, published by Penguin Random House.

But other on social media did not support the satings of Bill gates and openly criticized him on various things like what is the benefit of vaccine and boosters if even after that he is positive and how he can prevent pandemic when he cannot prevent himself form covid.

Some of the selected tweets are:

"Either the vaccine doesn't work or Bill Gates and the rest of the people in positions of influence didn't get the shot, they just pretend infront of cameras."

"What's the use of these stupid shots because they do not prevent covid why shall people take them? If condoms allowed sexually transmitted diseases to pass through would people be still using them? No! Why take vaccines?"

"I don't believe it, it's a psychological deception. A person silenced the media and advertised a vaccine. He earned billions of dollars. If he says he's now covid19, it shows that these vaccines don't work, why is he doing this because he knows the truth too."

"They want us to believe they all follow the same rules they impose on us that's all. Their narrative is that we have a "great vaccine" that supposedly prevents severe illness but that we should still take those fake invasive tests and any stupid authoritarian measures they decide."

"In one of his statements, he talked about reducing the world population and was partially successful. Now I think it would be better if it was his turn."
"It will be really nice when people realize there is absolutely no reason for them to make their COVID diagnosis public. Who cares? Why do they think people want or need to know?"

"That vaccine worked just as good as his antiVirus - you still get compromised either Vax or not."

150 Plus Research Studies Affirm Naturally Acquired Immunity to Covid-19 in 2021: Ignored for vaccine profiteers?

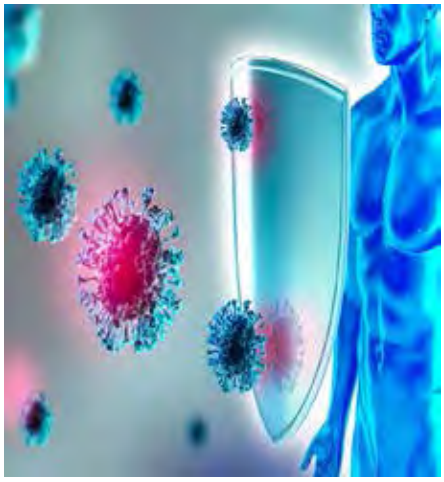
April 27, 2021

We should not force COVID vaccines on anyone when the evidence shows that naturally acquired immunity is equal to or more robust and superior to existing vaccines. Instead, we should respect the right of the bodily integrity of individuals to decide for themselves, said an article published in 2021.

Public health officials and the medical establishment with the help of the politicized media are misleading the public with assertions that the COVID-19 shots provide greater protection than natural immunity. CDC Director Rochelle Walensky, for example, was deceptive in her October 2020 published LANCET statement that "there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection" and that "the consequence of waning immunity would present a risk to vulnerable populations for the indefinite future."

Immunology and virology have taught us over a century that natural immunity confers protection against a respiratory virus's outer coat proteins, and not just one, e.g. the SARS-CoV-2 spike glycoprotein. There is even strong evidence for the persistence of antibodies. Even the CDC recognizes natural immunity for chicken-pox and measles, mumps, and rubella, but not for COVID-19.

The vaccinated are showing viral loads (very high) similar to the unvaccinated (Acharya et al. and Riemersma et al.), and the vaccinated are as infectious. Riemersma et al. also report Wisconsin data that corroborate how the vaccinated individuals who get infected with the Delta variant can potentially (and are) transmit(ting) SARS-CoV-2 to others (potentially to the vaccinated and unvaccinated).



This troubling situation of the vaccinated being infectious and transmitting the virus emerged in seminal nosocomial outbreak papers by Chau et al. (HCWs in Vietnam), the Finland hospital outbreak (spread among HCWs and patients), and the Israel hospital outbreak (spread among HCWs and patients). These studies also revealed that the PPE and masks were essentially ineffective in the healthcare setting. Again, the Marek's disease in chickens and the vaccination situation explains what we are potentially facing with these leaky vaccines (increased transmission, faster transmission, and more 'hotter' variants).

Moreover, existing immunity should be assessed before any vaccination, via an accurate, dependable, and reliable antibody test (or T cell immunity test) or be based on documentation of prior infection (a previous positive PCR or antigen test). Such would be evidence of immunity that is equal to that of vaccination and the immunity should be provided the same societal status as any vaccine-induced immunity. This will function to mitigate the societal anxiety with these forced vaccine mandates and societal upheaval due to job loss, denial of societal privileges etc. Tearing apart the vaccinated and the unvaccinated in a society, separating them, is not medically or scientifically supportable.

The Brownstone Institute previously documented 150 studies on natural immunity as it relates to Covid-19. The study was the most comprehensive library list of 150 of the highest-quality, complete, most robust scientific studies and evidence reports/position statements on natural immunity as compared to the COVID-19 vaccine-induced immunity and allowed to draw own conclusion.

The report was blindly ignored and vaccines were promoted around the world and the results we can see now that how much profits these vaccine makers are making inspite of the fact that vaccine were not required at first place. Top of that many reports are now coming about long term vaccine side effects including blood clots and cardiovascular events as reported by VAERS in USA and AEFI, India.

Source: https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/

Study Links Increase in Emergency Heart Events With COVID-19 Vaccine Rollout

April 29, 2022

A new study found a correlation between an increase in emergency cardiovascular events among people under 40 years of age and the early months of Israel's COVID-19 vaccine program. Published in the Nature journal, researchers utilized data from the Israel National Emergency Medical Services between 2019 and 2021 that evaluated emergency, or EMS, calls among 16- to 39-year-olds across Israel "with potential factors including COVID-19 infection and vaccination rates."

They found that there was a 25 percent increase in EMS calls between January 2021 to May 2021, as compared with the years 2019 and 2020. Israel, which primarily uses Pfizer's mRNA vaccine, launched its COVID-19 vaccine program in late December 2020.

"The weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates," they found. "While not establishing causal relationships, the findings raise concerns regarding vaccine-induced undetected severe cardiovascular side-effects and underscore the already established causal relationship between vaccines and myocarditis, a frequent cause of unexpected cardiac arrest in young individuals." Also recent study carried out by Swedish researchers across populations in Finland, Denmark, Sweden, and Norway suggested that heart inflammation requiring hospital care was more common among people who received COVID-19 vaccines than individuals who did not.

Source: https://www.theepochtimes.com/mkt_app/study-links-increase-in-emergency-heart-events-with-covid-19-vaccine-rollout_4435910.html

Killer Music? Can sound make a clot in a boy who died while dancing or it is related to COVID vaccination

May 7, 2022

Sound is used to burst clots according to several studies and this is contrary to the statement made by Ujjain doctor who said that sound has made blood clot and ultimately death. The news raise further questions that the covid vaccination status was taken into consideration while doing autopsy and whether vaccine has role to play in this.

An 18-year-old boy dancing at his friend's wedding suddenly collapsed and died. A doctor claims that loud music played by the DJ led to the fatality.

It is widely acknowledged that noise pollution has adverse health effects, but can it actually kill? The question begs to be asked after a teen dancing to loud music

at a baraat (wedding procession) suddenly collapsed and died. Lal Singh, 18, a resident of Ambodia in Madhya Pradesh's Ujjain district, had travelled to Tajpur to attend a friend's wedding.

However, tragedy struck in the midst of celebrations when, without warning, Lal Singh lost consciousness and fell down. He was first rushed to a nearby hospital, which referred him to another hospital in Ujjain. When he reached the Ujjain hospital, doctors declared him dead on arrival.

A post mortem revealed that there was a blood clot in the 18-year-old boy's heart. According to Dr Jitendra Sharma, who works at the Ujjain hospital, the clot occurred because of the loud music played by the DJ during the wedding procession.

Dr Jitendra Sharma claimed that when loud music is played by the DJ or from any other big sound system, it can trigger abnormal physiological reactions in the body. Sounds that exceed a certain level of decibels can be harmful for humans and effect internal organs like the heart and the brain, he said.

Does the COVID Vaccine Kill More People Than It Saves?

May 3, 2022

According to U.S. Centers for Disease Control and Prevention data, more than 1 million excess deaths — that is, deaths in excess of the historical average — have been recorded since the COVID-19 pandemic began two years ago, and this cannot be explained by COVID-19. Deaths from heart disease, high blood pressure, dementia and many other illnesses rose during that time. "We've never seen anything like it," Robert Anderson, CDC's head of mortality statistics, told The Washington Post in mid-February 2022.

According to University of Warwick researchers, "the scale of excess non-COVID deaths is large enough for it to be seen as its own pandemic." A number of explanations have been offered, including the fact that lockdowns and other COVID restrictions discouraged or prevented people from seeking care. But another, less discussed factor may also be at play.

