





National Centre for Disease Control -An Introduction



NATIONAL CENTRE

FOR

DISEASE CONTROL

(NCDC)

AN INTRODUCTION

Directorate General of Health Services Ministry of Health and Family Welfare Government of India July 2017

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INTRODUCTION

The National Centre for Disease Control (NCDC) had its origin in Central Malaria Bureau, established at Kasauli (Himachal Pradesh) in 1909, which after expansion was renamed in 1927 as the Malaria Survey of India to cater the need for malaria control in British India. The organization was shifted to Delhi at its present location at 22-Shamnath Marg, Civil Lines in 1938 which was earlier occupied by Commander-in-Chief of Indian Army of that time and called as the Malaria Institute of India (MII) spread out in 13 acre area. The headquarters of the Directorate of National Vector Borne Disease Control Programme (NVBDCP) is also located in the same campus.

In view of the drastic reduction achieved in the incidence of malaria in independent India under National Malaria Control Programme (NMCP) and National Malaria Eradication Programme (NMEP) during 1953-1963, Government of India decided to reorganize and expand the activities of the Institute to cover other communicable diseases. Thus, on July 30 1963, the erstwhile MII was renamed as National Institute of Communicable Diseases (NICD) to shoulder these additional responsibilities. The Institute was established to function as a National Centre of Excellence for disease control. The function of the Institute included the control, elimination and eradication of the communicable diseases using multi-disciplinary integrated approach through capacity building of health workforce and operational research in various aspects of communicable diseases with the help of States and Union Territories. Surveillance of communicable diseases also formed a part of its activities. The Institute is entrusted with the task of providing technical support to the Directorate General of Health Services, Ministry of Health and Family Welfare for disease control in policy formulation, preparation of action plan, operational guidelines and monitoring and evaluation.

The Institute was instrumental in eradication of Smallpox, Guineaworm Disease and Yaws. The institute has been responsible for putting in place an effective disease surveillance and response mechanism round the clock including, during disaster situation and disease outbreaks. After plague outbreak of 1994 and as per recommendations of the Bajaj Committee, 1996 to revamp the Public Health System in India, National Surveillance Programme for Communicable Diseases (NSPCD) was started with NICD as the nodal agency which has culminated as Integrated Disease Surveillance Programme (IDSP). Two year India Epidemic Intelligence Service (EIS) training programme with CDC, USA support is flagship activity of the Institute. With the growing need to work for prevention and control of non-communicable diseases and to work on health implications of environmental factors, climate change and occupational exposure, the scope of NICD has been expanded and has been renamed as National Centre for Disease Control (NCDC) on the occasion of its 100 years existence in 2009.

ORGANISATION

The NCDC is under the administrative control of the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. The Director, an officer of the Public Health sub-cadre of Central Health Service, is the administrative and technical head of the Institute and is also Programme Director of Integrated Disease Surveillance Programme (IDSP), National Anti-Microbial Resistance (AMR) Containment Programme, National Rabies Control Programme (NRCP), Programme for Prevention and Control of Leptospirosis (PPCL), Inter-sectoral Coordination Programme for Prevention and Control of Zoonotic Diseases (ISCPCZD) and National Programme on Surveillance of Viral Hepatitis (NPSVH) in different geographical locations.

The NCDC has its headquarters in Delhi and has eight outstation branches located at Alwar (Rajasthan), Bengaluru (Karnataka), Kozhikode-Calicut (Kerala), Coonoor (Tamil Nadu), Jagdalpur (Chhatisargh), Patna (Bihar), Rajahmundry (Andhra Pradesh) and Varanasi (Uttar Pradesh). There are 14 Technical Centres/Divisions at the headquarters viz. Centre of Epidemiology, Division of Microbiology, Division of Zoonosis, Centre for Medical Entomology & Vector Management (CME&VM), Integrated Disease Surveillance Programme (IDSP), Centre for AIDS & Related Diseases (CARD), Division of Biochemistry & Toxicology, Division of Biotechnology, Division of Parasitic Disease (DPD), Division of Malariology & Coordination (M&C), Centre for Environment & Occupational Health (CE&OH), Centre for Non-Communicable Diseases (CNCD), Statistical Monitoring & Evaluation Centre (SM&EC) and Division of Planning, Budget & Administration (PBA). In each centre/division, there are sections and laboratories dealing with different communicable and non-communicable diseases. The activities of each division are supervised by the officer-in charge supported by medical and non-medical scientists, research officers and other technical and paramedical staff.

The NCDC branches are also equipped and staffed to carry out field studies, training activities and research.

The NCDC at its headquarter has 58 Group A officers (Central Health Services and Non-Medical Scientists), 10 Group B (Gazetted), 111 Group B (Non-Gazetted) and 137 Group C officials besides about 37 contractual consultants/support staff. The existing eight NCDC branches have 81 officials.

The Budget allocated for NCDC is Rs. 233.04 crores (approx. USD 35 million) for financial year 2017-18 including for upgradation of NCDC.

