Universal Health Organisation (UHO) Weekly Newsletter – 06 Sep 2024

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: https://uho.org.in/member.php

Tale of two diseases – Mpox & TB, The Prince and the Pauper!

Monkey Pox: Arrival of Prince is being heralded with garlands in form of testing kits and vaccines!

India has developed an indigenous RT-PCR testing kit to "fight against mpox." The kit has been approved by Central Drug Standards Control Organization (CDSCO). The makers of the kit, Siemens Healthineers have received manufacturing approvals from CDSCO. The company spokesperson said that the manufacturing unit in Vadodara has the capacity to manufacture one million test kits in a year. This is being touted as a significant "Make in India" advancement in the fight against the mpox public health emergency. The test kit has been validated by the ICMR's National Institute of Virology (NIV) and is said to have 100% accuracy.

This is the second stakeholder with potential conflict of interest to jump in the fray following the hype around mpox. Serum Institute of India (SII), has already announced that it is working on a vaccine for mpox which will save millions of lives that may be at risk.

Commercial interests and propaganda have fully overshadowed science of disease control and for setting public health priorities. The science does not say that mpox is easily transmissible, nor the available evidence given the low mortality from mpox in a healthy person, suggest that "millions of lives" are at risk as stated by SII. And it is well know that no test kit has 100% accuracy as claimed by the manufacturer of the RT-PCR kit and validated by NIV. All these are irresponsible statements verging on propaganda for profit motives.

Once the kits are manufactured UHO fears that with various emerging conflicts of interest lakhs of people may be tested and perhaps many would get labeled as "cases" based on this 100% accurate test kit! And the panic and propaganda may drive lakhs to take the vaccine against mpox being developed by SII. Today we have more "emerging conflicts of interest" than "emerging new diseases." Monkey pox is a sixty eight years old virus repackaged as "mpox."

The natural reservoirs of the mpox virus are small rodents and squirrel like animals in the forests of Africa. Monkeys get seldom infected. Monkey Pox is a misnomer and the name got stuck as the first isolation of this virus was a laboratory in Copenhagen, Denmark in 1958.

Neither the natural reservoir nor the poor social and environmental conditions which facilitate the transmission of mpox exist in India. The high risk groups like HIV patients, people with other STDs, homosexuals, drug addicts are vulnerable outside Africa. These can be monitored and made aware and any testing or vaccination can be limited to them. The general population who has low risk should not be harassed by unnecessary testing and promotion of vaccine by propaganda or panic. Given this context, UHO sees no need for production of millions of test kits and vaccines for this self-limiting

infection. Commercial conflicts of interest should not make us climb up the wrong tree.

TB Drugs stockouts & TB Mukt Bharat: The Pauper in the house has to be satisfied with empty slogans!

According to the Global TB Report 2023, India has the dubious distinction of having the highest number of TB and multidrug resistant TB (MDR-TB). TB kills aroung 4,80,000 every year or over 1300 Indians daily. India has announced an ambitious plan of TB Mukt Bharat by 2025 five years ahead of the target set by WHO. Towards this end several initiatives were launched such as mandatory notification of all TB cases, expansion of diagnostic services, program management of drug resistant TB (PMDT), service expansion as listed in the National Strategic Plan (NSP 2017 - 25).

In March 2024, a week before the World TB Day, a letter dated 18 March 2024 was sent by the Deputy Director General TB Ministry of Health stating, "the procurement process of most anti-TB drugs and diagnostics has been completed at the National Level...However the supplies may get delayed due to unforeseen and extraneous circumstances." It further stated that approval of competent authority was being conveyed for local procurement of these drugs for the period of three months so that the individual patient care is not affected. Clear instructions were provided that the drugs could be procured at State/District level by utilizing the budget under the National Health Mission (NHM) already approved under the relevant Head. Also, on case-by-case basis, the provision for reimbursement of costs towards the drugs was stated in case the district health facilities were unable to provide free drugs.

Despite the above clear instructions from the DDG office, anti-TB drug supplies were disrupted in many states for nearly four-five months (March-July 2024) and some rural areas continue to have drug shortage. As a result, many patients did not receive their free medications and were forced to purchase their medicines from the private (retail) pharmacies. Several anecdotes from patients with TB revealed that they faced financial problems as they had to purchase the medicines by spending money out of their pocket. Patients were not informed about the provision of reimbursement of costs that they paid. Many missed their medications.

