

## 7. Large Outbreaks

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This section describes the action to be taken if the disease spreads with large outbreaks reported from a State or in multiple States.

The geographic domain specific containment action described for containing local transmission (in the previous section) will give way to State / District specific actions to control the vector, by all means.

### 7.1 Enhanced Surveillance

The State IDSP will intensify fever surveillance in the State. The notification of suspected cases of Zika shall be made mandatory for all of the health services in the State (Government and private sector). Samples drawn from clusters of fever cases will be tested for Zika virus disease. Once the laboratory diagnosis is established and outbreak confirmed, individuals need not be tested unless and until specified in the foregoing paragraphs.

There shall be active entomological surveillance in the entire State. The impact of source reduction measures for vector control will be monitored through entomological surveillance. If required, non medical entomologists working in allied fields (veterinary, agriculture) shall also be trained and inducted for such purpose.

All pregnant women in the affected State will be under surveillance for febrile illness. In cases of pregnant women with suspected infection, notification must be mandatory and immediate, made within 48 hours. They will be tested for Zika virus and their fetus monitored for development of microcephaly. There shall be weekly reporting of microcephaly by the RBSK under NHM.

Surveillance will continue for acute neurological illnesses. Suspect case of GBS, if any, shall also be tested for Zika virus disease. Monthly data, State-wise, on GBS will be submitted to the Control Room of DGHS by IDSP in co-ordination with NPSP.

[Action : State units of IDSP, NVBDCP and NHM; DC, Immunization]

### 7.2. Laboratory support

The laboratories strengthened for testing Zika virus, under ICMR network shall be activated. NIV, Pune will monitor the load for testing samples in laboratories under its network. If need be, clinical samples will be re distributed depending upon geographic proximity.

NIV, Pune shall ensure that they have sufficient diagnostic kits/ reagents/ equipments at hand for testing samples in its networked laboratories, for a major outbreak scenario.

[Action : NIV, Pune]

### 7.3. Hospital facility.

Majority of the cases will be under domiciliary treatment. Very few cases will require hospitalization. The hospitalized cases may require symptomatic treatment for fever. Paracetamol is the recommended drug. Suspect cases with co-morbid conditions, if any, will require appropriate management of co-morbid conditions.

However, hospitals will be identified that has requisite specialties and equipments for providing clinical diagnosis and critical care management for patients reporting with GBS/ other neurological syndromes.

[Action : State Health Department]

### 7.4 Blood Safety

Ideally the requirement of blood and blood products for the area affected by an outbreak of Zika virus disease should be maintained by increasing blood collections in non affected areas. Subject to availability of a screening test approved by National Blood Transfusion Council, all the licensed blood banks in the affected area will test donors/ Blood bags for Zika virus to eliminate transfusion related transmission. Guidelines will be issued and logistic support provided by NBTC, NACO.

[Action : NBTC, NACO; State Health Department]

### 7.5. Vector control

A major outbreak will require sustained and intensified campaign for source reduction for vector control. The objective will be to decrease the rate of *Aedes aegypti* infestation to less than 1% of all municipalities / corporations in the affected area in 6 months, in order to reduce the number of cases of illnesses transmitted by the mosquito.

This could only be accomplished through involvement of all sectors including the community. The guidelines on integrated vector management for *Aedes* mosquito [Annexure VI] shall be followed. There will be large scale social mobilization involving households, communities (Resident Welfare Associations) and institutions such as schools and colleges. Depending upon the magnitude of the outbreak, mobilizations of government functionaries, personnel from local bodies (Municipalities and Municipal

Corporations), National Disaster Response Force, National Cadet Corps, Red Cross volunteers, shall be effected.

Entomological surveillance shall continue. There shall be simultaneous surveillance of insecticide resistance to guide evidence based vector control activities.

[Action: State unit of NVBDCP; Director, NVBDCP]

#### 7.6. Risk communication

Awareness will be created among the community through print and visual media, mass SMS etc. (i) by providing timely and accurate information on Zika virus disease (ii) for reporting febrile cases (iii) about possible health problems related to this disease (iv) for source reduction activities for mosquito control and (v) personal protection against mosquito bites. (vi) information to reduce risk through sexual transmission.

In the area witnessing active Zika virus transmission, it will be ensured that all people in the reproductive age group, having sexual activity receive information about the risks of sexual transmission of Zika virus disease. In particular, The health workers notably ASHAs and the ANMs will visit sexually active men and women and those planning pregnancy and providing them information on contraception for them to make an informed choice to delay pregnancy and to prevent possible adverse pregnancy outcome.