FUNCTIONS

TRAINED HEALTH MANPOWER DEVELOPMENT

Special emphasis is given to trained health manpower development that is essential for the successful implementation of different health programmes in the country. Besides the regular training programmes, numerous short-term training activities are conducted every year. The course curricula of these training programmes are designed to develop the necessary need-based skills. The participants to these courses come from different States/Union Territories of India. In addition, trainees from some of the countries like Bangladesh, Bhutan, Sri Lanka, Myanmar, Nepal, Maldives, Timor Leste and North Korea also participate in the training programmes. The NCDC also conducts customized training programmes for international participants. These courses are sponsored by international agencies like WHO, UNICEF, CDC and USAID.

Training programmes carried out by NCDC are:

a. India EIS Programme

NCDC conducts two year India Epidemic Intelligence Service (EIS) Programme in collaboration with CDC, Atlanta. The programme focuses on hands-on training in epidemiologic service for public health professionals. Trainees engage in outbreak investigation, designing and analyzing epidemiological studies, analysis and evaluation of surveillance data, scientific communication, and other activities in preparation for careers as field epidemiologist. Every year nominations are invited by an advertisement. Eligibility criteria and other details of the programme are also available on NCDC website.

b. MPH (FE) Course

NCDC conducts two year Master in Public Health (Field Epidemiology) course affiliated to the Guru Gobind Singh Indraprastha University, Delhi. Total numbers of seats are 20 out of which two seats are earmarked for WHO sponsored candidates.

c. Regional Field Epidemiology Training Programme (FETP)

A tailor made programme for the middle and senior level health personnel from countries of South East Asia Region to strengthen their epidemiological skill. This three month programme is conducted once a year.

d. Regional Training Programme on Prevention and Control of Communicable Diseases The four week programme is conducted once every year and is designed to augment the capacity to understand disease dynamics in community and intervention for its prevention and control.

e. Vector Borne Diseases

Training of four weeks in Vector Borne Diseases is carried out in partnership with NVBDCP, NIMR (ICMR) and NIHFW.

f. M.Sc., MPH and Ph.D. Programme

NCDC is recognized as the approved centre for guiding the students under Guru Gobind Singh Indraprastha University, Delhi other Universities.

APPLIED RESEARCH

Applied research in various aspects of communicable as well as non-communicable diseases has been one of the prime functions of the NCDC. To achieve this, the NCDC is actively engaged in research in the following broad areas:

- Applied research in the field of bacteriology, virology, mycology, immunology, parasitology and quality control of diagnostic reagents with an aim of improving diagnostic capabilities of diseases of public health importance and giving laboratory support to the investigation and control of disease outbreaks. The important diseases include Cholera, Dengue, Diphtheria, Filaria, Fungal infections, Hepatitis, HIV/AIDS, Influenza, JE, Kala-azar, Leptospirosis, Malaria, Measles, Meningitis, Rabies, Rubella, Scrub Typhus, Soil Transmitted Helminthis, Tuberculosis, and Zika Virus Disease etc.
- Field based research through longitudinal studies of various epidemic prone diseases
- Laboratory and field oriented research in the transmission dynamics of arthropod borne diseases with the ultimate objective of vector control
- Evaluation of new formulations of insecticides and biocides and screening of indigenous herbs to evaluate their insecticidal properties
- Studies on biological hazards of pesticides
- In-vitro culture of pathogens, rapid diagnostic tests including molecular techniques

SPECIALISED SERVICES

The NCDC provides various referral services and technical support to individual patients, community, medical colleges, research institutions and State Health Directorates. These include diagnostic and clinical, teaching aids, storage and supply of vaccines and quality control of biological. The different services available are given below:

Diagnostic: NCDC provides referral diagnostic services for various communicable diseases, some of which are ordinarily not available in hospitals and medical colleges. These include diagnosis of Cholera, Dengue, Diphtheria, Filaria, Fungal infections, Hepatitis, HIV/AIDS, Influenza, JE, Kala-azar, Leptospirosis, Malaria, Measles, Meningitis, Rabies, Rubella, Scrub Typhus, Soil Transmitted Helminthes, Tuberculosis, and Zika Virus Disease.

Storage and supply of Diagnostic Reagents: The NCDC stores reagent and test kits on behalf of the Directorate General of Health Services and distributes to various State Health Directorates and medical colleges.

Entomological Services: Includes identification of arthropods of medical importance specially during disease outbreak situations, provides larvivorous fishes for the biological control of mosquitoes to various public health agencies.

Quality Control of Insecticides: The NCDC undertakes laboratory and field evaluation of insecticides/biocides to meet the requirements of the Registration Committee (RC) of Central Insecticide Board (CIB).

Supply of research materials: Various bacterial and fungal isolates, virus cell lines, Malaria, Filaria, Kala-Azar, Rabies, Diphtheria, Meningococcus slides, live cultures and preserved materials of arthropods are provided to medical colleges and research institutions.

Outbreak investigations: The NCDC investigates and recommends control measures for the outbreaks of various communicable diseases to the States/UTs all over the country as well as to some neighbouring countries.

Verification of rumours of eradicated diseases: Guineaworm, Yaws and Poliomyelitis.

Supply of teaching materials: The NCDC provides teaching materials on various communicable diseases in the form of slides, charts, maps, procedure manuals, pamphlets and books etc.

PUBLICATIONS

CD Alert is a technical bulletin of the NCDC, Directorate General of Health Services, to disseminate information on various aspects of communicable diseases to medical fraternity and health administrators. It is widely circulated to different parts of the country including Directorates of Health Services of different States, Districts, Primary Health Centres, Medical Colleges and individuals.

