



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 20190604

Health Minister

Health Minister assumes charge (The Tribune: 20190604)

<https://www.tribuneindia.com/news/nation/health-minister-assumes-charge/782693.html>



Harsh Vardhan arrives on a bicycle at Nirman Bhawan to take charge as Union Health Minister in New Delhi on Monday. PTI

Tribune News Service

Health Minister Harsh Vardhan chose the World Bicycle Day to join work today and cycled to the office, signalling the benefits of a low expense, low carbon mode of transport over polluting four-wheelers.

Though the minister didn't comment on whether it was safe to cycle under a sweeping heat wave, he soon issued an advisory on rising summer temperature, asking everyone to keep hydrated, stay indoors from 12 noon to 3 pm and not leave children in parked vehicles.

On Day 1 at his new office, Vardhan wanted to drive home the message that cycling is healthier than using cars. His message: Go green. Even during meetings, he asked officers to perform "one good green deed daily".

Bureaucrats, who briefed Vardhan, said the minister advised officers to fill their glasses with only as much water as they intend having. "Why waste water?" he said, introducing in the Health Ministry the practice of "good green daily deeds" he initiated as Environment Minister. Vardhan gave officers options of green deeds to choose from—do away with plastic, switch off electrical appliances behind you; segregate waste.

After back-to-back meetings, Vardhan said he would prepare a separate policy on essential medical devices to ensure price control. This would be in line with the government's previous moves of reducing costs of cardiac stents and orthopaedic implants.

Hinting that the list of devices under price regulation would become lengthier, Vardhan said he would ensure that left out poor and vulnerable people were also covered under the Ayushman Bharat plan.

Priority areas

Seeking higher allocation for health in the Budget

Commitment to eliminate TB by 2025 and work for time-bound elimination of leprosy and kala azar

Strengthening child vaccination programme Mission Indradhanush

Gender equality index

Telling Numbers: On new gender equality index, India is 95th in 129 countries (The Indian Express: 20190604)

<https://indianexpress.com/article/explained/nearly-40-per-cent-of-worlds-girls-and-women-live-in-countries-failing-on-gender-equality-sdg-index-finds-5762398/>

The ranking found that the world is far from achieving gender equality with 1.4 billion girls and women living in countries that get a “very poor” grade.

Madhya Pradesh: In bettering 2014 showing, BJP kept out ‘dynasts’, leveraged central schemes
Sensex soars 553 points to close at record high of 40,268

Parthenogenesis: How an anaconda gave birth without a male

gender equality, gender parity, gender equality index, SDG Gender Index, gender equality in india, world economic forum

Altogether, 2.8 billion girls and women live in countries that get either a “very poor” (59 and below) or “poor” score (60 – 69) on gender equality.

A new index to measure global gender equality, launched on Monday, ranks India at 95th among 129 countries. The SDG Gender Index comes close on the heels of the gender gap index of the World Economic Forum where India was ranked 108th.

How the ranking works

The SDG Gender Index has been developed by Equal Measures 2030, a joint effort of regional and global organisations including African Women’s Development and Communication Network, Asian-Pacific Resource and Research Centre for Women, Bill and Melinda Gates Foundation, and International Women’s Health Coalition. It accounts for 14 out of 17 SDGs (sustainable development goals) that cover aspects such as poverty, health, education, literacy, political representation and equality at the workplace.

A score of 100 reflects the achievement of gender equality in relation to the targets set for each indicator. It means, for example, that 100% of girls complete secondary education, or that there is around 50-50 parity for women and men in Parliament. A score of 50 signifies that a country is about halfway to meeting a goal.

The big picture

The ranking found that the world is far from achieving gender equality with 1.4 billion girls and women living in countries that get a “very poor” grade. The global average score of the 129 countries — which represent 95% of the world’s girls and women — is 65.7 out of 100 (“poor” in the index).

