

The weekly newsletters bring the updates on the science, battered and bruised during the pandemic, legal updates and impact of activism for a just society, across the world. These are small steps to promote Transparency, Empowerment and Accountability – the ethos of the UHO.

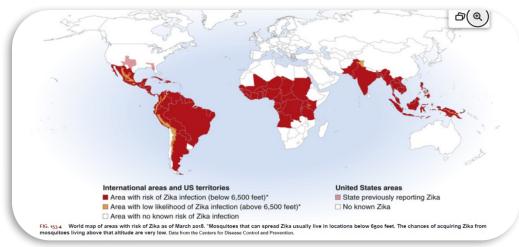
Announcement: Membership & endorsements to the UHO invited: <u>https://uho.org.in/member.php</u>

Zika Virus in the News

The media is abuzz with reports of Zika virus after 6 cases were <u>identified from Pune</u>, Maharashtra, which included 2 pregnant women. <u>Zika virus is a mosquito borne viral illness</u> affecting thousands of people in tropical and subtropical regions worldwide.

The first human cases dates back to the 1950s after being discovered in a rhesus macaque. The virus has been isolated from a variety of Aedes mosquitoes. *Aedes aegypti*, the mosquito which also transmits Dengue fever and Chikungunya is the vector of Zika virus in South East Asia. It is a day biter and breeds in artificial water collections in and around human dwellings. Besides humans, the Aedes mosquito acts as a reservoir of the virus. The virus also is found in body fluids with the potential of sexual transmission.

Many who get infected are asymptomatic or get mild illness. Zika virus during the first trimester of pregnancy is supposed to carry a risk for microcephaly (small head) in the newborn child. The map below [source] shows the regions with high risk of Zika virus transmission due to presence of Aedes mosquito.



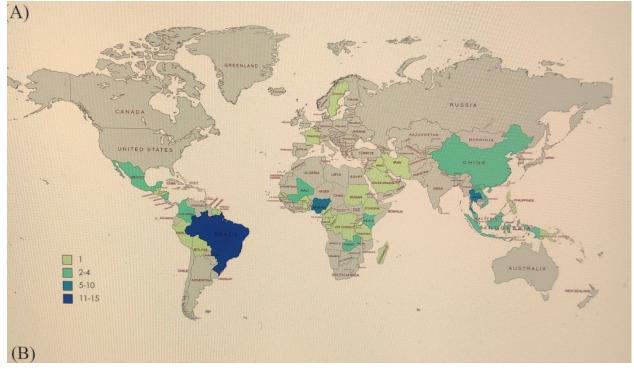
The risk of transmission of the virus is high throughout India, due to the widespread presence of the Aedes mosquitoes. The South East Asian strain of the virus is has less infectivity and perhaps lesser virulence than the African strain. There are many gaps in information about the distribution of the virus and its adverse effects. The <u>map</u> below shows the regions where sero-surveys have been undertaken to identify IgG antibodies against the Zika virus. It is a matter of concern that no sero-surveys to identify the spread of the virus has been undertaken in our country in spite of it being at high risk due to the presence of the Aedes mosquitoes throughout India.

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Map showing regions where serosurveys for Zika virus infection have been carried out [source]

From the above serosurveys, the global prevalence of infection is around 21% with sustained transmission in Africa (8.4%). IgG antibodies have been found in all regions of the WHO. As mentioned no information about the prevalence of infection in India is available.

UHO would like to put on record the many gaps in our understanding of the Zika virus. As brought out we do not have a proper mapping of the infection in our country. This does not speak well of our august research institutions when less developed countries which are at risk due to prevalence of the Aedes mosquitoes have carried out a number of surveys. We also have a <u>shortage of medical</u> entomologists (scientists who study disease transmitting insects), in the regions where insect borne diseases are a public health burden. UHO ruefully notes that current medical research focuses only at the two ends of the goalpost i.e. "the virus" and "the vaccine," and plays without the goalkeepers, such as medical entomologists and other field workers who can collect real world data. The gap is filled with mathematical models which without field level data go widely off the mark as occurred in the last pandemic.

Another point which calls for more study is the association of the Zika virus infection in pregnancy with microcephaly in the newborn. While this correlation has been noted in the past from Brazil we need more definitive studies. Microcephaly in the newborn can be due to a number of factors such as poor nutrition during pregnancy, exposure to other toxins and other risks associated with low

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socioeconomic strata. Poor people will also have more exposure to infection due to low quality housing. Even in Brazil, after the outbreak, only <u>4.2% of the cases of microcephaly</u> in the newborn could be attributed to the Zika virus. Having small skulls in developing countries due to malnutrition, is not unusual. Such confounding factors can overestimate the seriousness of Zika infection during pregnancy.

We should maintain a database of head circumference of all newborns to have a baseline norm against which trends in head circumference and its correlation with Zika outbreaks will help in resolving the uncertainties.

Where there is big market, there is fraud, US Scientists accused of fabricating Alzheimer trial data

The number of Americans living with Alzheimer's disease is growing fast. Presently around <u>seven</u> <u>million Americans</u> are living with the condition. The public health burden of Alzheimer is going to increase around the world with increase in life expectancy. There is presently no definitive treatment for this progressive condition which poses a huge economic burden and mental stress to the caregivers. Given this vacuum there is a huge market for any potential drug for this condition.

The National Institute of Health (NIH), USA awarded Professor Wang of New York University Medical School \$16 million between 2017 and 2021 for research a potential Alzheimer drug, simufilam. This drug was described as an entirely new approach for treating the disease. The shares of the pharma company sponsoring the drug surged from \$7 to \$ 135 within a span of 6 months on hopes that the company was on the verge of a breakthrough in Alzheimer treatment.

