

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:2023

ANSWERED ON:02.12.2011

SURVEILLANCE OF VECTOR BORNE DISEASES

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

- (a) the mechanism put in place by the Government for early warning and surveillance of outbreak of vector-borne and other seasonal diseases in the country;
- (b) whether the Government has constituted medical teams to visit the areas having high prevalence of these diseases;
- (c) if so, the details thereof alongwith the areas visited by them during the last three years and the current year so far, State/UT-wise including Kerala;
- (d) the details of the findings of the reports submitted by these teams alongwith the follow on action taken by the Government thereon; and
- (e) the steps taken/proposed to provide financial assistance to the victims of vectorborne and seasonal flu?

**Answer**

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a) National Vector Borne Disease Control Programme (NVBDCP) is the central nodal agency for monitoring, prevention and control of vector borne diseases. 54 Sentinel sites have been established across the country for surveillance of vector borne diseases.

In addition weekly data on epidemic prone diseases are also collected, compiled and analyzed under Integrated Disease Surveillance Project (IDSP) to detect and respond to outbreaks of epidemic prone diseases including vector borne diseases.

(b) & (c) Yes. Details of the visits undertaken during the last three years and current year are given in Annexure –I to Annexure IV.

(d) The salient observations made by the teams and action taken by the Government are as follows:

(i) Micro action plan in majority of the districts were developed which includes the prioritisation of population for area specific intervention. The activities were implements accordingly.

(ii) Treatment proposed for Malaria is followed by majority of the states up to community level. The diagnosis and treatment facility is also available up to community level.

(iii) Peripheral health workers and Community volunteers are involved in the identification of suspected cases of Malaria and other Vector Borne Diseases.

(iv) In few districts surveillance was poor as they could not achieve the desired level of Annual Blood Examination Rate 10 mainly due to the large no of vacancies at the level of Multi Purpose Worker (M) and Lab Technician.

(v) Referral centres require strengthening for management of severe and complicated Malaria as well as other Vector Borne Diseases.

(vi) There is poor acceptance of Indoor Residual Spray by the community at several places which warrants intensified activities.

(vii) Majority of sentinel site hospitals identified for diagnosis of Dengue, Chikungunya, JE were functional.

(viii) Observations of the teams were communicated to the concerned states for taking measures on the recommended / suggested actions.

(e) Under Kala-azar Elimination Programme, a patient of Kala-azar is provided Rs 50 per patient per day for 28 days as loss of wages and free diet to the patient and one attendant during the period of hospitalization.