As reported by investigative journalist Jeffrey Jaxen in the April 22, 2022, data from Walgreens' COVID-19 tracker reveal that COVID-jabbed individuals are testing positive for COVID at higher rates than the unjabbed. A deeper dive into the data reveals that two doses appear to have been protective for a short while, but after five months, it becomes net harmful.

Africa has had a consistently low vaccination rate throughout, while North America, Europe and South America all have had rapidly rising vaccination rates. Africa has also had a consistently low COVID mortality rate, although a slight rise began around September 2021. Still, it's nowhere near the COVID death rates of North America, South America and Europe, all of which saw dramatic increases.

We also have the benefit of more than one risk-benefit analysis, and all show that, with very few exceptions, the COVID jabs do more harm than good. For example, a risk-benefit analysis by Stephanie Seneff, Ph.D., and independent researcher Kathy Dopp, published in mid-February 2022, concluded that the COVID jab is deadlier than COVID-19 itself for anyone under the age of 80.

They looked at publicly available official data from the U.S. and U.K. for all age groups, and compared all-cause mortality to the risk of dying from COVID-19. "All age groups under 50 years old are at greater risk of fatality after receiving a COVID-19 inoculation than an unvaccinated person is at risk of a COVID-19 death," Seneff and Dopp concluded. And for younger adults and children, there's no benefit, only risk.

Similarly, an analysis of data in the U.S. Vaccine Adverse Events Reporting System (VAERS) by researchers Spiro Pantazatos and Herve Seligmann suggests that in those under age 18, the shots only increase the risk of death from COVID, and there's no point at which the shot can prevent a single COVID death, no matter how many are vaccinated.

Source: https://www.theepochtimes.com/does-the-covid-jab-kill-more-people-than-it-saves_4442858.html

Atal New India Challenge 2.0 (ANIC 2.0) Launch: Application Invited

28th April 2022.

Atal New India Challenge is a flagship program of Atal Innovation Mission, NITI Aayog. The program aims to seek, select, support and nurture technology-based innovations that solve sectoral challenges of national importance and societal relevance.

One of the primary goals of the ANIC program is to support innovations in areas critical to India's development and growth – Education, Health, Water and Sanitation, Agriculture, Food Processing, Housing, Energy, Mobility, Space Application etc.

Launching the Challenge, Dr S. Chandrasekar, Secretary, DST in his address said that Government will hand-hold the path breaking innovations and asked the start-ups to take up hard challenges. He said, sectors like Agriculture and Health need huge start-up push apart from tough areas like Chemicals, Pesticides etc.

The Atal New India Challenge aims to address the Commercialization Valley of Death - supporting innovators scale over the risks associated with access to resources for testing, piloting and market creation. ANIC solicits innovations from start-ups and MSMEs in the prototype stage and after a competitive process of selection supports them through to the commercialization stage over a course of 12 – 18 months with a funding of up to INR 1 crore along with other associated support from the AIM's innovation ecosystem.

Working in collaboration with the different verticals of NITI Aayog and the Ministry of Road Transport and Highways, ISRO and Ministry of Social Justice and Empowerment, the 1st phase of ANIC 2.0 will see 18 challenges being thrown open from 7 sectors.

Sector: E-mobility
Challenge 1: Electric Vehicles – Innovations in indigenous Electric Vehicle and EV component technology
Challenge 2 : EV charging Infrastructure – Solutions for easier and faster charging of EV batteries

Sector : Road Transportation (in partnership with Ministry of Road Transport and Highways)
Challenge 1: Safe Transport - Innovations to improve rider / driver safety
Challenge 2: Smart Mobility - Smart solutions to develop Intelligent Transport Systems
Challenge 3: Sustainable Mobility - Sustainable innovations in mobility

Sector : Space Technology and Application (in partnership with Department of Space - Indian Space Research Organization)
Challenge 1: GIS Solution - GIS solutions across sectors - agriculture, water, forestry, urban affairs, road transport etc.
Challenge 2: Propulsion - Innovations in green propellants, electric propulsion, advanced air-breathing.
Challenge 3: Navigation - NavIC based navigation solution in IoT applications
Challenge 4: AI/ML Modelling – AI/ML models for space applications

Sector: Sanitation Technology (in partnership with Ministry of Social Justice and Empowerment)
Challenge 1: Preventing Human Intervention - Innovations to mechanize cleaning of septic tanks, drainages and manholes.
Challenge 2: Protecting Humans Engaged in Sewage Cleaning - Protective gears, equipment and other solutions for ensuring the health and safety of humans engaged in sewage cleaning.

Sector: Medical Devices and Equipment
Challenge 1: Portable point-of-care (POC) diagnostic or monitoring devices.
Challenge 2: Low-cost Consumables & Implants.
Challenge 3: Advanced Surgical and Non-Surgical Equipment.
Challenge 4: Advanced Assistive and Rehabilitative Devices.

Sector: Waste Management
Challenge 1: Municipal Solid Waste Management
Challenge 2: E-waste Management

Sector: Agriculture
Challenge 1: Climate Smart Agriculture

Bio-incubation centre to promote entrepreneurship in J&K

April 26, 2022

Efforts to promote entrepreneurship in the Jammu and Kashmir region have got a major boost with the establishment of a BioNEST bio-incubation centre at the Council of Scientific and Industrial Research (CSIR)'s Jammu-based, Indian Institute of Integrative Medicines (IIIM).

Nestled within the Himalayan biodiversity hotspot, the region is particularly rich in terms of medicinal and aromatic plants. It has immense potential for biotech startups, especially in areas such as essential oil products, medicinal mushrooms, nutraceutical products, herbal drugs, and the wellness industry.

Enterprising ideas in the biotech sector need incubation support vastly different from the IT sector. They need a landing space to test their ideas, run their operations, have access to high-end instrumentations and locate in a place where they connect with other startups and mentors. The new bio-incubation centre is expected to take forward the entrepreneurial spirit and nurture start-up culture among youth in the region by providing support, mentorship, and handholding during the complete product development cycle.

The host institute - CSIR-IIIM, is already endowed with state-of-the-art infrastructure and scientific support for drug discovery and development of products of high value for the national & international markets. Since its inception in 1941 as Drug Laboratory, it has been playing an important role in nation-building by developing a strong R&D base.

BioNEST bio-incubator was inaugurated by Union Minister of State (Independent Charge) Science & Technology; Minister of State (Independent Charge) Earth Sciences; Minister of State PMO, Personnel, Public Grievances, Pensions, Atomic Energy and Space, Dr Jitendra Singh.

"64 Startups have already registered with CSIR-IIIM, Jammu, and a fresh impetus has been given to promote startups as an alternative source of livelihood, with financial, technical, and logistic support being provided by Union S&T Ministry through its different agencies and departments. Out of these 64 startups, 14 have developed products and 4 have already reached the market,' said the Union Minister.

The centre has been set up as a Section 8 company under the BioNest scheme of the Biotechnology Industry Research Assistance Council (BIRAC), which is a public sector enterprise under the Union Ministry of Science and Technology's Department of Biotechnology.

The centre aims to strengthen the following areas: cultivation of aromatic crops and medicinal mushrooms, processing and distillation of essential oils, value addition in essential oils for the wellness industry, bottle filling facility for product development, development of essential oil banks and fermentation-based technologies.

Among other things, the centre would open nationwide opportunities for the entrepreneurs as they would be able to avail the various other services and facilities provided by BIRAC.

Department of Pharmaceuticals releases "Common Guidelines on Pharmaceutical Innovation and Entrepreneurship" for academic institutions

06 MAY 2022

The Vision of the Department of Pharmaceuticals is to promote Indian pharma sector as the global leader for quality medicines and to ensure availability, accessibility and affordability of drugs and medical devices in the country. One of the measures to achieve the vision is to concentrate on Research & Development and innovation. In order to achieve the same, the Department, amongst various other measures, has set up seven National Institutes of Pharmaceutical Education and Research (NIPERs) as institutes of national importance all across the country for imparting quality education and conducting high-end research.

NIPERs have recently launched a common Research portal for industry and researchers and have also prepared a Common Research Programme based on the national needs and their own expertise and facilities. The department is also soon coming up with a 'Policy to catalyze Research & Development and Innovation in the Pharma- MedTech Sector in India'.

In order to encourage innovation and research and to facilitate the entrepreneurship in NIPERs, the Department of Pharmaceuticals, after considering the National Innovation &Startup Policy 2019, National IPR Policy 2016 and similar policies of other institutes/ departments has prepared 'Common Guidelines on Pharmaceutical Innovation and Entrepreneurship' for academic institutions under its control. The policy aims to transform the academic research into innovative and commercially applicable technologies/products; build strong ecosystem for nurturing creativity and entrepreneurial activities and contribute to self-reliant India mission (Atmanirbhar Bharat).

