

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

Deaths due to meningitis

[English]

SHRI V. KISHORE CHANDRA S
DEO(Parvathipuram): I call the attention of
the Minister of Health and Family Welfare to
the following matter of urgent public impor-
tance and request that he may make a
statement thereon:

'Reported deaths due to meningitis
particularly among tribals in Sri-
kakulam and Vizianagaram districts of
Andhra Pradesh and some parts of
Madhya Pradesh and Bihar and the
steps taken by the Government to
check the disease.'

12.07 hrs.

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

THE MINISTER OF STATE IN THE
MINISTRY OF HEALTH AND FAMILY

WELFARE (KUMARI SAROJ KHAPARDE):
Meningococcal meningitis is caused by a
bacterial infection and has been accruing
repeatedly in several states of the country.
The States where relatively a large number
of cases of meningococcal meningitis have
been regularly reported during the last four
years are Bihar, Gujarat, Maharashtra, Ra-
jasthan, West Bengal and Union Territory of
Delhi. The number of cases and deaths
during the last four years are as under:

| Year | Cases | Deaths |
|------|--------|--------|
| 1985 | 15,755 | 2216 |
| 1986 | 10,382 | 1899 |
| 1987 | 9,080 | 1596 |
| 1988 | 14,690 | 2289 |

During 1989, seven States/Union Terri-
tories viz. Andhra Pradesh, Madhya
Pradesh, Bihar, Orissa, Gujarat, Maharash-
tra and Delhi have reported cases of Menin-
gococcal meningitis as well as deaths. The
number of cases and deaths are as under:-

| State | Cases | Deaths |
|----------------|-------|-----------------------------|
| Andhra Pradesh | 792 | 136 (23.12.88 to 31.3.1989) |
| Madhya Pradesh | 1620 | 158 (1.1.89 to 3.4.89) |
| Bihar | NA | 185 (upto 10.4.1989) |
| Orissa | 2951 | 344 (upto 2.4.89) |
| Gujarat | 586 | 102 (upto 3.4.89) |
| Maharashtra | 584 | 109 (upto 4.3.89) |
| Delhi | 329 | 58 |

Meningococcal meningitis affects the
human brain. The disease affects the poorer
sections of society who live in unhygienic

conditions. The disease is spread from
droplets from nose and throat of infected
persons.

[Kumari Saroj Khaparde]

The control measures for meningococcal meningitis consists of the following:—

- early reporting of cases by para medical health personnel so that all suspected cases are treated in hospitals;
- constituting medical teams to visit the affected areas to detect and diagnose cases;
- treatment of patients by providing suitable drugs viz. Crystalline Benzyl Penicillin and Choramphenicol;
- vaccination of medical and para-medical personnel who attend patients in hospitals and casualty departments;
- providing protection to persons who may come into contact with patients by giving them sulphadiazine.

Vaccination has no role to play in the control of the epidemic. The vaccine is not useful in children upto two years and even for adults booster doses are required every year. However, vaccination has been recommended by experts for medical and para-medical personnel who handle patients.

The Meningococcal meningitis vaccine is not manufactured in the country and has to be imported. The National Institute of communicable Diseases (NICD) has supplied 50,000 doses of vaccine to Andhra Pradesh and 45,000 doses of vaccine to Madhya Pradesh.

The Director general of health Services had held a meeting on 6.1.1989 with officers from endemic States. Guidelines have been

issued to State Governments/Union Territory Administrations regarding prevention and control of meningococcal meningitis.

The National Institute of Communicable Diseases had deputed experts to visit the affected districts in Andhra Pradesh and Madhya Pradesh and also advise the State Governments regarding surveillance and treatment. A team is currently visiting the affected districts of Orissa and Bihar.

The units of Central Council of Research in Homoeopathy (CCRH) in Andhra Pradesh, Madhya Pradesh, Bihar and Orissa have also been activated to undertake study-cum-treatment of Meningitis cases with homoeopathic medicines. The work is in progress.

The Government of India is in constant touch with the State Governments and is providing technical advice and also arranging the supply of vaccines for use among medical and para-medical personnel in hospitals and dispensaries who may be engaged in the treatment of patients.

SHRIV. KISHORE CHANDRA S. DEO: Mr. Deputy Speaker, Sir, as is evident from the Statement that has been read out by the Hon. Minister Meningitis has taken a toll of nearly 10,000 lives during the last 4 years. Figures also show that even this year, from December 1988 to April, 1989, during the last 4 months about thousands lives have been lost due to this dreaded disease.