NCDC Newsletter is a quarterly publication with the purpose to provide a forum for sharing information on outbreaks, programme updates and information on any event of public health importance.

U P G R A D A T I O N



Proposed layout plan of NCDC

NCDC is a premier public health centre in the country tasked to meet the challenges of emerging public health problems. Infrastructure/Laboratories are being strengthened through new modern buildings, procurement of modern equipment to make the diagnostic services modernized, including induction of diagnostic support services. Proposal also envisages creation of newer centres, newer divisions and up scaling of the existing ones to cope with the ever increasing horizon and magnitude of emerging public health problems. The mandate of the NCDC broadly covers three areas viz. services, trained health manpower development and operational research. The expected outcomes from proposed upgradation, amongst others, would include:

- Enhanced scope of referral diagnostic support services for disease outbreak investigators and networking of public health laboratories
- Enhanced capacity of disease surveillance and response
- Enhanced capacity for development of trained manpower in public health
- Trained, Central Rapid Response Teams (RRTs) available for 24x7 for disease outbreak control
- Enhanced quality operational research for better diseases control
- Preparedness against threats of bioterrorism

NATIONAL HEALTH PROGRAMS AND NEW INITIATIVES

Integrated Disease Surveillance Programme (IDSP)

Integrated Disease Surveillance Programme (IDSP) was launched with World Bank assistance in November 2004. The programme continues under National Health Mission with the objective to strengthen/ maintain decentralized laboratory based IT enabled disease surveillance system for epidemic prone disease to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Teams (RRTs).

The main components of the programme are:

- Integration and decentralization of surveillance activities through establishment of surveillance units at Centre, State and District level
- Human Resource: Training of State Surveillance Officers, District Surveillance Officers, Rapid Response Team and other Medical and Paramedical staff on principles of disease surveillance
- Use of IT for collection, collation, compilation, analysis and dissemination of data
- Strengthening of public health laboratories
- Inter-sectoral coordination for zoonotic diseases

Under the programme, surveillance units have been established in all districts of the country. More than 2000 outbreaks are detected and responded to by district/States annually. The programme helps in response to post disaster/Mass Gathering disease surveillance and response.

Yaws Eradication Programme (YEP)

Yaws Eradication Programme (YEP) covered 51 Yaws endemic districts in ten states (Andhra Pradesh, Assam, Chhattisgarh, Jharkhand, Gujarat, Maharashtra, Madhya Pradesh, Orissa, Tamil Nadu and Uttar Pradesh).Strategy for YEP included:

- Case finding: Active case search, passive surveillance, rumour reporting
- Treatment of cases and contacts
- Manpower development
- IEC activities

As a result of the YEP, number of reported cases came down from 3571 in 1996 to 46 in 2003. No Yaws case has been reported after 2004 till date. India was declared free of Yaws in the 2016, after verification by International WHO team.

Guineaworm Eradication Programme

Guineaworm Disease was declared eradicated in year 2000 after verification by International Certification Team for Dracunculaisis Eradication (ICTDE). Last case was reported from Jodhpur in 1996. NCDC is keeping a watch on reported suspect cases of Guineaworm disease throughout the country. NCDC has been investigating Guineaworm rumours reported from various parts of the country. Recently, rumours from Tamil Nadu, Karnataka & Uttar Pradesh were investigated and found negative for Guineaworm.

Support to Elimination of Lymphatic Filariasis

Division of Parasitic Diseases, through three NCDC branches, plays important role in operational research and manpower development for elimination of filariasis. Training courses of 10 days and 5 days are conducted at Rajahmundry, Kozhikode and Varanasi branches for technical staff and officers involved in the elimination of lymphatic filariasis.

National Programme on Containment of Anti-Microbial Resistance

Activities undertaken under the AMR program are:

- Surveillance for Containment of Antimicrobial Resistance in various geographical regions in the country (a network of 15 labs has been developed)
- National treatment guidelines for use of antimicrobials have been developed for use of clinicians
- National Infection Control Guidelines have been drafted
- Training and capacity building of professionals in relevant sectors
- IEC for dissemination of information about rational use of antibiotics

National Programme on Surveillance of Viral Hepatitis in different geographical regions of India

Objectives:

- Detection of outbreaks
- Describe trends in type-specific acute hepatitis and identify risk factors
- Estimate the proportion of chronically infected persons
- Estimate the burden of chronic infections
- Estimate the incidence of HCC and cirrhosis
- Numerous actionable opportunities for intervention

To achieve the above objectives the following initiatives have been taken:

- Constitution of Technical Resource Group
- Network of nine Laboratories have been established across the country for generation of reliable and actionable data from surveillance is underway
- The Viral Hepatitis Prevention, Control and Treatment guidelines have been prepared by a group of experts and released by the DGHS. The same has been uploaded on the NCDC website for reference

Support to National Polio Surveillance

AFP Surveillance: The Virology laboratory of NCDC has been accredited as WHO National Polio Lab to assist NPSP on lab based surveillance. In this regard, 16685 contact stool specimens and 8406 cases were received and tested. Isolates found positive for polio virus were processed for further typing and intratypic characterization. No wild poliovirus has been reported till date.