The Policy Guidelines aims to:
- Encourages the faculty/staff members and students to pursue entrepreneurship;
- Formulate policies & foster an ecosystem to generate ideas across disciplines that can be transformed into successful technologies, products, and services;
- Establish a mechanism for technology development and technology transfer;
- Create institutional framework for effective implementation, monitoring, and evaluation of the policy; and
- Promote pharmaceutical innovation and entrepreneurship to foster the unmet therapeutic, socially impactful technologies delivering benefits to mankind
- These Policy Guidelines, finalized with approval of the Minister for Chemicals and Fertilizers have been forwarded to all NIPERs for taking up further steps for their speedy and effective implementation.

CSIR-CDRI scientist, Dr Ritu Trivedi selected for National Tech Excellence Award for Women-2022

May 1, 2022

Dr. Ritu Trivedi, Senor Principal Scientist at Central Drug Research Institute (CDRI), Lucknow has been selected for the National Women Scientist Award for Excellence in Translational Research (National Tech Excellence Award for Women-2022) by Department of Science and Technology (DST). Dr. Ritu is being awarded for her contribution in the development of Reunion as a rapid fracture healing and for management of post-menopausal osteoporosis.

To recognize outstanding contribution of women scientists and entrepreneurs in commercializing innovative indigenous technologies, Technology Development Board under DST gives away the National Tech Excellence Award under the two categories i.e., first as National Women Scientist Award for Excellence in Translational Research and second as National Women Entrepreneurs Awards.

Dr Ritu Trivedi, has recently featured in "75 under 50: Scientists Shaping Today's India" Coffee-Table book published by Vigyan Prasar, released by Dr. Jitendra Singh on National Science Day 2022. Among 75 scientists under the age 50, only 12 women featured in this book and Dr. Ritu Trivedi is one of them.

In addition, she has been bestowed with the prestigious, Reliance Industries Platinum Jubilee Award (2020), TATA Innovation Award-2019-20 by the Department of Biotechnology and P. Sheel Award-2019 by the National Academy of Sciences, India (NASI), Teotia Memorial Oration Award (2018), STEM Impact Award (2019) for translation of Reunion a fracture healing and post-menopausal osteoporosis medicine in the market from Marc Sedam ATUM Chair, Technology Award (2019) for Osteoarthritis, Indira Gandhi Samman for contribution in Science in 2017, Technology Award (2016) for Dalbergia sissoo for Fracture Healing and Post-menopausal Osteoporosis.

The National Academy of Sciences, India (NASI) elected her a Fellow (FNASc) of the Academy for her contributions to science.

Govt extends PMGKP Insurance Scheme for Health Care Workers Fighting COVID-19 for further 180 days

Apr 19, 2022

The Union Government today extended the Pradhan Mantri Garib Kalyan Package (PMGKP) Insurance Scheme for Health Care Workers Fighting COVID-19 for a further period of 180 days.

The Health Ministry said, the decision has been taken to extend the policy so as to continue to provide the safety net to the dependents of health workers. A letter to this effect has been issued to all States and UTs for giving wide publicity among the health workers.

In March 2020, the PMGKP was launched to provide comprehensive personal accident cover of 50 lakh rupees to 22.12 lakh health care providers including community health workers and private health workers.

The private hospital staff requisitioned by States and Central Hospitals specifically drafted for the care of COVID-19 patients are also covered under the scheme. So far, 1,905 claims of health workers who died while being deployed for COVID-related duties have been settled under the scheme.

Biotech Industry News

Indian bio-pharma industry hits Rs 33k crore with 13% growth in 2020-21

30 April 2022

Pharma exports have touched Rs 1,83,422 crore in 2021-22 against Rs 90,415 crore in 2013-14, the commerce ministry said on Sunday.

Amidst the pandemic, the Indian Biopharma Industry, with over 300 companies, has witnessed a good growth of 13 per cent, 2 per cent less than the previous year's 15 per cent growth rate. This growth was largely driven by performance of the Indian biopharma companies which have done very well as against multinational companies. As a result, the Indian Biopharma Industry has crossed the Rs 33,000 crore mark for the year 2020-21 over the previous year's figure of Rs 29,176 crore. The Indian Biopharma industry, comprising hormones, insulin, blood products and vaccines recorded a sales revenue of Rs 33,067 crore for the year 2020-21.

According to the Department of Commerce, government of India, the Indian vaccine players have increased their export share in 2020-21 to Rs 6492 crore as against Rs 5723 crore reported in 2019-20 registering a growth of 13.42 per cent. In 2018-19 India exported Rs 4453 crore worth human vaccines.

In the veterinary vaccine space too, Indian companies have performed well with export figures soaring from Rs 233 crore in 2019-20 to Rs 253 crore in 2020-21.

Indian companies have increased their export share of insulin injection in 2020-21 to Rs 372 crore from Rs 247 crore recorded in 2019-20 with growth of 50.47 per cent. Similarly, India has increased export of insulin and its salts in 2020-21 to Rs 229 crore from Rs 200 crore in 2019-20 registering 14.62 per cent growth. At the same time, during 2020-21, India imported Rs 1,538 crore worth insulin injection, as against Rs 1,328 crore the previous year registering a growth of 15.84 per cent.

Though India is a leading vaccine manufacturer, companies still imported Rs 2,628 crore worth vaccines in 2020-21 as against Rs 2,804 crore imported in 2019-20, registering a decline of 6.25 per

cent. However, in the veterinary vaccine space India has increased its import figures by 8.38 per cent in 2020-21 to Rs 253 crore against Rs 233 crore reported in 2019-20.

AstraZeneca announced $11 billion in Revenue, New R&D Site

Apr 29, 2022

AstraZeneca topped off a very busy week with its first-quarter financial report, citing a total of $11.390 billion in revenue, a whopping increase of 60%. That was driven by the acquisition of Alexion and several contracts for Vaxzevria, its COVID-19 vaccine developed with the University of Oxford.

The company also announced plans to open a new location in Cambridge, Massachusetts. This site will act as a strategic R&D center for the company in addition to being Alexion's new corporate headquarters. It will house about 1,500 R&D, commercial and corporate staffers into a "single purpose-built space in Kendall Square, Cambridge, MA."

AstraZeneca closed its deal with Alexion in 2021, acquiring the company for $39 billion. AstraZeneca's focus has typically been on oncology, cardiovascular, renal and metabolism and respiratory diseases. But Alexion focuses on complement inhibition, which is associated with immune-mediated rare diseases, which has been an increasing interest of AstraZeneca's.

Alexion's branded products include Soliris (eculizumab) approved for paroxysmal hemoglobinuria (PNH), atypical hemolytic uremic syndrome, generalized myasthenia gravis and neuromyelitis optica spectrum disorder. Another branded product includes Ultomiris (ravulizumab), a second-generation C5 monoclonal antibody.

Clotting Risks Cause FDA to Restrict Use of J&J Vaccine

May 06, 2022

Janssen (Johnson & Johnson 's) COVID-19 vaccine is now limited to certain individuals ages 18 and up after the U.S. Food and Drug Administration downgraded its emergency use authorization (EUA).

The regulator's decision came after finding that some people develop a greater risk of thrombosis with thrombocytopenia syndrome, a rare and possibly life-threatening blood clotting disorder. People with TTS have low blood platelet counts and the onset of symptoms happens around one to two weeks after receiving Janssen's COVID-19 vaccine.

The FDA has already updated the **Fact Sheet for Healthcare Providers Administering Vaccine** to reflect this change, including a warning statement at the beginning of the guideline to highlight the risk for TTS. The **Fact Sheet for Recipients and Caregivers** has been revised as well.

The FDA **approved** Janssen›s

COVID-19 vaccine for emergency use in February 2021 but then paused its use in April when the Centers for Disease Control and Prevention (CDC) started investigating six cases of TTS post-vaccine.

Approximately two weeks after the pause, the CDC's advisory committee and the FDA **lifted** the directive but confirmed that there had been 15 TTS cases reported, including the first six mentioned, out of about 8 million doses given. The health agencies then said that the benefits of

Janssen's vaccine outweigh the risks for those 18 and older. However, in December 2021, the CDC's Advisory Committee on Immunization Practices recommended **preferential use** of the Janssen product in individuals ages 18 years and up in the U.S.

The ACIP noted that the Janssen vaccine may be considered in certain situations, such as if the person is contraindicated to receive mRNA vaccines, if the person would remain unvaccinated because of limited access to mRNA vaccines, and if the person voluntarily chooses to receive the Janssen product despite the identified safety concerns. The directive also applies to booster doses.