Mr. Deputy Speaker, Sir, the Hon. Minister also mentioned in the Statement that the disease affects the poorer sections of society who live in unhygienic conditions. Unfortunately, Sir, it has been the turn of my constituency in Andhra Pradesh the two districts which have been mentioned in my notice, Vizianagaram and Srikakulam which have had to bear the brunt of this attack. The main people who have been affected by this

attack of Meningitis are the tribal population in these two districts.

THE MINISTER OF INDUSTRY (SHRI J. VENGAL RAO): Recently I also visited this area.

SHRI V. KISHORE CHANDRA S. DEO: I am glad that the Hon. Minister for Industry has also visited the affected areas during his visit. What I would like to mention is that the first case actually took place in December, 1988. It was on 26th December when the first incident took place in a village called Babbidi where 12 tribals died on one single day. Then this disease reached endemic proportions. On the 18th January 1989, it was known to the authorities that this disease had taken an epidemic form. But the Director of the National Institute of Communicable Diseases visited these areas only on the 14th March 1989. There was a gap of two months between the identification of the disease as an epidemic and the visit of the Director. The authorities identified this meningococcal meningitis as the cause for these deaths. But it was only two months later that the Director of the Institute visited these areas.

Mr. Deputy Speaker sir, in her statement in para 5, the hon. Minister has said that vaccination has no role to play in the control of this epidemic. If vaccination has no role to play in the control of this disease, why are the vaccines sent to the para-medical personnel? Moreover, in the very same paragraph it is also said:

"However, vaccination has been recommended by experts for medical and para-medical personnel who handle patients."

This is a contradiction in the same para! It is not correct to say that the vaccine has no role to play in the control of the disease. The vaccine has definitely got a role to play in the

control of the epidemic and that is precisely why you have sent 50,000 doses to Andhra Pradesh and 45,000 doses to Madhya Pradesh. What was the sense of sending these vaccines if they had no effect on the disease? It is also mentioned in the statement that vaccination is not useful in the case of children upto two years. Well, it might be so. I am not aware of it. But I would like to mention here that so far most of the casualties happened to be adults and not children.

The figures in the statements say that one hundred and odd deaths have taken place in Andhra Pradesh. But I am aware that a least 250 people have died in these two districts of Andhra Pradesh. This area happens to be my constituency. I had been there during the ten-day recess that we had, when parliament was not in session. I also knew that there were several cases which were not reported.

Mr. Deputy Speaker Sir, today people in these areas are living in a state of panic. This disease affected parts of Delhi in the early Eighties. And I am told that it took five years to control and eradicate the disease. If in the capital city itself, where you have so many infrastructural facilities, so many doctors and medicines and national institutes to look after the people, it could take five years to control the disease, you can very well imagine the plight of the poor tribal population living in these remote backward areas!

What is more alarming is the after-effects that this disease can cause. I had been to some of the hospitals where there were more than 500 patients who had this attack. I was told by the doctors there that the after-effects could be very serious. The after-effects could be very serious. The after-effects or the repercussions can be sub-conjunctival haemorrhage, cranium paralysis leading to deafness, herpes, arthritis and psychosis. There may be several other after-effects which can actually disable the pa-

[Sh. V. Kishore Chandra S. Deo]

tients permanently afterwards. So, this is not only a question of preventing the patients from the ultimate fatal consequence of the disease but also protecting the patients against the after-effects which can cause irreparable harm to those people who come from very poor sections of society.

Mr. Deputy Speaker, Sir, in this statement, it has been said that the National Institute of Communicable diseases has supplied 50,000 doses of vaccine to Andhra Pradesh. Now, as I have already mentioned, I personally feel that this vaccine has a vital role to play even though, the Minister herself has said that this vaccine is not effective. Since the population in these areas is spread in very very backward regions where it is difficult for other people to have access and since these people are also not fully aware of meningitis and its repercussions, they may not be able to come and report the disease in time. Therefore, I personally feel that first of all more number of doses should be supplied to vaccinate not only the tribal population who have been affected by the disease but also the non-tribals in those areas.

Sir, in my village, in the Primary health Centre, there were about 200 of these patients. The hospital was closed for outsiders and the same is the case with many other hospitals over there. So, the regular medical relief work has come to a standstill because of this problem which has come. Nobody knows how long this will last.

