

12.15 hrs.

**CALLING ATTENTION TO MATTER OF
URGENT PUBLIC IMPORTANCE**

[*English*]

**Alarming situation arising out of reported
incidence of Meningitis epidemic in Delhi**

SHRI SHANTARAM NAIK (Panaji) :
I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon :

“The alarming situation arising out of the reported epidemic in Meningitis in the capital affecting both adults and children in large numbers and the steps taken by the Government to curb the menace.”

12.16 hrs.

[**MR. DEPUTY SPEAKER in the Chair**]

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : Mr. Speaker, Sir, during the last three months, there has been an increase in cases of Meningitis in Delhi, as compared to the immediately preceding months. During the month of December, 1985, there were 222 cases and 13 deaths. During the month of January, 1986 there were 350 cases with 36 deaths and during the month of February, 1986, there were 453 cases with 44 deaths. The reports received upto 15th March, 1986, indicate an incidence of 236 cases and 37 deaths.

Meningitis is an endemic disease and cases occur throughout the year. It is caused due to the inflammation of the membranes which cover the brain and spinal cord. This inflammation can be caused by infection from virus, Tuberculosis, and Bacteria. The bacterial meningitis is caused by various types of bacteria, one of which is meningococcal bacteria. It is usually the meningococcal meningitis which breaks out in increasing numbers at the time of seasonal changes. It affects largely children and young adults and can cause mortality, if not treated promptly.

In order to keep watch on the incidence of meningitis in general and on all cases of meningococcal meningitis in particular, a system of weekly reporting of the cases is followed in the Directorate General of Health Services throughout the year. Under the system, the Directorate General of Health Services, reviews the incidence with the experts and representatives of the hospitals whenever abnormal increase of the incidence is reported. This monitoring system was activated on a monthly basis from the month of December, 1985, onwards. Earlier in order to forecast the likelihood of any outbreak of meningococcal meningitis, studies on carriers were started from September, 1985 onwards in various parts of Delhi. Simultaneously, adequate measures were taken to communicate to the hospitals and other agencies about the precautionary and preventive measures. As a precautionary measure, high-risk groups, viz, doctors, nurses and other staff of hospitals which are in constant contact with meningococcal meningitis patients are being protected with vaccine. Sufficient doses of vaccines are available for this purpose. For individuals who come in contact with the meningitis cases, like parents and other immediate relatives, administration of sulphadiazine is advocated as prophylaxis. The vaccine takes time to develop immunity; sulphadiazine becomes effective immediately.

The other preventive measures advocated include avoiding over-crowding and providing proper ventilation of living rooms. If there is a suspected case of meningitis, it is necessary also to take precaution to avoid contact with the discharges of the nose and throat of the patients.

While the increase in the number of cases of meningitis has caused concern all around, it is necessary to note a few salient features. Firstly, there has been no clustering of cases. Secondly, there has been no marked increase in the carrier rate among the healthy persons. These two features indicate that the increased incidence is not in the nature of an epidemic.

Lastly, both in terms of absolute numbers as well as in terms of percentage, the incidence and mortality rate during the current year so far has been much less than what it was during the corresponding months in 1985. In terms of percentage, there has been a reduction of 38.8% in the incidence

of meningitis in the first two months of 1986 as compared to what it was in the first two months of 1985. The reduction in mortality in the first two months of 1986 has been to the extent of more than 50% than what it was in the first two months of 1985.

The Government is fully alive to the situation and is monitoring the situation on a day-to-day basis. All the Government and public hospitals in Delhi have been energised to deal with the situation and to keep adequate stocks of drugs and medicines available. The pattern of incidence and mortality as compared to that pertaining during last year shows a distinct improvement in the situation and indicates that more and more people are now bringing such cases to the hospitals for management and treatment. As a result, mortality rate is substantially less than what it was last year. In the present context the emphasis of the Government is on ensuring an effective reduction in the mortality rate and preventing further out-breaks of the disease. This objection is being vigorously pursued.