Supplementary Surveillance: As per the Government of India, Ministry of Health & FW, NCDC has been selected to carry out supplementary surveillance by collecting sewage samples on weekly basis from seven sites selected by the National Polio Surveillance Program (NPSP) to look for the presence of any wild poliovirus in the sewage. In this regard, 340 sewage samples have been collected and tested at NCDC and include 4 sites of Punjab from where 107 sewage samples were collected and tested. Positive isolates were tested at NCDC, Delhi. No wild poliovirus since October, 2010 has been reported.

National Rabies Control Programme

Rabies is endemic throughout the country with the exception of Andaman & Nicobar and Lakshadweep Islands. Dog rabies is major public health problem accounting for about 96% of the mortality and morbidity. Estimates suggest that annual human rabies death incidence to be around 20,000 and the annual incidence of animal bites to be 1.7% (17.5 million per year). Control of rabies involves two components viz Human health component and Animal health component. Human health component involves training of health professionals, implementing use of intradermal route of inoculation of cell culture vaccines and judicious and appropriate use of immunoglobulins. The strategy of human health component i.e. population survey of dogs, mass vaccination of dogs, dog population management and strengthening surveillance and response is being pilot tested in Haryana and Chennai. In addition, IEC activities and laboratory strengthening of five laboratories will be carried out together in coordinated manner. It is expected that all animal bite victims will receive appropriate management thereby reducing human mortality due to rabies and there will be decrease in transmission of dog rabies.

Programme for Prevention and Control of Leptospirosis

Leptospirosis is public health problem in Gujarat, Kerala, Karnataka, Tamilnadu, Maharashtra & Andaman. Frequent outbreaks of leptospirosis are being reported, predominantly affecting young adult males. The disease is easily treatable and the mortality is preventable if detected and treated early. Under XII plan, Programme for Prevention and Control of Leptospirosis is being implemented in six endemic states. The strategy includes strengthening of diagnostics laboratories for early diagnosis, strengthening of patient management facilities, trained manpower development, strengthening of inter-sectoral coordination and creating awareness in general community. It is expected that there will be reduction in mortality and morbidity due to leptospirosis.

Intersectoral Coordination for Prevention and Control of Zoonotic Diseases

Major public health zoonotic disease in India are Rabies, Brucellosis, Toxoplasmosis, Cysticercosis, Echinoccoccosis, JE, Plague, Leptosprisois, Scrub typus and KFD. New emerging disease of public health importance is Nipah, Trypanosomiasis, CCHF and H1N1. Since the country has vector, susceptible host and conducive environment, it also faces potential threat from Yellow fever, SARS, Hanta virus, Rift Valley Fever, Ebola and Marburg disease. 75% of emerging infections are zoonotic. New pathogens (viruses) continue to emerge and spread across countries. For effective prevention and control of zoonotic diseases there is requirement of muti-sectoral integrated response among medical, veterinary and other related departments. This has been adopted on "need basis" for prevention of zoonoses in the country. Under XII plan a programme for strengthening mechanism of Intersectoral Coordination for Prevention and Control of Zoonotic Diseases is being implemented. The strategy includes strengthening of inter-sectoral co-ordination utilizing existing surveillance system of IDSP for collection and collation of animal disease data for setting up early warning signals, strengthening of SSU under IDSP, trained manpower development, sensitization of professionals in various sectors and IEC to create awareness among community and professionals. It is expected that continuous collaboration will be set up which will help in outbreak investigations and response and prevention and control of zoonoses.

Global Health Security Agenda (GHSA)

In this project NCDC is collaborating with US CDC in strengthening public health systems in India through nine (9) concerted activities in the area of disease prevention, detection and response. These activities are proposed to be implemented by different divisions of NCDC. The activities are:

• Strengthen workforce development- India EIS training

- Prevent antimicrobial resistance
- Prevent zoonotic diseases
- Training in bio risk management in medical laboratories
- Strengthen laboratory systems for influenza and ARI
- Establish lab QMS in IDSP labs and strengthen capacity for ADD surveillance
- Strengthen viral hepatitis surveillance
- Strengthen emergency management and emergency operations centre
- Strengthen management capacity for IHR in India.

CENTRAL LIBRARY

NCDC is the only library in the country, which has got early literature in the field of Malaria and other vector borne diseases prevalent in the country. An archival book on Entomology, published as early as 1745, is available in the library. It has a collection of rare books, reference books, manuscripts, original reports, etc. The library has up to date literature on vector-borne diseases, communicable diseases (Bacteriology, Parasitology, Microbiology, Mycology, etc), Biochemistry, Immunology, Epidemiology, and other specialties. The NCDC library has a total of 37055 books and bound journals, and 174 Theses/Dissertations.

Also, the library provides the following services to the readers and scientific workers:

Bibliographies: The library regularly provides literature (CD-Alert, Laboratory Manuals, etc) on various subjects of interest to the research workers and participants attending various courses at the NCDC.

Reference article retrieving service: Reference articles are retrieved from JCCC-ERMED, Consortium from National Medical Library, Delhi on receipt of request from Members.

Liaison with other libraries: The library maintains liaison with Scientific and Medical Libraries in the country through inter-library loan facilities to meet the demand of the research workers and the participants attending various courses at this National Centre. The library also gives books and journals to other libraries on inter library loan.

Net searching and Photocopying Services: The library is providing net searching and photocopying services to the readers and the researchers.

