GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4435
ANSWERED ON:21.08.2000
CANCER, KALA-AZAR, DENGU AND MENINGITIS CASES
BHAWANA GAWALI (PATIL);HARIBHAU MAHALE;PRABHUNATH SINGH;PUTTASWAMY GOWDA;RAJO SINGH;RAMDAS ATHAWALE;YOGI ADITYANATH

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of the States where Cancer, Dengu, Kala-Azar and Meningitis diseases are rapidly spreading;

(b) the number of deaths occurred due to these diseases during each of the last three years, State-wise;

(c) whether the Union Government have sent any Centralteam to assess the situation at the spot so as to consider the measures for the prevention of rapidly spreading of these diseases in States during the last one year, till date;

(d) whether the Government have received any report from the said team so far;

(e) if so, the details thereof; and

(f) the steps taken/proposed to be taken by the Government in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (PROF. RITA VERMA)

(a)&(b): In so far as Cancer is concerned, no nation-wide data is available. It has been estimated that there are approximately 2.00 to 2.50 million cases of cancer in the country at any given point of time and about 7.00 lakhs new cases detected every year. Nearly half of this number die due to the disease each year.

There has not been a rapid spread of Dengue and Kala-azar. Since 1996 Dengue cases have been reported from States namely Delhi, Gujarat, Haryana, Karnataka, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu and Uttar Pradesh.

Kala-azar has been endemic in parts of Bihar and West Bengal and sporadic cases are reported from Uttar Pradesh.

The information in respect of Dengue and Kala-azar is at Annexure-I and in respect of Meningitis is an Annexure-II.

(c): To assess the situation and to advise the States for effective control of Dengue and Kala-azar one team visited Ludhiana (Punjab) for Dengue and two teams visited Katihar, Madhubani, Nalanda and Darbhanga (Bihar) for Kala-azar.

(d)&(e): The recommendations of the teams visited Bihar and Punjab are at Anneure-III.

(f): To strengthen the National Cancer ControlProgramme, the Government of India has launched the following schemes for early detection, creating awareness and treatment of cancer:-

1. Upgradation of Regional Cancer Centres in various States/UTs.

2. Development of Oncology Wing in identified Medical Colleges/Hospitals.

3. Setting up of Cobalt Therapy facilities in various parts of the country.

4. District Cancer Control Programme.

5. Financial assistance to NGOs for early detection and awareness activities.

Following steps have been taken to control Dengue and Kala-azar.

Dengue:-

1. Close monitoring of the situation;

2. States are provided with material assistance like larvicides etc. for vector control as per the need;

3 . Intensified information education & communication activities are undertaken by Dengue prone States/UTs for community awareness and involvement;

4. Case diagnosis and management service in identified hospitals being strengthened by the Dengue prone States/UTs;

5. Periodic reviews by an Expert Committee under the Chairpersonship of Additional Director of Health Services, Government of India with participation of experts in different fields, State representatives, NGOs etc.

Kala-azar:-

Centrally sponsored Kala-azar control programme is implemented by the States of Bihar and West Bengal with the following strategy:

1. Interruption of transmission through vector control by undertaking residual insecticidal spraying in affected areas;

2. Early diagnosis and complete treatment through primary health care system;

3. Health education and community participation in prevention and control of Kala-azar.

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ANNEXURE-I

Number of deaths reported due to these diseases during the last three years are given below:

State	Dengue			Kala-azar		
	1997	1998	1999	1997	1998	1999
Delhi	01	05	02	0	05	01
Bihar	0	0	0	251	215	253
Karnataka	04	03	0			
Maharashtra	05	05	12			
Punjab	03	0	01			
Rajasthan	01	0	0			
Tamil Nadu	21	05	02			
Uttar Pradesh	01	0	0	01	0	0
West Bengal	0	0	0	03	06	06

(Imported cases from Bihar)

ANNEXURE-II

Reported cases/Deaths due to M. Meningitis in States/UTs in India

Sl.No.	State/UT	1997	1998	1999
1	Andhra Pradesh	1859/125	2737/161	1110/72
2	Arunachal Pradesh	0/0	-	-
3	Assam	103/4	44/0	-
4	Bihar	-	-	-
5	Goa	2/0	0/0	3/0
6	Gujarat	9/7	0/0	0/0
7	Haryana	103/6	101/12	-
8	Himachal Pradesh	0/0	3/2	0/0
9	Jammu & Kashmir	10/NR	176/NR	34/0
10	Karnataka	263/38	248/36	124/7
11	Kerala	27/4	30/2	252/17
12	Madhya Pradesh	496/37	304/23	100/8
13	Maharashtra	324/87	337/93	310/87
14	Manipur	6/0	0/0	67/5
15	Meghalaya	301/4	0/0	1/0
16	Mizoram	0/0	36/7	16/2
17	Nagaland	4/0	0/0	0/0
18	Orissa	379/36	285/28	-

