

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 150
TO BE ANSWERED ON 02.02.2024**

NEW VARIANTS OF COMMUNICABLE DISEASES

150. PROF. SOUGATA RAY:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether new variants of COVID-19/Nipah like communicable diseases have been reported in the country recently;
- (b) if so, the details thereof, State/UT-wise;
- (c) whether the Government has conducted any study on the frequent reporting of Nipah like communicable diseases in same place/locality in the country;
- (d) if so, the details thereof;
- (e) the number of deaths reported due to such communicable diseases in the country; and
- (f) the steps taken/proposed to be taken to check such types of communicable diseases in the country?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(PROF. SATYA PAL SINGH BAGHEL)**

(a), (b) and (e) – A total 1680 cases of new Omicron variant strain JN.1 have been reported from 17 States in India, till 23rd January 2024 and the detail is given in Annexure I.

In India, Nipah Outbreaks were reported in West Bengal (in 2001 & 2007) and in Kerala (in 2018, 2019, 2021 & 2023). Details of Nipah cases and deaths is annexed as annexure-II.

(c), (d) & (f) MoHFW does the disease surveillance in the country through Integrated Disease Surveillance Program (IDSP). IDSP is implemented in all 36 States/UTs. Under this program there is a Central surveillance Unit (CSU) at Central level, State Surveillance Unit (SSU) at the State/UTs level and District Surveillance Unit (DSU) at district level. The program is responsible for the surveillance of 34 epidemic prone diseases and outbreak investigation.

IDSP plays a crucial role in prompt response and surveillance of emerging and re-emerging of these in the country. Through surveillance mechanism the early warning signals are captured to generate alerts, detect outbreaks in the early rising phase, outbreak investigations are conducted and timely appropriate measures are undertaken by the respective public health agencies to control and prevent the further spread of the disease.

Country wide survey on Bats was initiated to understand the Nipah virus infection spill over. Intensive training of more than 30,000 health care workers across the State of Kerala in all the outbreaks on

biosafety, sample collection and packaging and donning and doffing of personal protective equipment (PPEs) was done.

State Government of Kerala has created stand-alone isolation facility in Government Medical College (GMC), Kozhikode and Ernakulam for Nipah suspected and confirmed cases, Nipah control room was set up, enhanced contact tracing and surveillance with modified risk categorization, enhanced information and education strategies for community participation and mobilization and smooth coordination with all stakeholders.

During the current Nipah outbreak, Nipah Point of Care (PoC) assay was set up for on-site investigation and a team of Microbiologist and Technicians from eleven Government Medical Colleges of Kerala were trained for the same at regional VRDL, GMC, Kozhikode. PoC assay had been successfully used in the current Nipah outbreak in September 2023 as well as during the earlier Nipah outbreak in 2019.

ICMR-NIV, Pune had successfully isolated the Nipah virus after 2018 outbreak and developed the indigenous Nipah serological assays for Humans, Bats and Swine which can be used for the seroprevalance studies and other ecological niches.

NIV had also standardized and validated the PoC assay for Nipah virus diagnosis which was used in Nipah outbreak 2019 and 2021 at field set up. The Drugs Controller General of India not only approved the PoC for the bedside diagnosis but also gave Emergency use approval during Nipah outbreak 2021.

ICMR-NIV, Pune developed Nipah Point of care assay in collaboration with Molbio Diagnostics Pvt. Ltd. Truenat™ NiV PoC assay; being portable, with ease-of-use at rural settings can be performed at field setting using BSL-3 PPEs. It has ability to work even at Primary Healthcare Centers and with wireless data transfer capability. This can facilitate early detection of cases even in remote settings.

In 2023, ICMR-NIV deployed the Mobile BSL-3 laboratory which was validated and developed indigenously under PM-ABHIM and was successfully utilized for the onsite testing and diagnosis.

Also, a global research collaboration was initiated with National Institute of Allergy and Infectious Diseases (NIAID), National Institute of Health (NIH), USA and National Institute of Epidemiology (NIE), Chennai to test the effectiveness of the m102.4 monoclonal antibodies on Nipah cases.

A research platform involving eleven countries from the South-East Asia Region of the World Health Organization (WHO) was established, pooling the expertise and resources to tackle a variety of emerging and re-emerging diseases.

ANNEXURE-I**ANNEXURE REFERRED TO IN REPLY TO PART (A) AND (B) OF THE LOK SABHA UNSTARRED QUESTION NO.150 FOR 02-02-2024 ASKED BY PROF. SOUGATA RAY REGARDING NEW VARIANTS OF COMMUNICABLE DISEASES****Total number of JN.1 cases across the INDIA.**

S.N	State/UT	Total cases
1	Maharashtra	451
2	Karnataka	399
3	Andhra Pradesh	162
4	Kerala	155
5	Tamil Nadu	92
6	West Bengal	92
7	Goa	91
8	Gujarat	80
9	Delhi	59
10	Rajasthan	30
11	Telangana	27
12	Chhattisgarh	25
13	Uttar Pradesh	7
14	Haryana	5
15	Odisha	3
16	Madhya Pradesh	1
17	Uttarakhand	1

ANNEXURE REFERRED IN REPLY IN PART (e) OF THE LOK SABHA UNSTARRED QUESTION NO.150 FOR 02-02-2024 ASKED BY PROF. SOUGATA RAY REGARDING NEW VARIANTS OF COMMUNICABLE DISEASES.

Nipah Outbreaks in India

S.No.	Year	State (District)	Total Cases	Total deaths
1	2001	West Bengal (Siliguri)	66	45
2	2007	West Bengal (Nadia)	5	5
3	2018	Kerala (Kozhikode)	18	16
4	2019	Kerala (Ernakulum)	1	0
5	2021	Kerala (Kozhikode)	1	1
6	2023	Kerala (Kozhikode)	6	2
