

A SNEEZE, A GLOBAL COLD AND TESTING TIMES FOR CHINA

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

The Year of the Rat has begun on an inauspicious note for China. A new virus belonging to the Coronavirus family (now named novel coronavirus 2019-nCoV) has claimed over 200 lives in China and the numbers infected have touched 10,000 confirmed cases, as on Friday. The World Health Organization (WHO) has declared it a global emergency, as the outbreak continues to spread outside China. On January 25, China's President Xi Jinping convened a meeting of the top leadership to underline the seriousness of the outbreak. Chinese authorities have been directed to take whatever steps are needed on an emergency footing to deal with "a grave public health crisis". However, for Mr. Xi, it is more than a public health crisis; it is a credibility challenge, with both domestic and global dimensions.

Ironically, the epicentre of the outbreak is the bustling town of Wuhan, China, which also hosts a number of biotech enterprises. Early on, many of the patients in Wuhan are reported to have had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to such markets, which shows that person-to-person spread is occurring.

Normally, coronaviruses is a large family of viruses that are often the source of respiratory infections, including the common cold. Most of the viruses are common among animals and only a small number infect humans. Sometimes, an animal-based coronavirus mutates and successfully finds a human host. Rapid urbanisation that forces animals and humans into closer proximity (as in the "wet market" in Wuhan) creates a perfect petri dish from where such zoonotic outbreaks can originate.

The first official acknowledgement of a new virus outbreak in Wuhan came on December 31 after an outbreak was confirmed. During the past four weeks, the number of those infected and fatal casualties have climbed rapidly. Cases have been reported from different parts of China as well as Hong Kong; cases/suspected cases have been reported from Thailand, Japan, Nepal, South Korea, Taiwan, Australia, the United States, France, Austria, Germany, Cambodia, Vietnam, Malaysia and Singapore. However, about 4,000 Chinese from Wuhan are reported to be still abroad. For India, the most critical is cases being reported in Nepal since India and Nepal share an open border though so far, all tests undertaken in India have been negative. A tweet by the Ministry of Health and Family Welfare on January 30 said that one positive case of a novel coronavirus patient — a student studying in Wuhan University, has been reported in Kerala. The patient, who is in isolation in a hospital, is stable and being closely monitored.

According to the World Health Organization, during previous outbreaks due to other coronavirus, human-to-human transmission occurred through droplets, contact and fomites (objects or materials which are likely to carry infection, such as clothes, utensils, and furniture), suggesting that the transmission mode of the 2019-nCoV can be identical. More significant is the new understanding that the virus is contagious even during incubation, that is even before a patient exhibits any symptoms. This characteristic amplifies transmissibility. It also explains the travel bans across China, and the literal isolation of Wuhan, a city of 11 million and the Hubei province with a population of nearly 60 million.

For China, the timing of the outbreak could not be worse. The Chinese Lunar New Year began on January 24 and normally, it marks a week-long holiday, marked by feasting and travel by

large numbers to join their families for the celebrations. Undoubtedly, this movement contributed to the rapid transmission of the disease across China and to many countries before the Chinese authorities cracked down.

Holidays across the country have been extended by three days till February 2 in an effort to stagger the returns. Starbucks and McDonalds have temporarily shut down outlets in Hubei; in Shanghai, Disneyland and in Beijing, the Forbidden City are closed; a number of temple celebrations have been called off to prevent large-scale gatherings. In Shanghai, businesses have extended the holiday period till February 10, except for supermarkets, medical suppliers and public utilities. Hong Kong has drastically cut travel between the mainland and the city.

Comparisons are being drawn the Severe Acute Respiratory Syndrome) outbreak in 2002-03 which infected around 8,000 patients and claimed nearly 800 lives. SARS is also a zoonotic case, part of the coronavirus family with clues pointing to horseshoe bats in China as the likely source. The first incidents were reported in Guangdong province in November 2002 but WHO was officially informed only after three months though mysterious flu outbreaks were being widely reported. It quickly became more than a public health issue and later, the Chinese health authorities issued a public apology. It was the first case of a coronavirus family virus developing lethal pathogenicity together with high transmission. The global economic loss was estimated at between \$30-\$100 billion.

This time round, the Chinese government has been more open but the question being asked is whether it has been open enough? The response mechanisms, especially in the early days, evidently fell short, reflective of the the 'top down' bureaucratic approach of the Chinese system. The system has kicked in now with the all-of-government approach which characterises the China model. This is embarrassing for the "core leader" Mr. Xi, the author of 'China's rejuvenation' who replaced Deng Xiaoping's advice of "hide your capability, bide your time" with the mantra "demonstrate capability, assume responsibility and claim rightful place", implying that China's time has come. How China manages this challenge will be a test, demonstrating that the Chinese model can deliver when it comes to a crunch and that it is a responsible global player, no longer hesitant about engaging with WHO. For SARS, it took 20 months from the genome sequencing to the first human vaccine trials; for the 2019-nCoV, authorities in the U.S. are working on a deadline of 90 days.

All this provides an interesting contrast with how the Kerala government dealt with the Nipah virus outbreak in May 2018. Nipah is also zoonotic and made the jump from fruit bats to humans. Though there were 17 deaths in India, effective quarantine measures by local authorities prevented the spread. It helped that health is a state subject. A local doctor took the initiative to contact the Manipal Centre for Virus Research which had worked in the northeast (where Nipah is more prevalent and a 2001 outbreak in Siliguri had claimed 49 lives) and had the diagnostic tools to identify the virus. The State health machinery responded with alacrity with many put under observation. No new case was reported after June and a month later, Kerala was declared Nipah-free and travel restrictions removed. Had the district and State authorities not taken the initiative and only reported matters to Delhi and awaited instructions while Delhi sent teams to prepare plans, the outbreak would have taken a higher toll.

Kerala managed to curtail the Nipah outbreak with few casualties. However, infectious diseases including those of the zoonotic variety are on the rise in India. In addition, regions in India suffer from seasonal outbreaks of dengue, malaria and influenza strains. The nation-wide disease surveillance programme needs to be strengthened.

There is an acute shortage of epidemiologists, microbiologists and entomologists which translates into wasteful delays in diagnostics. Given the growth potential of India's biotech

sector, it is time to put in place a robust public-private partnership model that can transform the health services sector in the country, covering disease surveillance, diagnostic kit availability and accelerated vaccine development.

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