Altogether, 2.8 billion girls and women live in countries that get either a “very poor” (59 and below) or “poor” score (60-69) on gender equality. Just 8% of the world’s population of girls and women live in countries that received a “good” gender equality score (80-89) and no country achieved an “excellent” overall score of 90 or above.

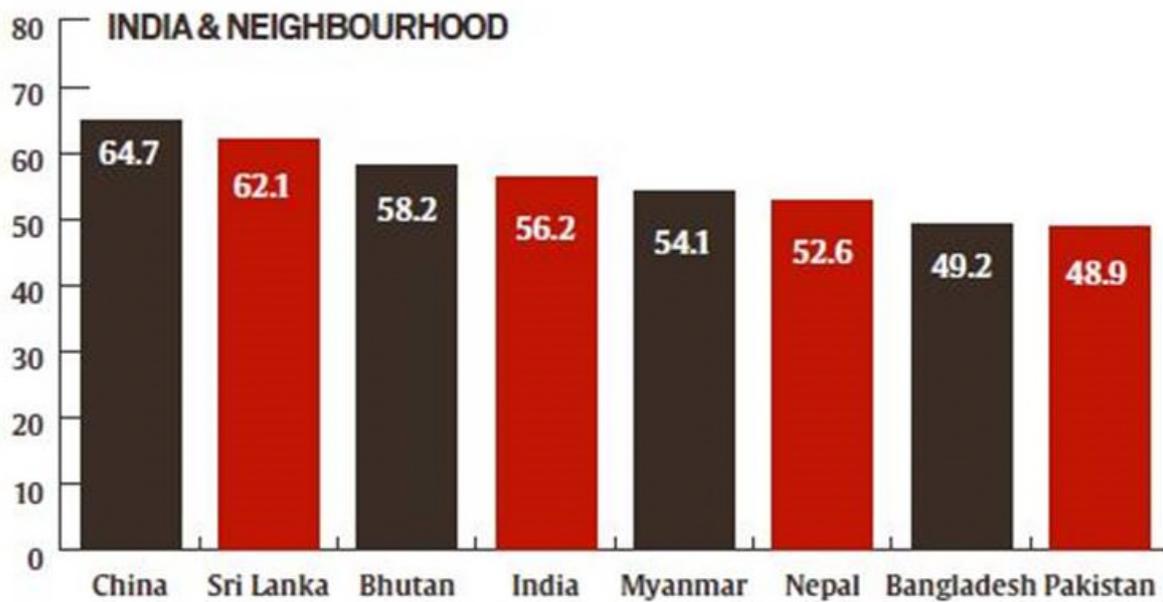
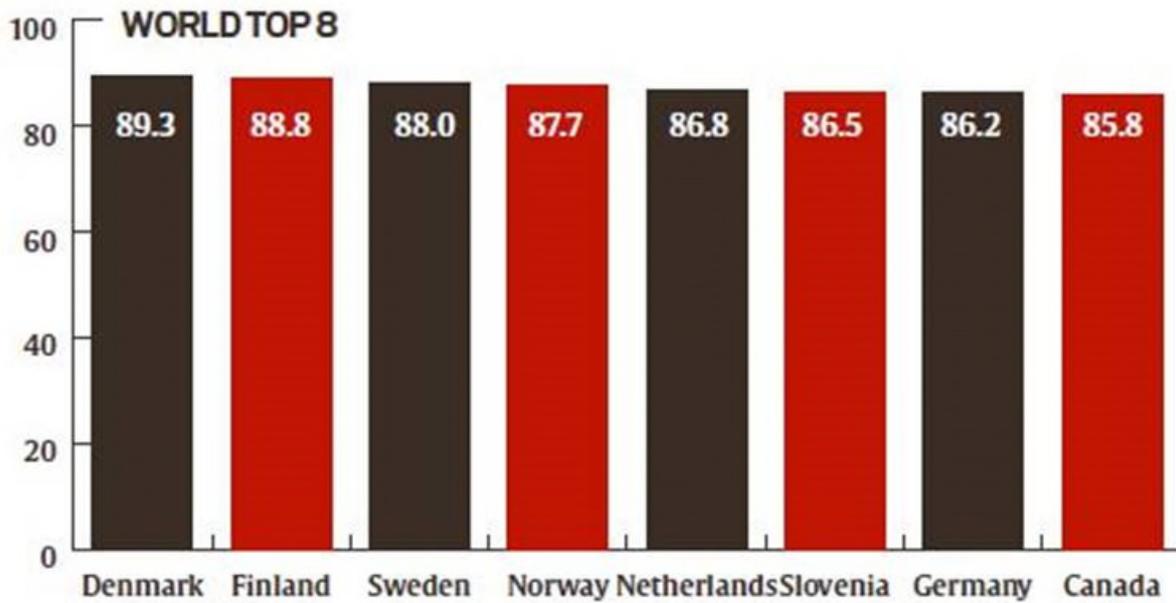
“We are failing to deliver on the promises of gender equality,” said Alison Holder, Director of Equal Measures 2030. Renu Khanna, joint national convenor of the Jan Swasthya Abhiyaan, one of the partners of EM2030, said that not all countries’ scores on the index correlate with national income-some countries perform better than would be expected based on their GDP per capita, and others underperform. India performs about as expected based on GDP per capita.

