

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

**LOK SABHA
UNSTARRED QUESTION No. 4603
TO BE ANSWERED ON 28TH MARCH 2025**

ADVERSE EFFECTS OF COVID-19 VACCINATION

†4603. SHRI RAMASHANKAR RAJBHAR:

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

- (a) whether the Government has any contingency plans to deal with health emergency situations in the country and if so, the details thereof;
- (b) whether a large number of people are dying of heart attacks caused by the “COVID Vaccine” administered during the Corona pandemic in the country and if so, the details thereof;
- (c) whether any measures have been taken/proposed to be taken by the Government to prevent the death due to heart attacks and if so, the details thereof;
- (d) whether the Government has any plan/proposed schemes for improving medical services in rural and urban areas and if so, the details thereof; and
- (e) the measures taken/being taken to increase the number of doctors and medical personnel in Government hospitals?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

- (a) For preparedness and response against health emergencies, the National Disaster Management Authority in 2008 has issued detailed guidance on management of biological disasters (available at https://ndma.gov.in/sites/default/files/PDF/Guidelines/biological_disasters.pdf). Further, National Disaster Management Authority has also issued and widely circulated National Disaster Management Plan 2019 which provides an all-hazard plan with clarification on roles and responsibilities for preparedness and response activities against biological emergencies.

The Ministry of Health & FW has also finalized and circulated Model Crisis Management Plans for biological disasters in 2023 and 2024 to serve as template for preparation of their own respective crisis management plans.

(b) ICMR and NCDC has explored two approaches to investigate the cause of sudden deaths. The first approach was a retrospective case-control study to determine the risk factors associated with sudden death and the second approach of the study was to prospectively investigate sudden deaths in young adults using a virtual autopsy approach. The details of both these studies is placed at **Annexure**

The AEFI surveillance has also not indicated any linkage between Covid vaccination and heart attacks.

(c) & (d) Under National Health Mission (NHM), the Government has taken many steps towards universal health coverage by supporting the State Governments in providing accessible & affordable healthcare to people. NHM provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality health care. The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). Under the programme, 770 District NCD Clinics, 233 Cardiac Care Units, 372 District Day Care Centres, and 6410 NCD Clinics at Community Health Centres have been set up.

The various initiatives carried out under National Health Mission (NHM) by Government of India in various states are operationalization of Ayushman Arogya Mandir, National Ambulance Services, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral Facilities, Prime Minister's National Dialysis Programme, various activities under Reproductive & Child Health, Anemia Mukht Bharat (AMB) strategy, Pradhan Mantri TB Mukht Bharat Abhiyaan (PMTBMBA) and Universal Immunization programme.

With the aim of ensuring and enhancing the quality of healthcare services, National Quality Assurance Standards (NQAS) have been launched for all health facilities including Primary Health Centres (PHCs) and Community Health Centres (CHCs). Indian Public Health Standards (IPHS) has been laid down by the Government of India, which also aims towards an effort to improve the standard and quality of services and provide a uniform benchmark to assess the functionality of public health facilities. These standards include norms for services, infrastructure, human resources, diagnostics, equipment, medicines, etc.

(e) The government has increased number of medical colleges and subsequently increased MBBS seats. There is an increase of 101.5% in Medical Colleges from 387 before 2014 to 780 as of now. Further, there is an increase of 130% in MBBS seats from 51,348 before 2014 to 1,18,190 as of now and increase of 138.3% in PG seats from 31,185 before 2014 to 74,306 as of now.

The measures/steps taken by the Government to increase the doctor/medical professional in the country include:-

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 131 new medical colleges are already functional out of 157 approved medical colleges.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- Under “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks” of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme, a total of 75 projects have been approved, of which 71 projects are complete.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved. Of these undergraduate courses are started in 19 AIIMS.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto 70 years.

Study 1: ICMR NIE conducted a study titled "Factors associated with unexplained sudden deaths among adults aged 18-45 years in India – A multicentric matched case–control study" at 47 tertiary care hospitals located across 19 states/UT of India during May- August 2023. A multi centric matched case control study was conducted. Cases were apparently healthy individuals aged 18-45 years without any known co-morbidity, who suddenly (<24 h of hospitalization or seen apparently healthy 24 h before death) died of unexplained causes during 1st October 2021-31st March 2023. Four controls were included per case matched for age, gender and neighborhood. Information was collected regarding data on COVID-19 vaccination /infection, post-COVID-19 conditions, family history of sudden death, smoking, recreational drug use, alcohol frequency, binge drinking and vigorous-intensity physical activity two days before death among the cases / interview among controls.

The study observed that COVID-19 vaccination did not increase the risk of unexplained sudden death among young adults in India. Past COVID-19 hospitalization, family history of sudden death and certain lifestyle behaviors increased the likelihood of unexplained sudden death.

The results of this study has been published in the Indian Journal of Medical Research 158(4):p 351-362, October 2023. | DOI: 10.4103/ijmr.ijmr_2105_23. It can be assessed from: https://journals.lww.com/ijmr/fulltext/2023/10000/factors_associated_with_unexplained_sudden_deaths.6.asp

Study 2: A study titled "Establishing the cause in sudden unexplained deaths in young" is being conducted by AIIMS, New Delhi. The aim of this study was to establish the common causes of sudden death in young adult patients (aged 18 years to 45 years) using a prospective study design. Interim analysis showed that MI remained main cause of sudden death and there has not been any shift in trend of causes of sudden deaths compared to previous years.