SHRI SHANTARAM NAIK : Sir, these two types of Meningitis, technically called Pyogenic meningitis and menongococcal meningitis have been sweeping probably Delhi for the last 3 or 4 months. Mr. Deputy-Speaker, Sir, it appears that it is going to be a ritual for the next few years because last year again there was a strong epidemic. During this Budget Session itself there was a Calling Attention in the other House ; previous to that some local newspapers have frontlined the news. There was a subsequent Call Attention notice and a reply was given by the hon. Cabinet Minister, Mrs. Kidwai and things are going on like that. And as it appears, it is going to follow the course in the subsequent years also. Therefore, in this light the Health Ministry has to see it. I wish the hon. Minister Mrs. Kidwai had been in the House. I do not say Mr. Krishna Kumar is not quite competent to deal with this matter. He is aware of the facts, but because she has been dealing with this matter and made certain statements also in the Rajya Sabha. I wish that the hon. Minister, Mrs. Kidwai had been in the House. She has said in the Rajya Sabha on 14th March, 1985 :

“Since January 1985 there has been a significant increase in the number of cases admitted to hospitals due to meningitis. An increasing trend has persisted through February and March as well. According to available information, the incidence of meningitis cases from 1-1-1985 to 9-3-85 is 1,652 with 225 deaths. According to the latest available information, from 10th to 12th March 1985, the number of cases is 241 with 18 deaths.”

A picture was given there in the Rajya Sabha. Now, the Ministry is coming with the statements again and again I saw a statement in *Jan Satta* dated 16.3.1986 in which some sort of justification with figures is sought to be given. It said that during the same period last year there were 190 deaths. Then, the incidence of meningitis in the last year during the period from January to March were 1,271 while this year it is only 809. In this way some sort of jumbling of figures is sought to be made and a picture is sought to be given that things are better now.

Again death rates are quoted. In 1983 the death rate because of this disease was 34.2 per cent. In 1984 it was 33.7 per cent, in 1985 it was 14 per cent and in 1986 it is 10 per cent. 1986 is not, of course, completed, but the figures are sought to be given saying that the trend is decreasing.

In fact, the decreasing trend is a welcome sign. But this percentage and these figures do not give any idea as to the seriousness of the illness and whether the seriousness is going to be lessened in any case by these figures. It has been also said by some association, last time some statement was made, on which I would like the Minister to answer. This is a statement given by some association of doctors. They say, once such epidemic starts, it lasts for a period of at least 4 years. In this a fact ? In that respect, what is sought to be done ?

As far as drugs are concerned, no doubt, the Ministry is going to import and has imported drugs necessary for curing and preventing this, including vaccines. But we have to evolve in the coming drug policy, a clear cut policy with respect to drugs that we are going to import for the purpose of curing diseases like this. That is why, a

[*Shri Shantaram Nalk*]

specific policy should be evolved on priority basis. It appears that last year 26,000 doses and 74,000 doses of necessary vaccines in two different instalments were imported. I would like to know whether these doses of vaccines were distributed to other State hospitals or they were only concentrated in Delhi. These doses were brought to cure this epidemic which no doubt has spread widely in Delhi and also the rest of the country where the instances of deaths due to this disease are coming.

Another question which I would like to ask the hon. Minister is this. Of course, I am not a medical expert. But it has been claimed by one doctor B. S. Krishnamurthy of Hyderabad that homeopathic medicines in this regard would have been an effective remedy. Has any study been made with respect to this aspect whether homeopathic drugs would be more effective than any other sort of medicines, by the Ministry? If so, what results have been obtained? According to that doctor, even encephalities which was spreading in Andhra Pradesh was curbed by homeopathic medicines. If that is so, it could be examined.

However, one thing has to be remember that however good medicines may import, however good health care you may take, as far as treatment meted out to patients is concerned, the timely treatment gives a result more than anything else. In the sense, if a patient is admitted in a hospital and if timely treatment is not given, the death rate, you know, increases. Therefore, I would like to know whether any investigation was made with respect to the cases where timely treatment was not given and if so, what action has been taken against those doctors who did not take timely action? Last year, in J.P. Hospital, a doctor died and that too because of timely treatment was not given and because of a wrong diagnosis made. So, that doctor in the hospital expired. Therefore, unless these aspects are looked into, the treatment would not be effective. We know when an emergency takes place, every doctor moves into action. But there are doctors who surely neglect the patients. In such cases, if you do not take some action against them, prosecuting them in a court of law, these things will continue and death rate will also increase.

Therefore, these few questions which I have raised may kindly be answered by the hon. Minister.

SHRI CHINTAMANI JENA (Balasore):
Sir, our country is preparing for the 21st century and our Government to taking action to achieve the goal, the slogan—“Health for all by 2000 AD”, that we have given. In this connection, the hon. Minister in his statement has stated :

“for precaution to avoid contact with the discharges of the nose and throat of the patients.”

May I know what action is proposed to be taken to propagate it among the slum areas, the rural areas and the congested areas where this disease is spreading on a large scale? Of course, the hon. Minister may say that through AIR, Doordarshan and newspapers, they are propagating it. May I know how many of the people living in slum and rural areas have the means and can afford to have one radio or TV set or are regularly used to read the newspapers? Will the Ministry think of sending a team of doctors to those slum, rural and congested areas in order to propagate preventive measures to the rural masses?