Key findings for India

India’s highest goal scores are on health (79.9), hunger & nutrition (76.2), and energy (71.8). Its lowest goal scores are on partnerships (18.3, in the bottom 10 countries worldwide), industry, infrastructure and innovation (38.1), and climate (43.4).

On indicators that define such goals, India scored 95.3 on the percentage of female students enrolled in primary education who are overage. Some of India’s lowest scores on indicators include the proportion of seats held by women in national parliaments (score 23.6; women made up 11.8% of Parliament in 2018). On seats held by women in the Supreme Court (4%), India has a score of 18.2.

On gender-based violence, indicators include proportion of women aged 20-24 years who were married or in a union before age 18 (27.3%), women who agreed that a husband/partner is justified in beating his wife/partner under certain circumstances (47.0%), and women aged 15+ who reported that they “feel safe walking alone at night in the city or area where she lives” (69.1%).



Nipah Virus

Nipah scare in Kochi (The Tribune: 20190604)

<https://www.tribuneindia.com/news/nation/nipah-scare-in-kochi/782679.html>

College student 'infected' with virus

The Kerala government today said a college student in Kochi is suspected to have been infected with the Nipah virus but a final confirmation is awaited from the National Institute of Virology in Pune.

Health Minister KK Shailaja said a list of 86 persons who had interacted with the student had been prepared and they were under medical observation. The Kerala health department has initiated precautionary measures to deal with the possible outbreak of Nipah virus.

Shailaja said in Thiruvananthapuram the 23-year-old college student, who has been admitted to a private hospital in Kochi, is suspected to have been infected with the Nipah virus but final confirmation is awaited from the National Institute of Virology in Pune.

She said isolation wards had been set up at the Kalamassery Medical College Hospital in Kochi. The minister rushed to Kochi after briefing Chief Minister Pinarayi Vijayan about the development.

She chaired a high-level meeting with top health officials and people's representatives to review the situation. Addressing the media after the meeting, she said the samples were sent to the State Institute of Virology and Infectious Diseases in Alappuzha for examination and it was found that the student was infected with a virus having similarities with Nipah. — PTI

Smoking

Kick the butt for a better ticker (The Tribune: 20190604)

<https://www.tribuneindia.com/news/health/kick-the-butt-for-a-better-ticker/781209.html>

Cigarette smoking increases the risk of coronary heart disease and lung cancer even among the young

Tobacco use is the single most preventable cause of death globally and is currently responsible for killing one in 10 adults. The global tobacco epidemic kills nearly 6 million people worldwide each year, of which more than 600 000 are non-smokers who die from breathing second-hand smoke. Unless we act, the epidemic will kill more than 8 million people every year by 2030. More than 80 per cent of these preventable deaths will be among people living in low and middle-income countries. Every cigarette takes away five minutes of one's life.

