# GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

STARRED QUESTION NO:371
ANSWERED ON:20.04.2005
POLIO CASES IN THE COUNTRY
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## Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the details of polio cases reported recently in the country, State-wise, and the steps taken by the Government to eradicate polio;
- (b) whether the Government is aware that Western Uttar Pradesh and Bihar continue to report the maximum number of Polio cases in the country as reported in the Indian Express dated March 18, 2005;
- (c) if so, the reasons therefor;
- (d) whether adequate facilities are available for children particularly in Bihar and UP for oral polio vaccine;
- (e) if so, the details thereof, State-wise;
- (f) whether the Government proposes to introduce new vaccines for polio immunization; and
- (g) if so, the details thereof?

## **Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(g): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 371 FOR 20TH APRIL, 2005

(a) In the year 2004, 136 polio cases were reported in the country. In the year 2005 from 1st January upto 14th March 2005, 14 cases have been reported. The number of polio cases reported in the country during last three years is annexed.

The Government has taken various steps to eradicate polio in the country as mentioned below: -

- # Five nationwide immunization rounds (NIDs) and one sub national immunization round (SNID) were undertaken during 2004
- # Two mop-up immunization rounds were undertaken in the high-risk districts during 2004
- # During 2005, two sub-national immunization rounds (SNIDs) covering the high risk areas and one nationwide immunization round (NID) have already been undertaken during the period January to April 2005
- # There is a plan to undertake one more NID and four SNIDs during the period May to December 2005
- # Steps have also been taken to improve the quality of the immunization campaigns so that children do not miss the immunization rounds which include:-
- Improved involvement of the government officials at the district, sub-district level, block and even up to the village level in order to ensure multi-sectoral involvement in the efficient implementation of the immunization rounds
- Improved micro-planning and training of vaccinators and supervisors, to select vaccination teams that are appropriate to the local situation and are well-versed with their role
- Improved social mobilization to improve acceptance of all community to polio vaccine
- Identification of high risk districts and high risk areas within these districts for focused and targeted action in order to improve the reach of the vaccine in these areas
- Regular monitoring and supervision of the programme by the Central and state level officials

The above steps have been taken in accordance with the recommendations of the India Expert Advisory Group (IEAG) that comprises of National experts in the field of public health, pediatrics, virology and also representatives of International bodies like WHO and

#### UNICEF.

- (b) & (c) Western Uttar Pradesh and Bihar continue to report maximum cases. In the year 2004 out of 136 polio cases reported in the country, 80 cases were from Western Uttar Pradesh and 41 cases were from Bihar. One of the main reasons for this is that during the pulse polio rounds, adequate number of children are not reached and this has resulted in continued transmission of poliovirus circulation. Other factors that have contributed to a continued circulation of poliovirus in these areas are high density of population and poor sanitary conditions.
- (d) & (e) Adequate facilities have been provided in Bihar and UP for providing oral polio vaccine. These include setting up sufficient booths in UP during each round on day one of the campaign. This is followed by house-to-house search and vaccination by teams that visit each and every house in the State. In Bihar, the teams start the search and vaccinate from day 1 itself.

Each team is provided with sufficient vaccine in a cold box for vaccinating all children. All teams are trained so that they are aware of their exact role while they participate in the immunization campaign.

Inputs like funds for booth mobilization, training, supervision, IEC and social mobilization are being provided to both UP and Bihar by Government of India to ensure that the two states are able to make all necessary provisions in these states.

Additional funds are provided to these two states to ensure that sufficient teams are deployed at all transit points during the rounds to vaccinate children in transit, such as major railways stations, bus stands, fairs, market places etc.

The Government of India is supplying sufficient oral polio vaccine to these states for every immunization round to immunize each and every child under the age of 5 years.

(f) & (g) In order to contain the circulation of polio type 1 virus in the high-risk areas of UP, Bihar and Maharashtra, the Government of India have introduced the monovalent type 1 polio vaccine (mOPVI) during the April 2005 immunization round. The same vaccine will also be used in these areas during May 2005. The mOPVI is not a new vaccine. It has been used in other countries in the past. The mOPVI provides better immunity to polio type 1 virus compared to the trivalent OPV (tOPV). The decision to switch over to the mOPVI has been made now because most of the polio cases, which have been detected in our country during the recent months, are only due to type 1 poliovirus.

### **ANNEXURE**

SL. NAME OF THE

NO. STATES/UTS

POLIO CASES FOR 2002 to 2005 (upto 15th April, 2005)

Wild Poliovirus

35 WEST BENGAL 49 28 2 0

TOTAL 1600 225 136 14