Secondly, I would also like to appeal to the hon. Minister for health to talk to her counterpart in the Ministry of Welfare. After all, fortunately or unfortunately, the affected people, the people who have died, the people who are today in the hospitals are basically tribals—a majority of them are tribals belonging to one particular commu-

nity. So, from the Ministry of Welfare you could get some Central Assistance by way of funds to see that these families who are affected or who have died due to this meningitis attack can be rehabilitated or can be provided better nutrition or other facilities. I am sure it will go a long way in controlling the disease and health. Because I am told that mal-nutrition is one of the basic reasons.

In the meantime, they have been giving capsules for oral medicines. The names are mentioned in the Statement.

"treatment of patients by providing suitable drugs viz. Crystalline Benzyl Penicillin and Chloramphenicol.

I do not know whether there is enough supply of these medicines.

So, the Central Government could probably see that these medicines are also despatched until they can provide the other vaccinations actually to control the meningitis bacteria. But I would like to have an assurance from the hon. Minister that she would send at least five lakh doses for these two districts because they are very-very backward districts. The population is only 15 lakhs to 20 lakhs. Certainly the population which covers this area which has been affected now are living in panic, in fear of getting this dreaded disease and losing their lives would be at least five lakhs. Then I am told that this also requires refrigeration. It has to be kept under certain temperature. Temperature control has to be there for this vaccination to be effective. In this context also I would like to know what measures the hon. Minister would take. The State Government is already seized of the matter. I am told that they have already decided to fight this disease on a war footing. But their hands are tied without these vaccinations because these are imported vaccinations which are not available locally. They are not available in any other regional Centres. All have to

come from Delhi. Now, the problem is also spreading to other States. The Chief Minister of Madhya Pradesh had made a Statement. It has also gone to Bihar. Today it is in Andhra Pradesh, tomorrow it can go to Assam or it can go to Punjab or anywhere else because people keep travelling. And with the communication facilities having developed, this can also spread because the incubation period is about 10 days or 15 days. During this period, you can not detect what the disease is. Ultimately when it comes, many of the patients I am told, get high fever, sometimes they have some sense of vomiting and then within 48 hours, they die. So, by the time you diagnose and detect what is all about, it is too late to do anything. Therefore, it is a very-very serious threat and it is a threat to the ethnic minorities—the tribals. If it continues to spread in an epidemic form, it may also threaten the extinction of these ethnic minorities in these two districts.

Therefore, I would like the hon. Minister to assure me that she will send enough doses of vaccination and other infrastructural facilities and that she would also speak to her counterpart in the Ministry of Welfare to see that these affected tribals get sufficient help from the Central Assistance Fund which may be at the discretion of the Minister of Welfare or Home Minister.

SHRI M.R. SAIKIA (Nowgong): Mr. Deputy Speaker, Sir, the Minister in her Statement stated that from 1985 to 1988 meningitis cases have been reported from Bihar, Gujarat, Maharashtra, Rajasthan, West Bengal and Union Territory of Delhi. The casualty figure was round about 8000.

It has not only spread over in those areas by also other parts of India especially Andhra Pradesh, Orissa, Madhya Pradesh and Maharashtra. It clearly shows that no effective measures have been taken by the Government to prevent this disease. It also

clearly shows that it was spread in those areas first in the year 1985 and it has come upto 1989; and in 1989, the persons affected were 1100 from December upto April. This is an official figure; it can be more than this. It has created panic not only among the SC&ST people but also tribals; and most of the affected people are tribals. The Minister has stated in her statement that 'vaccination has no role to play in the control of the epidemic.' I do not know what factors prompted the Minister to say this, because, at the same time, she has also stated that 'The National Institute of Communicable Diseases (NICD) has supplied 50,000 doses of vaccine to Andhra Pradesh and 45,000 doses of vaccine to Madhya Pradesh.' Is it not a self contradictory statement? if vaccination has no role to play in the control of the epidemic, then where is the sense of sending so many doses of vaccine to Andhra Pradesh and Madhya Pradesh? On page 2 of her statement, she has stated as follows:

"The control measures for meningococcal meningitis consists of the following:—

- early reporting of cases by para medical health personnel so that all suspected cases are treated in hospitals;
- constituting medical teams to visit the affected areas to detect and diagnose cases."