Newspapers/Magazines: The library subscribes 54 newspapers and 43 Magazines, both in English and Hindi.

Newspaper Clippings: Daily Health news clippings are scanned from the selected English and Hindi Newspapers and Magazines. The news items on subjects related to Cholera, Typhoid, Rabies, Yellow Fever, Measles, Japanese Encephalitis, Salmonella, Influenza, Hepatitis and other epidemic prone diseases and Health Sciences are retrieved and provided urgently for information to the concerned health officials for initiation of rapid measures for control.

The Library is in the process of upgradation and is moving towards digitization, on-line journals, and preservation of archival material.



New Building Housing Director's Office and Administration



Heritage Building



Video Conference in SHOC by Hon'ble Health Minister Sh. J.P. Nadda on 30.09.2016



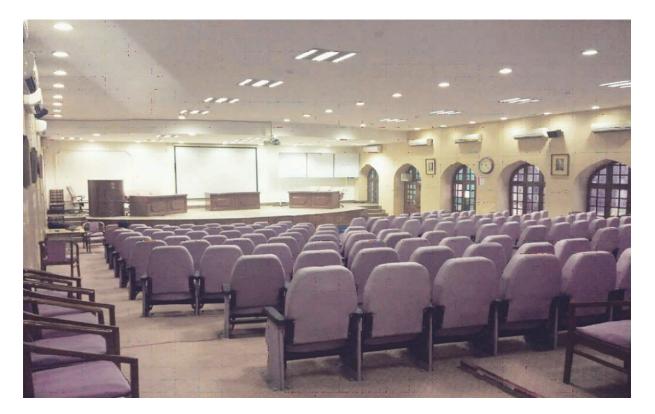
Visit of H.E. Dr. Myint Htwe, Union Minister of Health & Sports, Myanmar on 14.03.2017



Cell Culture



PCR



Central Seminar Hall



Central Library

BRANCHES

The NCDC has eight branches located in different parts of the country. Though originally conceived and established for carrying out some specific activity, these branches now represent NCDC in the geographical area where they are situated. The branches are multipurpose in function and carry out various activities including investigation of outbreaks of communicable diseases, rendering expert advice to the states on matters pertaining to public health etc. In addition to these activities each of the branches lays special emphasis on diseases of importance in the area of its location. A brief on the different branches is given below:

NCDC Branch, Alwar

In 1973, the NCDC established a Field Practice Unit at Alwar in Rajasthan. The unit is carrying out longitudinal studies on different communicable diseases and initiates pilot studies on their control measures. It also serves as the field practice area for the participants attending different training courses conducted at NCDC Delhi.

NCDC Branch, Bengaluru

In view of the resurgence of plague in some of the countries of South-east Asia and because of sylvatic foci of plague in the country, a Plague Surveillance Unit was established at Bengaluru (Karnataka) in 1975. The unit is carrying out surveillance of plague. Regular training courses are also being conducted by the unit for medical and paramedical workers.

NCDC Branch, Coonoor

This branch was established by the Rockefeller Foundation for research in malaria and was handed over to the Malaria Institute of India in 1942. It now undertakes research on epidemiology and control of different communicable diseases which are common in Nilgiri areas and also on the ecology and control of vectors of different diseases. It has a field station at Mettupalayam for entomological investigations.

NCDC Branches at Kozhikode, Rajahmundry and Varanasi

There are three erstwhile Regional Filaria Training and Research Centres (RFTRC) functioning at Kozhikode in Kerala, Rajahmundry in Andhra Pradesh and Varanasi in Uttar Pradesh. These centres were established during 1955, 1963 and 1965 respectively and conduct training courses for personnel for the National Filaria Control Programme Units in different regions of the country. These centres also undertake research projects on different problems of Filaria. A centre was established at Thuravoor in Kerala state in 1966 to undertake a pilot project for

the control of Malayan filariasis which is a special problem in that state. This unit has been converted into a research unit since 1980 with headquarters at RFTRC, Kozhikode and Field station at Chertallai (Kerala).

NCDC Branch, Jagdalpur

Field operation research on malaria was established in February, 1979 at Jagdalpur as an ICMR Scheme. The area was chosen as it formed a contiguous tribal belt of Madhya Pradesh. Orissa and Andhra Pradesh and was hard-core for persistent malaria transmission. The scheme was established (i) to undertake in-depth study on the ecology and biology of frank and potential vectors of malaria, (ii) to devise and demonstrate strategies of integrated control of malaria in problem areas and (iii) to collect data for assessing the epidemiological response of malaria to control measures.

Upon the recommendation of a High Power Board on Malaria, this field station was taken over by Government of India as a branch of NCDC w.e.f. 1.3.1988. Thereafter, the scope of the branch has been widened to include studies on other communicable diseases like meningitis, gastroenteritis, viral hepatitis, yaws etc. in the tribal population of Bastar district and other surrounding areas of Madhya Pradesh and adjoining states.

NCDC Branch, Patna

Kala-azar or Visceral leishmaniasis which ceased to be a problem under the impact of vector control measures under NMEP, reappeared in Bihar during 1974. To investigate the possible cause of its reappearance as well as other aspects of epidemiology and control, a Kala-azar Unit was established at Patna (Bihar) in 1976. The unit undertakes studies on epidemiological, entomological and aerological aspect of Kala-azar. The unit also conducts training courses in Kala-azar.

