

MR. DEPUTY CHAIRMAN: Hon. Members, the consensus is that the Short Duration Discussion will be taken up later; it is not cancelled. It is only postponed.

Now, Dr. Harsh Vardhan to make a statement on Ebola Virus disease.

STATEMENT BY MINISTER — *Contd.*

**Ebola virus disease outbreak in West Africa and steps taken by
Government to protect Indian citizens**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): Sir, I would like to brief the hon. members on the reports of Ebola virus disease outbreak in West Africa and the action taken by the Government of India in this regard.

The World Health Organization has reported 1603 cases, including 887 deaths (as on 4th August, 2014), in West Africa from 4 countries namely Guinea, Liberia, Sierra Leone and Nigeria. While the number of cases is 485, 468, 646 and 4 from the said countries, the number of deaths is 358, 255, 273 and 1 respectively.

Ebola virus is a Filovirus with 5 distinct species. The specific virus isolated in the current outbreak is Zaire Ebola Virus. Ebola Virus Disease is a severe, often fatal illness with Case Fatality Rate of up to 90 per cent. In Africa, fruit bats are known to carry Ebola virus from whom the animals (chimpanzees, gorillas, monkeys, forest antelopes) get infected. Humans get the infection either from the infected animals or from infected humans when they come in close contact with infected body fluids or body secretions. There is no airborne transmission. During the current outbreak, most of the disease has spread through human to human transmission. The incubation period of Ebola virus disease is 2-21 days, during which the affected persons are not infective.

The Director General of Health Services, Government of India, has reviewed the situation on 2nd May, 2014 and on 1st August, 2014. Thereafter, advisories were issued to the State Disease Surveillance Units to be on alert for early detection and management of travel related cases reported from the community. Laboratory capacity was also strengthened at National Institute of Virology, Pune, and National Centre for Disease Control, Delhi, to diagnose this viral disease.

The Ministry of External Affairs has informed that there are about 4700 Indians in Republic of Guinea, Liberia and Sierra Leone from where maximum cases are reported. The number in each of these countries is 500, 3000 and 1200 respectively. The figure for Liberia includes about 300 personnel from the Indian Central Reserve Police Force,

comprising largely women, as a part of the UN Peace keeping operations. Nigeria has a much larger presence of nearly 40,000 Indian citizens. If the situation worsens in the affected countries, there could be possibility of these Indians traveling back to India. The Ministry of Defence has informed that there are about 7000 Indian troops deployed in the African continent, but not in the affected countries.

I have, on 5th August, 2014, reviewed the status of the situation in a meeting which was attended by representatives from the Ministries/departments of Health and Family Welfare, Home Affairs (including Immigration department), External Affairs and Civil Aviation. In addition, representatives of Armed Forces, National Disaster Management Authority and World Health Organization were also present. The threat perception for India, precautions and preventive measures to be taken by us, advisories to be issued etc. were discussed in detail.

I would like to brief the hon. Members of Parliament that as of now, the risk of transmission to countries outside African region is low. As a matter of abundant precaution, however, we would be obtaining the details of travellers originating or transiting from Ebola virus-affected countries to India from the concerned airlines and our Missions and tracking these persons after their arrival in India, up to to their final destination in the country. For such purposes, awareness would be created among the Indian community in these countries and among travelers to India from affected countries. Mandatory self reporting by the passengers coming from or transiting through the affected countries would be required at the time of immigration check. In-flight announcements regarding this would also be made by the Airlines. There would be designated facilities at the relevant airports/ports to manage travellers manifesting symptoms of the disease. The surveillance system would be geared up to track these travellers for four weeks and to detect them early, in case they develop symptoms. These persons would also be advised to self report in case of symptoms.

The Armed Forces would be taking action to suitably advise their personnel in the affected Region for appropriate health precautions and to apprise them about reducing the risk of contracting this infection. Further, their personnel returning to India on leave or otherwise coming back would be suitably tracked and monitored for symptoms by the Armed Forces.

The States / Union Territory Administrations are being requested to identify nodal officers and designate hospitals with isolation wards for responding to any possible cases. States would also be asked to keep in readiness personal protective equipment for protecting health care workers and doctors. Public awareness would be created through print and audio visual media. Treatment and diagnostic protocols for Ebola virus will

be placed on our website and disseminated to various stakeholders. The Indian Medical Association is also being requested to inform all the members regarding the diagnostic and treatment protocols.

In view of the reports of outbreak of the Ebola virus disease in 4 countries of West Africa, namely Guinea, Liberia, Sierra Leone and Nigeria, it is recommended that non-essential travel to these countries be deferred till such time that the Ebola virus disease outbreak situation is brought under control.

Though there is no vaccine or curative therapy for Ebola virus disease, I want to apprise this house that outbreaks can be contained through early detection and isolation of cases, contact tracing and monitoring, and following rigorous procedures for infection control, if such cases were to report in our country.

I would like to assure the hon. Members that all precautions are being taken by us. The situation is being monitored. While the risk of Ebola virus cases in India is low, preparedness measures are in place to deal with any case of the virus imported to India.

MR. DEPUTY CHAIRMAN: Now, Special Mentions to be laid on the Table of the House.

SPECIAL MENTIONS*

Demand to address the problems emerging from gauge upgradation work of Badarpur-Agartala railway line in Tripura

SHRIMATI JHARNA DAS BAIDYA (Tripura): Sir, I would like to draw the attention of the Government to the critical problems emerging from the disruption in the railway link — inclusion of the Badarpur — Agartala gauge upgradation work. Stoppage of railway service because of the gauge conversion work from 1st October would create serious problems in transportation to and from Tripura. We had consistently demanded improvement of National Highway-44 before beginning of the railway gauge upgradation work and also before the simultaneous gauge upgradation between Badarpur and Silchar. The National Highway-44 is in a "pathetic condition" especially on a 20 kilometre stretch between Tripura's border with Assam at Churaibari and Loarpua in Karimganj district in Barak Valley of Assam. Disruption of railway link will put heavier pressure on the National Highway and road transport will become very difficult. The trouble is that Tripura, in the absence of railway service for the time being, will be totally dependent on the National Highway, which needs immediate repairs and upgradation. But the BRTF has not yet taken any initiative. No initiative has been taken to address the State's problems. Tripura has not been included in any of the projects announced by

* Laid on the Table.