

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

**LOK SABHA
STARRED QUESTION NO.79
TO BE ANSWERED ON THE 23RD JULY, 2021**

THIRD WAVE OF CORONAVIRUS

**79. SHRI Y.S. AVINASH REDDY:
SHRIMATI JASKAUR MEENA:**

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

- (a) whether there are warnings by health experts/authorities about a probable advent of the third wave of Coronavirus in the form of Delta variant which is likely to affect children, if so, the details along with the timeline thereof;
- (b) the details of the preparedness to combat the intensity of the third wave by ensuring adequate health infrastructure like hospitals, ICU beds, oxygen supply, medicines and other medical equipments;
- (c) whether COVID vaccination is likely to mitigate the impact of the third wave, if so, the details thereof and the steps taken in this regard particularly to make COVID vaccine accessible to far-flung and rural areas;
- (d) whether the Government is preparing any scheme to administer nasal vaccine/using imported injectable vaccine to children across the country; and
- (e) if so, the details thereof along with the trials conducted, the outcome thereof and the time by which it is likely to be launched?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI MANSUKH MANDAVIYA)**

(a) to (e): A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 79 FOR 23RD JULY, 2021**

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(a) and (b) : Multiple waves have been noticed across the world during pandemics including the COVID-19 pandemic. The wave may occur either due to mutations in the virus or due to the available pool of susceptible population, which in turn is also dependent on various pharmaceutical and non-pharmaceutical interventions for management of the pandemic.

According to the World Health Organization, the Delta variant of SARS-CoV-2 has shown higher transmissibility than other mutant Variants of Concern (VOCs) identified to date. There is however no scientific evidence either from India or globally, to show that children get disproportionately infected with Covid-19 including delta variant. Children, if infected, generally remain asymptomatic or exhibit mild symptoms and do not get severe disease. However, Union Health Ministry has issued specific Guidelines and has advised States to upgrade health infrastructure with respect to pediatric cases management. Ministry of Health & Family Welfare monitors the trajectory of COVID-19 in the country as per the details provided by the states. The public health approach and clinical management protocol for Delta variant still remain the same. Five-fold approach of Test, Track, Treat, Vaccinate and adherence to COVID-Appropriate Behavior (CAB) remains the strategy for COVID-19 containment.

Health is a state subject, Government of India provides required technical support to States and has also supported the states towards further strengthening of existing health infrastructure to ensure provisioning of sufficient hospital beds, drugs, medical oxygen and other consumables to aid proper clinical care of COVID-19 patients.

Some of the ongoing initiatives to strengthen health infrastructure include:

- With the intent to reduce the risk of cross infection to non-COVID patients as well as to maintain continuity of non-COVID essential health services in the country, a three-tier arrangement of dedicated COVID-19 health facilities [(i) COVID Care Center (CCC); (ii) Dedicated COVID Health Centre (DCHC) and (iii) Dedicated COVID Hospital (DCH)] has been implemented in the country.

- Government of India, to supplement the hospital facilities has roped in tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces, Steel Ministry etc. Further, many large temporary treatment facilities were established by DRDO to manage surge in COVID-19 cases in the country.
- Due to concerted actions of Central and State Governments, the isolation bed capacity and ICU bed capacity which was only 10,180 and 2,168 before the first lockdown (as on 23rd March 2020) in being enhanced continuously and is currently at 18,21,845 isolation beds and 1,22,035 ICU beds (as on 20th July 2021).
- State/UTs and Central Governments institutions have been allocated 56,218 ventilators of which 48,446 have been already supplied (as on 19th July 2021).

With regards to medical oxygen supplies, the following actions are being taken:

- The daily liquid medical oxygen (LMO) production, which was about 5700 MTs per day in August 2020 increased to a high of 9690 MTs as on 13 May 2021. This was done by enhancement of LMO production in steel plants as well as in other LMO plants.
- A system for real-time monitoring of oxygen production in steel plants and distribution of oxygen to States/UTs was also put in place. Restrictions were imposed on industrial use of oxygen.
- A dynamic and transparent framework for allocation of medical oxygen in consultation with States/UTs and all the stakeholders such as relevant Ministries, manufacturers/suppliers of liquid oxygen etc. has been prepared.
- Online digital solutions viz. Oxygen Demand Aggregation system (ODAS) and Oxygen Digital Tracking System (ODTS) have been developed to ascertain the demand for medical oxygen from all medical facilities and to track their transportation.
- In order to avoid wastage of medical oxygen, guidelines on rational use of oxygen were issued on 25th September 2020, and further revised and disseminated to States on 25th April 2021.

- 1,02,400 oxygen cylinders were procured in April and May of 2020 and distributed to States. Further orders for additional 1,27,000 cylinders have been placed on 21st April 2021, (54,000 jumbo cylinders (D type) and 73,000 regular cylinders (B type). Deliveries of the same have started and 24,207 (24,511 B-type and 8,893 D-type) cylinders have been delivered as on 7th July 2021. In addition, around 4962 B-type and 1895 D-type cylinders are in-transit.
- To generate oxygen at the health facility level, PSA plants are being established in hospitals, especially in far flung areas enabling the hospitals to become self-sufficient in generation of oxygen for their needs and thereby, reduce the burden on the medical oxygen supply grid across the country.
- Further, to fast-track the availability of Medical Oxygen in rural and peri-urban areas, more than 18,000 Oxygen Concentrators have been allocated to various States.