Moderna Highlights More than $6B in Revenue, Talks Boosters

May 04, 2022

Moderna enjoyed $5.9 billion in product sales this quarter, with the majority of these occurring outside of the U.S. The company anticipates that sales will become even larger in the second half of 2022 as it introduces its COVID-19 boosters and SARS-CoV-2 becomes endemic. With its capital, Moderna chiefly plans to reinvest in its 46 research and development programs which include its pipeline vaccine programs for COVID-19 and respiratory syncytial virus (RSV) and development-stage vaccine programs which include trials in Zika virus and Epstein-Barr virus (EBV).

Notably, Moderna is full speed ahead for COVID-19 boosters despite growing **concerns** from the scientific community about their relative usefulness. Moderna highlighted that current COVID-19 vaccination schedules wane in efficacy over time and that a fourth dose of the company's COVID-19 vaccine increased vaccine effectiveness against infection, symptomatic infection and severe outcomes in high-risk populations in Ontario.

"The emergence of new variants of concern like the BA.2.12.1, BA.4 and BA.5 could accelerate the impact of that waning and broaden the risk of breakthrough infections across the population," Moderna President Stephen Hoge, M.D., said. "We're working hard to make improvements to our available boosters."

Hoge said that the ideal booster would provide neutralizing antibodies against Omicron that provide protection throughout the entire northern hemisphere's fall and winter infection season. The booster would also provide durable protection against older strains of SARS-CoV-2 such as the Delta variant and increase the potential for protection against new emerging variants.

Moderna is hopeful of introducing new COVID-19 booster vaccines this fall, with the intention of providing seasonal vaccines for the virus every year, that will be bivalent and provide protection against several mutations.

Novartis provides more than USD 25 million in medical aid to patients in Ukraine

22 April 2022

Novartis announced that it condemns the war in Ukraine: "The continued acts of unprovoked violence are harming innocent people, and this defies our mission to improve human health globally.

"As a medicines company, we have delivered more than one million packs of antibiotics, painkillers, cardiovascular, and oncology treatments which amounts to more than USD 25 million in medical aid to maintain the supply to those who rely on these drugs in Ukraine and in the border areas where people are seeking refuge."

Novartis also made an initial USD 3 million donation to charities supporting refugees and displaced people in Ukraine and bordering countries: "We continue to support our employees and their families in Ukraine and those who have left the country. Our thoughts are with the citizens of Ukraine; Novartis will continue to contribute to the humanitarian efforts in and for the country's people.

"A package of measures has been implemented that includes suspending capital investments, media advertising, and other promotional activities in Russia. In addition, while we remain committed to providing access to our medicine in Russia, we responsibly pause the initiation of new clinical trials and the enrolment of new study participants in existing trials. These measures will be kept under review.

NTPC invites EOI to produce torrefied biomass pellets from Indian startups

01 May 2022

State-run energy large NTPC has invited bids from the nation's startups for the manufacturing of torrefied biomass pellets. Through its analysis and growth wing NETRA, the NTPC intends to present a platform to startups to allow them develop a sophisticated know-how for producing torrefied biomass pellets which might be well-suited for decentralised small-scale customers.

The deadline for the submission of the proposals titled 'torrefied pellet manufacturing plant for agri-waste' is May 19, 2022, NTPC stated in an announcement. The transfer is predicted to reinforce NTPC's dedication in the direction of growing the biomass ecosystem within the nation, and can present a singular platform for the Indian startups to fulfill the prime minister's imaginative and prescient of an 'Aatmanirbhar Bharat' and in addition contribute in the direction of the bold 'make in India' motion,

the corporate stated.

India produces round 230 MMTA of biomass that's both wasted or burnt. Biomass co-firing (utilizing biomass as supplementary gasoline to cut back using coal) in energy vegetation has proved to be a significant answer to this menace, thereby decreasing carbon footprints within the atmosphere.

Till now, the main target has been centred on non-torrefied biomass pellets. However for bulk utilisation of biomass, torrefied biomass pellet manufacturing wants to be given significance, as torrefied biomass pellet has extra vitality density, and its traits are nearer to coal. Further, torrefied biomass pellets will cut back common transportation prices.

Currently, the know-how for torrefied pellets remains to be within the nascent stage of growth.

The Union energy ministry has arrange the nationwide mission for using biomass in thermal energy vegetation (Mission SAMARTH), and mandated 5-10 per cent co-firing of biomass in all coal-fired thermal energy vegetation within the nation.

In the Union Budget 2022-23, the biomass co-firing in energy vegetation has been recognised as an essential instrument for carbon discount and revenue technology for farmers.

Sanofi India names Rodolfo Hrosz managing director effective June 1

Sanofi India (SIL) announced on Monday that its Board of Directors has appointed Rodolfo Hrosz as the Company's new Managing Director with effect from June 1, 2022, subject to regulatory approvals. He will transition from being Sanofi's General Manager, Consumer Healthcare business in Brazil to his new role in India as soon as the applicable regulatory approvals are in place.

"Rodolfo joined Sanofi as General Manager of the Consumer Healthcare business in Brazil in 2017 and has successfully led the organization through several transformative stages, right from the business unit's inception to it becoming a top growth contributor and a digital-acceleration reference point within the Sanofi Group," Sanofi said.

He will transition from being Sanofi's General Manager, Consumer Healthcare business in Brazil to his new role in India as soon as the applicable regulatory approvals are in place

Prior to joining Sanofi, he has worked with Pfizer, LVMH, Heineken and Procter & Gamble in the USA and in Brazil.

Aditya Narayan Chairman of the Board, Sanofi India Limited "We

are delighted to have Rodolfo Hrosz join Sanofi India as its Managing Director and look forward to his leading the team in the further development of the Company. His wide experience and diverse skills make him eminently suitable for this role and we wish him all the very best for every success in his new assignment."

Eris Lifesciences acquires 100% stake in Oaknet Healthcare for Rs 650 cr

Indian branded formulations manufacturing company Eris Lifesciences announced the acquisition of 100 per cent stake in Mumbai-based dermatology focused domestic formulations company Oaknet Healthcare on Tuesday. In a BSE filing on Wednesday, the company stated that the acquisition will be done for a total consideration of Rs 650 crore.

Oaknet had a revenue base of Rs 195 crore in FY22. Eris stated in the filing that Oaknet's dermatology and women's health portfolio will add to their range of offerings. The company added that Eris' Specialty Franchise will get a significant impetus with this acquisition as the company will now be present in 87 per cent of the Rs 55,000-crore chronic market with presence in cardiology, oral diabetes care, insulin, neuro/CNS and dermatology therapies. Oaknet has nearly 100 per cent presence in approximately 11,000 dermatologists with 60 per cent penetration and pan-India sales.

Amit Bakshi, Chairman & Managing Director of Eris Lifesciences said, "As Oaknet becomes part of the Eris Group, it provides us with a robust growth platform in the areas of Dermatology and Cosmetology. In line with Strides and Zomelis acquisitions, we are confident that the Oaknet transaction will create long-term value for our shareholders.

Research and Govt. News

A new wearable technology -- for plants

May 4, 2022

Plants can't speak up when they are thirsty. And visual signs, such as shriveling or browning leaves, don't start until most of their water is gone. To detect water loss earlier, researchers have created a wearable sensor for plant leaves. The system wirelessly transmits data to a smartphone app, allowing for remote management of drought stress in gardens and crops.

Newer wearable devices are more than simple step-counters. Some smart watches now monitor the electrical activity of the wearer's heart with electrodes that sit against the skin. And because many devices can wirelessly share the data that are collected, physicians can monitor and assess their patients' health from a distance. Similarly, plant-wearable devices could help farmers and gardeners remotely monitor their plants' health, including leaf water content -- the key marker of metabolism and drought stress. Previously, researchers had developed metal electrodes for this purpose, but the electrodes had problems staying attached, which reduced the accuracy of the data. So, Renato Lima and colleagues wanted to identify an electrode design that was reliable for long-term monitoring of plants' water stress, while also staying put.

The researchers created two types of electrodes: one made of nickel deposited in a narrow, squiggly pattern, and the other cut from partially burnt paper that was coated with a waxy film.

When the team affixed both electrodes to detached soybean leaves with clear adhesive tape, the nickel-based electrodes performed better, producing larger signals as the leaves dried out. The metal ones also adhered more strongly in the wind, which was likely because the thin squiggly design of the metallic film allowed more of the tape to connect with the leaf surface. Next, the researchers created a plant-wearable device with the metal electrodes and attached it to a living plant in a greenhouse.

The device wirelessly shared data to a smartphone app and website, and a simple, fast machine learning technique successfully converted these data to the percent of water content lost. The researchers say that monitoring water content on leaves can indirectly provide information on exposure to pests and toxic agents. Because the plant-wearable device provides reliable data indoors, they now plan to test the devices in outdoor gardens and crops to determine when plants need to be watered, potentially saving resources and increasing yields.

