# 5. India affected: Single or multiple geographical locations of travel related cases

The response would be centered on the strategic approach discussed in section-2. There could be single or multiple geographical location of travel associated cases.

The strategy would be to have enhanced surveillance and vector control measures to prevent/ contain local transmission.

## 5.1. Travel related case reporting at the Airport/ Port

A travel related case, if symptomatic, may report at the Airport/ Port health facility, wherein, the Airport / Port Health Organization shall take necessary measures to isolate, test and provide medical care to the traveler.

If the traveler tests positive, he/ she would continue in the isolation facility of the Airport Health organization or at a hospital tagged to the concerned International Airport till 2 weeks.

Intense vector control measures shall be instituted at the concerned airports/ hospital and 800 mtrs. around ensure zero *Aedes* or larval index.

[Action: APHO/ PHO; Central Unit of IDSP]

## 5.2. Travel related case detected through IDSP network/ reporting to a health facility in a community

A travel related case may emerge in a community. This may have been detected through IDSP or the person may have self reported to a health facility. The primary responsibility of preventing spread of Zika virus disease from a travel related case emerging in the community would vest with the concerned State Government. MOHFW will assist the State in responding to the travel related case.

A series of action needs to be undertaken:

### 5.2.1 <u>Deployment of District / State RRT</u>

On getting information from a health facility or reporting unit of IDSP, The concerned District RRT under IDSP would immediately visit the place, confirm clinical presentation and travel history, take samples for laboratory diagnosis and till such time the patient is

shifted to hospital, make the patient wear clothes that cover his/ her full body, use mosquito repellant cream on exposed parts of his body, confine the patient under mosquito bed net. If RRT is likely to reach late, the personal protective measures to be instituted shall be conveyed to the health facility.

[Action : State Health Department]

5.2.2. Laboratory Diagnosis

The clinical samples will be send to the nearest identified laboratory. A second sample will also be dispatched to NIV, Pune. The diagnosis will be by detecting the viral antigen by RT-PCR test, which shall be considered as confirmatory.

[Action : NIV, Pune; ICMR]

5.2.3 Deployment of Central RRT

The central RRT will be deployed. The central RRT will make an epidemiological assessment and assist State/ District health authorities in preparing and implementing a micro-plan. A model micro-plan is at **Annexure-X**.

[Action : EMR Division, DGHS]

5.2.4. Enhanced Surveillance

The district IDSP will intensify fever surveillance with in a perimeter of three kilometer radius as identified and mapped in the micro-plan. All known contacts of the travel related case shall be followed up for a period of 2 weeks. All fever cases within the defined area or febrile cases among the contacts will be tested. IDSP shall mount surveillance for neurological illnesses in the defined area. The Central RRT/ State RRT will investigate all cases of neurological disorders suspect of GBS. Their clinical samples will be tested for Zika virus. Laboratories under ICMR network would also test pre-determined samples of *Aedes* mosquitoes from this defined area for the presence of Zika virus.

[Action : IDSP; ICMR]

5.2.5. Hospital facility.

The travel related case shall be kept in isolation in a mosquito proofed facility. If mosquito proofed ward is not available, LLIN bed nets will be used. All suspect cases will also remain hospitalized in a mosquito proofed ward or provided with bed nets, till such time their clinical samples are reported negative.

[Action : State Health Department]

5.2.6. Clinical management

The travel related case may require symptomatic treatment for fever. Paracetamol is the drug of choice. Suspect cases with co-morbid conditions, if any , will require appropriate management of co-morbid conditions.

[Action: State Health Department]

5.2.7. Vector control

The Central and State RRT will assist the district/ local body NVBDCP team to plan and implement intense anti adult and anti larval vector control measures in the 3 Km radius geographic area identified in the micro-plan. Special focus would be in and around the house/ apartment/ hotel where the travel related case stayed and the hospital where he/ she is isolated. The entomologist in the central team shall monitor and report the vector indices in the identified geographic area on daily basis. State/ UTs shall follow the guidelines on integrated vector management for *Aedes* mosquito (Annexure VI]. Actions shall be instituted at household level, community level and institutional level.

[Action: State Health Department ; State units of NVBDCP; Central and State RRT]

5.2.8. Logistic support

The required quantity of larvicide [Temophos], adulticide [Pyrethrum spray and Malathion for fogging], long lasting insecticide treated bednets, spray and fogging machines will be provided by State unit of National Vector Borne Disease Control Programme.

[Action: Director, NVBDCP; Programme Officer, NVBDCP of the concerned State ]

5.2.9. Risk communication

The risk communication materials prepared by CHEB will be rolled out in the defined geographical area. Awareness will be created among the community through miking, distribution of pamphlets, mass SMS etc. During house to house surveillance, ASHAs/ Other community health workers will interact with the community (i) for reporting febrile cases (ii) for source reduction activities for mosquito control. Schools, colleges, work place and community dwellings within the geographic area will be targeted.

The traveler who has tested positive for Zika virus disease and his sexual partner will be informed of the need for safe sex practices for a period of 6 months.

[Action: Director, CHEB; State Health Authority]

5.2.10. Training

Before the micro-plan is put for implementation, the identified heath functionaries will be briefed and if required, trained on their assigned roles.

[Action : Central/ State RRT]

5.2.11. Information Management

At the operational level, the Control Room at the epi-centre will collect, and collate and analyze the epidemiological and entomological surveillance data. Information on the prescribed format [**Appendix –XII of Micro Plan at Annexure X**] will be submitted to the Control Rooms of the State and the EMR on daily basis. The Control Room of the EMR will further disseminate information to all concerned.

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

5.2.12. Monitoring and Documentation

The situation would be monitored and preparedness reviewed on regular basis by the Joint Monitoring Group. Depending upon the situation, the Inter-ministerial Task Force will also meet. The proceedings will be recorded by EMR division.

[Action : EMR Division; Dte GHS]

5.2.13. 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]

5.2.14. 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]

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

National IHR focal point would inform about the case(s) to WHO under the International Health Regulations, IHR (2005).

[Action: Director, NCDC]

### 5.3. Withdrawal of Operations

If no febrile case is tested positive up to 2 weeks from the onset of implementation of the micro-plan, the operations will be withdrawn. However, surveillance would be continued by IDSP.

[Director, EMR; NPO, IDSP]