Men/ women who had tested positive for Zika virus disease will be counseled for safe sex practices or considering abstinence for at-least the whole duration of pregnancy. Any pregnant women reporting positive for zika virus disease will be counseled so as to take an informed decision on termination of pregnancy, provided it is within the stipulations laid down under Medical Termination of Pregnancy Act. Pregnant mothers, positive for zika virus disease and beyond the period stipulated by the MTP Act will be followed up for ultrasonographic evidence of microcephaly and counseled accordingly.

[Action: Director, CHEB; State Health Department, District NHM Society]

#### 7.6 Securing Logistics

The State unit of the NVBDCP shall mobilize the required quantity of bednets, temephos, Melathion technical/ Pyrethrum etc. If the state requires further assistance in this regard, the NVBDCP shall support the State Government.

NCDC, Delhi / NIV, Pune shall supply adequate quantity of diagnostic kits to the identified laboratories in the affected State (s).

[Action: NCDC, Delhi; NIV, Pune, State unit of NVBDCP]

### 7.7. Training

There may be a need to train large number of personnel drawn from different sectors on use of personal protective equipments, use of right concentrations of adulticide/ larvicide, use of machines for fogging and larvicidal spray, planned modification of the environment to minimize sources of mosquito breeding etc.

[Action : State unit of NVBDCP]

### 7.8. Information Management

The Control Rooms of the State would send daily reports to the Control Room in EMR on number of laboratory confirmed cases / deaths of Zika virus disease. IDSP will report on weekly basis aggregate data, district-wise on neurological disease associated with Zika virus disease. RBSK, NHM shall report, district wise data, on microcephaly.

The Control Room of the EMR will further disseminate information to all concerned including MHA and NDMA. Cabinet Secretary shall be kept informed of the containment action by Secretary (H).

[Action : Central/ State RRT; Director, EMR]

### 7.9. Monitoring and Documentation

The situation would be monitored and response reviewed on regular basis by the Joint Monitoring Group.

[Action : NVBDCP; Director, EMR]

### 7.10. Control Room

The Control Room of Directorate General of Health Services shall be the nodal point to collect and collate information from the States and prepare daily situational reports. These reports will be disseminated to all concerned including Control Room of MHA and NDMA. The Control Room shall also provide information to public.

[Action : EMR Division; Dte GHS]

### 7.11. Media Management

Secretary (H) or representative nominated by him shall address the media. There will be regular press briefings/ press releases to keep media updated on the developments.

[Action : EMR Division; Dte GHS]

#### 7.12 Co-ordination

Interagency Coordination at National level will be done by EMR division. Depending upon the situation, the Inter-ministerial Task Force will also meet. The proceedings will be recorded by EMR division.

[Action: Director, EMR]

#### 7.13. Alert neighboring districts/ State

The State Government will alert all districts that are in proximity to the affected districts. There shall be enhanced surveillance in all such districts for detection of clustering of febrile illnesses, microcephaly and for GBS. Awareness will be created in the community for them to report febrile illness.

[Action : State Health Department]

#### 7.14. Information to WHO under IHR (2005)

The IHR focal point will keep WHO informed about the outbreak.

[Action: Director, NCDC]

#### 7.15. Enhancing / Scaling down of operations

In geographic locations where the *Aedes* mosquito breeding is seasonal, cases of Zika virus disease will decline, once the mosquito breeding declines. The optimal time, based on meteorological data and entomological data, will be determined to enhance vector control measures. Subsequent to this action, if the cases decline over wide geographic area, then the remaining foci will undergo operations as described in section-6 (for containing local transmission). The operations will be scaled down if no laboratory confirmed case of Zika virus disease is reported in an affected area for at least 2 weeks.

In geographic locations where the *Aedes* breeding is not seasonal, the scaling down of operations will be guided by the entomological surveillance data and the decline in number of Zika virus disease.

[Action : State unit of NVBDCP; Director, NVBDCP ]

#### 7.16. Declaring Termination of the Outbreak

The outbreak shall be deemed to be terminated if there is absence of confirmed case over a 3 month period in a specific geographic area with climate conditions suitable for year round arbovirus transmission, or over a 12 month period in an area with seasonal vector activity.

[Action : Director, NVBDCP]