The hon. Minister has said that the incidence and mortality during the current month and year was much less than the corresponding period of last year. It is a matter of pride for the Ministry, no doubt. But may I know whether this meningitis is more with the children of the age group of 1 to 14? If so, the guardians and parents should be adequately apprised of the situation and preventive and remedial measures should be taken.

I would like to suggest that the Integrated Child Welfare and Development Services should be entrusted with this work to propagate preventive measures and diagnosis among the guardians and parents of the children.

I am told, of course subject to correction, that this mini-epidemic is spreading from one house to the other through cats. We keep a pet can in almost every house. I would like to know whether the spread of this disease through cats is a fact and, if so, what action is being taken by the Govern-

ment to educate the people in this regard so that they may not allow their cat in the house to come out and thus prevent this disease from spreading to the other houses.

I would like to know whether it is a fact that this disease spreads through contamination of water, specially drinking water. The drinking water is contaminated in Delhi and we are experiencing it every day in the residences and even in the bungalows, of M.Ps, Ministers and VIPs. The other day it was published in many of the newspapers like 'Hindustan Times' etc., that when one gentleman opened the tap to drink a glass of water, he noticed that a small snake in his glass, the photograph of which was published in almost all the newspapers. I have a bitter experience in Delhi about the contamination of water for the last five or six years. I am telephoning about this contamination of water to the concerned authorities but nobody bothers about it. If we keep a bucket of water for at least half an hour, there will be some dust or sand at the bottom of the bucket. Sometimes in the morning, when I open the tap, the water is raddish, Why so? Nobody bothers about that.

Similarly, adulteration of food, I am told by some experts, is another reason for spreading of this disease. This is quite common now-a-days. So, in order to save the poor people, what is the action taken by the Government to provide unadulterated food and foodstuff and also pure drinking water? Is it a fact that this disease is noticed largely in winter and spring seasons? If so, whether any research has been made? Why it is largely noticed during these seasons? Of course, in other seasons also, all-round the years, it is there. But it is largely noticed in spring and winter reasons. Has any research can made in this regard?

In the third world countries and in the developing countries like ours, this disease is spreading much more than that of developed countries which are using vaccines to eradicate this disease fully. I would like to know whether any know-how is to be improted to produce such vaccines in our country for the eradication of these diseases?

SHRI BALWANT SINGH RAMOO-WALIA (Sangrur): Hon. Deputy Speaker,

Sir, the dreaded meningitis has caused havoc in the mind of general public not only in the capital but also throughout the adjoining areas of the capital.

As per the statistics published in the newspaper, may-be Government are in the know of these statistics—85 deaths have occurred so far and 809 cases have been reported from 7 hospitals of the capital. 25 children have died during the last few weeks due to this dreaded disease. Everybody know that the symptoms of the disease are fever, head ache, sore throat. The disease has not only been confined to the capital area but reports are coming that it is spreading in Uttar Pradesh, in Rajasthan and towns of Haryana also. I do not blame the Government directly for spreading of the disease but the Government has the responsibility to look into the causes do to which the disease is killing the people. This disease has attacked the capital and the adjoining areas.

(1) May I ask the Minister, through you, is it not a fact that loud talking of healthy security and health for all, has failed? Through you, I will put solid questions to the Minister. He must explain to the House what are the causes which led to the epidemic (2) What steps are being taken to stop this disease spreading in the neighbouring States and other regions of the country? (3) How many new health centres have been opened to fight the menace? (4) What are the effective steps which the Government has taken to give medical help to the indoor patients? (5) How many patients have been admitted, specially, the poor patients in the hospitals and (6) What is the amount of help, i.e., what is the amount which has been sanctioned to face and fight this epidemic?

With these words, through you I urge upon the Government to be serious and tackle it on a war footing for the sake of the life and health of the people.

SHRI S. KRISHNA KUMAR: At the outset I would like to briefly mention some salient features of this particular disease for the sake of better clarity and understanding of the hon. Members with respect to preventive and curative measures being undertaken by the Government,

[*Shri S. Krishna Kumar*]

Meningitis is what is called an endemic disease and with the present level of our medical knowledge, it is technically or logistically not feasible to eradicate it completely. According to medical experts this disease has a long term cycle of 10 to 15 years as well as a short-term annual cycle with incidence increasing during the spring and winter months of the year. This disease is caused by a large variety of microbes and the particular disease, meningococcal meningitis which is an epidemic or a potential epidemic is caused by a particular bacteria. According to medical experts 20% of our population all the time carry this bacteria in their throat and upper respiratory tract. Therefore, under certain conditions certain outbreaks will result and this is not only confined to Delhi or India but it is prevalent in an endemic way in almost all the countries of the world. Only a few years back there was an epidemic in Brazil and there have been epidemics reported from various parts of the world including the developed and under-developed world.

