

**GOVERNMENT OF TELANGANA  
MUNICIPAL ADMINISTRATION DEPARTMENT**

O/o Commissioner & Director of  
Municipal Administration,  
T.S., Hyderabad.

**CIRCULAR**

**Lr.Roc.No.1225/2016/H3**

**Dt:23.02.2016**

**Sub:** Health, Medical and Family Welfare Department - ZIKA Virus Disease is an emerging viral disease transmitted through the bite of an infected Aedes Mosquito -Prevention and control guidelines forwarded - Instructions - Reg.

**Ref:** 1. Memo. No. 802/D1/2016, Dt.10.02.2016 of Health, Medical & Family Welfare (D1) Department.  
2. Guidelines on Zika Virus Disease following Epidemic in Brazil and other countries of America issued by Ministry of Health and Family Welfare, Directorate General of Health Services, Government of India.

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The attention of all the Municipal Commissioners in the State is invited to the reference cited, (Copy enclosed for ready reference) wherein the Health, Medical & Family welfare Department has requested to take preventive and curative steps on control of vector – borne diseases, in view of Guidelines issued by Govt. of India. It is to retrainate that there are areas which require further intensified effort because of the remoteness of their location, and endemic to various vector borne diseases. You are requested to depute the experts to the fields to prevent outbreak of epidemics by conducting mega camps with special doctors at shady points and should launch awareness programmes about the vector borne diseases and also "Zika" virus and review the measures being taken to prevent and control the incidents and also coordinate with the Medical Department and should give instructions to the concerned and ensure preventive steps to avoid Vector Borne Diseases including the new "Zika" virus caused due to bite of Aedes Mosquito.

It is also requested to follow Dry days on Fridays and biological methods of leaving Gambusia fishes in still waters and planting mosquito repellents plants such as lemon grass & Addasaram plants.

Encl: As above

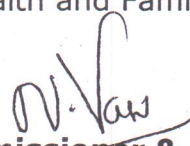

Sd/-Dana Kishore, I.A.S.,  
Commissioner & Director

To

All the Municipal Commissioners in the State.

Copy to the Regional Director-cum-Appellate Commissioners of Municipal Administration, Hyderabad and Warangal Regions.

Copy submitted to the Principal Secretary to Government, Health and Family Welfare, Govt. of Telangana, Hyderabad.

  
**for Commissioner & Director**  




GOVERNMENT OF TELANGANA  
HEALTH, MEDICAL & FAMILY WELFARE (D1) DEPARTMENT

Memo. No. 802/D1/2016

Dated:10-02-2016

Sub: Health, Medical & Family Welfare Department - Zika Virus Disease is an emerging viral disease transmitted through the bite of an infected Aedes Mosquito - Prevention and control guidelines forwarded - Instructions - Reg.

Ref: From the Secretary to Government, Govt. Of India, DoH&FW, MoH&FW, D.O.No.7-71/2016/NVBDCP/DEN- Advisory, Dt.04-02-2016

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A Copy of the reference cited is herewith sent to Heads of Departments of Medical & Health Department with a request to take preventive and curative steps against vector-borne diseases, as per the directions of Govt. Of India. There are areas which require further intensified effort because of the remoteness of their location, backwardness and mostly tribal areas are endemic to various vector borne diseases. It is a major challenge to reach out these scattered habitations which are characterized by poor communications, low levels and inadequate awareness about the new virus like "ZIKA". They are therefore, requested to depute the experts to the fields to prevent a major outbreak by conducting mega camps with special doctors at shandy points. You should launch awareness programmes about the vector borne diseases and also "Zika" virus and review the measures being taken to prevent and control the incidents.

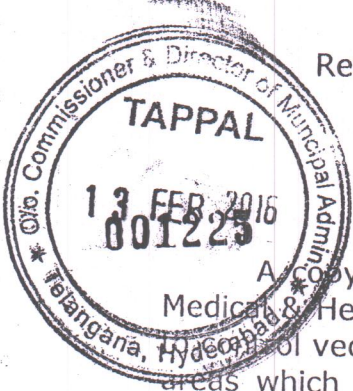
2. The Heads of Departments of Urban Development, Rural Development, Education, Industry, Panchayat Raj, Municipal Corporation, Tribal Welfare, & Women & Child Department shall also coordinate with the Medical Department and should give instructions to their controlling officers and ensure preventive steps to avoid Vector Borne Diseases including the new "Zika" virus caused due to bite of Aedes Mosquito.

