

Lessons not learnt: On swine flu

The number of influenza A (H1N1) virus cases and deaths reported from across India this year has already crossed 19,000 and 900, respectively. These are lower than the 2015 toll of 32,000 cases and 2,000 deaths, but the revived spread is alarming. In the last month or so there has been a sharp increase in the number of cases and deaths — over 6,000 and 300. Gujarat is the worst-affected, with about 250 deaths recorded so far: Rajasthan, Punjab and Maharashtra and Delhi too have been badly hit. The number of H1N1 cases in the southern States is also high compared with last year, with Tamil Nadu reporting nearly 3,000 cases about a month ago. According to the Pune-based National Institute of Virology, the virus has not undergone any significant mutation and the virulence has remained nearly unchanged. It has however undergone point mutations which resulted in a new strain — the Michigan strain — replacing the California strain that has been prevalent since the 2009 pandemic. While both strains were co-circulating last year, as per surveillance data only the Michigan strain has been circulating this year. The increased caseload and mortality this year compared with last year could be because pre-existing immunity through exposure to the California strain is no longer effective, and people are therefore not immune to the new strain. More research is needed to fully understand the epidemiology of H1N1 caused by the Michigan strain, and who may be more vulnerable.

Despite the high numbers, there is no system in place to release data periodically and frequently. Compare this with the regular updates provided by the U.S. Centers for Disease Control and Prevention, especially during an epidemic. There has also been a near-complete failure on the part of governments to spread awareness about prevention strategies. Uptake of influenza vaccination by people, especially by those belonging to the high-risk category, has been extremely poor, with only about 10,000-12,000 doses of H1N1 vaccine sold in the last six months by the Pune-based vaccine manufacturer. Since the 2009 pandemic, H1N1 has become a seasonal flu virus strain in India even when the temperature soars during the summer months. Vaccination of health-care workers and people in high-risk categories is the only way to reduce the toll. That guidelines for H1N1 vaccination of people belonging to high-risk categories such as pregnant women, very young and old people and those with certain underlying illnesses were released only last month by the Health Ministry is evidence that India has not learnt any lessons from the 2015 H1N1 epidemic. Urgent measures are needed to ramp up preparedness in dealing with epidemics.

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