Effect on heart

Tobacco abuse is a major risk factor for coronary artery disease — blockage of heart arteries that can cause a heart attack. According to a WHO estimate, in developing countries, 35 per cent of all deaths related to heart and blood vessel disorders in the 35-69 years age group are related to smoking. The incidence of heart disease is 3-5 times higher in smokers than non-smokers. People who smoke 20 or more cigarettes a day are twice as likely to have a heart attack as non-smokers. Their chances of dying of a heart attack are 70 per cent more than in non-smokers.

Cigarette and tobacco smoke, high blood cholesterol, high blood pressure, physical inactivity, obesity and diabetes are the six major independent risk factors for coronary heart disease that

you can modify or control. Cigarette smoking is a widespread and a significant risk factor. According to Surgeon General of USA, "It is the leading preventable cause of disease and deaths in the USA."

Cigarette smoking increases the risk of coronary heart disease by increasing blood pressure, decreasing exercise tolerance, promoting the deposition of fat in the wall of the arteries by damaging the cells lining the arteries and increasing the tendency for blood to clot. The effect is cumulative – the more you smoke – the greater your risk. A person's risk of heart attack greatly increases with the number of cigarettes he or she smokes. People who smoke a pack a day have more than twice the risk of heart attack than non-smokers.

Harms of passive smoking

The link between second hand smoke (also called environmental tobacco smoke) and disease is quite strong, and is a major cause of cardiovascular-related disability and death in non smokers.

How can quitting help

Quitting smoking helps to prolong a healthy life, reduces risk of various diseases (including heart disease, heart attack, high blood pressure, lung cancer, throat cancer, emphysema, ulcers, gum disease and other conditions), improves health and looks. It can help prevent face wrinkles, get rid of stained teeth and improve your skin; improves the sense of taste and smell, and saves money.

All forms of tobacco — cigarettes, pipes, cigars, and smokeless tobacco — are hazardous to health. It doesn't help to substitute products that may seem better than regular cigarettes such as filter or low-tar cigarettes.

The incidence of patients requiring bypass surgery as young as young as 30 years is rising as is the number of young patients with lung cancer. A fast-paced life, sedentary lifestyle and increased consumption of fast food is taking a major toll.

One factor which can be easily controlled is the avoidance of tobacco use. Even after a bypass surgery or angioplasty the risk of reblockage is dramatically increased in smokers. There have instances of surgeons deferring surgery on elective cases who initially refused to commit to a stoppage of smoking after surgery.

Good news

The good news is that quit smoking boosts heart and lung health: Smokers who quit or even just cut down on cigarettes can begin to reap the health benefits within a few months. Individuals who gradually quit smoking get improvements in risk factors for heart disease, including lower cholesterol and carbon monoxide levels. It is never too late to stop smoking. The benefits begin as soon as you stop.

Staying smoke free will give you a whole lot more of everything - more energy, better performance, better looks, more money in your pocket, and, in the long run, more life to live!

Impact on other organs

One out of five stroke cases are attributed to smoking.

Peripheral arterial disease: Smokers have a 16 times greater risk of developing peripheral vascular disease (blocked blood vessels in the legs or feet) than people who have never smoked. The blockage if unchecked leads to gangrene and amputation of limbs.

Non-cardiovascular health problems

Respiratory diseases: The focus of this year's World No Tobacco Day is on "tobacco and lung health". Smoking is a major cause of respiratory ailments such as lung cancer, chronic bronchitis, frequent pneumonia and respiratory failure. About 80 per cent of the deaths from respiratory diseases are attributable to smoking. Lung cancer accounts for 15 per cent of all cancers in India.

Scary numbers

According to the Indian Council of Medical Research (ICMR), WHO and Tobacco Institute of India there is one death every eight seconds in India directly related to smoking. In India there are 250 million tobacco users ie about one in four persons is a user. They constitute about 57 per cent of adult males and 3 per cent of adult females. At least 17 per cent male and 9 per cent female smokers are in the age group of 13- 17 years. An average 50 per cent persons smoke bidis while 36 per cent chew tobacco / gutka and most start smoking at the age of 15 years.