Establishment of New Branches

During 12th Five Year Plan a proposal of NCDC for "Strengthening of existing branches and Establishment of 30 new branches of NCDC" was approved by the planning commission. The SFC for 367.60 Cr. for "Establishment of 30 new branches (including 8 existing branches) of NCDC in all States and One UT" has been approved by the Secretary (H&FW) on 24.04.2015. Each branch will have state-of-the-art laboratories with sophisticated equipment to provide diagnostic support to the State authorities in diagnosis of emerging infectious diseases and will be provided the manpower support of Experts in Public Health, Microbiology, Entomology and of other paramedics/ technocrats.

MAJOR ACHIEVEMENTS

- Description of Anopheline fauna of British India (1933)
- Development of a mounting media (Bhatia media) for the larvae of mosquitoes (1949)
- Preparation of identification keys for larvae and adults of Indian Anophelines (1953)
- The Regional Filaria Training and Research Centre (RFT&RC), Kozhikode was established. A field station of this Centre, Brugia Malayi Research unit is functioning at Cherthala, Alappuzha District, Kerela (1955)
- Preparation of a region-wise identification key for the Indian anophelines (1961)
- Establishment of Field station at Kolar, Mysore state to investigate the epidemiology and control of epidemic plague (1963)
- Establishment of Regional Filaria Training and Research Centre at Rajahmundry (1963)
- Establishment of Regional Filaria Training and Research Centre at Varanasi (1965)
- Establishment of Unit for testing of Small Pox freeze dried vaccine manufactured in the country and imported from abroad under National Smallpox Eradication Programme (1965)
- Preparation of identification key for Indian anophelines (1965)
- Polio Vaccine testing unit started functioning at Division of Microbiology (1968)
- Central survey team was formed under filariology division to determine the transmission of filariasis in non-endemic areas of the country (1970)
- Establishment of unit for testing and quality control of freeze dried BCG vaccine (1972)
- A new culture medium, "NICD medium", developed to diagnose acute case of cholera within 6 hours (1972)
- Field Practice Unit established at Alwar to carry out studies on various communicable diseases (1973)
- Detection, for the first time, of existence of zoonotic reservoir of Cutaneous leishmaniasis in the vicinity of Rajasthan Canal Area (1973)
- First time detection of resistance against Malathion in Anopheles culicifacies, a vector of malaria (1973)
- First time detection of resistance against DDT in Anopheles culicifacies, a vector of Malaria (1973)

- Discovered zoonotic focus of human malaria in Greater Nicobar (1973)
- NICD declared as Central Water laboratory under Prevention and Control of Pollution Act (GOI) (1974)
- Establishment of Plague Surveillance Unit (PSU) at Bangalore to develop expertise in detection and control of plague in man and rodents (1975)
- NICD played a leading role in the "Small Pox Zero" target in the country (1975)
- NICD notified as a national laboratory for insecticide testing by Government of India, Ministry of Agriculture and Irrigation (1975)
- Establishment of Kala-azar Unit at Patna (1976)
- Establishment of In-vitro cultivation of Plasmodium falciparum (1978)
- Establishment of field station at Jagdalpur (MP) to intensify research in Malaria (1979)
- Guineaworm Eradication Programme was launched (1983)
- Communicable Diseases Bulletin was started with the purpose of widespread dissemination of information on epidemic prone diseases (1985)
- Cell for monitoring of epidemic prone diseases was established (1985)
- Recognized as WHO Collaboration Centre for Rabies epidemiology for South East Asia Region (1985)
- Establishment of National Reference Centre for AIDS/HIV (1985)
- NICD amongst the first to start Laboratory based training for testing of HIV/ AIDS in India (1986)
- Malaria Research Field Station, Jagdalpur (Madhya Pradesh) was taken over by NICD (1988)
- Initiation of 9 month Field Epidemiology Training Programme (FETP) with USAID support (1989)
- Preparation of identification keys for adults of Anopheles mosquitoes in India (1990)
- Polio laboratory recognized as Regional Reference Laboratory for Polio for South East Asia Region (1991)
- Division of Biochemistry identified as National Reference Laboratory for monitoring of Iodine Deficiency Disorders (1992)
- First time detection of the mosquito larvicidal properties of indigenous plant, Yucca aloifolia (1994)
- Establishment of the state-of-the-art BSL-2 Plague laboratory (1995)
- Establishment of Division of AIDS incorporating the Reference Centre for AIDS (1995)