Stock-outs of anti-Tuberculosis drugs have serious implications. One of the challenges of managing TB patients is ensuring compliance to treatment for at least six months. A large proportion of TB patients in India are from lower socioeconomic strata. An uninterrupted supply of drugs from government sources is important to ensure compliance among these patients. Lack of supply of anti-TB drugs from government TB centers also undermines the moral authority of health care professionals counseling patients on compliance. Short supply of anti-TB drugs may entail more frequent visits by patients to collect the drugs, as patients may be given only a couple of days supply of drugs instead for a week or for longer duration depending on the distance the patient has to commute. This may involve more travel expenses and loss of wages which the poor could ill-afford. Money may have to be diverted from other important needs such as food which will further compromise recovery of the TB patient.

Non-adherence to TB treatment could adversely affect the patient as well as the society. Treatment

interruption has been significantly associated with unsuccessful outcomes. At the societal level, an untreated patient of active TB is a source of infection to others.

Treatment interruption is also one of the risk factors for the occurrence of drug resistant tuberculosis. Among several factors, treatment interruption was found to be the major risk factor for the occurrence of additional drug resistance strains such as pre-XDR-TB, or XDR-TB.

Managing and treating TB has unique challenges. Both drug sensitive TB (DS-TB) and drug resistant TB (DR-TB) requires a multi-drug regimen involving a combination of drugs. It is imperative that notwithstanding the difficulties, the patients should get these drugs without supply chain disruptions. The global fight against TB will be lost if India fails to ensure uninterrupted supply of drugs to its large number of TB patients. A greater political commitment and top priority at policy making level to plug the bottlenecks in supply of anti-TB drugs is urgently required. Failing this, we will encounter morbidity, mortality, and catastrophic costs associated with the disease.

A quote by Martin Luther King, Jr aptly sums up the urgency, “We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there “is” such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action.”

It is the irony of the public health nemesis we are facing today, that not only our policy makers seem unruffled by the urgent TB crisis in our country which will generate thousands of drug resistant TB cases in the community with high secondary attack rates (a single infectious TB patient can infect 10 to 15 others), but to add insult to injury, are making frantic preparations for a likely entry of mpox in our country which has one tenth of the infectivity of TB and one hundredth its fatality. Huge amount is being invested for testing kits and vaccines for mpox while really needy TB patients are not getting essential drugs for an infection which continues to be a major public health problem in out country in spite of years of lip service.

UHO recommends that widespread, transparent discussions among people and non government medical professionals should find voice and right in the public health related matters to formulate the policy that is based on the needs on the ground. The system of few government experts cut off from the situation on the ground taking decisions is more prone to corporate corruption.

While real public health problems like TB haunt us, Mock Drills are being held for imaginary pandemics!

While real problems like TB plague us, a much publicized mock “battle drill” with the pompous name, “Vishanu Yuddh Abhyas,” meaning “Virus War Exercises” was conducted from August 27 to August 31 at the National level which was appreciated by the Union Health Minister Shri J P Nadda who highlighted the importance of “One Health Mission.” The drill involved multiple stakeholders including National Centre for Disease Control, ICMR, Animal Husbandry and veterinarians, Agriculture scientists, Climate Change experts, and many other motley groups.

The drill was structured around two key components: a) Investigation and identification of the virus

responsible for the mock outbreak; and b) Actions initiated to control the spread of illness across human and animal populations. Independent observers monitored the response. The response of the district and state teams, directed by NJORT was found to be mostly prompt and appropriate. The exercise also identified some areas requiring further improvement.

Such “mock drills” with “fancy names” against imaginary viruses, while people are daily dying in thousands from TB, are reminiscent of Don Quixote and Sancho Panza attacking windmills under the delusion that they are monsters!

Jharkhand CM blames Covid-19 vaccines for deaths of 12 young people during physical tests for an excise constable recruitment drive

Jharkhand Chief Minister Hemant Soren alleged that the Covid-19 vaccines maybe responsible for the deaths of 12 young people during a constable recruitment drive in the country. Soren said that a globally banned vaccine was used in India.

Without naming a specific vaccine, Mr. Soren claimed that it was banned worldwide but supplied in India, leading to many deaths. He also alleged that the vaccine was “forcefully administered by the previous BJP regime to poor people to collect donations”. Questions had been raised about the safety and efficacy of the Covishield vaccine, which was banned in several European countries.

UHO recommends that a thorough autopsy of all sudden deaths in young people should be conducted at premier institutions in the country to confirm or rule out any association with the Covid-19 vaccines. Autopsies in other countries have identified the vaccine spike protein from the hearts of young people who died from myocarditis following vaccination suggesting the Covid-19 vaccines as the cause of death.