— The writer is founder president of the Association of North Zone Cardio Thoracic and Vascular Surgeons

Racism Toxic (The Asian age: 20190604)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=13125385>

Racism toxic to human health: Study

Los Angeles: People who face racism may be at an increased risk of inflammation and chronic illness, a study has found.

Inflammation serves to protect an organism from a health threat. However, if someone feels under threat for long periods of time, their health may suffer significantly with chronic inflammation.

"If those genes remain active for an extended period of time, that can promote heart attacks, neurodegenerative diseases, and metastatic cancer," said Steve Cole of the

University of California, Los Angeles in the US.

The research, published in the journal *Psychoneuroendocrinology*, shows that racist experiences increase inflammation in African American individuals, raising their risk of chronic illness.

"We know discrimination is linked to health outcomes, but no one was sure exactly how it harmed health," said April Thames, an associate professor at University of Southern California in the US.

The survival of all living things depends on their ability to respond to infections, stresses and injuries. Such threats trigger an immune system response to fend off pathogens and repair damaged tissues.

A select group of genes are key to this defense mechanism, and inflammation is a sign that those genes are working to counter the threat or repair the damage.

In previous studies, researchers had found that inflammatory responses are heightened

among people in socially-marginalised, isolated groups.

"We've seen this before in chronic loneliness, poverty, PTSD, and other types of adversity. But until now, nobody had looked at the effects of discrimination," said Cole.

For the study, researchers focused on a group of 71 subjects: two-thirds of them were African Americans; the others were white. Team found higher levels of inflammatory molecules in African American participants. — PTI

Hair Treatment ((The Asian age: 20190604)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=13125435>

Hair treatment lands AI pilot in a soup

New Delhi, June 3: An Air India pilot's bid to prevent hair fall has, according to him, resulted in the suspension of his flying licence for three years as the alcohol in the treatment serum showed up in a breath analyser test conducted prior to operating a flight.

The incident occurred last year and the pilot has now challenged in the Delhi high court the Directorate General of Civil Aviation and civil aviation, ministry's decisions to suspend him.

In his plea, he has said that the alcohol levels that showed up in the breath analyser (BA) test was 0.16 and 0.20, which was below the international

▶ The incident occurred last year and the pilot has now challenged in the Delhi high court the DGCA and civil aviation, ministry's decisions for suspending his flying licence for 3 yrs

▶ In his plea, he has said that the alcohol levels that showed up in the breath analyser (BA) test was 0.16 and 0.20, which was below the international permissible standards of 0.40

permissible standards of 0.40.

He has contended that the blood and urine tests, immediately conducted by him from a private lab on the same day as the breath analyser (BA) test did not show any alcohol in his system.

The directorate general

of civil aviation (DGCA), which had in May 2018 suspended him for three years, told the court that its standards for permissible alcohol levels were 0.0.

It also said that the pilot had once in the past also tested positive for alcohol before a pre-flight BA test and he had back then

claimed that it was due to the consumption of cough syrup.

The pilot had initially appealed against his three-year suspension before the ministry, which, in April this year, upheld the DGCA decision.

Subsequently, he moved the high court against his suspension.

The high court has issued a notice to the ministry and DGCA seeking their stand on the pilot's plea.

Taking note of the low level of alcohol, which showed up in the test, the court observed that the pilot might not have necessarily been drunk.

—PTI

Nipah threat

State going all out to counter Nipah threat (The Hindu: 20190604)

<https://www.thehindu.com/news/national/kerala/state-going-all-out-to-counter-nipah-threat/article27430188.ece>

Caution in the air: Medical personnel at the Ernakulam Government Medical College watch the arrangements being made to tackle the Nipah virus threat.

Caution in the air: Medical personnel at the Ernakulam Government Medical College watch the arrangements being made to tackle the Nipah virus threat.

