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RAJESH BHUSHAN Secretary Department of Health & FW Ministry of Health & FW

D.O No. Z.28015/146/2021-DMCell 25th March, 2023

Dear Colleague.

This is in continuation of Union Health Ministry's earlier communication dated 10<sup>th</sup> March, 2023 & D.O letter of even number dated 16<sup>th</sup> March, 2023 on the issue of seasonal circulation of pan-respiratory pathogens in the country as well as public health response to Covid-19 in the States/UTs

- A gradual but sustained increase in trajectory of COVID-19 cases in the country is being witnessed since mid-February 2023. As on date, most of the active COVID-19 cases being witnessed since mid-rebruary 2023. As on date, most of the active COVID-19 cases in the country are largely being reported by a few States like Kerala (28.4%). Maharashtra (21.7%), Gujarat (13.9%), Karnataka (8.6%) and Tamil Nadu (6.3%). While the rates of hospitalization and death due to the disease remains low, largely because of the significant coverage achieved in terms of COVID-19 vaccination rates by all States/UTs, this gradual rise in cases needs reinvigorated public health actions to contain the surge.
- States / UTs must keep a close watch on the evolving etiolog es (causes of diseases) of Influenza Like Iliness (ILI) & Severe Acute Respiratory Iliness (SARI) cases. India usually sees a seasonal rise in Influenza cases from January to March & again from August to October. Presently, the most prominent subtypes of Influenza in circulation in the Country seem to be Influenza A (H1N1) and Influenza A (H3N2).
- As you may be aware, COVID-19 and Influenza share a number of similarities in As you may be aware, COVID-18 and minerize share a further of similarities terms of mode of transmission, high risk population, clinical signs and symptoms. While this may present a clinical dilemma for the attending doctors in terms of diagnosis, this also renders both these diseases easily preventable by following simple public health measures like avoiding overcrowded and poorly ventilated settings, using handkerchief/tissue while sneezing or coughing, wearing a mask in crowded & closed settings, maintaining hand hygiene, avoiding spitting in public places etc.
- stry of Health has already issued detailed 'Guidelines for management of co-infection of COVID-19 with other seasonal epidemic prone diseases, which provides detailed guidance in terms of diagnostic modalities to be utilized as well as case management approach for the same. The guidelines have been made available on the this website or this community with the community with t management.

ILI, SARI and Influenza cases are monitored by IDSP as well as by the Comprehensive Network of Labs of Indian Council of Medical Research (ICMR) Under Integrated Disease Surveillance Programme (IDSP), State/District IDSP units need to closely follow the trend of ILI/SARI, monitor the proportion of SARI cases among all ILI&

SARI cases, and refer sufficient number of samples for testing for Influenza and SARS-CoV-2. Union Ministry of Health has already issued and widely disseminated technical guidelines for Seasonal Influenza (https://main.mohfw.gov.in/basicpage/technical-quidelines), COVID-19 (https://mohfw.gov.in) etc. which have also been made available on the website of this Ministry. It would also be helpful for all States / UTs to undertake re-orientation of frontline health workers on epidemiological case definitions to help early diagnosis and prompt treatment.

In order to limit transmission of these diseases, it is important to raise community awareness regarding adherence to respiratory and hand hygiene particularly:

- Avoiding overcrowded & poorly ventilated settings particularly by co-morbid persons and the elderly.
- Wearing of masks by doctors, paramedics and other healthcare works as well as patients and their attendants within health care facilities.

Wearing of masks in crowded & closed settings

Using handkerchief/tissue to cover nose & mouth while sneezing or coughing Maintaining hand hygiene / frequent washing of hands

Avoiding spitting in public places

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- Promoting testing & early reporting of symptoms Limiting personal contact if suffering from respiratory diseases
- It would also be useful to take a stock of hospital preparedness including drugs, beds including ICU beds, medical equipment, medical oxygen, capacity building of human resource on existing guidelines as well as vaccination coverage. To this effect, a nation-wide mock drill is being planned on 10th and 11th April, 2023, wherein health facilities (both public and private) from all districts are expected to participate. The exact details of the mock-drill shall be communicated to the States in the virtual meeting scheduled on Monday, 27th March, 2023 (4:30 - 5:30 PM).
- In the past several weeks, in some States Covid-19 testing has declined & the current testing levels are insufficient as compared to the standards prescribed by WHO i.e 140 tests/million. Testing at the level of districts & blocks also varies, with some States heavily relying on the less sensitive rapid antigen tests. Hence it is critical to maintain optimum testing for Covid-19, equitably distributed (with suitable modifications to address emergence of new cluster of Covid cases) across the States. This is especially important to identify any emerging hotspots & take pre-emptive steps to curb virus transmission.
- 10. I am sure, all States/UTs shall give adequate attention and priority to these issues, and take proactive action in this regard. Ministry of Health & Family Welfare will continue to closely follow the evolving situation and shall provide all requisite assistance, whenever needed by the States/UTs

Yours sincerely

Rajin Bull (Dr Raiiv Bahl)

(Rajesh Bhushan)

Additional Chief Secretary / Principal Secretary / Secretary (Health) of all States/UTs

'ail to all Faculty members.

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7/3/23