To ensure provisioning of drugs for managing COVID-19 cases in the country, the following actions are being taken:

- A COVID Drugs Management Cell (CDMC) has been set up in the Department of Pharmaceuticals (DoP) to oversee the management of smooth supply of drugs used in COVID-19 management.
- A Drugs Coordination Committee (DCC) has been constituted as an institutional mechanism under Department of Pharmaceuticals for efficient decision making on all the issues with respect to COVID-19 related drugs including availability through inter-departmental consultations.
- Remdesivir is a patented drug, manufactured in India under voluntary licenses granted by Gilead Life Sciences USA (the patent holder) to 7 Indian pharmaceutical companies. Manufacturing capacity was augmented from 38 lakh vials per month to nearly 122 lakh vials per month. In addition, 40 additional manufacturing sites were approved by the CDSCO, thus increasing the manufacturing sites from 22 to 62.
- All States/UT and State Drugs Controllers have been requested to verify stock of the drug and check other malpractices and take effective steps to curb hoarding and black marketing of Remdesivir.

- “Advisory for Rational use of Remdesivir for COVID-19 Treatment” was issued by MoHFW on 7th June 2021, for managing COVID-19 patients under Emergency Use Authorization for a select sub-group of patients only.
- Various measures to improve the availability of Amphotericin B (liposomal) through a multipronged approach of augmenting production and import and ensure equitable distribution to States/UTs were taken. Five existing manufacturers were called upon to increase production of Liposomal Amphotericin-B while six additional firms were given permission by DCG(I).

In order to augment human resource for Covid management so as to ensure adequate healthcare staff in hospitals, States/UTs have been advised the following:

- To persuade MBBS passed out doctors preparing for NEET (PG) to join Covid care duties.
- Medical interns may be deployed in Covid Management duties under supervision of their faculty, as part of internship rotation.
- Services of final year MBBS students may be utilized.
- The service of final year PG student (both broad & super-specialty) as residents may continue to be utilized.
- B.Sc / GNM qualified nurses may be utilized in full time Covid nursing duties in ICU etc. under supervision of Senior doctors and nurses.
- Final year GNM or B.Sc (Nursing) students awaiting final exam may be given full time Covid Nursing duties at Government / private facilities under the supervision of Senior faculty.
- The services of Allied Health Care professional may be utilized for assistance in Covid management based on their training and certification.
- NHM norm for contractual human resource engagement may be followed by States /UTs for engaging additional manpower.

Ministry of Health & Family Welfare continues to provide technical guidance for managing various aspects of COVID-19. So far more than 150 guidelines/advisories/SoPs/plans have been provided to States/UTs.

Taking note of ingress of COVID-19 pandemic in peri-urban and rural areas, Ministry of Health & Family Welfare on 16th May 2021 issued an SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas.

Guidelines for management of COVID-19 in children has been issued on 18th June 2021.

To provide financial support to States/UTs, 'India COVID-19 Emergency Response & Health System Preparedness Package: Phase-II' has also been approved by the Cabinet with an outlay of Rs 23,123 crores and is to be implemented from 1st July 2021 to 31st March 2022.

It includes support to State/UT level for ramping up Health Infrastructure including those in rural, tribal and peri-urban areas closer to the community, providing support for procurement of drugs and diagnostics to enhance service delivery at district and sub district levels for management of COVID-19 cases (including pediatric care) and for maintaining a buffer of drugs, support for IT Interventions such as implementation of Hospital Management Information System and expanding access to tele-consultations in all districts, and support for capacity building and training for all aspects of management of COVID-19.

(c) COVID-19 vaccination protects from severe manifestation of disease and improving herd immunity and is accordingly likely to mitigate the impact COVID-19 may have with any future resurgence. Vaccines currently being utilized for immunization offer substantial protection against COVID-19 besides reducing severity of disease, hospitalization and deaths.

In order to improve vaccine accessibility, vaccine manufacturers are being provided requisite handholding to increase production. Newer vaccines are also being planned to be included in the COVID-19 immunization activities which will further improve availability. Government of India has ensured improved accessibility of safe COVID-19 vaccination services through increase in vaccination centres, citizen friendly upgradation of Co-WIN, establishment of 24x7 national call center to address queries from general public on COVID-19 and the vaccination process. Accessibility of vaccination is also being improved through involving Private COVID-19 Vaccination Centres (CVCs), Workplace CVCs & 'Near to Home' CVCs.

(d) to (e): Central Drugs Standard Control Organization (CDSCO) has granted permission to conduct of phase I clinical trial of intranasal adenoviral vector COVID-19 vaccine (BBV154) (in Age group 18 yrs. and above) to M/s Bharat Biotech International Limited, Hyderabad on 12.02.2021.

So far as injectable vaccine for children is concerned, CDSCO has granted permission to conduct clinical trials of COVID-19 vaccines in children to following Manufacturers in the country.

The details along with trials, stage-wise are as under:

- Phase II/ III clinical trial: M/s Bharat Biotech, Hyderabad (in Age group 2 to 18 years) for Whole-Virion Inactivated SARS-CoV-2 Vaccine on 12.05.2021
- Phase III clinical trial: M/s Cadila Healthcare Ltd., Ahmedabad (in Age group 12 yrs and above) for DNA based Corona Virus Vaccine 04.01.2021.

The outcome of clinical trials depend on data emerging from the trial for the purpose of its approval for launch in the country.

Further, CDSCO has not granted permission to conduct clinical trial of any imported COVID-19 vaccine on children in the country.