

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

STARRED QUESTION NO:168

ANSWERED ON:15.07.2009

SPREAD OF VECTOR BORNE AND INFECTIOUS DISEASES

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

- (a) whether the vector borne and infectious diseases like malaria, dengue, chikungunya, Japanese encephalitis (JE), leptospirosis and cholera are spreading in various parts of the country;
- (b) if so, the details thereof and the reasons therefor including the number of cases reported and the number of persons died during the last three years and the current year, State-wise;
- (c) whether the Union Government proposes to enhance the Central assistance to States for prevention of these diseases;
- (d) if so, the details thereof, State-wise;
- (e) the details of foreign assistance received and utilised for treatment of these diseases in the country;
- (f) whether the Government has launched any campaign to create awareness among masses about such diseases;
- (g) if so, the details thereof; and
- (h) the effective steps taken/being taken by the Government for prevention of these diseases?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 168 FOR 15TH JULY, 2009

Malaria, Dengue, Chikungunya and Japanese Encephalitis (JE) are being reported from various areas of the States and Union Territories (UTs) in the country, which are endemic for them. The situation of the cases reported by various States/UTs, is indicated below:

Year	Malaria fever cases	Dengue cases	Suspected Chikungunya	J.E.
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2006	1785109	12317	1390322	2871
2007	1502742	5534	59535	4110
2008	1524939	12561	95091	3839
2009	271037	2221	13117	445
	(Till April)	(Till June)	(Till June)	(Till June)

Malaria is transmitted by female Anopheles mosquito and is concentrated in certain pockets. Its transmission depends on various ecological factors. As per the reported figures from the States, the malaria cases have shown a declining trend. However, in the endemic areas, the fluctuation in number of cases is reported.

Dengue was earlier being reported from urban areas but now it is spreading to rural areas due to rapid urbanization of rural areas, water storage practices and improper solid waste management, and also because the Vector mosquito – Aedes – which transmits Dengue, breeds in fresh water stored in tanks, coolers, earthen pots etc.

Chikungunya re-emerged in 2006 and the disease is being reported from different parts of the country. The vector of Chikungunya is same which transmits Dengue.

Japanese Encephalitis is reported mainly from the areas where paddy cultivation and pig rearing are being practiced because the vector mosquito breeds in paddy fields and the virus of Japanese Encephalitis maintains its natural cycle in pigs or adreid birds. As

per the reports, Japanese Encephalitis is now being reported from less number of States than it was being reported in earlier years.

Shortage of potable water plays an important role in the development of cholera. Other contributory factors could be: neutral or alkaline pH, increased salinity and faecal contamination of surface water or drinking water sources. Sometimes, it spreads through contaminated food also.

Leptospirosis is primarily a contagious disease of animals, occasionally infecting humans. The infection is acquired through contact with the environment contaminated with urine of rodents, carriers or diseased animals. The condition which favours its transmission is presence of hosts like rodents, foxes, rabbits, etc. Their excretion is responsible for contamination of soil and water bodies. Other factors are: drainage congestion, water logging and soil salinity. The outbreaks of Leptospirosis have been reported from coastal districts of Gujarat, Maharashtra, Kerala, Tamil Nadu, Andhra Pradesh, Karnataka and Andamans from time to time.

Incidence of infectious diseases like cholera and leptospirosis usually rises in the monsoons and incidence of vector borne diseases rises in the post monsoon season.

State-wise data on reported cases & deaths for Malaria, Dengue, Chikungunya, Japanese Encephalitis, Cholera and Leptospirosis are given in Annexure 1 to 6.

The year-wise allocation of National Vector Borne Disease Control Programme (NVBDCP) is indicated in Annexure-7. The Central Government has enhanced central assistance to State under National Vector Borne Disease Control Programme for prevention & control of vector borne diseases as indicated below.

Year Allocation for the States
(Rs. in crores)

2006-07	348.30
2007-08	361.08
2008-09	440.04
2009-10	411.39

Proposed to be enhanced at Revised Estimates

The foreign assistance is received only for prevention & control of Malaria. Currently, there are two externally assisted projects being implemented for control of malaria i.e.

- (i) from Global Fund for AIDS, Tuberculosis & Malaria (GFATM) and
- (ii) from World Bank.

(i) Global Fund supported Project is being implemented since 2005. The total fund received for control of malaria under foreign assistance through Global fund is USD 47.7 million out of which USD 29.25 million has been utilized for the control of malaria in the identified Global fund assisted Intensified Malaria Control Project areas.