- Recognized as WHO Collaborating Centre for Field Epidemiology Training Programme (FETP) for South -East Asia Region (1995)
- Establishment of the state-of-the-art Biotechnology Laboratory with full fledged facilities for diagnosis (1996)
- Yaws Eradication Programme was launched (1996)
- Certification of Guinea Worm Eradication by WHO (2000)
- Participation in the nationwide multi-centric study on Refinement of H2S-Strip Test for Safe Drinking Water Supply in Rural Areas, sponsored by the Rajiv Gandhi National Drinking Water Mission (Govt. of India) and the UNICEF (2001-2004)
- Molecular diagnosis based on DNA fingerprinting developed for 25 important pathogens of public health importance (2002)
- Confirmation and containment of Plague outbreak in Himachal Pradesh and Uttaranchal in the shortest possible time (2002 and 2004)
- First time detection of mosquito larvicidal properties of indigenous plant, Carica papaya (2004)
- Over 200 gene sequences of Indian strains of important human pathogens unveiled by NICD, accepted by Global Genome Bank of NCBI, NIH, USA, submitted to gene bank (2004)
- First time detection of the mosquito larvicidal properties of indigenous plant, Ipomoea cairica (2004)
- Establishment of Tissue Culture facility for isolation of Arboviruses (Dengue, JE, CHIKV) (2004)
- Integrated Disease Surveillance Project launched (2004)
- Microbiological evaluation of Solar Disinfection (SODIS) method of drinking water purification (2004-2005)
- MoU signed between NICD and GGSIP University, Delhi for PhD courses. NICD recognized as advanced research centre in the School of Medicine & Paramedical Health Services by GGSIP University (2005)
- First inventory of Museum Specimens published (2005)
- First time detection of JE virus in Culex vishnui mosquitoes from Karnal (Haryana) (2006)
- India formally declared elimination of Yaws on 19th September (2006)
- International patent granted to a potential bio-control agent, Chilodonella uncinata, for mosquito larval control (2006)

- Masters in Public Health (Field Epidemiology) 2 year course started at NICD (2006)
- Nodal laboratory for national Avian Influenza surveillance(2006)
- First time detected JE virus in Culex vishnui mosquitoes from Saharanpur(UP), and Karnal (Haryana) (2007)
- Participation of Central Plague Laboratory in EQAS programme for Plague with National Institute of Communicable Diseases, South Africa (2007)
- National patent filed on the invention of desert cooler which prevents the breeding of Aedes aegypti, vector of Dengue and Chikungunya inside the cooler (2007)
- Proposal for up-gradation of NICD to NCDC was approved (2007)
- First time detected Dengue virus in Aedes aegypti and Ae. Albopictus mosquitoes from Delhi (2008)
- First time detected JE virus in Culex vishnui mosquitoes from Baghpat (UP) (2008)
- Pilot Projects of control of Leptospirosis and Prevention and Control of Human Rabies started under XI Five Year Plan (2008)
- First time identified the soil factors supporting the breeding of Leishmaniasis transmitting sand flies in India (2008)
- Member of National Consortium of Laboratories, testing quality of diagnostic kits for HIV (2008)
- 100 year Celebration. NICD re-designated as NCDC (2009)
- Establishment of Centre for Non-communicable Disease, Centre for Environment and Occupational Health and Division of Climate Change at NCDC (2015)
- India declared Yaws free (2016)
- Notified as National Coordination Centre for AMR Containment (2017)
- Completed National Level TOTs for Medical Officers from 29 states and 4 UTs to roll out Population Level Screening for Non-Communicable Disease (2017)

LIST OF DIRECTORS

	Name	Period
1.	Sir Richard Christophers	1909-1927
2.	Brigadier J.A. Sinton	1927-1936
3.	Major General Sir Gordon Covell	1937-1947
4.	Lt. Col. Jaswant Singh	1947-1957
5.	Dr. B. Ananthaswamy Rao	1957-1958
6.	Dr. S. P. Ramakrishnan	1958-1965
7.	Dr. J. B. Srivastav	1965-1967
8.	Dr. N. G. S. Raghavan	1965-1971
9.	Dr. M. I. D. Sharma	1971-1976
10.	Dr. R. K. Sanyal	1977-1979
11.	Dr. Sharad Kumar	1979-1981
12.	Dr. A. N. Raichowdhury	1981-1984
13.	Dr. R. N. Basu	1984-1986
14.	Dr. P. N. Sehgal	1986-1987
15.	Dr. P. C. Roy	1989-1989
16.	Dr. T. Verghese	1990-1994
17.	Dr. K. K. Datta	1994-1997 & 2000-2001
18.	Dr. Jotna Sokhey	1997-2000
19.	Dr. Shiv Lal	2002-2010
20.	Dr. L. S. Chauhan	2010-2014
21.	Dr. S. Venkatesh	2014-2017
22.	Dr. A. C. Dhariwal	2017 to date

