



CDC in India

Factsheet

**Staffing: 10 U.S. Assignees
20 Locally Employed**

All figures as of Jan 2013

Impact in India

- Reduced polio from 1934 cases in 1998 to 42 cases in 2010, with the last case reported in January 2011. India is now a nonendemic country, and regional certification is expected in February 2014.
- Trained 886 staff from District AIDS Prevention and Control Units (DAPCUs) in 189 high-HIV prevalence districts across India between 2010 and 2011.
- Responded to resurgence of influenza in 2012/2013 flu season. Samples sent to CDC/Atlanta for antigenic and genetic analyses.

The Centers for Disease Control and Prevention (CDC) collaborates with the government of India, Indian institutions, and international organizations to address a wide range of infectious and noncommunicable diseases, and to strengthen India's health systems to reach national and international goals.

Top 10 Causes of Deaths in India

1. Ischaemic heart disease	15 %	6. Diarrheal disease	4%
2. Lower respiratory infections	11%	7. Tuberculosis	4%
3. Cerebrovascular disease	7 %	8. HIV/AIDS	3%
4. Perinatal conditions	7%	9. Road traffic accidents	2%
5. Chronic obstructive pulmonary disease	5%	10. Self-inflicted injuries	2%

WHO World Health Statistics, 2006

HIV/AIDS

CDC opened an India office in 2001 and currently maintains offices in Delhi, Chennai, and Hyderabad. In support of the National AIDS Control Organization, CDC has focused its efforts on preventing new infections, increasing access to services for persons living with HIV, strengthening program capacity, and establishing a single monitoring and evaluation system. CDC provides technical assistance to the large network of HIV national and state reference laboratories, including quality assurance/control for HIV testing, training lab workers, and providing guidance for laboratory system strengthening and human capacity development.

Tuberculosis

CDC has provided technical assistance for tuberculosis (TB) control efforts since 1997. Nationwide coverage of Directly Observed Therapy (a leading TB control strategy) was achieved in 2006. Since 2007 CDC has provided guidance for expansion of TB/HIV and TB infection control, program management of multidrug-resistant TB activities, and support for operational research and surveillance.

Immunization

Since 1993, CDC has continuously assigned experts to WHO regional and country offices in India. CDC's technical support and leadership has been instrumental in developing and effectively implementing polio eradication strategies, strengthening the national immunization program, and more recently, supporting accelerated control of measles in India. In January 2013, India achieved two years without a new case of wild poliovirus and was removed from the list of polio endemic countries. CDC continues to support India remaining polio-free and is working to improve measles control and surveillance of vaccine-preventable diseases.

Foodborne Infections

CDC builds capacity for surveillance in India to identify infections caused by contaminated food through the WHO-sponsored foodborne infections program. With the goal of reducing the number of foodborne illnesses and related economic costs, the program brings multidisciplinary scientists together and conducts training to detect foodborne disease.





Global Disease Detection (GDD)

CDC collaborates with the government of India to increase global security from threats of new and reemerging diseases in support of International Health Regulations. In 2009, the India GDD Regional Center was established. The initial focus of the Center, located at India's National Centre for Disease Control, is to establish the India Epidemic Intelligence Service (EIS) and to work with local, regional, and global public health entities to better detect, identify, and contain emerging infectious disease threats.

Influenza

CDC has supported capacity-building for surveillance since 2004, leading to improved characterization of circulating influenza viruses and capacity to rapidly detect novel viruses, including avian influenza viruses. CDC-supported laboratory training and preparedness workshops have strengthened India's response measures against seasonal, avian, and pandemic influenza. CDC also collaborates with Indian partner organizations on research to quantify influenza burden in India, evaluate the effectiveness of influenza vaccines in young children at increased risk for severe respiratory illness, and identify optimal timing for influenza vaccination in India to inform the development of national influenza vaccination policy.

Field Epidemiology Training Program (FETP)

CDC is the key implementing partner in establishing the new Indian Epidemic Intelligence Service (I-EIS) program in New Delhi. Based on the U.S. EIS model, I-EIS is a national program in partnership with the Ministry of Health and Family Welfare's National Centre for Disease Control (NCDC). I-EIS provides competency-based training for public health professionals, preparing graduates to respond to emerging and re-emerging public health threats. In addition, there are two existing Field Epidemiology Training Programs (FETPs) in-country. CDC helped establish an FETP in Chennai in 2001 to train public health leaders and provide epidemiologic services to local health authorities. An academic program separate from the EIS program started in 2006 in New Delhi and offers a Masters of Public Health in Field Epidemiology.

Malaria and Other Vector-Borne Diseases

CDC directly supports training and development of public health professionals working with malaria and vector-borne diseases. Collaborative research projects include the impact of malaria on pregnant women, malaria-associated neurological disorders, drug resistance, procedures to detect the progression of the disease, and the effectiveness of malaria vaccines. CDC assists in the evaluation of the government's efforts to eliminate Lymphatic Filariasis (LF) through mass drug administration and to treat those with LF, including a community-based lymphedema management program. CDC provides laboratory training and technical support for the identification of Japanese encephalitis, chikungunya, and other important mosquito-borne viruses.

Noncommunicable Diseases

CDC provides expertise and consultation on many critical noncommunicable disease issues including chemical contaminants; air pollution and health impact; water quality, access, and sanitation; children's environmental health; prevention of occupational injury and diseases; preparedness and response for environmental emergencies; injury prevention and control; and initiatives on the health impact of solid fuel use and cleaner cook stoves. CDC also provides expertise on tobacco control surveillance, epidemiology and evaluation, research, training, and capacity building for policy interventions. India is consistently implementing the four surveys of the Global Tobacco Surveillance System, managed by CDC and WHO.

India at a Glance

Population:	1,259,721,000
Per capita income:	\$3,280
Life expectancy at birth women/men:	65/63 yrs
Infant mortality rate:	50/1000 live births

Population Reference Bureau World Population Data Sheet, 2011 and 2012



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