(ii) The World Bank Supported Project for malaria control and Kala-azar elimination has been approved and the financing agreement has been signed. This project is for 250 million USD and became effective from 6th of March, 2009.

As far as creation of awareness, Under NVBDCP, focused Information, Education and Communication (IEC) / Behaviour Change Communication (BCC) campaigns are carried out at National Level and State level in order to augment and ensure community sensitization for ownership of National Vector Borne Disease Control Programme activities for effective preventive and control of vector borne diseases.

National level activities include media campaign through release of newspaper advertisements in Regional & National Dailies with messages from Health and Family Welfare Minister during transmission season.

Electronic campaign is also carried out by telecasting spots, scrolls on TV and by broadcasting spots, jingles in All India Radio and other FM radios. Besides sensitization programmes are also carried out as part of Kalyani programme of Prasar Bharati (Doordarshan).

June is observed as Anti Malaria Month and July is observed as Anti Dengue Month when all the activities are carried out in campaign mode to promote community participation for anti malaria and anti dengue activities as these are the main transmission period.

Creation of awareness for Vector borne and infectious diseases is an on-going process. The states are sensitizing the community on prevention and control of vector borne and other infectious diseases. At State Level following activities are carried out:

- (i) Advocacy,
- (ii) Interpersonal communication
- (iii) social mobilization
- (iv) Inter-sectoral consultation,
- (v) Health Mela,
- (vi) Rally involving school children and
- (vii) Communication through media-mix strategies involving Electronic (TV & Radio spots) and Print (Newspaper Advertisement) Media. Prevention is an important component of the multi-pronged strategy of the vector borne disease control programme in the

country as could be seen from the strategy detailed below:

(i) Disease Management

- \$ Early case detection and complete treatment
- \$ Strengthening of referral services
- \$ Epidemic preparedness and rapid response

(ii) Integrated Vector Management

- \$ Indoor Residual spraying in selected high risk areas
- \$ use of Insecticide treated bed nets
- \$ use of larvivorous fishes
- \$ anti larval measures in urban areas including bio-larvicides
- \$ minor environmental engineering

(iii) Supportive Interventions

- \$ Behaviour Change Communication
- \$ Public Private Partnership & Inter-sectoral convergence
- \$ Human Resource Development through capacity building
- \$ Monitoring and evaluation.

The subject matter relating to prevention, control and treatment is dealt by the State Governments but Government of India provides technical assistance, guidance and training and assistance through special programmes. Some of initiatives of VBD Control Programme of Government of India are listed in Annexure-8.

Cholera

All diarrhoeal diseases including cholera can be controlled by following the guidelines for cholera control which include verification of the diagnosis, notification of cholera (cholera being a notifiable disease locally, nationally and internationally), early case finding, establishment of treatment centres and rehydration therapy (either oral or intravenous). Oral Rehydration Salt (ORS) solution with/without antibiotics is the best treatment for cholera – which is being provided by all the States and UTs. Oral Rehydration Therapy (ORT) is an important component of the strategy for Integrated Management of Neonatal and Childhood Illnesses (IMNCI). Provision of safe drinking water and general hygiene is the key to preventing diarrhoeal diseases. The respective State governments work towards spreading awareness and providing safe drinking water to general population.

Leptospirosis

Incidence of Leptospirosis is confined to a few States in India. Till recently, there was no national programme or initiative to prevent and control the disease.

A pilot project has been started as a 'New Initiative' in the 11th Five Year Plan in four districts of Gujarat (Valsad, Navsari, Tapi and Surat), two districts of Kerala (Kottayam and Allepey) and two districts of Tamil Nadu (Villupuram and Thiruchirapalli). The project is being carried out for a period of 2 years (2008-2010). The pilot project is having budget about Rs.2 crores. The focus of the project is on strengthening diagnostic services, patient care management, chemoprophylaxis, development of trained manpower, and sensitization of animal husbandry and agriculture personnel.

At the national level, National Institute of Communicable Diseases (NICD) coordinates laboratory support for outbreak investigations and etiological diagnosis. It also conducts regular training courses for development of trained manpower. It has also helped develop guidelines for prevention and control of vector borne and infectious diseases for guidance of all concerned. To create awareness, CD alert for these diseases are being circulated to all the Health Directorates.