First-of-its-kind cryoablation procedure carried out in India at Max Hospital

April 22, 2022

A first-of-its-kind therapy in India, a cryoablation procedure using specialized balloon catheter systems was recently done on a patient with atrial fibrillation by Dr Balbir Singh and his team at Max Hospital Saket.

The procedure was done using cold energy to create tiny scars in the heart to block irregular electrical signals and restore a regular heartbeat. Cryoablation was chosen over as a safe, effective, and efficient treatment option since it could be completed in record time leading to least possible exposure to radiation for the patient. There is a need to raise awareness on the availability of this therapy in India.

A case in point is that of a patient who presented with palpitations and fatigue despite being on multiple medications. The underlying heart rhythm was regular which is typical of any patient unsuccessfully managed with one or multiple drugs leading to a medical condition called drug resistant paroxysmal atrial fibrillation. However, his diagnosis was paroxysmal Atrial Fibrillation, and the patient was willing to get this treatment as his quality of life was compromised and he wanted an improvement in the same.

Cryoablation, a proven modality was clearly the treatment of choice. This is because it could be performed within a significantly shorter duration (as opposed to Radio frequency ablation) with safer protocols and equally efficient outcomes.

Speaking about this, Dr Balbir Singh, Chairman, Cardiology at Max Hospital Saket, New Delhi, said, "Whether your symptoms are mild or severe, atrial fibrillation can be a serious medical condition that should be treated. It may impact your quality of life, energy level, and physical activity. If left untreated, atrial fibrillation may increase the risk of heart failure, stroke, and death. Some symptoms to watch out for include irregular heartbeat which is rapid and fluttering in nature; fatigue, shortness of breath and weakness; chest discomfort or pain; and dizziness.

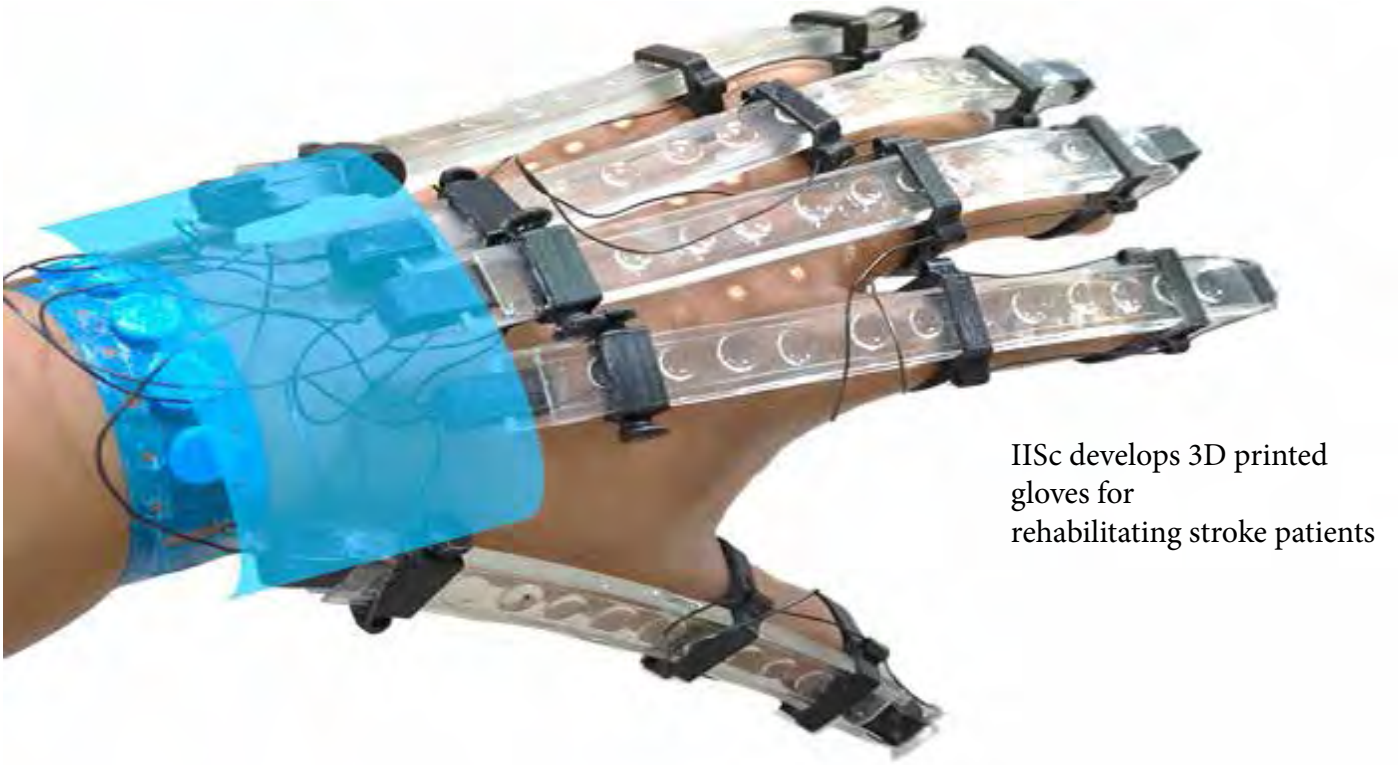
Cryoablation is a novel procedure, which is short, highly safe and effective for people with atrial fibrillation. This modality can revolutionize the treatment of this condition in India, and we are extremely proud to say that the first case in the country has been successfully carried out by our team at Max Hospital, Saket."

IIT Mandi team discovers molecule that can be used for treatment of diabetes

May 02, 2022

Researchers at the Indian Institute of Technology (IIT) Mandi have discovered a drug molecule that can be used to treat diabetes. In a press release issued recently, IIT Mandi said that the molecule, named PK2, is able to trigger the release of insulin by the pancreas and can potentially be used as an orally administered medicine for diabetes.

According to the press statement the details of the research have been published in the Journal of Biologi-



IISc develops 3D printed gloves for rehabilitating stroke patients

cal Chemistry. Dr. Prosenjit Mondal, Associate Professor, School of Basic Sciences, IIT Mandi has authored the paper. Dr Prosenjit Mondal, said "Current drugs such as exenatide and liraglutide used for diabetes, are administered as injections, and they are costly and unstable after administration. We seek to find simpler drugs that are stable, cheap, and effective against both Type 1 and Type 2 diabetes."

Dr. Prosenjit Mondal points to another critical finding in their work, "Beyond increasing insulin release, PK2 was also able to prevent and even reverse beta cell loss, a cell essential for insulin production, making it effective for both Type 1 and Type 2 diabetes."

The paper has been co-authored by Subrata Ghosh, School of Basic Sciences, IIT Mandi, along with Dr. Sunil Kumar, ICAR- IASRI, PUSA, New Delhi, Dr. Budheswar Dehury, ICMR RMRC, Bhubaneswar, Dr. Khyati Girdhar, Ms. Shilpa Thakur, Dr.Abhinav Choubey, Dr. Pankaj Gaur, Ms. Surbhi Dogra, Ms. Bidisha Biswas from IIT Mandi, and Dr.Durgesh Kumar Dwivedi (Regional Ayurvedic Research Institute (RARI) Gwalior).

IISc develops 3D printed gloves for rehabilitating stroke patients

May 04 2022

A 3D printed polymer glove that can allow an attendant of a stroke victim to conduct daily physiotherapy sessions at home for months, is the latest innovation from Indian Institute of Science, Bengaluru, which is teaming up with the Manipal group forfor clinical trials.

The scientists who developed the physiotherapy gloves said similar wearable devices could be made for any limb, depending on the requirements of a paralytic patient. A physiotherapist or a family member can operate it by either wearing an identical device or using a smartphone application.

"The biggest advantage is that a physiotherapist can measure the muscle strength and how the mobility or flexibility of a finger (in case of a hand) is changing," team leader Aveek Bid, an associate professor at the Department of Physics at IISc said.

"We hope that such a glove may cost around Rs 1,000 a piece. But we will have to first carry out the clinical trial for which we are seeking permissions," Bid said.

The device is highly sensitive – enough to respond to the touch of a butterfly, says team member Abhijit Chandra Roy, a physicist and one of

the brains behind the project. In addition, while existing devices can only detect the bending of a finger, the new device can even measure the degree of bending at every joint of the finger, he explains.

Engineers Create an Enzyme That Breaks Down Plastic Waste in Hours, Not Decades

May 5, 2022

A new study outlines the use of a specially created enzyme variant that vastly reduces the time it takes to break down the components of plastics.