This was started right from 1985, but they visited the affected areas in 1989, after a lapse of four years. This is the way how our Government functions. The most surprising thing is that the Director of NICD woke up only the other day to pay visits to some affected areas and an experts team was also sent to examine the disease in the affected areas after a lapse of four years. Then on page 2 of her statement, she further states as follows:

[Sh. M.L. Saikia]

"Providing protection to persons who may come into contact with patients by giving them sulphadiazine."

What is the method of protection and how can you protect people from the effect of this disease? Can you mention about that? Therefore, I urge upon the Government to come forward not only with effective measures to prevent people from the effect of this disease but also to control this disease so that it would no longer spread to other parts of the country. It has created panic and havoc among the weaker sections of the people. Therefore, some effective measures not only to control the disease should be taken by the Government but also to prevent the people from the effect of this disease so that this disease may not spread to other parts of the country.

SHRI PARAG CHALIHA (Jorhat): The statement made by the hon. Minister makes a rather horrifying reading. A lot at it will show that in the course of the last four years as many as about 50,000 cases were reported and the death toll was about 10,000 and still more horrifying are on page 1, at the bottom, that in three months of the present year about 6,000 to 8,000 cases have been reported and the death toll has already reached about 18,000 even;

DR. KRUPASINDHU BHOI: (Sambalpur): What type of meningitis;

SHRI PARAG CHALIHA: It is written here. I am not a medical man like you.

MR. DEPUTY SPEAKER: Why are you diverting him?

SHRI PARAG CHALIHA: I am not a medical man. I know that it is meningitis. That is how a common man knows it, and I represent a common man.

The death toll has reached about 8,000. There is no mention of Assam but only on the 5th or 6th of last month a case of meningitis has come from Assam. Of course, he did not belong to any tribal area or a poor village, he was an engineer working in the Oil Indian Limited at Dibrugarh. This case was brought over here. I tried to contact the hon. Minister but the unfortunate aspect is that the patient died. He was a young man who was about to be married one month hence. I am pained to say that meningitis has travelled as far as up to Assam also. Who knows? There may be far more deaths. The most surprising if not horrifying aspect, is that the vaccine does not have any special role to play in the prevention of the disease as stated in the statement both of them—have quoted some figures and stated that 50,000 or 60,000 cases have been reported.

What I request the hon. Minister is to see that this particular vaccine is produced in India. I know that one vaccine costs about Rs. 100 or so which is beyond the means of the poorer sections. Therefore, the Government should take urgent and effective measures to see that supply of this vaccine is within the reasonable reach of the people, say at Rs. 5 or Rs. 10 and if necessary some free supplies should be made as an emergency measure.

Secondly, the research and development wing, or whatever body is there, should make all out efforts to produce this vaccine here in India, if necessary in collaboration with some foreign firm or specialised laboratories or a reputed concern.

Thirdly, why should this vaccine and medicines be set only from Delhi? Why should we not have some regional or provisional if—not State-wise—and even district wise storage facilities? Of course, we cannot expect a poor tribal village to have a storage facility and there are regions in this country where one has to be travel almost the entire

day on foot to have some kind of urgent life-saving drug. The Government should take action on a war footing and see that the disease does not spread to the other areas also. I urge upon the hon. Minister and the Government as a whole to see the horrifying effect of this growing disease. In 1988 the total number of cases reported is about 14,690 and as my hon. friend and colleague said it is only the official figure, as reported. There may be hundreds and thousands of unreported cases. It is reaching menacing proportions, and I urge upon the Health Ministry to take immediate action and to do something tangible to stop the further spreading of this disease.

[Translation]

SHRI HARISH RAWAT (Almora) Mr. Deputy-Speaker, Sir, this is my third opportunity during the last three years to speak on a same subject but it is regretted to say that inspite of measures taken by the Government, the situation is what it was in the beginning. The mosquitoes which earlier used to spread malaria now spread meningitis too. In spite of the use of insecticides, Mosquitoes menace is increasing rather than decreasing. The mosquitoes menace in big cities has assumed such a serious proportion that the Government have not been able to invent any new effective insecticide which could control this menace. Some particular areas of the country are affected by this disease every year. I would like to know whether the Ministry has identified those particular areas which are affected by the disease almost every year. If so, the Government can provide vaccine as a preventive measure will in advance. As my friends stated here, I would also like to reiterate that vaccine is imported from Japan. The hon. Minister had stated in the House last time that efforts were being made to make production of the medicine within the country itself and the efforts were stated to be in advanced stage. I would like to know