However, in 2021 two whistleblowers reported that the trial data were <u>fabricated and manipulated</u>. The shares plunged after the integrity of the trials was questioned.

Prof Wang, the lead investigator, could face decades of prison if convicted of fraud and fabrication of data. A federal grand jury indicted him according to records. UHO fears that this isolated case maybe the tip of the iceberg and many cases of scientific fraud may be going undetected.

Such instances of scientific fraud due to market and career interests needs to be checked to restore people's trust in science.

Our highest research body also failed to live up to scientific integrity during the pandemic

Researchers under government orders, during the pandemic, <u>expunged data</u> from a scientific paper which indicated that Covid-19 virus had spread widely in spite of the harsh lockdown measures. The ICMR chief had asked the researchers to remove data of 10 hotspots which showed high prevalence of IgG antibodies. This may have two motives; to show that lockdowns were effective in preventing transmission; and secondly, to promote the Covid-19 vaccines. It is a sad state of affairs when the custodians of the health of the people deviate from scientific integrity.

The increasing incidences of lack of research integrity raise concerns about established vaccines

Blatant deviation from scientific integrity by researchers and august research institutions is causing misgivings about established vaccines such as measles, mumps, rubella, (MMR) and other vaccines.

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Of special concern is the association of autism with childhood vaccines. Though the association can be due to the fact that the timing of childhood vaccines coincides with detection of autism in children in the natural course of the condition, UHO would recommend robust investigations on all vaccines by way of long term follow up of vaccinated and unvaccinated groups of children by independent research agencies without any conflicts of interest. With ongoing developments in digital platforms including artificial intelligence (AI), pattern recognition of adverse events among the vaccine recipients compared with the unvaccinated, if any, should be easier and free from human bias and subjectivity.

The urgency to mount such long term surveillance systems is justified in view of some disturbing testimony from a whistleblower who was formerly a senior scientist at the Centre for Disease Control and Prevention, Atlanta, USA (CDC), and <u>many reports of adverse events following vaccination</u> as brought out in a feature by an independent non-profit organization.

Reputation matters – be it car promotion or Covid-19

Often jokes convey deeper meanings beyond evoking laughter. For instance the joke about the reputation of Rolls Royce goes something like this, "A man purchased a Rolls Royce. After a month his car stopped. He called the company. The executive came to inspect. On opening the bonnet he exclaimed – "Oh God! We forgot to install the engine due to oversight!" The client was surprised, and he asked, "How come the car was running for a month without an engine?" Promptly, the executive replied, "Oh, that is no big deal, our cars can run for months on reputation without an engine!"

Something similar is happening with Covid-19. The pandemic may be over, but the "Gabbar-like" reputation of Covid-19 is making money for hospitals in the USA.

A peer reviewed <u>paper</u> has tried to analyze the range of services being provided by hospital in the USA, under the banner of "Long Covid-19 Clinics." The paper concluded that the condition of "Long Covid" is vaguely defined and there is a need for consensus on developing and delivering treatment. UHO is of the view that any viral infection can have some sequel like fatigue and other vague symptoms and special status of "Long Covid" is exploiting the panic of the people generated around Covid-19.

AstraZeneca down, but not out

After the setback of admitting the serious side-effects such as blood clotting from their Covid-19 vaccine, and ultimately withdrawing it from the market, AstraZeneca, the UK drug company, has bounced back into action. The European Drug Regulator has <u>accepted a market authorization</u> <u>application</u> for its Covid-19 prevention drug sipavibart, for an accelerated assessment (what is the urgency?). Covid-19 seems to be giving even the Rolls Royce a run for its money on matters of reputation!

Before the reputation of Covid-19 runs out, Bird flu is being propped up as the next pandemic?

Academicians from their ivory towers are predicting that the <u>Bird Flu pandemic is unfolding</u> in slow motion. Prof Scott Henley, a microbiologist at University of Pennsylvania, gave a statement, "Right

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now, the threat is pretty low...but that could change in a heartbeat."

The earlier the warning of a jump to humans, the sooner global health officials can take steps to ostensibly protect people by launching vaccine development, wide-scale testing and containment measures. And the next paragraph confirms this motive.

US Awards Moderna \$176 million to produce bird flu vaccine

As if on cue from the panic mongering from career scientists and academicians, the USA has awarded Moderna \$176 to develop the H5N1 Bird flu pre-pandemic mRNA based vaccine. The funds will be used to complete the late stage development and testing of the vaccine. The agreement also included options to prepare and accelerate a response to future public health threats.

Celebrity doctor puts his foot in his mouth again!

Dr Devi Shetty, the famous and very competent cardiac surgeon of celebrity status had been putting his foot in his mouth, during the pandemic by stoking panic of an <u>impending pediatric Covid-19 wave</u> among other amateurish statements. Recently he did it again. He recently gave a statement in Bengaluru that developing countries like India made an error by prioritizing malaria, tuberculosis and HIV in their government health policies. He said that while these diseases cause 1.2 million to 2 million deaths annually, lack of access to surgery results in 17 million deaths worldwide.

What the good doctor overlooks due to his tunnel vision is that infections like TB, HIV and malaria affect young people in their prime, while diseases requiring cardiac surgery affect the older population and most can be prevented by promoting healthy lifestyles. He also seems unaware that presently <u>anti-TB drugs are in short supply countrywide</u> which raises possibility of spread of drug resistance TB.

Dr Shetty should learn some lessons from another eminent heart surgeon Dr Philip Ovadia, who says that most heart surgeries can be <u>prevented by healthy lifestyle</u>, <u>diet and control of infections</u> which include TB, malaria, HIV which causes inflammation predisposing to heart disease.

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