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Title: Statement regarding outbreak of H1N1 Seasonal Influenza (Swine Flu).

HON. SPEAKER: Now the Health Minister will make a statement.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Madam Speaker, I would like to inform the hon. Members about the recent outbreak of Influenza A H1N1 in certain parts of the country. Even though the Influenza is of a seasonal nature with maximum impact during this time of the year, the morbidity and more important the mortality associated with the Influenza are matters of great concern for all of us.

Hon. Members may recall that India, as also other parts of the world, were affected by Influenza A H1N1 pandemic in the year 2009 and 2010. The number of reported cases in 2009 was 27,236 and in 2010 the cases were 20,604. The number of deaths in 2009 was 981 and in 2010 the deaths increased to 1,763. Influenza is caused by Virus of three types A, B and C. It is the type A virus which has caused major Pandemics and Epidemics across the globe. This is because Influenza A type of virus has the tendency to undergo mutation against which the affected population may not have sufficient immunity. The Subtypes of Influenza A virus include H1N1, H2N2 and H3N2. While declaring the pandemic to be over in August, 2010, WHO had conveyed that the pandemic H1N1 virus would continue to circulate as a seasonal influenza virus for some years to come. In the current year, from January 1 till February 22, 2015 the number of cases reported by the States is 14,673. The number of deaths for the same period is 841. For the information of the hon. Members, year-wise figures of cases and deaths, from 2009 to 2015 reported for Influenza A H1N1 are being laid on the Table of the House (Annexure). Many of these deaths, however, may be due to already present co-morbidities in the patients.

The Union Health and Family Welfare Ministry has been very closely monitoring the Influenza A H1N1 situation. We are in regular contact with the Governments of the affected States. For containment of the impact of this seasonal influenza, States have been provided guidelines on screening, risk categorization of patients, clinical case management and ventilator management. The drug Oseltamivir is required for treating Influenza A H1N1. In addition, to prevent transmission of the disease to the healthcare workers who come in contact with patients, N-95 masks and Personal Protective Equipment are required. We are, on a regular basis, ascertaining from the State Governments regarding the stock position of the above items. Additional requirements, if any, required by the State Governments are being met by us. We have already supplied to the affected States 58,000 Capsules of Oseltamivir, 3,000 N-95 masks and 9,500 Personal Protective Equipment.

We are also maintaining an emergency stock of Oseltamivir drug to meet any sudden requirement. In addition, we have in stock 10,000 N-95 masks and sufficient number of Personal Protective Equipment. To guide and assist the State Governments, teams from Union Health & Family Welfare Ministry have been sent to Telangana, Rajasthan, Gujarat, Maharashtra and Madhya Pradesh. For guidance on ICU & Ventilator management, a team of doctors was sent to Rajasthan on two occasions. Video conferences for review with the States are being held at the level of Secretary (Health & Family Welfare) and other Senior Officers. On 19<sup>th</sup> February, 2015, the Cabinet Secretary also held a Video conference with the Chief Secretaries of the affected States to ascertain the difficulties and assess the requirements, if any. Regular review is also taking place at my level. I assure the Hon. Members that whatever help is required by the State Governments to deal with the Outbreak, is being provided by us.

Certain media reports have incorrectly stated about shortages of Oseltamivir, drug used for treating Influenza A H1N1. I would like to inform the Hon. Members that this drug, recommended by WHO, is manufactured in India. We have held meetings with the manufacturers on two occasions. These indigenous manufacturers have confirmed that they have sufficient capacity and stock of active pharmaceutical ingredients to meet requirements. In fact, one of the manufacturers is a Central Public Sector Undertaking. The drug Oseltamivir, however, cannot be sold over the counter. It is to be made available only against prescription by a qualified doctor and sold through a Chemist with license under Schedule X of the Drugs and Cosmetics Act. In addition, the drug is also available through the public health system. We cannot afford a situation where due to irrational use of the drug, resistance is developed, rendering the drug incapable of fighting the virus. However, to ensure that general public requiring the drug does not face any inconvenience, we have advised the State Governments to review the locations of the Schedule X Pharmacies and issue fresh licenses for under-represented or not represented locations.

The laboratory network of Integrated Disease Surveillance Programme and Indian Council of Medical Research comprising 21 laboratories across different parts of India is providing free testing facilities for Influenza A H1N1. These laboratories have sufficient capacity and availability of diagnostic materials. The position is being constantly monitored. Orders have been placed already for procurement of additional quantity of reagents. The affected States have further supplemented these efforts by authorising private diagnostic laboratories for conducting tests. We were concerned about certain media reports informing that very high rates were being charged by certain private laboratories. The Director General of Health Services has advised the concerned State Governments to ensure that the private laboratories do not charge high rates. Rather the rates should be fixed by the State Government.

It has been confirmed, both by National Institute of Virology (under ICMR) and National Centre for Diseases Control, (Delhi) that the cases of Influenza A currently being reported are of H1N1 nature. In other words, it is the same virus of 2009 and there is no mutation in the virus. Consequently, the drug Oseltamivir used during the time of pandemic 2009-2010 remains effective for treatment now also. As already stated, we have the diagnostic capacity and we are equipped and capable of detecting this virus.

I would like to inform the Hon. Members that we have recommended vaccine only for the healthcare workers. Guidelines regarding the same have been sent to the State Governments. This decision has been taken after due consultations with experts. Vaccination of general public is not advocated as a public health strategy at this juncture. Hon. Members may also like to know that vaccination becomes effective after about three to four weeks of the injection and the immunity is only for about a year. Moreover, vaccination may not provide full protection against the virus. The healthcare workers are also advised to take proper precautions and use Personal Protective Equipment while examining and looking after Influenza A H1N1 patients. In addition, it is recommended for the healthcare workers to take prophylactic doses of Oseltamivir.

As per the information gathered from the State Governments, it appears that many of the deaths may be attributed to the co-morbid conditions of the Influenza A H1N1 affected patients. Such persons are immuno-compromised and consequently more vulnerable. In this category are

the patients with diseases such as cancer, diabetes, tuberculosis, other respiratory diseases etc. The States have also been informed that in many cases, the affected persons sought medical intervention at a very late stage resulting in deteriorated health status of patients.

To increase awareness of the general public, the States have been undertaking massive Information-Education-Communication (IEC) campaign using different media. The campaign focus is on how to prevent the transmission of the disease as also on the action to be taken with the onset of symptoms such as cough, fever etc. The Central Government is also supplementing the IEC efforts of the States. Advertisements placed by us in print media were published on regular basis in more than 200 newspapers in January and February, 2015 all over the country. These also included advertisements in vernacular languages. Radio and Television are also being used for information dissemination. States have been advised already to scale up IEC activities.

I would like to assure the hon. Members that the situation is being closely monitored by us and all necessary assistance is being provided to the State Governments. Adequate stocks of medicine, masks and PPE are available. I would further like to assure the hon. Members that no effort will be spared for effectively dealing with the situation.

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