Blood results of suspected case awaited

Even as the State awaits the blood reports of a 23-year-old youth suspected to be infected with the Nipah virus, the Health Department has gone into the alert mode with full-fledged preventive measures across the State.

Emerging from a high-level review meeting held here on Monday to take stock of the situation, Health Minister K.K. Shylaja assured the people that the State administration was fully geared up to face any eventualities.

CM's directive

Chief Minister Pinarayi Vijayan, in a Facebook post, urged everyone to follow the instructions of the Health Department.

The student, hailing from Ernakulam, had studied in a college in Thodupuzha in Idukki and had stayed in Thrissur recently in connection with a camp. He is admitted to a private hospital in Kochi. As many as 86 people who had come into contact with the patient had been put under observation. The Health Department was tracing the travel history of the patient to trace the origin of the infection.

The blood samples are being tested at the National Institute of Virology, Pune. Isolation wards have been readied in several medical colleges and general hospitals in the State and all private hospitals have been asked to report suspected cases. Surveillance in all private hospitals has been increased.

Antiviral medication

The patient is being administered Ribavirin, an antiviral medication. Last year, the Health Department had procured human monoclonal antibody, an immunoglobulin which is effective in aggravated cases, and the department has ample stock of it. The Minister said Union Minister for Health Harsh Vardhan and Union Health Secretary Preethi Sudan had conveyed support in dealing with the situation.

Training has been provided to the medical college team here by a team of experts led by R. Chandni of the Kozhikode Government Medical College.

Safety of team

Safety of the health-care team would be a priority of the government, said the Minister. Steps had been taken to procure protective gear for the team. Ambulances and Rapid Response Teams had been put on alert.

All the preparations had been done based on the results from the Alappuzha Virology Institute, which had said that it had found a Nipah-like virus. There was no bar on gatherings and festivities, though people need to be alert and get immediate medical help in case of fever, the Minister said.

Stress

When stressed doctors seek better care for themselves (The Hindu: 20190604)

<https://www.thehindu.com/sci-tech/health/when-stressed-doctors-seek-better-care-for-themselves/article27429377.ece>

'I am overworked' campaign seeks to highlight unregulated duty hours and increasing cases of depression

Demanding regulated working hours, and standardised working and living conditions, resident doctors across India have joined hands to start a unique campaign called - "I am overworked."

"As part of the campaign, the doctors will be wearing a band/badge with these words while doing their duty. There will be no strike or gathering but a silent appeal to the Union Health Minister Dr. Harsh Vardhan, who is a physician and knows exactly the stress and pressure resident doctors are under while working in India. We hope that justice will be done," said ex-president of resident doctors' association, All India Institute of Medical Sciences (AIIMS) Dr. Harjit Singh Bhatti.

The campaign, meanwhile, is aimed at "highlighting the issues of unregulated duty hours, poor working and living conditions and increasing number of depression and suicides among resident doctors in the country," noted the group of doctors.

"On an average, the duty hours of doctors are between 13-18 hours per day which is clearly a violation of the central residency scheme. It is beyond human capacity to perform their skills to the fullest without having adequate rest, food or sleep. This overburden is causing immense stress which might result in depression and sometimes suicide," added Dr. Bhatti.

"As the health minister is also a doctor, we have lots of expectations from him and hope that he will understand our pain, and pass an order to all hospitals of India to strictly follow the central residency scheme guidelines laid down by the Government of India," said another resident from the team.

Resident doctors added that the government and the hospitals have to understand and deal with them as human beings.

"If you are seeing an average of several thousand patients annually in the government set-up, how can we expect time for ourselves? I have seen many of my colleagues crying or screaming in the closed duty rooms due to extreme work pressure.

That is when we came up with the idea of the "I Am Overworked" campaign to highlight the issues of doctors and request health ministry to intervene," added Dr. Bhatti.



