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Delays hinder outbreak investigations in India

Numerous infectious diseases outbreaks are reported from different parts of India every year. Media reports of unexplained fevers, delays in diagnosis, and, very often, controversy over the causative agent mark almost every episode. The latest example of controversy was over the outbreak in Andhra Pradesh in June and July this year, where the National Institute of Virology (NIV) diagnosed the causative agent as rhabdovirus but the National Institute of Communicable Diseases (NICD) believed Japanese encephalitis was to blame. It is rare for samples to be sent to international agencies for confirmation.

Disease surveillance is in the purview of states and central intervention is limited to emergencies. "While control of outbreaks is the responsibility of respective state governments, the central government has provided technical support by sending expert teams to affected states. Support has also been provided for laboratory confirmation for diagnosis", central health minister, Sushma Swaraj, told the parliament in August after outbreaks of viral

encephalitis, dengue, and influenza B virus in four states.

The central government helps through the NICD and the NIV. But these two laboratories work under its different wings—the Ministry of Health controls NICD, whereas NIV is part of the Indian Council of Medical Research.

Delays in reporting are common. Local authorities inform state governments only when the problem aggravates. State-level officials take time in seeking central help. "States must understand that we need to collect samples early on. At times, local officials mislead by referring to malaria outbreaks as viral outbreaks. If they report it as malaria, it will expose their inefficiency. Sometimes politicians interfere and want samples to be tested for all viruses. All these things delay the diagnosis process", pointed out K K Datta, a former director of NICD.

Once the matter is with the central authorities, there are other kinds of problems. There is no institutional mechanism for sharing samples and information among various

government labs. Very often they differ on diagnosis. In such cases, the decision on seeking help from the WHO or the US Centers for Disease Control and Prevention (CDC) is left to bureaucrats in the health ministry.

Sending samples to the CDC and WHO is considered a sensitive—sometimes even prestige—issue. CDC help was sought to diagnose an outbreak in Siliguri (West Bengal) in 2001. But its findings were not made public, since they differed from an earlier announcement by Indian officials that the causative agent was a mutant virus of measles, revealed a top ranking official.

"Procedures relating to exchange of information and clinical material in times of outbreaks should be simplified and made transparent", suggested Datta. Inadequate funding for creating research and diagnostic facilities as well as in public health infrastructure and availability of professionals are additional problems. For a population of 1 billion, India has just one public-health school.

Dinesh C Sharma

Infectious disease surveillance update

The health situation in the Liberian capital Monrovia remains critical, with 2035 new cases of cholera reported last week alone (week beginning September 1). The cumulative number stands at 6353 cases since the beginning of June. Since the ceasefire and the improvement in security, the number of registered cases of cholera has been rapidly increasing. But as more people return to their homes or to their refugee camps, the cholera outbreak is spreading from central Monrovia to peripheral areas of the city, and neighbouring areas where health care facilities are extremely reduced. The approximately 230 000 people in internally displaced persons camps in Monrovia live in very difficult conditions. But the chlorination of 5000 open wells in the city has begun, and the process will be

repeated regularly until the cholera risk has diminished. Measles has also been reported in one camp in the capital city, which currently provides shelter for more than 5000 displaced people.

Singapore has a laboratory-confirmed case of severe acute respiratory syndrome (SARS) infection. This single case is in a 27-year-old postgraduate medical student who worked in a virology laboratory in Singapore. The patient developed fever, was hospitalised, isolated, and his fever has now resolved. Contact tracing is continuing but it has not identified any secondary cases arising from this infection. One suggestion is that infection may have resulted from a laboratory accident. WHO will be addressing the issue of laboratory safety at its meeting of SARS scientific

advisors in October in Geneva.

As of September 5, the number of cases of *Salmonella bareilly* in the UK has risen to 131, with one fatality in Scotland. *S bareilly* is very uncommon in the UK. Sarah O'Brien from the UK's Health Protection Agency told *TLID* that the outbreak strain can be differentiated from those causing sporadic cases. "A contaminated food source distributed nationally is likely to be the cause," she said. Hypotheses for the origin of the outbreak are being tested at the moment in a national-case control study.

As of September 10, the number of cases of West Nile virus in the USA this year has risen to 2923, with 54 deaths. In Canada there has been a total of 232 probable or confirmed cases of human infection but no fatalities as yet.

Pam Das