In so far as the incidence of this disease cannot be entirely prevented the strategy of the Government is to focus on the education of the people so that immediately the symptoms are detected and due recourse is taken to immediate hospitalisation and effective treatment. The key to reduction of mortality by the disease is immediate and prompt treatment in a hospital.

The figures of incidence of meningitis are available with us. The figures are not jumbled as suggested by the hon. Member, Shri Shantaram Nayak.

The figures are entirely accurate. When the hon. Minister Mohsinaji mentioned some figures last year, they referred to the incidence of that year. There was an increase in the incidence of the disease in the first three months of last year. I have, in the statement, given the figures of this year in comparison with the figures of that year and these figures show a definite declining trend. To be specific, in the year 1985, from 1st January to 15th March, there were 2088 cases and out of which 261 resulted in death. In the some corresponding calendar period this year i.e. from 1st January to 15th March, 1986, the cases have dropped down

from 2088 to 1045 or a reduction of 50 per cent. The mortality rate has come down from 261 to 103, a drop of 60 per cent. This is due to effective propaganda measures and health education measure initiated by this Ministry as also due to greater awareness of the people about the symptoms and the greater number of people immediately availing of the facility of hospitals.

The Government's strategy also includes very close monitoring. In the last month alone we have had 5 high-level meetings with the participation of representatives of W.H.O., I.C.M.R. and the Director General of Health Services. We have alerted all the States. Every hospital in the city and peripheral areas of Delhi have been alerted and the hospitals and the dispensaries have been given adequate stock of medicines. And certain personnel who are in constant contact with the patients, mainly doctors, nurses and para-medical staff have been vaccinated. We are continually analysing the incident with respect to the various areas of Delhi. As the hon. Members are aware, this disease mainly occurs in crowded places. It is not a result of using impure and contaminated water. The only reservoir of the disease causing bacteria is human-beings, human-beings throat especially. The disease is communicated through drop-lets while the person is sneezing or through the air which carries exhale and due to intimate contact. It is said that it is because of the dryness of climate in Delhi during spring and winter that the disease resistant mucous in the nose becomes dry and at that time the resistance to the disease decreases. Also in spring and winter people huddled together very closely especially in crowded localities where housing and sanitary conditions are poor.

Sir, this Department has tried to use the television and radio and the newspaper media to disseminate information relating to the disease in as wide a manner as possible. As regards the States, only Gujarat and Maharashtra have reported this year the incidence of the disease. With reference to the question by Shri Naik, whether the vaccine was despatched to the States, the answer is 'yes'.

We have distributed vaccine to the States of Maharashtra, West Bengal, U.P., Haryana, Punjab and Rajasthan. The vaccine is

available. We have five lakh doses and it will be given to any State Government which asks for it. The Ministry would like to assure the public that this disease is not an epidemic. There are well laid down norms on when the disease is to be treated as an epidemic. When a disease is notified as an epidemic, we have to close down the cinema houses, we have to close down the schools and colleges, we have to introduce restrictions on the movement of people and so on, and that will be an over-reaction not called for, based on present pattern of incidence. However, if in any population group or colony or school or college, the pattern of incidence is such that there is a clustering of cases, this Ministry shall immediately move and see that every single person in that particular population or group is vaccinated against the disease. Vaccine is available in the hospitals. It is available in the market. Similarly another efficacious medicine called Sulphadiazine which is cheap and very effective and which will give protection as long as it is taken, is available everywhere including government hospitals and any citizen who asks for it shall be given the medicine free.

I would like to conclude by answering a few of the specific points mentioned by the hon. Members. The question raised by hon. Member Shri Ramoowalia on the general expansion of the infrastructure by way of Primary Health Centres and other health institutions relates to the whole range of preventive, promotive and curative aspects of medicine. There is no need for any particular budget provision for fighting meningitis. The Directorate General of Health Services have, under their general budget, complete financial as well as administrative powers to deal with the outbreak of this disease.