NACO releases HIV Estimations 2017 report

NACO releases HIV Estimations 2017 report ((The Hindu: 20190604)

<https://www.thehindu.com/sci-tech/health/naco-releases-hiv-estimations-2017-report/article24949216.ece>

With the HIV-infected numbering 21.40 lakh, the target of ending AIDS by 2030 won't be easy India's long battle against AIDS is not likely to end any time soon, if the latest figures released by the National AIDS Control Organisation (NACO) on Friday is any indication. The data revealed that, as of 2017, there were still around 21.40 lakh people living with HIV in India, with the prevalence among adults stood at 0.22 per cent.

There were around 87,000 new HIV infections and over 69,000 AIDS-related deaths (ARDs) in 2017. Around 22,675 mothers needed Antiretroviral Therapy (ART) for prevention of mother-to-child transmission of HIV.

“HIV Estimations 2017 corroborates the previous rounds in terms of the characteristic of the HIV epidemic in India -- national prevalence and incidence remains low, but the epidemic is high in some geographical regions and population groups. The report has noted that the rate of decline in annual new HIV infections has been relatively slower in recent years,” noted a release from the Health Ministry.

India’s 2017 figures also do not show a significant positive shift from 2015, the previous year for which when such a survey had been carried out. In 2015, India had reported 86,000 new HIV infections. Of these, children (<15 years) accounted for 12 per cent (10,400) while the remaining (75,000) were adults (15+ years). In 2015, the total number of people living with HIV in India was estimated at 21.17 lakh, while the same figure was 22.26 lakh in 2007.

The 2017 estimation report also indicates that there is no place for complacency as the country aims to achieve the ambitious goal of ending AIDS in India by 2030. It adds, however, that the impact of the HIV/AIDS control programme has been significant, with more than an 80 per cent decline in estimated new infections from the epidemic’s peak in 1995.

“Similarly, estimated AIDS-related deaths declined by 71 per cent since its peak in 2005. As per UNAIDS 2018 report, the global average for decline in new infections and AIDS-related deaths from peak (sic) has been 47 per cent and 51 per cent respectively,” noted NACO.

The objective of HIV estimations is to provide updated information on the status of the HIV epidemic in India at the national and State/Union Territory level.

“Estimations of adult HIV prevalence, annual new infections (HIV incidence), AIDS-related mortality, and prevention of mother-to-child transmission (PMTCT) needs are produced as outcomes of HIV estimations. The modelled estimates are needed because there is no direct reliable way of measuring these core indicators, which are used to track the epidemic and monitor and evaluate the response in countries around the world,” noted the release.

The HIV Estimations 2017 is the 14th round in the series of HIV-estimations under the National AIDS Control Programme (NACP). NACO undertakes HIV estimations biennially in collaboration with the Indian Council of Medical Research (ICMR) - National Institute of Medical Statistics (NIMS).

Bird flu

Scientists edit chicken genes to make them resistant to bird flu (The Hindu: 20190604)

<https://uk.reuters.com/article/uk-health-birdflu-chickens/scientists-edit-chicken-genes-to-make-them-resistant-to-bird-flu-idUKKCN1T41EB>

FILE PHOTO: Health officers in protective clothing cull poultry at a wholesale market, as trade in live poultry suspended after a spot check at a local street market revealed the presence of H7N9 bird flu virus, in Hong Kong June 7, 2016. REUTERS/Bobby Yip

LONDON (Reuters) - Scientists in Britain have used gene-editing techniques to stop bird flu spreading in chicken cells grown in a lab - a key step towards making genetically-altered chickens that could halt a human flu pandemic.

Bird flu viruses currently spread swiftly in wild birds and poultry, and can at times jump into humans. Global health and infectious disease specialists cite as one of their greatest concerns the threat of a human flu pandemic caused by a bird flu strain that makes such a jump and mutates into a deadly and airborne form that can pass easily between people.

In the latest study, by editing out a section of chicken DNA inside the lab-grown cells, researchers from Imperial College London and the University of Edinburgh's Roslin Institute prevented the bird flu virus from taking hold in the cells and replicating.

