



डी .जी . एच .एस . संचारिका

DGHS NEWSLETTER



Dr. Sunil Kumar
Incumbent DGHS



Dr. Rajiv Garg
Ex. DGHS

MESSAGE FROM DIRECTOR GENERAL OF HEALTH SERVICES

To continue with the initiative and to make the technical activities of this Directorate familiar to its stakeholders, I am extremely delighted to inform that the Directorate General of Health Services is coming up with the 4th issue of the DGHS Newsletter. This Newsletter will showcase the important events carried out by all the divisions and provide the readers with a snapshot of the quarterly updates from the Dte.GHS.

The guest editorial focuses on Coronavirus Disease (COVID-19) Pandemic that is of current relevance to the public health situation of the Country. The article elaborate on the role of National Centre for Disease Control (NCDC) in the form of Public Health Response for COVID-19 pandemic.

Many of you are aware that our inaugural issue took an attempt to facilitate better communication with the officials of the Directorate, wherein the updated contact details of all senior officials was shared. To continue the activity, this issue will provide the list of officers working as APHO & PHOs across the country.

I congratulate the editorial team and extend my best wishes for the future issues. I am positive that the reader shall find the newsletter informative and useful in their field of work.

(Dr. Rajiv Garg)



Guest Editorial

Role of NCDC in Public Health Response to Novel Covid-19



‘When the going gets tough, the tough get going’

Joseph Kennedy

Dr. S.K Singh, Director, NCDC

Skyrocketing with daunting numbers, the Novel Corona Virus or COVID-19 has donned upon our civilization like an apocalypse waiting to explode. With the pandemic rising every minute it is crucial for us to understand and utilize every tool available to mankind to keep the spread of the disease from further escalating, though inevitable at this juncture.

India with its unique reports, emerges as a great case study. Despite its billion plus population it has succeeded in keeping the mortality rate at one of the lowest in comparison to other countries. It may be noted that the National Centre for Disease Control, the national focal point for International Health Regulations or (IHR), sensed the impending danger as early as December, 2019. Utilizing our experience with previous outbreaks like H1N1 and Ebola, GoI began thermal screening of international flights at cosmopolitans as early as the first week of January, 2020.

We were quietly preparing for the precautionary measures for the impending pandemic like arranging and designing pre-emptive quarantine facilities and effective information dissemination to the concerned and general populace with IECs containing guidelines for frontline workers and others aligned with WHO and UNICEF.

We had started the first call center operational 24X7 to answer rising queries from the public in January. By March the Helpline was extended to 30 hunting lines.

Our biggest and perhaps most important contribution in public health response is contact tracing. The Integrated Disease Surveillance Programme is mandated to strengthen disease surveillance in the country by establishing a decentralized state based surveillance system for epidemic prone diseases to detect early warning signals for effective public health actions. Our IDSP effectively shared passenger details with the State Surveillance Unit and further down to the District Surveillance Unit who would follow up with the passengers on their health periodically. In fact, we were instrumental in identifying the clusters, the first containment zone now popularly referred to as the ‘Agra Model’. The IDSP by March expanded community surveillance across 32 states and Union Territories. NCDC had developed a robust format for case-wise contact listing and follow-ups, identifying the cases quickly in order to bring any sort of treatment closer home. As on 2 July, 2020, more than 32 lakh persons have been put under surveillance, more than eleven lakh have completed the surveillance period and more than 3 lakh symptomatic patients have been identified.

As part of surveillance at point of entry our officers as part of Central teams were deployed to review activities including screening at integrated check posts and awareness generation to encourage self-reporting through Gram Sabha across Indo Nepal border.

Our expertise was called for during the evacuation of Indian travellers from high load countries including China and Italy and NCDC assisted ITBP in managing the Quarantine facility.

We also sensitized and trained Rapid Response Teams at state and district level besides training the trainers for quick protocol disseminations.

NCDC started preparing for establishing Real Time Poly RT-PCR based assay as per standard protocol in mid-January 2020 and testing was established by 29th January, 2020. At that moment, it was the first lab in North India, which confirmed the first positive case in Delhi apart from only 3 cases from Kerala earlier reported by NIV Pune. Staff of CA&RD, AMR, Biotechnology, and TB lab of NCDC supported testing wholeheartedly at every step so as to ensure that work is being carried out in a streamlined manner.

On 10th May 2020, Hon'ble Minister of Health & FW, Dr. Harsh Vardhan ji inaugurated India's first laboratory with fully automated testing facility with a highly sophisticated instrument named as COBAS 6800 in Division of Biotechnology in NCDC.

