

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

UNSTARRED QUESTION NO:3225
ANSWERED ON:12.12.2014
CASES OF HEPATITIS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of cases of various types of hepatitis reported in the country during each of the last three years and the current year, type and State/UT-wise;
- (b) whether the Government has set any target to control or eliminate hepatitis from the country, and if so, the details thereof;
- (c) the programmes being implemented by the Government and the funds allocated/utilised for the above purpose along with the achievements made as a result thereof during each of the last three years and the current year, State/UT-wise;
- (d) whether the Government has recently given licence to the Indian pharmaceutical companies to manufacture medicines for certain types of hepatitis, and if so, the details thereof along with the extent to which this is likely to help hepatitis patients in the country; and
- (e) the other measures being taken by the Government to extend the vaccination coverage against hepatitis under the Universal Immunization Programme in the country?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK)

(a): The number of cases due to Viral Hepatitis as reported by the States/UTs to Central Bureau of Health (CBHI) Intelligence in the last three years and current year is given at annexure 1. Separate figures for various types of Hepatitis are not collected at present.

(b) & (c): The Government of India has launched a National Programme for prevention and control of viral Hepatitis during 12th Five Year Plan period with a budget of Rs. 30.00 crores. The activities undertaken are:

1. To establish ten laboratory network for laboratory based surveillance of viral hepatitis in different geographical locations of India, in a phased manner.
2. Setting up of one Reference Laboratory at National Centre for Disease Control (NCDC), Delhi.
3. Training and capacity building of professionals in relevant sectors, like Microbiologists, Laboratory Technicians, data Managers and Field Workers.
4. To ascertain the prevalence of different types of viral hepatitis in different zones of the country.
5. To provide laboratory support for outbreak investigation of hepatitis through established network of laboratories.
6. Development of guidelines and creating awareness for prevention and control and treatment of blood borne and water borne hepatitis.
7. IEC for dissemination of information about prevention and control of viral hepatitis.

In addition, surveillance of Hepatitis outbreak is being under taken in the country under Integrated Disease Surveillance Programme (IDSP) coordinated by National Centre for Disease Control (NCDC). Hepatitis outbreaks detected in the States/ UTs in the last 3 years and current year is at Annexure 2 and 3 respectively.

Details of funds released and expenditure incurred by States/UTs under IDSP for surveillance of diseases including Hepatitis are at Annexure 4.

(d): The license to manufacture Drugs are granted by State Licensing Authorities appointed by State/UT Government under the provisions of Drugs & Cosmetics Act and Rules made thereunder. However, as per the provisions of the Rules, no new drug can be manufactured without permission from Central Drugs Standard Control Organization (CDSCO).

During the current year CDSCO has not granted permission to manufacture any new drug for treatment of Hepatitis.

(e): Hepatitis B vaccination was introduced in the country as a pilot project in 33 districts and 15 cities in the year 2002-03 and was universalized under Universal Immunization Programme in the year 2010-11.

Measures taken by the Government to extend the vaccination coverage against Hepatitis under the Universal Immunization Programme in the country are:

- (1) Information Education and Communication (IEC) and Inter Personal Communication (IPC) activities have been undertaken to bring out the behavioral changes among the community to improve the immunization coverage.

(2) To enable follow up of the children who have been vaccinated, due list of beneficiaries are prepared at every session site and this list is used for tracking and mobilization of children.

(3) Strengthening of Immunization Programme is being done by providing need based central funding to states to support alternate vaccine delivery (AVD), capacity building of service providers, strengthening reporting and management of Adverse Event Following Immunization (AEFI), strengthening of supportive supervision, involvement of ASHA for social mobilization of children etc.

(4) Special Immunization Weeks (SIW) are conducted every year in areas with pockets of low immunization coverage.