19	Punjab	-	35/0	-.
20	Rajasthan	154/20	132/8	141/15
21	Sikkim	0/0	6/0	0/0
22	Tamil Nadu	101/5	46/4	468/2
23	Tripura	7/2	11/5	27/0
24	Uttar Pradesh	66/7	505/33	520/15
25	West Bengal	1586/417	-	-
26	A&N Islands	3/0	3/1	1/1
27	Chandigarh	43/13	-	-
28	D&NHaveli	5/2	3/1	0/0
29	Daman & Diu	1/0	0/0	0/0
30	Delhi	523/17	306/27	314/32
31	Lakshadweep	0/0	0/0	0/0
32	Pondicherry	0/0	0/0	8/2
Total		6369/831	5318/443	3496/265

Source : Central Bureau of Health Intelligence, Pushap Bhawan, Delhi. (May be verified from C.B.H.I.)

ANNEXURE - III

KATIHAR DISTRICT (BIHAR) (CENTRAL TEAM VISIT FROM 29.5.2000 to 2.6.2000)

Recommendations

Short term

1. PHC Medical Officers should be trained, equipped and encouraged to carry out bone-marrow examination of Kala-azar cases. As the same is not being carried out due to various reasons, it is recommended that a central laboratory in the district/sub-divisional hospital may be established as a reference laboratory for bone-marrow examination.

2. In a local outbreak mobilisation of neighboring laboratory technicians from unaffected areas to the sub-centre level of the affected PHC to carry out at least Aldehyde testing on the suspected patients of Kala-Azar to ensure early diagnosis and prompt treatment may be done.

3. Adequate treatment of all the suspect cases as per the national guidelines may be ensured by maintaining Patient Treatment Cards. Defaulters should be visited to ensure compliance of treatment.

4. Sufficient quantity of 50% DDT may be made available for scheduling two rounds of DDT spray to the blocks/villages affected by Kala Azar.

5. The spray should be carried out under the direct supervision in order to achieve an adequate room coverage.

6. To intensify community awareness programmes so as to ensure community participation in increasing spray coverage to avoid mud- plastering etc.

7. Third & Fourth rounds ofDDT spray should not be advocated on technical grounds.

Long term

1. Staff vacant positions may be filled up on priority basis to enhance active case detection and monitor regular surveillance of sandflies density.

2. Orientation training courses may be conducted for Medical Officers with emphasis to adherence to national guidelines for case diagnosis and management.

3. Laboratory facilities may be developed in terms of manpower, equipments and quality reporting.

4. Staff associated with spray operation should be trained properly before spray.

5. Supplies of adequate quantity ofDDT should be ensured.

6. Research studies may be conducted for primary resistance to Sodium Antimony Gluconate.

NALANDA DISTRICT (BIHAR) (Central Team visit from 11.6.2000 to 14.6.2000)

Suggestions made by Directorate of Anti Malaria National Programme and National Institute of Communicable Diseases, Delhi.

SUGGESTIONS:-

1. The posts of DM0, AMO, 17 LTs (of the 18 posts sanctioned), 77 Health Supervisors must be filled up immediately.

2. The spray staff should immediately be paid their pending wages to ensure their efficient involvement in requisite DDT spray during this year.

3. There should be a separate Kala-azar ward in District Hospital with adequate amenities in view of high kala-azar endemicily in the district.

4. The second round spray should be started immediately to interrupt disease transmission.

5. Second round DDT spray should be done immediately in whole district and villagers should be advised that after DDT spray they will not mud plaster their houses for at least two to two and half months.

6. District malaria officer should be provided a vehicle for supervising the spray work.

7. Diagnostic facility should be made available at PHC level.

8. PHC doctors should be given Kala-azar training for proper administration of drug.

9. Kala-azar patient should be advised not to irregular treatment otherwise they will develop resistance.

MADHUBANI DISTRICT (BIHAR)

Recommendations made by the Dte. Of National Anti Malaria Programme and National Institute of Communicable Diseases:-

1. All the Kala-azar cases in the affected village belong to Musahar caste. They are mostly labourers living in dark poorly ventilated hutments. It is important that awareness about sanitation, living standards and Kala-azar has to be improved. IEC activities should be strengthened for not mud-plastering the houses after DDT spray for at least 2-3 months.

2. Facilities should be available at PHC level for early diagnosis and treatment.

3. The vacant posts of basic health worker need to be immediately filled up and supervision improved for programme implementation.