From initial fears and confusion to a stage where scientists and medical fraternities have a better understanding of the disease, NCDC continues to fulfil its mandate to alert, train manpower, contain and now mitigate the spread of Covid-19. As India battles the highly communicable disease of all times, we are at the epi-center of how the virus is being fought on all fronts.



Hon'ble HFM visit's NCDC Control Room



Hon'ble HFM inaugurates COBAS-6800

Major activities related to COVID-19 pandemic by Directorate General of Health Services

COVID-19 is the infectious disease caused by the newly identified coronavirus, SARS-CoV-2 that emerged in China in December 2019 and now has worldwide pandemic including India.

COVID-19 symptoms include cough, fever or chills, shortness of breath or difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, diarrhea, headache, fatigue, nausea or vomiting and congestion or runny nose. COVID-19 can be severe, and some cases have caused death.

Prevention is the only measure we may take by frequent hand-washing, wearing a face mask, coughing into the bend of your elbow, staying home when you are sick and by practicing social distancing.

Various committees and working group have been formed at the Directorate General of Health Services to analyses the current situation in the form of case based discussion and data management to combat critical situation. The details for the same are as below:

1. Expert group on COVID-19 case & deaths from Central Government Hospitals including AIIMS:

This Expert Group is formed for sharing experience of clinical management of COVID-19 cases and review of COVID-19 related deaths under the Chairmanship of Dr. Promila Gupta, Principal Consultant, Dte.GHS.

The overall objective of this group is to standardize the treatment guidelines and protocols for management of COVID-19 cases and also to prevent deaths across the country. Nodal officers at Dr. RML Hospital, Safdarjung Hospital, Lady Hardinge Medical College and AIIMS have been identified and weekly meeting through video conferencing are being organized at Dte. GHS to discuss the various cases of COVID-19.

2. Daily reporting (all 7 days) of COVID-19 data received from across the States through Regional Directors and submitted to HFM and PMO:

During the process of planning and action for managing COVID-19 situation at Dte.GHS, it was decided to collect the State-wise daily reports of patients hospitalized, discharged, admitted in ICU and deaths (in last 24 hours and cumulative) since 30th March 2020. Since 12th April 2020, two more patients parameters, patients on ventilator & oxygen support have been added.



Visit of the Central Team to Pune for COVID-19, May, 2020

3. To know the current status of patient in ICU, on Ventilator & Oxygen support, the reporting format was revised on 19th April 2020 and all 19 Regional Office of Health & Family Welfare are collecting & compiling the information and sharing it to the RD Cell of Dte.GHS by 12:00 PM on daily basis (all 7 days) without fail. In this process, respective Regional Directors at Regional Office of Health & Family Welfare are supporting respective States/UTs for any correction and interpretation of the information. This is very important information which is necessary to understand the current situation and also to plan the future management for COVID19. Such intensive mechanism is being minutely monitored by Shri Rajiv Manjhi, JS at Dte. GHS on daily basis.

The available information is being Submits to Hon'ble HFM on daily basis and also it shared with PMO and NITI Aayog time to time for robust planning and timely necessary action.

4. Daily reporting (all 7 days) of COVID19 data (thrice in a day) received from central govt. hospitals and submitted to Ministry of Health & Family Welfare:

Dte. GHS is also involved in collecting the information of COVID-19 beds & ventilators occupancy and admission & deaths of COVID-19 patients at central government hospitals i.e. Dr. RML Hospital, Safdarjung Hospital & Lady Hardinge Medical College and Hospital and sharing the same to Ministry of Health & Family Welfare thrice in a day which is 6:30 AM in morning; 12:00 PM at noon & 6:30 PM in evening without fail. This information is necessary to know the status of beds & ventilators occupancy for COVID-19 at these hospitals for timely response before any emergency arises.

5. Committee regarding risk assessment of contacts of COVID-19 positive cases in Nirman Bhawan and to recommend testing for exposed officers/officials:

This committee has been constituted under the chairmanship of Dr. P K Sen, Addl.DGHS to carry out the risk assessment of contacts of COVID-19 positive cases in Nirman Bhawan and recommend testing for exposed officers/officials.



The COVID-19 Exposure Risk Assessment Form for Contacts has been circulated among all the officials & staff at Nirman Bhawan and if any official or staff is exposed to COVID-19 then he/she is sharing the details as per the COVID-19 Exposure Risk Assessment Form and the risk profiling (high-risk and low-risk contact) is being done by the committee members and recommend for testing, if required. COVID-19.

