



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare
D.O. No. Z.28015/182/2021-DMCell

29th May 2025

पुण्य सलिला श्रीवास्तव, भा.प्र.से.
सचिव

PUNYA SALILA SRIVASTAVA, IAS
Secretary

Dear Colleague,

As we are aware, respiratory illnesses due to variety of causes including viruses like Influenza, SARS-CoV-2, RSV tend to present as seasonal upswings in the community. A notable but gradual increase in cases of acute respiratory illnesses (ARIs) due to SARS-CoV2 is being seen in some parts of the country.

2. It is worth noting that most cases have been mild. The currently circulating lineages of Omicron variants are JN 1, XFG and LF 7.9. These variants tend to cause a mild illness with fever, cough, sore throat, which usually subsides on its own.

3. As on 28th May 2025, a total of 1621 cases of COVID-19 are active in the country, with six States (Kerala, Maharashtra, Delhi, Gujarat, Tamil Nadu and Karnataka) contributing to more than 90% of all active cases in the country. While a large majority of these cases are mild, as a measure of abundant precaution, States/UTs are requested to undertake the following measures:-

- A review of hospital preparedness may be undertaken at district, sub-district level as well as in medical colleges, other teaching/tertiary care institutions, municipality hospitals and all other inpatient care facilities. The focus should be on availability of diagnostics, essential drugs, PPEs, isolation beds, medical oxygen, ICU and ventilator supported beds. Mock Drills may be undertaken to ensure functionality of PSA Plants and overall oxygen preparedness. An Action Taken Report may be shared positively by 2.6.2025.
- It is important that samples are sent for testing as per this Ministry's 'Operational Guidelines for Revised Surveillance Strategy in context of COVID-19' i.e. all SARI cases and 5% of ILI cases.
- Samples of SARI cases testing positive should be sent to Regional VRDL centers for whole genomic sequencing.
- District Surveillance Unit under IDSP should closely follow the trend of ILI/SARI in the area, monitor the proportion of SARI cases among all ILI& SARI cases.
- All the data related to covid-19 including the specific co-morbidities needs to be entered on IDSP-IHIP regularly.
- IEC activities should be undertaken to promote community observance of hand and respiratory hygiene, hygienic behaviour such as cough etiquette (covering mouth

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or nose during cough/sneezing), no spitting in public places etc. Special consideration groups like elderly, people with co-morbidities and those with immune-deficiency status may be advised to avoid poorly ventilated or crowded places or use face mask in such places.

g) Cases with symptoms of acute respiratory illness may continue to self-monitor their health and report to nearest health facilities, if they experience any deterioration of symptoms like shortness of breath, chest pain, etc.

4. Looking forward to your continued leadership and guidance in this collaborative effort to remain in a full state of preparedness.

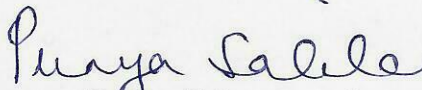
Yours sincerely,

**Sd/-
(Punya Salila Srivastava)**

To : Chief Secretaries of all States & Advisors to Administrators of UTs

✓ Copy to: Special/Addl. Chief Secretary/Principal Secretary/Secretary (Health) of all States/UTs

✓ Copy to: Mission Directors, NHM of all States/UTs


(Punya Salila Srivastava)