

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

UNSTARRED QUESTION NO:356

ANSWERED ON:23.11.2012

CASES OF DENGUE MALARIA AND CHIKUNGUNYA

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

- (a) whether the Government has taken note of the recent spurt in the cases of dengue, malaria and chikungunya, particularly in various metropolitan cities of the country including Delhi;
- (b) if so, the details thereof indicating the number of cases reported and the number of persons died 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 State Governments to provide necessary and timely medical treatment to the patients during the said period, State/UT-wise;
- (d) whether the Government has conducted any study on the prevalence and annual recurrence of these vector-borne diseases in the country; and
- (e) if so, the details and the outcome thereof along with the action plan drawn by the Government to check the recurring menace of dengue, malaria and chikungunya in the country?

**Answer**

MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (ABU HASEM KHAN CHOUDHURY)

(a) & (b) Yes. While there is an increase in the total number of reported dengue cases and deaths during the current year in various parts of the country, in case of Chikungunya and Malaria the number of reported cases have declined. State/UT wise details of reported cases and deaths in respect of Dengue, Chikungunya and Malaria during the last three years and the current year are given in Annexure-I, II & ID respectively,

(c) Under the National Vector Borne Disease Control Programme, the Government of India provides technical support and supplements the efforts of the State Governments by providing funds and commodities as per the programme parameters and requirements of the States as reflected in the Programme Implementation Plan (PIP) under National Rural Health Mission (NRHM).

Technical assistance to the States is provided through guidelines/operational manuals etc and expert advise on technical matter during reviews with states/districts. State/UT wise details of financial assistance provided during the last three years and the current year are given in Annexure IV.

(d) & (e). Under NVBDCP, the reports on malaria cases and deaths are being regularly reported through structured reporting format by the public health facilities on monthly basis. Reporting of Dengue cases and deaths and Chikungunya cases are received from hospitals by the district officials, which is transmitted to Directorate of NVBDCP through concerned State Governments.

In view of upsurge of dengue cases, GOI has taken the following steps for prevention and control of Dengue and Chikungunya in the country:

# A Mid Term Plan approved by the Committee of Secretaries on 26-05-11 has been circulated to the States for implementation. This plan covers various aspects for prevention and control of Dengue and Chikungunya.

# For augmenting diagnosis, 347 sentinel surveillance facilities have been established in Hospitals across the States with laboratories support for augmentation of diagnostic facility. These are linked with 14 Apex Referral laboratories with advanced diagnostic facilities for back up support.

# ELISA based NS1 test kits for detection of cases from 1st day of disease can be procured by State Governments under NRHM

funding. In addition, IgM test kits which can detect the Dengue case after five days of disease are provided to the States through National Institute of Virology, Pune free of cost.

The following steps are taken for prevention and control of Malaria;

1. Intensified surveillance by involving ASHAs/community volunteers.
2. Effective management of severe cases in hospitals.
3. Co-ordination with IDSP for early detection and response to outbreak.
4. Vector control measures by Indoor Residual Spray (IRS), Long Lasting Insecticidal Nets (LLINs), Use of Larvicidies and source reduction measures.
5. Inter-sectoral co-ordination by involving community and other sectors.
6. Providing additional human resource in high burden areas to strengthen the system.