The Centers for Disease Control and Prevention (CDC) established an office in India in 2001 with an initial focus on HIV/AIDS prevention. Today, CDC has a broader scope and in addition to its headquarters in New Delhi maintains a presence in Mumbai and Hyderabad. CDC works closely with national and local institutions to address HIV, tuberculosis, influenza, antimicrobial resistance, and immunization for vaccine-preventable diseases, as well as strengthening laboratory, surveillance, and workforce capacity to respond to disease outbreaks.

**Global Health Security**

In today’s globally connected world, disease threats can spread faster and more unpredictably than ever before. CDC’s global health security efforts help improve the country’s ability to prevent, detect, and respond to infectious disease outbreaks before they become epidemics that could affect global populations. These efforts help India reach the targets outlined in the Global Health Security Agenda (GHSA), a global partnership launched in 2014 to make the world safer and more secure from infectious disease threats. CDC provides expertise and support across 11 technical areas, known as GHSA action packages that help build core public health capacities in disease surveillance, laboratory systems, workforce development, and emergency management.

**India Epidemic Intelligence Service**

CDC, in collaboration with India’s National Centre for Disease Control, established the India Epidemic Intelligence Service (EIS) Programme in 2012. This post-graduate field-training program, modeled after CDC’s Epidemic Intelligence Service (EIS), has expanded to two additional hubs at the WHO India Country Office and at the India Council of Medical Research (ICMR) National Institute of Epidemiology. To date, 33 officers have graduated and 45 are currently in the program, evaluating surveillance systems, investigating outbreaks, and conducting studies. CDC also supports the three-month frontline training, and 200 health officials from 133 districts in five states have graduated from this program.

**Laboratory Systems Strengthening**

CDC helps strengthen laboratory systems to detect and mitigate emerging infectious diseases. Based on an assessment from the National Laboratory Strengthening Initiative, CDC supported training for quality management, accreditation procedures, diagnostic tests, antimicrobial susceptibility, and biosafety and biosecurity measures. CDC helped train public health workers in specimen collection and transport of potentially dangerous pathogens during outbreak investigations.
Emergency Management

CDC helps national and state disaster management agencies, government and the United Nations, establish a network of Emergency Operations Centers and Rapid Response Teams. CDC supports the Ministry of Health (MOH) and WHO building capacity at points of entry, cross-border surveillance, and crisis and emergency risk communication.

Surveillance

CDC helped strengthen national surveillance for detecting and responding to health-care associated infections and emerging antimicrobial resistance threats in health facilities in 22 states. A public-private partnership helped increase capacity to diagnose, treat, and care for multidrug-resistant TB (MDR-TB) patients through virtual platforms. In Mumbai, CDC helped the municipality and local partners, launch an Airborne Infection Control Unit to reduce healthcare-associated transmission of MDR-TB.

Influenza

CDC’s influenza surveillance support has improved the characterization of circulating influenza viruses and capacity for detection of novel viruses since 2004. CDC-supported laboratory training and preparedness workshops have strengthened India’s response against seasonal, avian, and pandemic influenza. CDC collaborates with leading Indian academic and research institutes to establish community-based platforms to determine disease and economic burden of influenza in India, evaluate the effectiveness of influenza vaccines, and identify optimal timing for influenza vaccination.

Vaccine-Preventable Diseases

CDC supports efforts to eradicate or control vaccine-preventable diseases in India through the Universal Immunization Program. Since the mid 1990’s, CDC has helped strengthen epidemiology and laboratory methods, routine immunization services, training methods, data systems, case-based disease surveillance, and outbreak preparedness and response. CDC support to the National Polio Surveillance Project strengthened implementation of polio and measles vaccination campaigns, outbreak response activities, and surveillance.

HIV

As a key implementer of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC works closely with India’s MOH and Family Welfare’s National AIDS Control Organization (NACO) to build a sustainable, high impact national HIV response program to accelerate progress towards global targets and achieve HIV epidemic control.

CDC focuses on preventing new infections, increasing access to services for persons with HIV, building a strong surveillance system, and strengthening the work of civil society organizations. CDC assists the country in achieving HIV epidemic control by increasing prevention, detection, linkage to treatment, retention, and viral load suppression in high priority districts. CDC supports the implementation of quality assurance measures for HIV testing in reference laboratories and strengthening strategic information.

Tuberculosis

Tuberculosis (TB) is a common cause of death in India. CDC works to enhance HIV/TB coordination to effectively diagnose and treat TB, MDR TB, and provide TB preventive treatment (TPT). CDC supports the Revised National TB Control Programme to End TB through improvement of diagnosis, treatment, and prevention of TB and MDR TB through strengthening laboratory, surveillance, and clinical capacity.

CDC IMPACT IN INDIA

India is now able to identify diseases causing high fevers using an acute febrile illness (AFI) surveillance platform. This platform has shown that six diseases (influenza virus, malaria, dengue virus, scrub typhus, leptospirosis, and Kyasanur Forest Disease virus) account for over 80% of illnesses that start with a high fever.

Implemented a surveillance system in 35 hospitals and 22 states for healthcare associated infections. Evaluated 346 laboratory facilities across the country to identify needs and trained more than 1,700 laboratorians on quality diagnostic testing/reporting of priority diseases.

Identified monsoon seasonality of influenza in India, leading to revision of recommendation to vaccinate during pre-monsoon period (April-May).

Led the implementation of ‘Treat All.’ Traced over 6,000 persons living with HIV who were in care but not on treatment and helped them get into life-saving ART. Built laboratory capacity at 64 molecular labs to monitor treatment through routine viral load testing.

Introduced CDC-developed external quality assurance of CBNAAT, a rapid molecular diagnostic test for TB and MDR-TB, to 600 of 1,200 testing sites.

For more country information, visit: www.cdc.gov/globalhealth/countries/india

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