RAJESHWAR TIWARI  
PRINCIPAL SECRETARY TO GOVERNMENT

To  
All Heads of Departments in Health, Medical & Family Welfare Department,  
Telangana State, Hyderabad(w.e)  
The Commissioner of Panchyat Raj & Rural Development Department, Telangana  
State, Hyderabad.(w.e)  
The Commissioner of Tribal Welfare, Department. TS, Hyderabad (w.e)  
The Commissioner & Director Municipal Administrative Development, Telangana  
State, Hyderabad.(w.e)  
The Director of School Education, Telangana State, Hyderabad (w.e)  
The Commissioner & Special Officer, Greater Hyderabad Municipal Corporation,  
Hyderabad (w.e)

// FORWARDED :: BY ORDER //

*Rajeshwar Tiwari*  
SECTION OFFICER



H3

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not H

By  
13/2/16



10st urgent



मानु प्रताप शर्मा  
P. SHARMA  
Secretary



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health & Family Welfare

D.O.No. 7-71/2016/NVBDCP/DEN-Advisory  
Dated : 4<sup>th</sup> February, 2016

Dear Chief Secretary,

Zika virus disease is an emerging viral disease transmitted through the bite of an infected Aedes mosquito. Since it has the potential of international spread, given the wide geographical distribution of the mosquito vector, a lack of immunity among population in newly affected areas and the high volume of international travel WHO has already issued alert to countries including India. World Health Organisation has declared Zika virus disease to be a Public Health Emergency of International Concern (PHEIC) on 1<sup>st</sup> February, 2016.

Though, as of now, the disease has not been reported in India, the mosquito Aedes aegypti, which transmits Zika virus also dengue and Chickungunya is widely prevalent in India. The Ministry of Health and Family Welfare issued guidelines on the Zika virus disease on 2.2.2016 (copy enclosed).

Directorate of NVBDCP have prepared and issued a draft advisory to the States/UTs for intensification of strategies of Mid Term Plan for vector control with focused supervision in all the districts/municipalities. I would urge your State to intensify integrated vector management and augment the measures undertaken for control of dengue/dengue hemorrhagic fever. The integrated vector control will stress on vector surveillance (both for adult and larvae), vector management through environmental modification/manipulation; personal protection, biological and chemical control at household, community and institutional levels.

States and UTs where dengue transmission is going on currently due to conducive weather conditions (mainly in Kerala, Tamil Nadu, Maharashtra, Karnataka and Puducherry etc) should ensure extra vigil.

The disease transmission can be reduced with sustained high level Government commitment, strengthening of the public health infrastructure, inter-sectoral collaboration and community participation. The role of non-health sectors is critical for control of these vector-borne diseases. Timely detection and control of

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JS(42)

Issue intimating to  
① IPM  
② All HODs  
③ To all  
④ Other

Pri. Secy. to Govt. HM & F.W. Dept.  
05 FEB 2016  
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P.S. Secretariat, H.P.

email sent

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epidemic/outbreak requires preparedness and capacity to undertake suitable and effective control activities during the inter-epidemic period. It is requested that you may hold a meeting with Departments concerned like Urban Development, Rural Development, Education, Industry, Panchayati Raj, Municipal Corporations etc. to emphasize their respective roles in prevention and control of vector-borne diseases, and to put in place and implement an action plan with immediate effect.

An early action in this regard would be highly appreciated.

With regards,

Yours sincerely,

Encl: As above.

  
(B.P. Sharma)

Chief Secretaries of all States/UTs



Government of India  
Ministry of Health and Family Welfare  
Directorate General of Health Services

**Guidelines on Zika Virus Disease following Epidemic in Brazil and other countries of America**

***Background***

Zika virus disease is an emerging viral disease transmitted through the bite of an infected Aedes mosquito. This is the same mosquito that is known to transmit infections like dengue and chikungunya. Zika virus was first identified in Uganda in 1947.

World Health Organization has reported 22 countries and territories in Americas<sup>1</sup> from where local transmission of Zika virus has been reported. Microcephaly in the newborn and other neurological syndromes (Guillain Barre Syndrome) have been found temporally associated with Zika virus infection. However, there are a number of genetic and other causes for microcephaly and neurological syndromes like Guillain Barre Syndrome.

Zika virus disease has the potential for further international spread given the wide geographical distribution of the mosquito vector, a lack of immunity among population in newly affected areas and the high volume of international travel. As of now, the disease has not been reported in India. However, the mosquito that transmits Zika virus, namely Aedes aegypti, that also transmits dengue virus, is widely prevalent in India.

A majority of those infected with Zika virus disease either remain asymptomatic (up to 80%) or show mild symptoms of fever, rash, conjunctivitis, body ache, joint pains. Zika virus infection should be suspected in patients reporting with acute onset of fever, maculo-papular rash and arthralgia, among those individuals who travelled to areas with ongoing transmission during the two weeks preceding the onset of illness.

Based on the available information of previous outbreaks, severe forms of disease requiring hospitalization is uncommon and fatalities are rare. **There is no vaccine or drug available to prevent/ treat Zika virus disease at present.**

World Health Organization has declared Zika virus disease to be a Public Health Emergency of International Concern (PHEIC) on 1<sup>st</sup> February, 2016.

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<sup>1</sup> Zika virus disease has been reported so far in the following countries; Brazil, Barbados, Bolivia, Columbia, Dominican Republic, Ecuador, El Salvador, French Guyana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, St Martin, Suriname, Virgin Island and Venezuela. It may be noted that this list is likely to change with time. Hence, updated information should be checked periodically.