We could even use the enzyme variant to clean up sites contaminated by plastic pollution, say the team that developed it.

In tests, products made from the polymer polyethylene terephthalate (PET) were broken down in a week and, in some cases, 24 hours – these are products that can take centuries to degrade properly in natural conditions.

"The possibilities are endless across industries to leverage this leading-edge recycling process," says chemical engineer Hal Alper from the University of Texas at Austin.

"Beyond the obvious waste management industry, this also provides corporations from every sector the opportunity to take a lead in recycling their products."

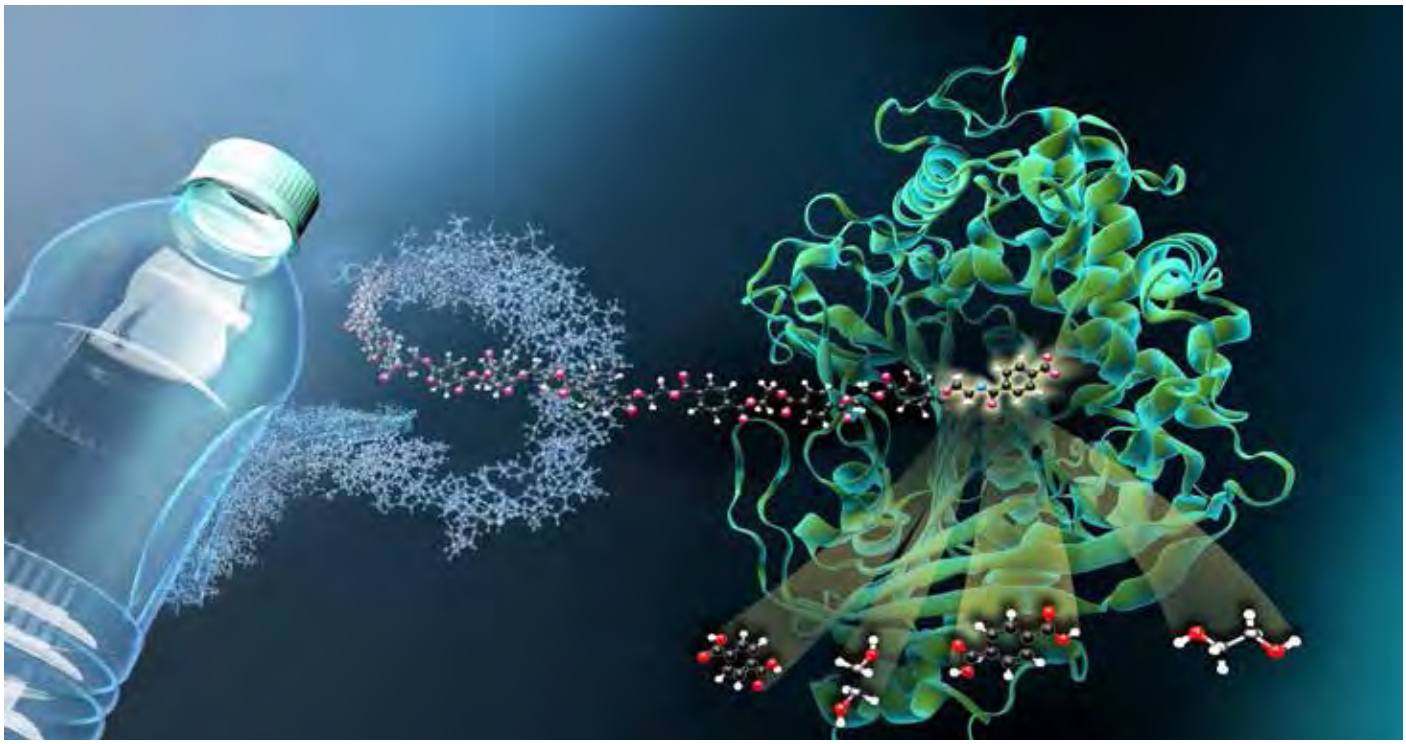
The team has called the enzyme FAST-PETase (functional, active, stable, and tolerant PETase). They developed the enzyme from a natural PETase that allows bacteria to degrade PET plastic and modified it using machine learning to pinpoint five mutations that would enable it to degrade the plastic faster under different environmental conditions.

Once the enzyme variant did its job of cutting the plastic down into its basic molecular units (depolymerization), the researchers then demonstrated they could put the plastic back together again (repolymerization) using chemical processes to create new plastic products.

Finding FAST-PETase involved the study of 51 different post-consumer plastic containers, five different polyester fibers, and fabrics and water bottles made from PET.

In tests on all of these products, the enzyme variant proved its effectiveness and at temperatures less than 50 degrees Celsius (122 degrees Fahrenheit).

The research has been published in Nature.



Bad Science

COVID-19-vitamin D paper from India retracted by Springer Nature journal

May 4, 2022

A journal has retracted a 2021 paper claiming that vitamin D "significantly reduced the inflammatory markers associated with COVID-19 without any side effects" following criticism that led them to "no longer have confidence in the conclusions."

The paper "Impact of daily high dose oral vitamin D therapy on the inflammatory markers in patients with COVID 19 disease," appeared in Scientific Reports, a Springer Nature journal, on May 20, 2021. The paper earned a correction on August 30, and has been cited 29 times, according to Clarivate Analytics' Web of Science.

The editors said that "the Editorial Board Member indicates that the study may potentially not be scientifically valid." The editors also write that Brown found that "problems with data mismatches are pervasive, and while some of them could be accounted for how the data was processed, it is not the case in all instances and it is not something that the readers would be able to discern given the information provided in the published article."

And, they said, "it appears that the way these results are reported is different for the same analyses across different display figures.

There is no scientific justification for this." Madhu Latha Karra, of Nizam's Institute of Medical Sciences in Hyderabad and the corresponding author of the paper, responded with 15 pages of point-by-point counterarguments, and urged the editors not to retract the paper. But in April 2022, the journal did so.

Another ivermectin COVID-19 paper retracted

A paper on the potential use of ivermectin to treat Covid-19 has been retracted for a litany of flaws, joining at least 10 other articles on the therapy some liked to promote without evidence to fall.

The article was part of a special issue of Toxicology Reports on Covid-19 that has received an expression of concern; six of the eight articles still have EoCs. Two, including one "Why are we vaccinating children against COVID-19?," have now been retracted.

The newly retracted article, "Use of ivermectin in the treatment of Covid-19: A pilot trial," was written by a group from Brazil and the United States and appeared in March 2021.

According to the retraction notice:

This article has been retracted: please see Elsevier Policy on Article Withdrawal (https://www.elsevier.com/about/our-business/policies/article-withdrawal).

The article has been retracted at the request of the Founding Editor, Prof. Lawrence H. Lash, on the basis that there is clear evidence that the findings are unreliable: https://publicationethics.org/files/retraction-guidelines-cope.pdf.

Additional external review of this published paper raised several concerns. While a properly conducted clinical trial is certainly welcome, the experimental design of this study lacks sufficient details for some of the methods and approaches, uses inappropriate or inadequate statistical analysis, and presents unclear data interpretation.

The conclusions and statements of the authors cannot be readily supported by the information presented in the paper.

Additionally, no reference is made to the well-known controversies that surrounded the recommended use of ivermectin to treat infections with COVID-19. https://www.nature.com/articles/d41586-020-01695-w; https://www.the-scientist.com/news-opinion/surgisphere-sows-confusion-about-another-unproven-covid19-drug-67635 The omission of any discussion of these controversies in the present paper makes the paper misleading and unacceptable.

The article has yet to be indexed in Clarivate Analytics' Web of Science, but it did find its way into an official document from the South African government on Covid-19.

Lash, who led the inquiry into the special issue, told us that:

All papers in the Special Issue underwent an additional, post-publication peer review that I oversaw at the request of the Publisher for Toxicology Content at Elsevier. While I know that there were a significant number of complaints and

adverse comments received about one of the other papers in the Special Issue (the one involving vaccination of children), I am not aware of specific complaints about this paper. My task was to organize an independent, post-publication review of all papers in the issue.

The retraction notice posted for this paper, which was a small clinical trial involving the use of the antifungal drug ivermectin as a potential therapeutic agent for Covid-19 infection, basically highlights all the conclusions of the post-publication peer review. As noted, there were concerns with the design of the pilot clinical trial that raised questions about the reliability of the conclusions. Moreover, the authors made no acknowledgement of any of the well-publicized controversies regarding potential use of this drug. Hence, the portrayal of the work was viewed as unbalanced.

COVID-19 spike protein paper retracted

It took about five months, but a virology journal has retracted a paper on the microbe that causes COVID-19 after tagging it with an expression of concern back in December.

