

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

UNSTARRED QUESTION NO:1060

ANSWERED ON:28.11.2014

VECTOR BORNE DISEASES

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

- (a) whether the Government has undertaken any study/survey on the prevalence of malaria, dengue, chikungunya and other vector-borne diseases in the country and if so, the details along with the outcome thereof;
- (b) the number of cases of vector-borne diseases and attributable deaths reported in the country during the current year in comparison to each of the last three years, disease and State/UT-wise;
- (c) the details of the measures taken along with the financial and technical assistance provided and utilised to deal with vector-borne diseases during each of the last three years and the current year, State/ UT-wise;
- (d) the present status of availability of drugs and vaccines for the prevention/treatment of vector-borne diseases in the country, State/ UT-wise; and
- (e) the details of the research projects supported/sponsored by the Government to develop drugs and vaccines to curb the spread of vector-borne diseases along with the achievements made as a result thereof?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a): Yes. A committee constituted by Dte. of GHS under the chairmanship of Dr. Padam Singh has estimated burden of malaria cases and deaths in the country in 2010. This is now being validated through diseases burden study assigned to National Institute of Malaria Research (NIMR).

(b): Under National Vector Borne Disease Control Programme (NVBDCP), six vector borne diseases are covered namely Malaria, Dengue, Chikungunya, Japanese Encephalitis (JE), Kala-azar and filaria. The number of cases and attributable deaths reported due to these vector borne diseases during last three years and the current year are given in Annexure I to VI. The diseases Chikungunya and Lymphatic Filariasis are not fatal.

(c): Government of India provides technical assistance to States by providing guidelines, training, additional human resources and guidance during field visits. In addition, Government also provides commodities like DDT, diagnostic kits, drugs, etc.

Financial assistance is provided to States/UTs for implementation of programme activities towards prevention and control of vector borne diseases and procurement of certain drugs, diagnostics, larvicides and insecticides etc. The State/UT-wise financial assistance (Allocation and Release) provided by the Government during the last three years and current year are at Annexure VII.

(d): The availability of drugs is ensured through central supply and state procurement under cash assistance to the States/UTs. At present there is no effective vaccine for VBDs is available for public health use except vaccine for Japanese Encephalitis which is incorporated under UIP.

(e): Indian Council of Medical Research (ICMR) Institutes viz. National Institute of Malaria Research (New Delhi), Vector Control Research Centre (Puducherry) and Rajendra Memorial Institute of Medical Science (Patna) conduct research studies on malaria, filariasis and leishmaniasis respectively. They have contributed immensely to government policies on treatment and control of these diseases.

National Institute of Malaria Research has carried out clinical trials of anti-malarials drugs and their anti-malarial combinations which have been adopted in the National Drug Policy for Malaria and P.falciparum therapy in North-eastern states.

These combinations are Artesunate+Amodiaquine (AS+AQ), Artesunate+Mefloquine (AS+MQ), Dihydroartemisinin+Piperaquine (DHA+PPQ) which are recommended in WHO guidelines and submitted to DCGI for registration.

Vector Control Research Centre carried out operational feasibility study of co-administration of DEC and albendazole in 2004-2006

after which it was introduced in the National Programme . VCRC is also working on new molecules under Translational Programmes.

Rajendra Memorial Institute of Medical Science (ICMR), Patna has undertaken following trials for the treatment of Leishmaniasis

# Miltefosine phase IV trial was conducted in 2005-2007 (sponsored by ICMR/ WHO) in 1157 patients (5-60 years) at 13 centres in Bihar, the final cure rate was 94%.

# Two combination studies one by WHO/TDR with Miltefosine and Ambisome and the other comparison study sponsored by DNDi of three combinations namely AmBisome 5mg/kg intravenous infusion (single dose) followed by oral miltefosine 2.5 mg/kg/day for 7 days (cure rate- 97.5%), AmBisome 5mg/kg IV infusion (single dose) followed by Paromomycinsulphate 11mg/kg/day I.M. for 10 days (cure rate- 97.5%), and oral miltefosine 2.5mg/kg/day + Paromomycinsulphate 11mg/kg/day I.M. for 10 days (cure rate- 98.7%) was completed in 2010-11.