

ALARMING SPREAD: ON H1N1 CASES

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

In a short span of 55 days (till February 24) this year, the number of influenza A (H1N1) cases and deaths reported from India reached an alarming 14,803 and 448, respectively. The highest numbers were from Rajasthan (3,964), Delhi (2,738) and Gujarat (2,726). Uttar Pradesh was next, with 905. While Rajasthan and Gujarat had the highest number of deaths, at 137 and 88, respectively, Delhi recorded seven deaths despite recording around the same number of cases as Gujarat. There appears to be no let-up, with the number of cases and deaths steadily rising. What is more disturbing is that the number of cases reported till February 24 is nearly the same as that recorded in the whole of 2018 (14,992). At about 450, the number of deaths till February 24 is nearly half the total reported in 2018 (1,103). The actual number of cases and deaths this year is likely to be higher as West Bengal has not reported the data to the Integrated Disease Surveillance Programme. Moreover, the IDSP data are based only on laboratory confirmed cases and deaths. The H1N1 virus, which caused a pandemic in 2009, has since become a seasonal flu strain globally, including in India, and causes fewer deaths. According to the WHO, in 2009 the number of laboratory confirmed deaths caused by the pandemic strain was at least 18,500. But a 2012 paper in *Lancet Infectious Diseases* mentioned 2,84,000 deaths, which was 15 times more than the number of laboratory confirmed deaths.

On February 6, the Union Health Ministry had reviewed the preparedness and action taken by States to deal with influenza cases when the number of H1N1 cases and deaths stood at 6,701 and 226, respectively. Despite the number of cases and deaths more than doubling in less than 20 days since the review, the Ministry has made no additional effort to contain the spread. It has issued a guidance “recommending” vaccines for health-care workers, and deeming them “desirable” for those above 65 years of age and children between six months and eight years. Surprisingly, people with pre-existing chronic diseases, who are most susceptible to H1N1 complications according to the WHO, have been ignored — though its own statement released on February 6 had said more deaths were seen in people with diabetes and hypertension. With H1N1 becoming a seasonal flu virus strain in India even during summer, it is advisable that health-care workers and others at risk get themselves vaccinated. Despite the sharp increase in cases and deaths, the vaccine uptake has been low. Besides vaccination, there needs to be greater awareness so that people adopt precautionary measures such as frequent handwashing, and cough etiquette.

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