Some claims have been made—and this is with reference to hon. Member Shri Shantaram Naik's query—that certain homeopathic medicines are effective. But this has not been therapeutically proved. The Ministry would like to advise the public that this is a very serious disease and unless prompt attention is given, mortality will result. So, no experiment may please be done or taken with reference to this disease. Indoor treatment is not advisable. Immediate hospitalisation is the only way to save the life of the patient. There has not been

any complaint whatsoever about lack of timely action by any of the doctors in any of the hospitals this year. In case of any complaint, we shall take the strongest possible action. I do not have figures of the patients as to who are poor, who belong to the middle class and who are rich; we do not keep that type of figures...

SHRI AMAL DATTA (Diamond Harbour): In future you should keep those figures.

SHRI S. KRISHNA KUMAR: The suggestion will be considered.

About the incidence, roughly half the patients are children and the other half are young adults.

Regarding the suggestion to use the Integrated Child Development Scheme infrastructure for fighting the outbreak of the disease in rural areas, the suggestion will be considered, but through this Directorate General of Health Services we have already alerted all the institutions in the country. The ICD Blocks are only 1,100 out of 7,000 Blocks in the country. We will consider the suggestion of the hon. Member and try to include Meningitis in the training curriculum of ICDC functionaries in case it has not already been done.

Every day we are monitoring the incidence of the disease, the mortality, the treatment, through a virtual Control Room in the Directorate General of Health Services. We shall be stepping up the propaganda and mass education in the coming weeks, how a patient should be, isolated, how the others should guard against the disease, what are the symptoms and what are the treatments. We would like to assure the House on behalf of the Government that we shall spare no efforts to see that the incidence of Meningitis in the Capital area as well as in the country is kept to the barest minimum by mobilising the entire resources, technical, managerial and administrative, at our command and also to see that the general conditions are improved because the incidence of this disease can be reduced only by the general improvement in the environmental conditions like sanitation, water supply and reduced crowding in localities—some of the ills of life in metropolitan areas.

[*Shri S. Krishna Kumar*]

I congratulate the hon. Members for bringing this up and focussing public attention through Parliament. We would like to assure the hon. Members...

[*English*]

SHRI S. KRISHNA KUMAR : The hon. Member is entirely wrong. The main medicine, which is Sulphadiazine, is available in all the hospitals and dispensaries of Delhi. Any citizen can avail himself of this medicine. The treatment is only in hospitals. Otherwise, it is dangerous. We are fully prepared to meet the situation, and we have not received any complaint that the medicine is not available or that any case is not being treated. We would like to assure the House again that Meningitis is fully under control (*Interruptions*) If there is any specific complaint we will look into it.

[*Translation*]

SHRI JAI PRAKASH AGARWAL : Your doctors will not tell you that medicines are not available there. I can tell you. You can go and see for yourself that medicines are not available in Jai Prakash Hospital.

[*English*]

SHRI S. KRISHNA KUMAR : He can make a specific complaint and we will look into it.

We would like to assure the House that there is no need for any scare among the public; the situation is entirely under control.

12.59 Hrs.

MATTERS UNDER RULE 377

[*English*]

MR. DEPUTY SPEAKER : The House will now take up 'Matters Under Rule 377'. Mr. Ramoowalia,

[*Translation*]

- (i) Need for rectifying the map published in a European financial magazine excluding Jammu & Kashmir and some other parts of India from India's territories.

SHRI BALWANT SINGH RAMOO-WALIA (Sangrur) : Mr. Deputy Speaker, Sir, through you, I want to draw the attention of the Government to the news item published in the Indian Express of 14 March, 1986 that the Union Finance Ministry circulated a leading European financial magazine in which a map of India has been given. It is a matter of regret that in this map Jammu and Kashmir have been excluded. The eastern part of India which includes Assam, Mizoram, Sikkim, Tripura, Manipur, Nagaland, Arunachal Pradesh and even parts of West Bengal have not been included in the map. Surprisingly, it is the library of the Union Ministry of Finance which is circulating these copies and how it is available with different institutions and individuals in the country. Although all foreign magazines are allowed to be circulated in the country only after the clearance of the Government but in this case I fail to understand how the Government failed to scrutinise it. I, therefore, urge that the Government should make a statement in the House about the carelessness shown in this matter and situation arising out of it and also, the map should be got rectified immediately.

13.00 Hrs.

[*English*]

- (ii) Need to declare Patna University a Central University

SHRI C. P. THAKUR (Patna) : Patna University is one of the oldest universities of the country. Because of the poor financial state of Bihar, the standard of this University has gone down. There should be at least one University in Bihar which should maintain high standard and should be the centre of excellence in Bihar. This institution if fully developed will inspite other institutions.

To achieve this aim, this institution should be made Central University and