As we reported then, the paper, "SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro," was a hit with vaccine skeptics who used the article to buttress their claims that Covid vaccines are unsafe.

The paper, which appeared in MDPI's Viruses, generated enough buzz on social media and in the news to make it into the top 5% of all articles tracked by Altmetric. This Week in Virology, a podcast on, well, virology, devoted part of an episode of the show to deconstructing the findings.

But as the journal noted last year:

One of the authors has raised concerns regarding the methodology employed in the study, the conclusions drawn and the insufficient consideration of laboratory staff and resources.

In order to keep the highest scientific standards, an in-depth investigation is initiated by the responsible editors together with the journal's editorial office in collaboration with the editorial board, and in accordance with the Committee on Publication Ethics (COPE) guidance. The article will be updated and any necessary corrections made at the conclusion of the investigation process.

That update has arrived:

The published article [1] has been retracted. Following publication, the first author contacted the editorial office regarding an improper experimental design with the potential to significantly affect the integrity of the resultant experimental data.

Adhering to our complaint procedure, an investigation was conducted. Both the chosen construct of the spike plasmid that contained a C-terminal fused with 6xHis tag and use of a GFP reporter system under overexpression conditions in the protocol were identified as having the potential to introduce significant ambiguity regarding the nature of the reported observations.

The reliability of the results and conclusions presented have therefore been undermined. Furthermore, statements regarding the effect of the spike protein on the adaptive immunity are misleading as in this article no experiments related to the adaptive immunity were performed, and the full-length spike-based vaccine was not studied. Therefore, conclusions related to vaccine safety are not validated and lacked experimental support.

This article [1] is retracted and shall be marked accordingly. This retraction was approved by the Editor-in-Chief of the journal Viruses.

Notice

ICRISAT INTERNATIONAL CROPS RESEARCH INSTITUTE FOR THE SEMI-ARID TROPICS

Principal Scientist - II
Accelerated Crop Improvement - Genebank

The International Crops Research Institute for the Semi-Arid Tropics (ICRISAT) is currently seeking an experienced and highly motivated individual as the Principal Scientist-II (Head- International Genebank).

Applicants should apply on or before 31 May 2022, with latest Curriculum Vitae, and the names and contact information of three references that are knowledgeable about their professional qualifications and work experience. All applications will be acknowledged. However, only short-listed candidates will be contacted.

Preferred Qualifications: Minimum Education: PhD in Plant Breeding, Genetics, Economic Botany, Seed/ Tissue Physiology or closely related discipline;
Experience: At least 13 years of postdoctoral experience including at least 3-4 years' experience as a Principal Scientist-I or an equivalent role in the operation of an International/ Regional or National Genebank involving crops with different levels of outcrossing and propagation.

BioNEST, Panjab University

Name of Position:- Senior Manager
Number of positions:- One
Essential Qualifications: PhD or M. Sc. in any subject of Life Sciences with minimum 4 years of experience or MBA with minimum 4 years of experience in project handling and/or
entrepreneurship development programs and Intellectual property skills.

Applications are invited for one position of Senior Manager (purely temporary basis) under BioNEST, Panjab University, Chandigarh. The Senior manager will be responsible for managing the activities of the incubator under the supervision of the undersigned such as seminars/workshops/presentations, development of progress reports/proposals, collaboration
with industries/govt., helping incubatees to arrange seed funds/IP management etc. The candidate needs to have outstanding organizational skills and should have demonstrated exceptional leadership qualities.

The candidate will be appointed initially for a period of 06 months or till the tenure of the project, whichever is earlier. However, the post can be extended on the basis of evaluation after completion of the tenure if the project is extended. The post is purely temporary and co-terminus with the project. There shall be no financial liability on the part of the University, after the termination of the project. The incumbent shall have no claim whatsoever for the regularization of his/her services.

Applications (consist of cover letter stating experience, role and contribution to the organizational goals) should reach on or before 27 May 2022 by E-mail to bionestpu@pu.ac.in and the signed hard copy of the same be sent by post to the undersigned. The candidates shortlisted for the interview (through online or offline mode) will be informed through E. mail or telephone or uploaded on the website of BN-PU. For more details, please check the website: bionest.puchd.ac.in. No TA/DA will be paid if called for interview.

Dr. Rohit Sharma, Project Leader, BioNEST, New Hospital building, Sector- 25, Panjab University, Chandigarh

Summer Research Program 2022
IISER Mohali

Applications are invited for the IISER Mohali Summer Research Program 2022. Selected students at the level of BSc (Second Year/Third Year), MSc (First Year) or equivalent will be able to spend 8 weeks at IISER Mohali during the summer in order to work on specific summer projects with IISER Mohali faculty.

Dates: The summer program will run between June 01 and July 27, 2022. The last date for receiving online applications is May 12, 2022 till 23:59 hours.

Duration: The minimum period of summer research is one month and the maximum period is eight weeks.

The Program: The Summer Research Program 2022 has two components: (i) Research: which the student will carry out in consultation with his/her supervisor and (ii) Interdisciplinary Course Work: which will involve a series of lectures to be delivered by scientists working in various fields. At the end of the summer program, students are required to submit a report about their research. All students who successfully complete the summer program will receive a certificate from IISER Mohali.

The application can be submitted through an online form. While filling the form you should be careful to provide all information correctly. To fill the application form please click here (https://forms.gle/pAxe8kc7tJUDQFDNA)

Jamia Millia Islamia
Jamia Nagar, New Delhi-110025

Applications on the prescribed form are invited for the following Teaching positions in Jamia Millia Islamia so as to reach in the Office of the Recruitment & Promotion Section (Teaching), 2nd Floor, Registrar's Office, Jamia Millia Islamia, Jamia Nagar, New Delhi-110025 on or before 02.06.2022 during working days between 10:00 A.M. to 05:00 P.M Lunch break 01:00 P.M. to 02:00 P.M.

One Associate Professor, Department of Biosciences

Eligibility:
i) A good academic record, with a Ph.D. Degree in the concerned/allied/relevant disciplines.
ii) A Master's Degree with at least 55% marks (or an equivalent grade in a point-scale, wherever the grading system is followed).
iii) A minimum of eight years of experience of teaching and / or research in an academic/research position equivalent to that of Assistant Professor in a University, College or Accredited Research Institution/industry with a minimum of seven publications in the peer-reviewed or UGC-listed journals and a total research score of Seventy five (75) as per the criteria given in Appendix II, Table 2.

Note:- Desirable specializations for one post of Associate Professor, Department of Biosciences mentioned at (S. No. 22) and one of the post of Associate Professor, Centre for Theoretical Physics at (S. No. 23).

Desirable Specialization for the post at S.No. 22:- Neuro Sciences; Molecular Biology; Biotechnology; Ecology or Plant Physiology.

More Info: https://www.jmi.ac.in/upload/advertisement/jobs_advt1_2022may2.pdf

Notice

वै.औ.अ.प. - केन्द्रीय औषधीय एवं सगंध पौधा संस्थान

(वैज्ञानिक तथा औद्यागिक अनुसंधान परिषद)
पोस्ट आफिस - सीमैप कैम्पस, लखनऊ-226015 (उ0प्र)

CSIR - Central Institute of Medicinal & Aromatic Plants

(Council of Scientific & Industrial Research)
PO CIMAP Campus, Lucknow-226015 (U.P.)

विज्ञान एवं प्रौद्योगिकी में उत्कृष्ट अनुसंधान कैरियर हेतु अद्वितीय अवसर
A Unique Opportunity for Excellent Research Career in Science & Technology

विज्ञापन सं०/Advertisement No. 1/2022

URL for Online Application:https://recruitment.cimap.res.in
OR
Access link 'Advertisement No. 1/2022' on https://www.cimap.res.in

1.ऑनलाइन आवेदन आरंभ करने की तिथि	सोमवार, 11 अप्रैल, 2022; 10.00 Hrs. IST
1. Start date for Online Application:	Monday, 11 April, 2022; 10.00 Hrs. IST
2.ऑनलाइन आवेदन की अंतिम तिथि	मंगलवार, 17 मई, 2022; 23:59 Hrs. IST
2. Last date for Online application:	Tuesday, 17 May, 2022; 23:59 Hrs. IST
3.सीमैप में सभी संगत प्रपत्रों के साथ आवेदन पत्र के प्रिंट आउट प्रति की प्राप्ति की अंतिम तिथि	मंगलवार, 31 मई, 2022; 17:30 Hrs. IST
3. Last date for Receipt of printout copy of application alongwith all relevant documents at CIMAP:	Tuesday, 31 May, 2022; 17:30Hrs. IST

