

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

UNSTARRED QUESTION NO:1069

ANSWERED ON:28.11.2014

CASES OF ENCEPHALITIS

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

- (a) the number of Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) related cases and deaths reported in the country during each of the last three years and the current year, State/ UT-wise;
- (b) whether any study has been carried out on various aspects of JE/ AES, if so, the details and the outcome thereof;
- (c) whether the Government has set up/ proposes to set up an early warning system and sought international help for the purpose and if so, the details thereof;
- (d) the details of the research projects initiated/sponsored by the Government to control the cases of JE and AES alongwith the achievements made as a result thereof; and
- (e) the other measures taken/proposed to be taken by the Government for effective diagnosis, surveillance, treatment and prevention of JE and AES along with the funds allocated, including special assistance provided to affected States/UTs during the said period, State/UT-wise?

**Answer**

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

(a): The number of reported Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) related cases and deaths in the country during the last three years and current year, State/UT-wise are given in Annexure I and Annexure II.

(b): A research cum intervention project on AES/JE has been carried out by Indian Council of Medical Research (ICMR) with the following objectives:

# To study the epidemiology of JE and AES in Gorakhpur.

# To determine prevalence of Enterovirus infections in healthy children in selected blocks of Gorakhpur district.

# To study seasonal variation in Enterovirus types in the selected blocks.

# To estimate the coverage of JE vaccine administered as a part of routine Immunization.

# To estimate the effectiveness of JE vaccine.

# To estimate the prevalence of JE infection in amplifying hosts.

(c): Presently, early detection of AES cases by adopting standard case definition of AES by doctors/community level health workers at CHCs/PHCs/ village level and quick referral of serious cases to well-equipped hospitals is the protocol for clinical management. Apart from this, regular surveillance of AES is done at the district level as per the surveillance guidelines formulated and circulated to all endemic states by Government of India.

(d): Under Research- cum- Intervention , Rs. 10 crores have been released to Indian Council of Medical Research (ICMR) during 2013-14 to conduct this activity as proposed under National Programme for Prevention and Control of JE/AES. As per information received from ICMR following work has been done till now:

# A base line data on vector ecology and bionomics has been generated.

# Study is being conducted in 5 selected blocks of Uttar Pradesh to identify Entero viruses as etiology of AES.

# Assessment of JE vaccination coverage in 5 districts of Eastern UP.

# Study on Sero-positivity of JE virus among pigs.

#### # Formulation of Modules for socio behavioral studies.

(e): In view of high burden of JE/AES in 5 states, namely Assam, Bihar, Tamil Nadu, Uttar Pradesh and West Bengal which contributes more than 90% of JE/AES burden in the country, a National Programme with a multi pronged strategy for Prevention and Control of JE/AES in 60 high endemic districts of these 5 States has been started in 2012-13. The following Ministries/Departments are contributing in the National Programme.

- (i) Ministry of Health & FW – as a nodal ministry
- (ii) Ministry of Drinking Water Supply & Sanitation
- (iii) Ministry of Women & Child Development
- (iv) Ministry of Social Justice & Empowerment
- (v) Ministry Housing and Poverty Alleviation.

The following measures are implemented for prevention and control of JE/AES :

- (i) Strengthening and expansion of JE vaccination in affected districts;
- (ii) Strengthening of surveillance, vector control.
- (iii) Strengthening of case management by setting 10 bedded pediatric ICU in 60 district hospitals and timely referral of serious and complicated cases;
- (iv) Access to safe drinking water and proper sanitation facilities to the target population in affected rural and urban areas;
- (v) Provision of adequate facilities for physical, medical, neurological and social rehabilitation.
- (vi) Improvement of nutritional status of children at risk of JE/AES and intensified IEC/BCC activities.

In order to strengthen the public awareness a social mobilization campaign to train master trainers from 22 JE/AES endemic districts has been completed in coordination with Dte. of National Vector Borne Disease Control Programme (NVBDCP), National Disaster Management Authority (NDMA )and State Governments. More than 8000 master trainers have been trained so far.

152 districts out of 179 endemic districts have been covered for JE vaccination campaign. Out of 60 high priority districts 59 have been already covered and remaining one district of Uttar Pradesh has been proposed to be covered by the end of this year. The special campaign for JE vaccination for the missed out children in 10 districts of Uttar Pradesh and 8 district of Bihar was carried out during 22nd – 23rd June, 2014.

Additional human resource has been provided for planning, monitoring and supervision of various activities for prevention and control of JE/AES in high risk district in 5 states (Assam, Bihar Tamil Nadu, Uttar Pradesh and West Bengal).

104 sentinel sites have been identified for effective surveillance to screen the AES cases for detection of JE, and 14 Apex referral laboratories are now functional for detection of JE.

Ten Medical College have been identified in 60 districts in 5 States for Physical Medicine & Rehabilitation (PMR) of patients affected with JE/AES.

A provision of Rs. 4038 crores has been made during XIth Five Year Plan which will include activities of all the participating Ministries. In so far as Ministry of Health & Family Welfare is concerned, a budget provision of Rs. 73 crore has been made for the JE endemic States during 2013-14, out of which an amount of Rs.68.63 crores has been released to 5 high burden states. Further during 2014-15 a sum of Rs.41.36 crores has been allocated for the States for implementation of prevention and control of JE/AES.