The next step will be to try to produce chickens with the same genetic change, said Mike McGrew of the Roslin Institute, who co-led the research. The findings were due to be published in the scientific journal eLife on June 4.

"This is an important advance that suggests we may be able to use gene-editing techniques to produce chickens that are resistant to bird flu," McGrew said in a statement.

"We haven't produced any birds yet and we need to check if the DNA change has any other effects on the bird cells before we can take this next step."

BLOCKING THE VIRUS

In the further work, the team hopes to use the gene editing technology, known as CRISPR, to remove a section of the birds' DNA responsible for producing a protein called ANP32, on which all flu viruses depend to infect a host.

Lab tests of cells engineered to lack the gene showed they resist the flu virus - blocking its entry and halting its replication and spread.

The death toll in the last flu pandemic in 2009/10 - caused by the H1N1 strain and considered to be relatively mild - was around half a million people worldwide. The historic 1918 Spanish flu killed around 50 million people.

Wendy Barclay, professor and chair in influenza virology at Imperial who worked with McGrew, says the idea behind developing gene-edited flu-resistant chickens is to be able "to stop the next flu pandemic at its source".

And she said work so far was showing promise: "We have identified the smallest possible genetic change we can make to chickens that can help to stop the virus taking hold."

Nipah scare returns

Kerala on alert as Nipah scare returns (Hindustan Times: 20190604)

<http://paper.hindustantimes.com/epaper/viewer.aspx>

Ernakulam-based man under observation after showing ‘Nipah-like’ symptoms; govt awaits reports from apex lab

From page 01 A year after an outbreak of Nipah virus infection claimed 17 lives in north Kerala, fear has gripped the state again as a 23-year-old man has been hospitalised with “Nipahlike” symptoms in Ernakulam.

State health minister KK Shailaja on Monday morning said the 23-year-old engineering graduate had tested positive for the virus at the Kerala State Institute of Virology and Infectious Diseases in Alappuzha. But she retracted her statement in the evening, saying that his symptoms were “Nipah -like”.

She said a clear picture will emerge after the diagnosis is confirmed by India’s apex diagnostic lab, National Institute of Virology, in Pune.

“It is not yet confirmed. Doctors said his symptoms are Nipah-like... Results from Pune are expected either by Monday night or Tuesday morning. At least 86 persons, who were in contact with the patient, are under observation,” she said. Shailaja added that no other cases had been reported from Ernakulam and the neighbouring districts.

Shailaja has been camping in Kochi to coordinate measures to contain a possible Nipah virus infection outbreak

Hospitals have opened fever clinics and isolation wards in Kozhikode, Thrissur, and Ernakulam to deal with the situation.

Doctors, who treated Nipah patients in Kozhikode last year, have been moved to Kochi. Help has also been sought from experts at Karnataka’s Manipal Institute of Virology.

Since the usual incubation period or the interval from infection to the onset of symptoms ranges from 4 to 14 days, people who have been in contact with the 23-year-old over the past two weeks have been asked to get screened.

Thrissur’s district medical officer, K G Reena, said a list of 50 people, including medical professionals who treated the patient, has been made and they will be under observation for two weeks.

Two relatives, who were in close contact with the patient, have also been quarantined. The patient’s father said he developed a fever when he was interning in Thrissur 10 days ago.

Doctors said though the patient had developed encephalitis (swelling in the membranes of the brain), he was responding well to treatment.

He was moved to an isolation ward and his blood samples were sent to two virology institutes for tests—Manipal Virology Institute and Kerala State Institute of Virology and Infectious Diseases on Saturday. On Sunday, his blood samples were sent to the National Institute of Virology in Pune for confirmation. Shailaja said she was in touch with the Union health ministry and a team was expected on Tuesday.

The outbreak in May last year had claimed 17 lives, including that of a nurse Lini Puthussery, who was part of a team treating one of the patients. The outbreak was localised in two districts and contained within two weeks.

The experience of containing last year's outbreak has helped in formulating a faster response this year, said state health department officials.