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India responding to Ebola virus outbreak

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Govt launches advanced contactless passenger health self-declaration portal



As the Democratic Republic of the Congo is battling an Ebola disease outbreak caused by the Bundibugyo virus, the World Health Organization (WHO) has released its first comprehensive guidelines for the clinical management of filovirus disease which include all types of Ebola and Marburg viruses. In addition, UNICEF and Gavi have launched a call to manufacturers in support of accelerated access to Bundibugyo Ebolavirus vaccines.

According to **WHO Director-General Dr Tedros Adhanom Ghebreyesus**, “The current Bundibugyo virus outbreak is a stark reminder of the need for diligent, holistic and person-focused medical care, to save lives and preserve human dignity. We encourage governments and authorities to integrate these new recommendations into preparedness and outbreak response, to ensure high-quality care for everyone.”

Ebola and Marburg diseases are serious and often fatal, with case fatality rates ranging from 25% to 90% in the most severe outbreaks.

According to media reports, as of now, there are no confirmed Ebola cases in India. However, a woman from Uganda was quarantined in Bengaluru due to Ebola-like symptoms, but her tests came back negative, providing relief to health officials.

As a result, the Ministry of Civil Aviation and Delhi International Airport Limited (DIAL) has launched Air Suvidha 2.0, an advanced contactless passenger health self-declaration portal that aims to strengthen public health surveillance at points of entry in response to the ongoing Ebola disease outbreak.

The portal, developed in collaboration with the Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, allows international arriving passengers to submit the mandatory online health self-declaration form, which includes 21 days of travel history, contact history, and associated symptoms (if any) before immigration clearance.

“The clinician’s ability to rapidly and accurately rule out Ebola virus disease in a febrile returning traveller is crucial for patient safety, infection prevention, and public health imperatives. The Indian Council of Medical Research (ICMR) and the National Centre for Disease Control (NCDC) have established a network of Biosafety Level-3 (BSL-3) and Level-4 (BSL-4) laboratories, with the National Institute of Virology (NIV), Pune serving as the apex referral facility. Sample collection for suspected Ebola virus disease must adhere to ICMR/NCDC biosafety guidelines. Real-Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) is the diagnostic gold standard when performed after 3 days of symptom onset, has 97-99% sensitivity and >99% specificity. All samples for RT-PCR are currently tested at NIV Pune. No commercially approved rapid RT-PCR platform for Ebola (like to point-of-care COVID-19 tests) is currently available in India’s public health or private laboratory network. All molecular testing must be routed through designated reference laboratories”, pointed out **Dr Rajalakshmi A, Senior Consultant, Department of Infectious Diseases, KIMSHEALTH Thiruvananthapuram**

Sharing further updates, **Dr Anupama Nair, Consultant Physician & Diabetologist, Dr KM Cherian Institute of Medical Sciences, Kallissery, Chengannur** said, “While RT PCR looks for the Ebola virus genetic material in the blood and gives results in 4 to 6 hours, another quick machine called Truenat can screen for Ebola in just 1 hour. If the test is negative, it means the person does not have Ebola. While waiting, doctors also test for dengue, malaria, and typhoid because they look similar. This helps to treat the patient faster.”

For Bundibugyo virus disease, early recognition, rapid referral and optimised supportive care remain fundamental components of patient care.