CONTACT INFORMATION: HEADQUARTERS

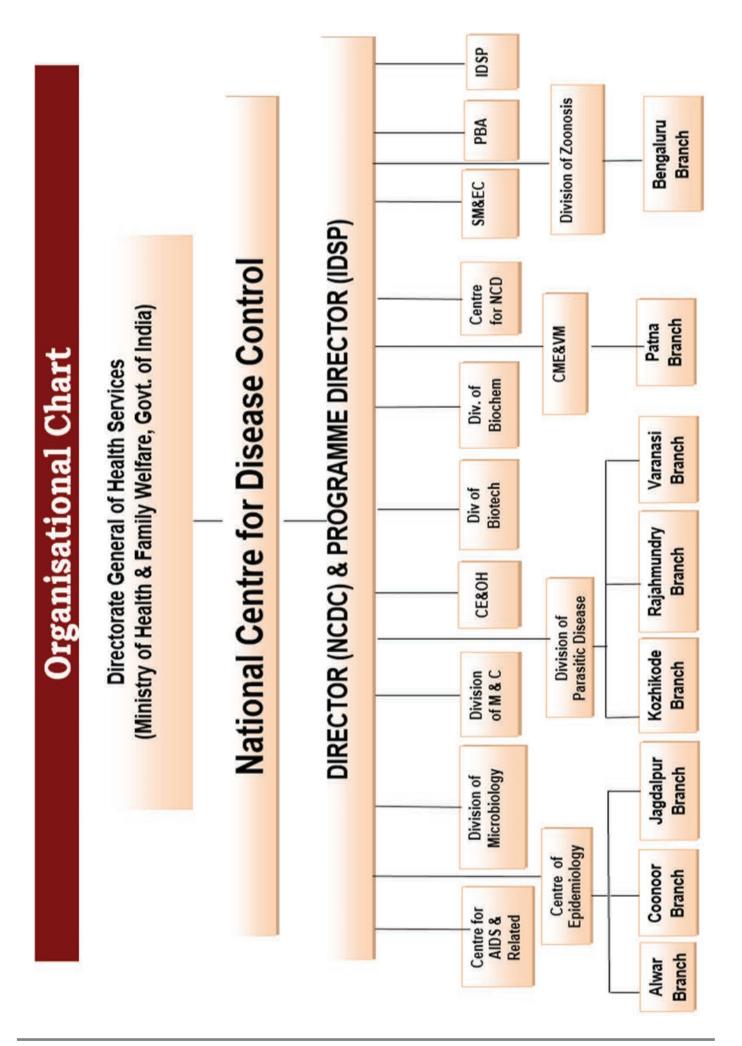
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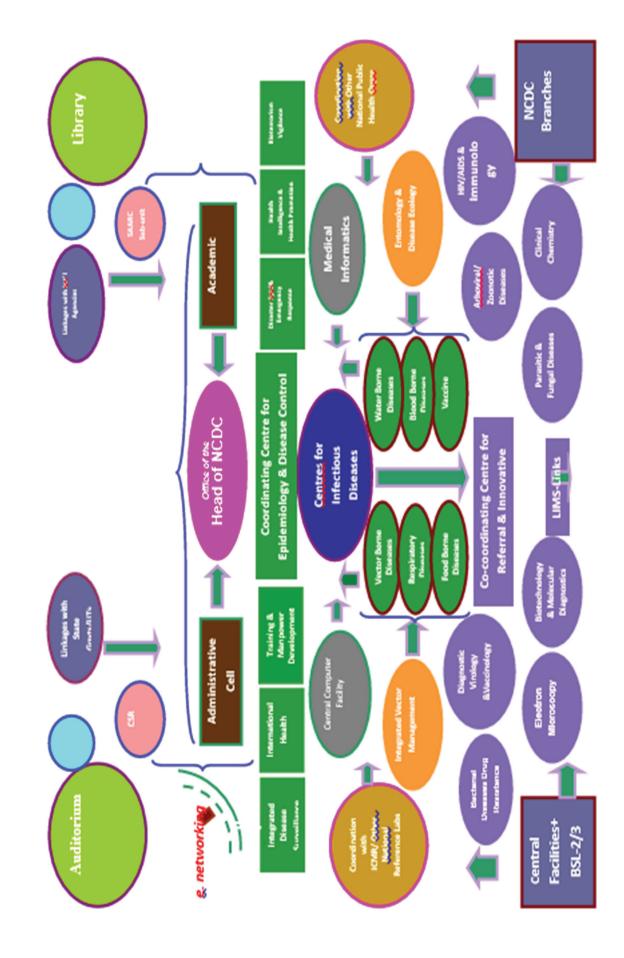
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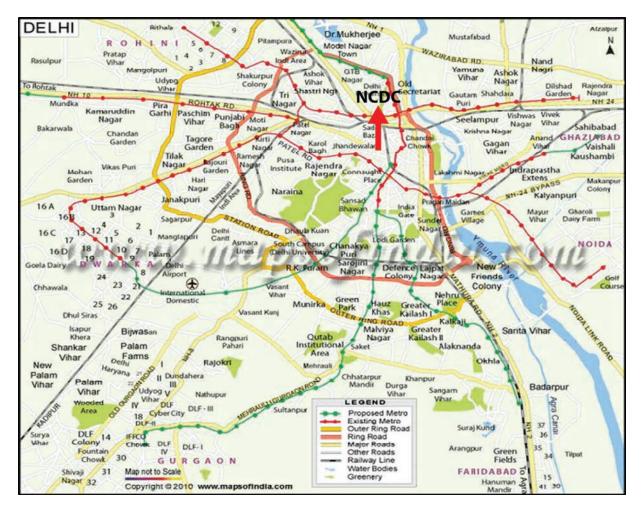


NEW CENTRES/SCIENTIFIC DEPARTMENTS UPGRADED NCDC



LOCATION

NCDC ON THE MAP OF DELHI



How to reach NCDC

NCDC is located in North Delhi near ISBT Kashmiri Gate, Delhi University-North Campus. There are several buildings and landmarks in the area, which are well known. The National Centre is adjacent to Civil Lines Station on Delhi Metro (Yellow Line – Samaypur Badli to HUDA City Centre route), opposite to Indraprastha College for Women (IP College). Metro services are available from the Airport Express Line to be changed at New Delhi Metro Station. It is about a kilometer from the Maharana Pratap Inter State Bus Terminus (ISBT), Kashmere Gate. Pre-paid taxi services are available from both the domestic and international airports. The distance between international airport and NCDC is approximately 25 Kms.

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