Moreover, the committee has drafted the Do's and Don'ts in office premises for containment of COVID-19 and with the approval of DGHS, the same has been circulated to officials or staff in Nirman Bhawan to containment of COVID-19.

Response to COVID-19 Pandemic at Points of Entry in India

International spread of diseases and agents responsible for various diseases from one country to another is a well-established phenomenon. International Health Regulations-2005, to which India is a signatory and compliant is implemented with the purpose “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade”.

IHR(2005) provides for certain measures to be undertaken at the Points of Entry, i.e. , the Ports, Airports and Land Border Crossings. Accordingly, Health units were established at 19 International airports and 11 ports, 3 Border crossings under the Indian Aircraft (Public Health) Rules 1954 & the Indian Port Health Rules 1955 for implementation of IHR (2005) at international Points of Entry.

In December 2019, a novel beta coronavirus (SARS-CoV-2) causing flu like illness was identified from Wuhan, in Hubei province of the People’s Republic of China which was named as Coronavirus Disease 2019 (Covid - 19). The World Health Organisation declared it as a Public Health Emergency on January 30, 2020 and further a Pandemic on March 11, 2020.

India’s response to COVID-19 at Points of Entry (POE) (Airports, Seaports and Land Border Crossings):

The situation arising out of SARS CoV-2 outbreak was reviewed on 15th January 2020 under the chairmanship of the DGHS along with senior Officers of MoHFW following which, the POE officers were instructed to be vigilant, train their health team, arrange/identify dedicated ambulance for transfer of suspects and isolation facility hospitals.

1. Role of Headquarters (International Health Division, Dte.GHS, MoHFW, GoI)

The pivotal role of coordination and streamlining the Health Screening, contact tracing, isolation and quarantine activities at Points of Entries was done at the Headquarters (IHR). Manpower such as doctors and paramedics were mobilised from CGHS and state Governments to conduct the surveillance activities. Before being deputed at the PoE, the Healthcare workers were trained through a Structured Training program under guidance of headquarters. Guidelines and SOP’s were made and shared with all the stakeholders from time to time.

Further, the Headquarters engaged the State governments for logistics supply of surveillance activities such as Hand held digital thermometers, PPE, sanitizers; self-reporting forms etc on need basis for all the PoEs. Daily screening data was gathered from all the PoEs in structured formats and compiled for data analysis for policy and decision making. The IHR coordinated inter-ministerial communication and data sharing regarding the surveillance activities to streamline the process to maximise the output.

Regular monitoring of the situation was assessed through Video conferencing with all the stakeholders from time to time. Secretary (HFW), Special Secretary Health, DGHS, Add. DGHS and other officials actively monitored the situation across the country.

1. Airport Screening activities :

Health Screening through Self Reporting forms (SRF) and temperature check through infrared digital thermometer of incoming International passengers from China and other high-risk countries was started at three airports (Delhi, Mumbai and Kolkata) on 17th January, 2020, well before it was declared as a PHEIC by WHO. Suspected passengers with COVID-19 symptoms were transferred to the designated isolation hospital in PPE.



Review of NCDC Preparedness by Hon'ble HFM



Hon'ble Minister taking review of Points of Entry

Gradually the numbers of airports were increased depending upon the number of countries affected as per inputs from various sources including the WHO situational analysis report. In addition, the major airlines were instructed through Ministry of Civil Aviation to make in-flight announcements of Dos & Don'ts on COVID-19. IEC material on COVID-19 was distributed to all incoming passengers as pamphlets. Hoarding, signages were displayed at all the common areas of the airports. Self-reporting forms were made mandatory for international passengers coming from notified countries to be submitted in duplicate for further follow-up for contact tracing by Integrated Disease Surveillance Programme (IDSP).

2.1 Dedicated aerobridge for passengers from notified countries: Separate gates with separate corridor were allocated to passengers arriving from notified countries so as to minimize contact while they complete the immigration, luggage, custom clearance. They were not allowed to enter the duty-free shops at airports and were directly shifted to the isolation/quarantine facilities.

2.2 Pre-screening area: The ground staffs of the airlines and the airport authority were stationed at the help desks to guide passengers for health screening procedures including filling of SRF's. Queue managers were deployed to maintain passenger queue till the thermal scanner of the screening area.

2.3 Screening area

- Temperature of the all international passengers was checked by Airport Health Officials with infrared thermometer.
- The symptomatic passengers were sent for isolation and testing at dedicated Isolation Hospitals designated by the concerned State government and all asymptomatic passengers were sent for home quarantine.

