

# Adenovirus outbreak in Indian state of West Bengal ravaging children

Naveen Dewage  
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The Indian state of West Bengal has been struggling with a severe outbreak of adenovirus that began in December of last year. By January 2023, more than 30 percent of all respiratory samples sent to the National Institute of Cholera and Enteric Diseases (ICMR-NICED) in Kolkata tested positive for adenovirus. Currently, more than 12,000 people, predominately children, have had confirmed infections with the virus, a figure known to be grossly undercounted.

More than 3,000 children have been hospitalized with severe flu-like symptoms that include air hunger and laboured breathing. Although official figures indicate that only 19 have died from acute respiratory failure, local media reports place the real number at nearly 150 fatalities.

Dr. Manas Gumta, general secretary of the Association of Health Service Doctors, an organization of government doctors in West Bengal, has criticized the government for doing little to stop the spread of infection and underreporting the number of deaths caused by the virus.

He told the ANI news agency, “This we had seen earlier also during the time of COVID. The government is not fully transparent in reporting the number of deaths due to adenovirus.” Gumta added that infections with adenoviruses are notifiable to the World Health Organization (WHO), indicating that authorities had not done even this much.

Gumta continued, “The preparations by the West Bengal government are inadequate. Earlier, due to the government’s lack of preparedness in times of COVID, many people died. There was an oxygen crisis, ambulances fell short, and medicines and critical care unit ward—everything ran short. Now, adenovirus has come after COVID, and the government has still not apprised us regarding preparations which are leading to children getting infected and scores of deaths.” He called for the implementation of mitigation measures similar to those used against COVID, such as mask wearing, hand washing and social distancing.

Adenovirus is a common respiratory virus, which can cause a range of symptoms from coughs, fevers and sore throats to pink eyes. Gastrointestinal symptoms can also manifest, leading to nausea and vomiting, diarrhea and

abdominal pain. Those with compromised immune systems may suffer a more severe and protracted illness.

Recent serotyping done at the ICMR-NICED has found recombination of adenovirus type 7 (HAdV-7) and 3 (HAdV-3) in most samples. Recent studies have indicated that infection with HAdV-7 can replicate more actively than HAdV-3 and promote a more robust cytokine response, which leads to more severe disease. This is consistent with the higher number of infections and the greater severity of many of these infections witnessed in West Bengal.

An important part of the background to the current wave of adenovirus infections is the COVID-19 pandemic. India is currently experiencing another surge in coronavirus infections, with more than 1,000 new cases now being reported daily, despite the extremely low number of tests being conducted. Like capitalist governments the world over, the West Bengal state and Indian Union governments are suppressing statistical collection on COVID-19 and related respiratory public health threats so they can declare the pandemic over and avoid being compelled to take any countermeasures that could impede commerce.

As such, the policy directing India’s COVID-19 response has become the de facto policy for handling the adenovirus outbreak in West Bengal. Mamata Banerjee, who is both the chief minister and health minister of the state’s Trinamool Congress (TMC) government, has slammed the media for reporting child deaths and the overflowing of Kolkata pediatric health by anxious parents and their desperately ill infant children.

On March 2, attempting to normalize the preventable deaths of these children, she cynically said, “Any child’s death is sad. Common cold and flu cases are registered every year during this time of seasonal transition. There is nothing to panic about. Such deaths are happening in every state, not just in Bengal.”

Banerjee even had the audacity to blame the deaths of these children on their parents, who had brought them to Kolkata from remote and poorly resourced regions for urgent medical attention. She suggested that the often long

and arduous journey to West Bengal's metropolis had led to their child's deteriorated condition. She also maliciously downplayed the "official" death toll (12 at the time of her comments) by stating, "Of the 12 recent cases, two resulted from adenovirus infections. The rest were due to comorbidities. Some had pulmonary hemorrhages, some suffered from weight loss. There is nothing to be afraid of."

Malnutrition and the absence of proper ambulance services and highways are not something for which parents of adenovirus-stricken children are responsible. Rather they are an indictment of the three-quarters of a century of independent capitalist rule in India, including the policies of the current Narendra Modi-led Union government—which spends an abysmal 1.5 percent of GDP on public health care annually—and Banerjee's state government.

The virus outbreak and resultant child deaths reveal many aspects of poor public health care in West Bengal. Had even a small portion of the wealth of India's billionaires been allocated to health care, these deaths could have been avoided.

Many children admitted to Kolkata Medical College and the Dr. BC Roy Post-Graduate Institute of Pediatric Sciences were suffering from malnourishment. "If an affected child is malnourished, the condition rapidly worsens," a doctor told *Telegraph India*. Many also had premature births or low weight at birth, conditions that are themselves bound up with poor maternal health and nutrition. According to the National Family Health Survey 2019–2020, a government survey, West Bengal had a stunting rate of 33.8 percent among children under the age of six.

In recent months, a common sight has been parents of infected children protesting "medical negligence" in front of Kolkata Medical College and the BC Roy hospital. As reported by *ABP Ananda*, a Bengali news outlet based in Kolkata, due to bed and personnel shortages, parents have been made to sign a letter to gain hospital admittance consenting that their children might not be given ICU care even if medically needed. In some cases, children have waited long hours without even an initial medical examination after admittance. The lack of pediatric intensive care units has been a major problem, and patients with afflictions other than adenovirus infections who have needed such acute, specialized care have also been left without any help.

On Monday, February 27, a nine-month-old girl died of the virus, which causes severe respiratory distress, at a government hospital in Kolkata. She had been transferred two times before arriving at Kolkata. Doctors at those two facilities said they had been overwhelmed by patients in a critical state requiring immediate intensive intervention.

According to a March 8 *ABP Ananda* report, the X-ray

machines at BC Roy hospital had to be switched off for a long time because they were overheated. X-ray examinations are used to diagnose patients with respiratory illness.

On March 24, the *Times of India* reported that despite a slowdown in new acute respiratory infection cases, pediatric intensive care units are still occupied largely by adenovirus infected children.

However, even when adenovirus patients survive acute respiratory difficulties and are discharged from health care facilities, their struggles may be far from over. Like COVID-19, severe adenovirus infection has serious health aftereffects.

On February 23, *Times of India* reported that this strain of adenovirus has post-infection complications like COVID-19. Many kids have returned to hospitals with persistent cough, wheezing, shortness of breath and fatigue which are the symptoms of post-infectious bronchiolitis obliterans (PIBO/popcorn lungs). This is caused by the obstruction of the smallest airways of the lungs due to inflammation and this condition can continue till adulthood. It can develop after weeks of recovery from the virus. There is a higher possibility of developing this condition for children who received oxygen support or mechanical ventilation.

Mihir Sarkar, professor of pediatrics at the Medical College Hospital, Kolkata told *Times of India*: "Children who were on prolonged oxygen support or mechanical ventilation are at higher risk of developing PIBO. This condition affects the pulmonary and bronchial parenchyma where the structure gets narrower or dilated causing a surge in cough." This condition can also be caused by other respiratory viruses, like COVID-19.

There is widespread anger at the government's indifference to the children's deaths and infections. On March 20, the Youth Wing of the West Bengal unit of the Congress Party held a candlelight vigil march to exploit the social anger. However, this health care crisis is very much the outcome of the decades-long starving of public health care of funds by Congress Party-led Union governments and by West Bengal state governments, including during the 34 years (1977–2011) that they were led by the Stalinist CPM. In the name of fighting the far-right Hindu supremacist BJP, the Stalinists are close allies of the Congress Party, the big business party that pioneered the pro-market, pro-investor policies all Indian governments have pursued since 1991.



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