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**EDITORIAL ANALYSIS**

# On Ebola, India Must Stay Alert — Not Alarmed

 **THE HINDU**

30 May 2026

**SCIENCE & TECH****SOCIAL ISSUES****GS2****GS3**

CURATED &amp; WRITTEN BY

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# On Ebola, India Must Stay Alert — Not Alarmed

 The Hindu

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GS2

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## INTERVIEW ANGLE

*"The Hindu argues for a calibrated public-health response to the Ebola PHEIC — scaled surveillance without panic. As an NCDC officer, how would you structure India's response to balance alertness, public confidence, and continuity of routine healthcare?"*

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With WHO's declaration of the

**BUNDIBUGYO EBOLA OUTBREAK IN DRC + UGANDA AS A PHEIC**

(May 17, 2026; Emergency Committee met May 19; India advisory May 21) and **746+ suspected cases (~85 confirmed, including 2 in Uganda)** as of mid-May, the editorial argues India's public-health system must **scale up surveillance, point-of-entry screening, and lab capacity without triggering panic** — drawing **lessons from COVID-19** about what works (rapid testing, transparent communication) and what doesn't (lockdown overreach, healthcare disruption).

## THE ARGUMENT IN ONE LINE

The right response to a PHEIC is **calibrated proportionality** — neither complacency (which lets pathogens establish) nor panic (which collapses routine healthcare and trust). India has the institutional capacity built post-COVID; what it needs now is **disciplined deployment**, not headline-grabbing measures.

## WHY "NOT ALARMED" MATTERS

Past pandemic responses (Ebola West Africa 2014-16, Mpox 2022, COVID-19 2020-23) show two failure modes:

FAILURE MODE	CONSEQUENCE
<b>Under-response</b>	Pathogen establishment; delayed detection; export to other countries
<b>Over-response</b>	Healthcare disruption (collateral mortality from missed routine care); economic harm; loss of public trust; vaccine/testing hesitancy in future emergencies

The **West Africa Ebola epidemic (2014-16)** demonstrated the **collateral cost** of disrupted health systems — excess mortality from missed **maternal care, malaria treatment, immunisation, TB control** was estimated higher than direct Ebola deaths in Liberia and Sierra Leone.

## INDIA'S RISK PROFILE

RISK VECTOR	DETAIL
<b>Air connectivity to East Africa</b>	Via Gulf hubs (Dubai, Doha, Abu Dhabi); ~50+ weekly flights between East Africa and Indian cities
<b>Diaspora ties</b>	~3 million people of Indian origin in East/Southern Africa; family-visit travel pattern
<b>Vaccine constraint</b>	<b>No licensed vaccine for Bundibugyo ebolavirus; rVSV-ZEBOV (Ervebo)</b> is specific to <b>Zaire</b> strain; limited cross-protection
<b>BSL-4 capacity</b>	Only <b>NIV Pune</b> as civilian BSL-4 (commissioned 2012); DRDO Gwalior has a defence BSL-4
<b>Distributed BSL-3 capacity</b>	NCDC Delhi + regional referral centres; not yet primary-care-level

## WHAT INDIA'S CALIBRATED RESPONSE LOOKS LIKE

### Tier 1 — Border Surveillance

- **Thermal screening** at airports for incoming passengers from Africa-via-Gulf transit routes (Bengaluru, Kochi, Mumbai, Delhi, Ahmedabad).
- **Self-declaration forms** on Africa travel for 21-day windows.
- **GPS-traced quarantine** for high-risk contacts (modelled on Aarogya Setu architecture but voluntary).

## Tier 2 — Lab + Surveillance Capacity

- **NIV Pune** activated as confirmatory lab for VHF samples.
- **Regional BSL-3 capacity** expanded — Bengaluru, Kolkata, Hyderabad, Ahmedabad.
- **IDSP (Integrated Disease Surveillance Programme)** alert protocols for VHF case definitions.

## Tier 3 — Healthcare Continuity

- **No lockdown** unless community transmission detected.
- **Routine healthcare continuity protocols** — maternal care, immunisation, TB/HIV continuity guaranteed.
- **Risk communication** via authoritative channels (NCDC, MoHFW, state health departments) — counter misinformation.

## Tier 4 — International Coordination

- **WHO + Africa CDC** engagement.
- **Vaccine equity** — push Bharat Biotech / Serum Institute / Biological E for vaccine development on Bundibugyo and other non-Zaire strains.
- **India-Africa Forum Summit (IAFS-IV)** — postponed from May 28-31, 2026; reschedule with health-protocol clauses.

## POST-COVID LESSONS — FIVE

- 1 **Test, don't lockdown** — diagnostic capacity (PCR, antigen, sequencing) is the highest-yield investment.
- 2 **Genome sequencing routine** — India's INSACOG network must remain funded and operational for VHF-relevant pathogens.
- 3 **Healthcare worker training + PPE** — pre-positioned at high-risk hospitals.
- 4 **Transparent communication** — daily public-health bulletins; clear case-counts; honest unknowns.
- 5 **One Health integration** — animal + environmental surveillance under the National One Health Mission (₹2,233 crore, March 2024).

## WHAT THE EDITORIAL PUSHES BACK AGAINST

- **Travel-ban politics** — blanket travel bans on Africa would be diplomatically costly (IAFS-IV postponement is already a cost) and epidemiologically ineffective.

- **Vaccine nationalism** — India should NOT hoard rVSV-ZEBOV doses (which are limited globally); instead push for production capacity sharing.
- **Headline-grabbing surge capacity** — building emergency hospitals before need is established is performative; the investment is better placed in **routine BSL-3 network + R&D for non-Zaire vaccines**.

## UPSC HOOKS

PAPER	ANGLE
<b>GS2</b>	WHO architecture; IHR-2005; PHEIC; India-Africa Forum Summit; health diplomacy; vaccine equity
<b>GS3</b>	One Health; pandemic preparedness; BSL-3/4 capacity; lab network; INSACOG; risk communication
<b>GS4</b>	Ethics of pandemic response — proportionality, transparency, equity
<b>Mains</b>	“India’s post-COVID pandemic preparedness must move beyond reactive surveillance to integrated One Health and proportionate response. Discuss with reference to the current Ebola PHEIC.”
<b>Prelims</b>	PHEIC under IHR-2005 (in force June 15, 2007); current PHEICs (Polio 2014–, Mpox clade Ib 2024–, Ebola Bundibugyo 2026–); rVSV-ZEBOV (Ervebo, Zaire-only); NIV Pune (BSL-4, 2012); NCDC; IDSP; INSACOG; National One Health Mission (₹2,233 cr, March 2024); WHO Pandemic Agreement (78th WHA, May 20, 2025); IAFS-IV postponement

## CROSS-LINKS

- WHO Ebola PHEIC declaration (May 17, 2026; Emergency Committee May 19; India advisory May 21)
- 6 Ebolavirus species (Zaire, Sudan, Bundibugyo, Tai Forest, Reston, Bombali)
- India-Africa Forum Summit IV (postponed)
- National One Health Mission (March 2024)
- WHO Pandemic Agreement (May 20, 2025)
- Daily article: [who-ebola-pheic-india-advisory-2026](#)

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