2.4 From 14th March 2020 onwards, Institutional Quarantine for asymptomatic passengers with travel history to the notified countries was started as per the categorisation below.

The passengers arriving were categorized in three categories i.e.

- **Category A** (all symptomatic passengers, from any countries were sent for isolation and treatment),
- **Category B** (Asymptomatic but high-risk passengers like age>60 years/other health issues from listed countries were sent to quarantine facility),
- **Category C** (all low risk and asymptomatic passengers were advised for Home Quarantine for 14 days).

2.5 Screening of passengers for COVID-19 continued till 23rd March 2020 until the suspension of all international flights to India. 15,24,266 passengers were screened at all Indian Airports between 15/01/2020 to 23/03/2020.

2.6 On March 25, 2020, the Government of India announced a national lockdown and consequent closure of commercial flight operations. Subsequently the entry screening was limited to crew members, pilots and passengers of special and/or cargo flights.

3. Seaport Screening activities

3.1 Ships/ vessels on an international voyage were screened upon berthing at Indian seaports as per IHR 2005.

3.2 Pre arrival screening of documents related to health status of the crew members and passengers was done for the COVID-19 risk assessment Temperature screening and SRF's were recommended for all the crew members and passengers upon arrival. Samples were collected from symptomatic persons onboard for RT-PCR testing at the nearest GoI approved COVID-19 diagnostic laboratory. Risk communication at all levels was mandated for coordination in the preventive and control measures.

3.3 Samples collected from suspected members in the vessels/ ships and first line contacts were sent for RT-PCR testing. Upon confirmation, the patients were shifted to COVID-19 isolation facilities managed by the concerned State health authorities.

3.4 In case a reported positive case of COVID-19, it was mandated to quarantine the patient and the contacts for 14 days. The Ships/Vessels with reported COVID-19 positive cases were treated as affected and were quarantined at the ports to prevent any further public health risk of transmission and disinfection procedures were started (under Article 27 of IHR 2005).

4. Vande Bharat Mission (VBM) and Operation Samudra Setu:

The mission was initiated by the Government of India for the evacuation of Indian citizens stranded abroad during the pandemic. All in bound international passengers were quarantined in institutional facilities managed by the concerned State health department. So far, more than 7,30,072 incoming international passengers through 4613 flights and 4563 passengers through seaports have undergone screening (data from 10th May –1st July). The surveillance activities are coordinated by MoHFW, IDSP and State governments.

5. Land Border Screening activities

The entry screening of incoming international travellers was done at international land border crossings through state health authorities on the lines of SOPs followed for airport screening.



State review by Hon'ble Prime Minister













Vande Bharat Mission

Airport Health Organization

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2	Dr. Subin S APHO Tiruchy: Tiruchy-620007 Email:- aphotruchy2008@gmail.com PH:0431-2340078(Tel)(Fax)		11	Dr. Chandana Dey APHO Ahemdabad: , Ahmedabad-380024 Email:- rhfw.ahd@rediffmail.com rhfw_62ahd@rediffmail.com PH-079-22740714(Tel)079-22742447(Fax)	
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Port Health Organization

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Nothing in life is to be feared, it is only to be understood.

Now is the time to understand more, so that we may fear less.

Marie Curie

Highlights of Important Events

NATIONAL HEARING AWARENESS CAMPAIGN, 2020



On the occasion of **National Hearing Awareness Campaign, 2020** (World Hearing Day)

Dr. Harsh Vardhan, Hon'ble HFM graced the Ear screening camp at Nirman Bhawan, New Delhi.

Under chairmanship of **Shri Ashwini Kumar Choubey**, Hon'ble MOS (HFW) and in presence of Dr. Rajiv Garg, DGHS, official inauguration of the campaign was done at CSOI, Vinay Marg, New Delhi

Nationwide Gram Sabhas were held on 3rd March 2020 with the help of Panchayat & Village Health and Sanitation Committees.

World No Tobacco Day 2020



This year's World No Tobacco Day (WNTD) 31st May 2020 theme highlighted “protecting youth from industry manipulation and preventing them from tobacco and nicotine use.”

- Prohibition of Electronic Cigarettes: The Government of India prohibited electronic-cigarettes and like devices.
- Rotation of Specified Health Warning: The Ministry under the COTPA, 2003 has notified the new specified health warnings to be displayed on all tobacco product packs.
- Global commitments: India has been pioneering as the global leader in tobacco control measures.

Glimpses of Theme Based Health Talks, 2020



Editorial Board

DISCLAIMER : The editorial board does not hold the responsibility of the material contained in this publication which is based on information available from various sources.

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