सीएसआईआर-केन्द्रीय औषधीय एवं सगंध पौधा संस्थान, लखनऊ, वैज्ञानिक और औद्योगिक अनुसंधान परिषद (सीएसआईआर) की एक इकाई एवं एक प्रमुख वैज्ञानिक संगठन है जो जैविक और रासायनिक विज्ञानों के विभिन्न क्षेत्रों में उच्च गुणवत्ता वाले अनुसंधान और औषधीय एवं सुगंधित पौधों (एमएपी) का उपयोग करने वाले किसानों एवं उद्यमियों को तकनीक और सेवाओं का विस्तार करने में शामिल है। संस्थान द्वारा उत्पाद विकास / प्रौद्योगिकी नवाचार / एप्लाइड टेक्नोलॉजी / ट्रांसलेशन रिसर्च इत्यादि में शामिल उत्साही युवा और गतिशील भारतीय नागरिकों, जिनके पास एक अभिनव तरीके से अनुसंधान और विकास करने की क्षमता के साथ उत्कृष्ट शैक्षणिक रिकॉर्ड / सिद्ध वैज्ञानिक उपलब्धियां / अपेक्षित अनुभव है, से निम्नलिखित वैज्ञानिक पदों के लिये आवेदन आमंत्रित किये जा रहे हैं :-

CSIR-Central Institute of Medicinal and Aromatic Plants, Lucknow, a unit of Council of Scientific and Industrial Research (CSIR), is a premier scientific organization involved in conducting high quality research in different areas of biological and chemical sciences and extending technologies and services to the farmers and entrepreneurs using medicinal and aromatic plants (MAPs). The Institute invites applications from enthusiastic young and dynamic Indian Nationals involved in Product Development/Technology Innovation/Applied Technology/Translation Research etc. having excellent academic record/proven scientific achievements/requisite experience with ability to undertake R&D in an innovative way for the following Scientific Positions:

पदनाम/ Designation	पदों की संख्या एवं आरक्षण की स्थिति/No. of Posts & Reservation	पे मैट्रिक्स लेवल/ Pay Matrix Level	*कुल परिलब्धियाँ/ Total Emoluments	**17.05.2022 को अधिकतम आयु/ Upper Age limit not exceeding as on 17.05.2022
वैज्ञानिक/ Scientist	**06 पद/ Posts** (अनारक्षित-03, अ.पि.व.-01, अ.जा-01, आ.क.व-01) (UR-03,OBC-01, SC-01, EWS-01)	**पे मैट्रिक्स लेवल/ Pay Matrix Level-11** रु0/Rs.67700-208700	रु०/Rs.110305/-	32 वर्ष/years
वरिष्ठ वैज्ञानिक/ Senior Scientist	**04 पद /Posts** Unreserved	**पे मैट्रिक्स लेवल/ Pay Matrix Level-12** रु0/Rs.78800-209200	रु०/Rs.126844/-	37 वर्ष/ years

INDIAN NATIONAL SCIENCE ACADEMY

Bahadur Shah Zafar Marg, New Delhi 110 002

Invitation for Nominations

Nominations are invited for the award of **Indira Gandhi Prize for Popularization of Science** for the year 2023 by the Academy.

The award was instituted by INSA in 1986 to encourage and recognize popularization of science in the country. The Prize shall be awarded once in three years for outstanding work done by an individual for the **popularization of science in any Indian language, including English**. The nominee must have had a distinguished career as a writer, editor, journalist, lecturer, radio or television programme director, science photographer or as an illustrator, which has enabled him/her to interpret science (including medicine), research and technology to the public. He/She should have a knowledge of the role of science, technology and research in the enrichment of cultural heritage and in solution of problems of humanity.

The prize is open to any Indian national residing in the country and will carry **honorarium of Rs. 25,000/-, citation and a bronze medal.** Maximum of six prizes (two in each category) will be awarded to the following categories:

a) Science popularization efforts in English language by a career media personnel
b) Science popularization efforts in English language by a career scientist
c) Science popularization efforts in any language other than English either by a career media personnel or a career scientist

The prize winner will be expected to deliver a lecture at the venue to be fixed by the Academy. **Nominations** for the award may be made by the **INSA Fellows, Vice-Chancellors, Deans, Principals, Directors of leading scientific institutions and national laboratories and Editors of selected Indian science journals** in the prescribed proforma.

The nomination form duly completed in all respects may be sent so as to reach the Executive Director, Indian National Science Academy, Bahadur Shah Zafar Marg, New Delhi 110 002 latest by **July 15, 2022**. Regulations for the award can be downloaded from the link : https://insaindia.res.in/aa2.php#d and Proforma for nomination can be downloaded from the option “Download Forms” at our website: www.insaindia.res.in.

Notice

DEPARTMENT OF BIOTECHNOLOGY
Ministry of Science & Technology
Government of India

CALL FOR PROPOSALS UNDER STRENGTHENING COMPONENT OF STAR COLLEGE SCHEME FROM UG COLLEGES OF INDIA

Department of Biotechnology invites applications from colleges of all the states and union territories of India offering undergraduate education (UG) in Sciences under **'STAR COLLEGE' Scheme** to brand and nurture excellence in UG Science education under **Urban and Rural categories**. The program emphasizes holistic improvement of science education at undergraduate level with special emphasis on practical training to students. The initiative provides support for (a) Access to specialized infrastructure to students, (b) Improving knowledge and skills of teachers in basic Sciences and specialized techniques, (c) Assurance of consumables, reagents and chemicals for students, (d) Substantial hands-on experience in designing and conducting practicals to ensure critical thinking, (e) and access to books and journals including e-journal facilities. **The program does not envisage initiating new UG courses in Biotechnology. Aim is to improve practical training in existing Science courses like Botany, Zoology, Chemistry, Physics, Microbiology, Biochemistry, Biotechnology, Bioinformatics, Mathematics, Electronics, Computer Science etc. Proposals should clearly highlight additional practicals (as per prescribed curriculum, which could not be done due to lack of equipments or consumables) proposed to be conducted in existing courses by all participating departments, student projects (interdisciplinary/interdepartmental), visits to be undertaken by students to National Laboratories and industries and faculty improvement programs, etc. The Colleges, supported under the Scheme can also apply for addition of new departments not included earlier. However, such colleges should have completed one round of support i.e. 3 years under the scheme. Colleges that have not been recommended for support can re-apply to DBT for financial support with appropriate modifications and revisions. Colleges that have been rejected consecutively for 2 years or Colleges that were discontinued after a round of support are eligible for re- applying only after a cooling period of two years. Colleges should have valid 2(f) & 12(b) certificate in name of college. Applicants from Rural Areas need to submit Rural Area certificate as per format alongwith the application. Postgraduate and certificate courses are not eligible for the scheme.**

For details on the Scheme, related guidelines and proforma please visit DBT website:
www. dbtindia. gov. in
To apply online visit: https://www.dbtepromis.nic.in
Duly signed and stamped hardcopy version of the proposal submitted via eProMIS may please be sent to:

Dr. Garima Gupta, Scientist 'F'
Star College Scheme, HRD & Infrastructure Unit,
Department of Biotechnology, Ministry of Science & Technology,
Block-3, 5th Floor, CGO Complex, Lodhi Road, New Delhi - 110003
Email: garima.g@nic.in
For queries contact: Dr. Abhishek Kumar Mehta, Scientist 'C' Email: ak.mehta@dbt.nic.in

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Last Date for Submission of Proposals: 1st June, 2022
Last Date for Submission of Proposals from Remote Areas and Aspirational districts: 15th June, 2022

Biometra Thermal Cycler Family

Analytik Jena's Biometra thermal cycler family provides outstanding PCR technology.

The Biometra thermal cycler family offers a range of high-quality models to meet individual user needs.

The **Biometra TOne** is a high-performance system with a 96-well block, also available with a gradient function. The combination of excellent technical data and an attractive price makes it the right choice for many research and routine laboratories.

Users looking for a premium system will find their desired device in the **Biometra TAdvanced.** Its features include the combination of ultra-fast heating and cooling rates, the wide range of exchangeable block modules and the professional user management system.

The **Biometra TRIO** thermal cycler includes three independent blocks in one instrument. Both multiuser environments as well as users with lower sample numbers but different samples will enjoy this model. The three-block design and the specific Temperature Optimization Step function support the fast optimization of ideal annealing temperatures.

Biometra TRIO

Biometra TAdvanced Twin

Unique features of the Biometra thermal cycler family:

- **Fast Ramping, Best Accuracy, Block Control (RAC):** What you set is what you get
- **High-performance Smart Lid (HPSL):** Defined pressure control for highly reproducible results
- **Whisper Quiet:** Low noise emission of max. 45 dB
- **Linear Gradient Tool:** For easy gradient programming to identify the ideal annealing temperature