

आई. सी. एम. आर. - राष्ट्रीय जीवाणु संक्रमण अनुसंधान संस्थान ICMR - NATIONAL INSTITUTE FOR RESEARCH IN BACTERIAL INFECTIONS

Formerly, ICMR-National Institute of Cholera and Enteric Diseases (ICMR-NICED) स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार Department of Health Research, Ministry of Health & Family Welfare, Govt. of India

WHO COLLABORATING CENTRE FOR RESEARCH AND TRAINING ON DIARRHOEAL DISEASES

Web Advertisement

DengiAll- Phase-III-Vaccine Trial at ICMR-NIRBI: Call for participation

ICMR- National Institute for Research in Bacterial Infections(ICMR-NIRBI), a premier research organization, under the Dept. of Health Research, Ministry of Health and Family Welfare, Govt. of India, is going to initiate a Drug Controller General of India (DCGI) approved trial titled "A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Immunogenicity and Safety of Single dose of Dengue Tetravalent Vaccine, Live Attenuated (Recombinant, Lyophilized)- "DengiAll" of Panacea Biotec Limited in Healthy Indian Adults." The objectives of the study are to evaluate the efficacy against Dengue fever and to determine the safety and immunogenicity of the dengue vaccine - "DengiAll" in healthy adults. Participants of any gender of aged between 18-60 years, residing in Kolkata (preferably within 10 kms. of ICMR-NIRBI) are encouraged to participate voluntarily in this trial. Willing participants are requested to contact in this number (9903824322) or email (DengiAllnirbi@gmail.com) their personal details (name, age, sex, address, contact number, email, and comorbidities, if any) for further information. A limited number of participants will be enrolled in the study and they will be screened for eligibility criteria before enrolment in the study. The participant enrolment will continue till the target is achieved.

Study site: ICMR-National Institute for Research in Bacterial Infections(ICMR-NIRBI), P-33, CIT, Road, Scheme-XM, Beliaghata, Kolkata – 700010

Kindly send your willingness to participate through e-mail in the following format:

SI. No.	Name	Gender	Age	Address	Contact No	Email	Comorbidities