4. Strengthening of surveillance by Health Workers in the villages should be given top priority so that cases could be reported early and appropriate measures initiated in time.

5. Treatment of the cases should be available in the villages as the villagers are very far away about 10 km. in each cases. Regular supply of drugs should be ensured by the Health Workers.

6. Though the DDT spray was done very recently and there is no sand-fly at present, still it should be closely monitored periodically by entomologist to watch the situation.

7. Laboratory diagnostic facility should be made available to the patients. It is observed that patients are to go to private clinics for diagnosis of Kala-azar cases.

8. Health Education:-

Intensive I.E.C. activities should be initiated by local Health Authority regarding: -

(a) People should be informed that any patient having more than 15 days fever could be case ofKala-azar and should be reported to Health Centre.

(b) Village people should be informed about how the disease is transmitted by sand-fly and also how it could be controlled by properly executed DDT spray. They should be motivated to co- operate with the DDT spray. They should be informed about the benefit of not mud-plastering of the walls for at least three months after DDT spray.

(c) They should be motivated to keep the cattle shed away from human dwelling.

(d) They should be informed of the danger of incomplete and irregular treatment which is the main cause of death.

LUDHIANA DISTRICT (PUNJAB) (Central team visit from 20.10.1999 to 23.10.1999)

Recommendations made by National Anti Malaria Programme

1. As the larval index was very high in the town, the special domestic breeding survey should be carried out immediately to eliminate the breeding sources of Aedes Mosquitoes.

2. Containers and coolers should be treated by Temephos at weekly intervals. This exercise should be completed as early as possible to check the larval, pupal and adult population of Aedes Mosquitoes.

3. Malathion/Pyrethrum fogging is suggested in worst affected areas of the town.

4. Continuous sampling of Aedes aegypti should be carried out for implementing timely and suitable control measures.

5. The diagnosis kits should be supplied immediately in all the affected districts of the State.

ANNEXURE-IV

Table 1: Year wise Kala-azar cases, deaths, CFR and attack rate, Batoua village, Kusheshwarsthan PHC, Darbhanga district (Bihar), 1997-99.

Year	Cases	Deaths	CFR	Attack rate
1997	3	0	0	0.67
1998	44	24	54.5	8.8
1999+ upto 15.9.1999	49	22	44.9	9.8

Table 2: Year wise Kala-azar cases, deaths, CFR and attack rate, Missi Village, Kusheshwarsthan PHC, Darbhanga district (Bihar), 1997-99.

Year	Cases	Deaths	CFR	Attack rate
1997	0	0	-	0.67%
1998	0	0	-	-
1999+ upto 15.9.1999.	8	0	0	1%

Investigation of Kala-azar deaths in Durbhanga district (Bihar)

Summary Report

A team from NICD, Kala - azar unit, Patna undertook field investigations following news item in `Hindustan`, Patna edition dated 31.8.99 reporting 250 deaths due to Kala-azar in four villages under Kusheshwarsthan PHC in Durbhanga district (Bihar). The team visited two of the affected villages (Batoua and Missi) during 13.9.1999 - 17.9.1999. Salient observations made from the report are:

The approach to the affected villages is very difficult. At the time of the visit, both the villages were marooned with flood water. The sanitary conditions in the area is very poor. The population of Batoua and Missi villages is 500 and 800 respectively.

The affected PHC area is endemic for Kala-azar with about 60-100 cases being reported annually. Drug resistant cases are also commonly reported.

Year wise cases, deaths, CFR and attack rate in Batoua and Missi villages are annexed. Comparison with previous years shows a rise in number of cases in the current year though month-wise data is not available. Survey in these villages showed very high case fatality rate (44.9%) and attack rate (9.8%) in Batoua village. However, no death has been reported from Missi village,

Maximum cases are from 5-30 years age group. There is no significant sex differential among cases. People from low socio-economic strata are worst affected.

Entomological investigations revealed the prevalence of vector sand-fly species, Ph. Argentipes, per man hour density being 7.5- 10.0 respectively. The DDT spray done in 1998 and 1999 was poorly executed as stated by the community.

Community survey was conducted in the two villages to detect and ascertain clinical presentation of cases. During this survey, 134 blood samples ofKala-azar cases and their contacts were collected for serological investigations at NICD laboratories at Delhi.

Most of the cases are not taking treatment properly with a high drop out rate. Currently, the supply of inj. S.A.G. is also stopped due to some technical reasons. Though local health authorities have organised camps for treating Kala-azar cases, the results are not satisfactory.

It is recommended that proper availability of drugs and regular treatment by cases should be ensured. Epidemiological as well as entomological surveillance and control measures needs to be initiated and sustained.