

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

UNSTARRED QUESTION NO:1273

ANSWERED ON:17.08.2012

CASES OF ENCEPHALITIS

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

- (a) whether the Government has taken note of annual recurrence of cases and deaths of children due to encephalitis in various parts, particularly Eastern Uttar Pradesh and Western Bihar of the country;
- (b) if so, the details thereof along with the reasons therefor indicating the number of such cases and deaths reported during each of the last three years and the current year so far, State/UT-wise;
- (c) the financial and technical assistance provided to the affected States along with the achievements made as a result thereof during the said period, State/UT-wise;
- (d) whether the Government has sent any high level teams to the affected areas to assess the situation and provide treatment to the needy patients;
- (e) if so, the details thereof; and
- (f) the measures taken/proposed by the Government to draw a policy for the proper awareness, treatment and immunisation in order to curb the recurrence of encephalitis in the country?

**Answer**

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

(a) & (b): Government of India closely monitors cases and deaths due to Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES) in different parts of India, including Uttar Pradesh and Bihar. Reported JE/AES cases and deaths during the last three years and current year are provided in Annexure-I. Some parts of the country are endemic for JE/AES due to climatic and ecological factors.

(c): Details of financial assistance provided to the affected States from National Vector-Borne Disease Control Programme (NVBDCP) during the last three years and current year to tackle JE/AES are given at Annexure-II.

Besides, an amount of Rs. 60 crore (approx.) has been sanctioned from National Rural Health Mission (NRHM) to the Government of Uttar Pradesh for different activities (up-gradation of JE/AES Ward, purchase of ventilators, public health action, etc.).

109 districts in 15 States have been covered under special campaign for JE vaccination.

76 Sentinel sites have been set-up for disease surveillance, and technical support has been provided to States for improved case management in the hospitals.

(d) & (e): Multi-disciplinary teams consisting of experts in epidemiology, entomology, microbiology and pediatrics were sent from the Ministry of Health & Family Welfare to Muzaffarpur and Gaya districts in Bihar in June 2012. The teams interacted with the local authorities and health care providers and emphasized early transport of cases from villages to hospitals and improved bed-side care of admitted patients.

(f): The public health response to the problem of JE/AES is coordinated by the Directorate of National Vector-Borne Disease Control Programme (NVBDCP) under the overall umbrella of National Rural Health Mission (NRHM). The prevention and control strategy includes JE vaccination of children in campaign mode and routine immunization, disease surveillance through sentinel sites, early case detection and proper case management, integrated vector control and Behaviour Change Communication. The strategy is primarily implemented by the State Governments. However, the Government of India provides technical support and supplements the efforts of the State Governments by providing funds and commodities as per the requirements of the States reflected in the Programme Implementation Plan (PIP) under NRHM.