In the light of the current disease trend, and its possible association with adverse pregnancy outcomes, the Directorate General of Health Services, Ministry of Health and Family Welfare advises on the following:

## **1. Enhanced Surveillance**

### **1.1. Community based Surveillance**

- Integrated Disease Surveillance Programme (IDSP) through its community and hospital based data gathering mechanism would track clustering of acute febrile illness and seek primary case, if any, among those who travelled to areas with ongoing transmission in the 2 weeks preceding the onset of illness.
- IDSP would also advise its State and District level units to look for clustering of cases of microcephaly among newborns and reporting of Gullian Barre Syndrome.
- The Maternal and Child Health Division (under NHM) would also advise its field units to look for clustering of cases of microcephaly among new borns.

### **1.2 International Airports/ Ports**

- All the International Airports / Ports will display billboards/ signage providing information to travelers on Zika virus disease and to report to Custom authorities if they are returning from affected countries and suffering from febrile illness.
- The Airport / Port Health Organization (APHO / PHO) would have quarantine / isolation facility in identified Airports.
- Directorate General of Civil Aviation, Ministry of Civil Aviation will be asked to instruct all international airlines to follow the recommended aircraft disinsection guidelines
- The APHOs shall circulate guidelines for aircraft disinsection (as per International Health Regulations) to all the international airlines and monitor appropriate vector control measures with the assistance from NVBDCP in airport premises and in the defined perimeter.



### **1.3 Rapid Response Teams**

- Rapid Response Teams (RRTs) shall be activated at Central and State surveillance units. Each team would comprise an epidemiologist / public health specialist, microbiologist and a medical / paediatric specialist and other experts (entomologist etc) to travel at short notice to investigate suspected outbreak.
- National Centre for Disease Control (NCDC), Delhi would be the nodal agency for investigation of outbreak in any part of the country.

### **1.4 Laboratory Diagnosis**

- NCDC, Delhi and National Institute of Virology (NIV), Pune, have the capacity to provide laboratory diagnosis of Zika virus disease in acute febrile stage. These two institutions would be the apex laboratories to support the outbreak investigation and for confirmation of laboratory diagnosis. Ten additional laboratories would be strengthened by ICMR to expand the scope of laboratory diagnosis.
- RT- PCR test would remain the standard test. As of now there is no commercially available test for Zika virus disease. Serological tests are not recommended.

## **2. Risk Communication**

- The States/ UT Administrations would create increased awareness among clinicians including obstetricians, paediatricians and neurologists about Zika virus disease and its possible link with adverse pregnancy outcome (foetal loss, microcephaly etc). There should be enhanced vigilance to take note of travel history to the affected countries in the preceding two weeks.
- The public needs to be reassured that there is no cause for undue concern. The Central/ State Government shall take all necessary steps to address the challenge of this infection working closely with technical institutions, professionals and global health partners.

### **Vector Control**

- There would be enhanced integrated vector management. The measures undertaken for control of dengue/ dengue hemorrhagic fever will be further augmented. The guidelines for the integrated vector control will stress on vector surveillance (both for adult and larvae), vector management through environmental modification/ manipulation; personal protection, biological and chemical control at household, community and institutional levels. Details are at Annexure-I.
- States where dengue transmission is going on currently due to conducive weather conditions (Kerala, Tamil Nadu etc) should ensure extra vigil.

### **4. Travel Advisory**

- Non-essential travel to the affected countries to be deferred/ cancelled<sup>2</sup>.
- Pregnant women or women who are trying to become pregnant should defer/ cancel their travel to the affected areas.
- All travelers to the affected countries/ areas should strictly follow individual protective measures, especially during day time, to prevent mosquito bites (use of mosquito repellent cream, electronic mosquito repellants, use of bed nets, and dress that appropriately covers most of the body parts).
- Persons with co-morbid conditions (diabetes, hypertension, chronic respiratory illness, Immune disorders etc) should seek advice from the nearest health facility, prior to travel to an affected country.
- Travelers having febrile illness within two weeks of return from an affected country should report to the nearest health facility.
- Pregnant women who have travelled to areas with Zika virus transmission should mention about their travel during ante-natal visits in order to be assessed and monitored appropriately.

### **5. Non-Governmental Organizations**

- Ministry of Health &FW / State Health Departments would work closely with Non-Governmental organizations such as Indian / State Medical Associations, Professional bodies etc to sensitize clinicians both in Government and private sector about Zika virus disease.

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<sup>2</sup> Based on available evidence, World Health Organization is not recommending any travel or trade restrictions.



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**6. Co-ordination with International Agencies**

- National Centre for Disease Control, Delhi, the Focal Point for International Health Regulations (IHR), would seek/ share information with the IHR focal points of the affected countries and be in constant touch with World Health Organization for updates on the evolving epidemic.

**7. Research**

- Indian Council of Medical Research would identify the research priorities and take appropriate action.

**8. Monitoring**

- The situation would be monitored by the Joint Monitoring group under Director General of Health Services on regular basis. The guidelines will be updated from time to time as the emerging situation demands.