

STAYING ALERT: THE HINDU EDITORIAL ON MONITORING NON-COVID-19 DISEASES

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

The Integrated Disease Surveillance Programme (IDSP), the backbone of India's disease monitoring network, is responsible for alerting the Centre and the wider world, on a weekly basis, about the emergence of disease outbreaks, a surge in novel pathogens, the rate of spread and remedial action taken. On average, there are 30-40 such alerts. However, the advent of COVID-19 appears to have veiled the country from any other disease. For one, the latest weekly report available on the IDSP website is from Week 12 (March 16-22). It [records a mere six outbreaks/disease alerts](#) across the country. In the same week last year, there were 17 alerts; in 2018, there were 28; and in 2017, there were 45. In Week 11 this year, there were 28 alerts, 12 of which were for COVID-19 and these corresponded to the 110 cases of the disease that were reported in that week of March from when the disease escalated.

One way to understand this situation is that once [COVID-19](#) was declared a pandemic and a [lockdown](#) imposed, the IDSP too went into a 'new normal'. With movement at a standstill, hospitals shut, and only testing and treatment for COVID-19 available at government healthcare facilities, the reporting of other diseases suffered. The neglect of other diseases has been independently borne out, for instance, by a reduction in the notifications of fresh tuberculosis infections and a general decline in claims under the Ayushman Bharat health insurance scheme. The other explanation is that akin to a decline in deaths from accidents, the lockdown has contributed to a decline in transmission of contagious diseases. Many of the outbreaks that are routinely reported involve pathogens contracted from contaminated water or those airborne that spread through social interaction. While the reasons for the decline could be deliberated upon, what is unacceptable is the lack of public updates since March 12. The pandemic has taught the world that no modelling can quite forecast the spread of disease and an affliction that may seem under control one week can quickly be threatening the next week. If the country has, as a policy, decided to 'unlock' and restore pre-pandemic routines, then this should also apply to routine surveillance for other diseases. The IDSP also faces a manpower crunch and, mirroring the experience of public health facilities in other countries, is trying to recruit in the middle of a pandemic. It's debatable how useful this would be to improve COVID-19 surveillance, but it is essential in improving overall surveillance as well as providing timely updates to the public and international health agencies. The pandemic needs serious focus, but India cannot afford to ignore other killers.

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