from the hon. Minister the quantity of the medicine being imported from Japan and the extent to which we have succeeded in our efforts to produce the medicine in the country. Are we in position to say that we would be able to produce meningitis vaccine in a year or so? It has been reported in some newspapers and one of our colleagues also stated that there is a medicine in Homoeopathy system which can provide temporary relief to the patient. But Homoeopathy medicine is being used at a very small scale. Homeopathy dispensaries should be opened in the area which are prone to Meningitis, so that a temporary relief can be provided to the patients. Lives of many people can be saved in this manner. The House should be apprised to the measures to be taken in this regard. The Government of India extends help to control the epidemics. But bureaucrats are being appointed in the office of Director General Health Services. The vacancies meant for technical personnel are either kept vacant or being filled with the personnel belonging to L.A.S. or other civil services, as a result of which not only resentment is bearing among the medical specialists but we are deprived of their co-operation and help in the matter. A bureaucrat can do only routine work but the people may require the expert opinion on it. I would like to know the number of posts of Additional Directors against which non-medical personnel have been appointed. It has been found that the number of persons who sell fake medicines has increased in the meningitis affected area. The State Governments should be consulted to check this malpractice. A patient takes medicines whatever is readily available to him for relief. The medicine is not available in sufficient quantity. Many other problems also come in the way even if it is otherwise available somewhere. A poor man cannot afford to buy it. There is lack of feeling of charity among the people. The Government is also not in a position to distribute it free of cost. The State Governments have to bear the whole expenditure but they

[Sh. Harish Rawat]

are also not in a position to do this. In such circumstances, fake medicines are doing roaring business. I would like to know the steps the Government is proposed to take to educate the people and to check the trade in fake medicines. The situation in Delhi is so worse that at least one case of death due to administration of contaminated glucose is reported almost every month in the news paper. I have got bottle for sample.

[English]

MR. DEPUTY-SPEAKER: You cannot show it like this.

SHRI HARISH RAWAT : With your permission, I can hand over to the hon. Minister

MR. DEPUTY SPEAKER: You can hand it over in her office.

[Translation]

SHRI HARISH RAWAT: It was stated by the Government that an enquiry would be instituted into the reported deaths due to administration of contaminated fluid or glucose, but the said enquiry has not so far been completed. With the very first glance of this battle, even a layman can say that the patient cannot escape death after administering the injection of this contaminated glucose. Markets are flooded with such type of medicines now a days and are being sold openly without any fear. What steps are proposed to be taken by the Government to check this malpractice. It is absolutely very essential to check trade in fake medicines of Meningitis but it is more essential to check the trade in fake medicines of other diseases which are being carried under your very nose in Delhi . These medicines are being given to people even in Hospitals. What

effective steps are being taken by the Government in this regard?

[English]

KUMARI SAROJ KHAPARDE: - I share the concern of Members regarding deaths on account of meningococcal meningitis in several parts of the country. The Government of India is monitoring the situation and sending experts to advise the State Governments regarding prevention by providing drugs to the relations of the patients and treatment of the patient in the hospitals. The State Governments are responsible for providing medicare in the tribal areas by opening primary health centres and sub-centres as per the norms of the Government.

My good friends, Shri V.Kishore Chandra Deo, asked about providing treatment facilities in his own constituency in Andhra Pradesh. For providing treatment facilities the State Government have deputed medical teams for providing diagnostic and treatment facilities. Besides that, health education measures have also been undertaken so that patients are brought early to the primary health centres for treatment.

About the request of the State Government for sending the team of experts, the hon. Member complained that the team was sent by ICD after two months. I want to inform the hon. Member that the request was made by the Andhra Pradesh Government for sending the team of experts sometime in the month of March, 89 and the team was sent on 11th March, 89.

In my statement which I made just now in the House, I have mentioned that vaccination has no role to play and still I would like to maintain the same thing because—again according to the experts—vaccination is not found to be useful for children below the age of two years, and even for adults, booster doses of this are required every year. How-

ever, vaccination is useful as a preventive measure to be used among persons exposed to high risks, namely, family members of the affected persons medical and para-medical personnel who attend to the patients...

(Interruptions)

SHRI V KISHORE CHANDRA S. DEO: Sir, If I may intervene, the situation is so serious and grave now that this disease is now spreading like wild fire. so, that is precisely why I said that vaccination is necessary. Secondly, you will appreciate that the children contract is from the adults. So, the vaccination may not be effective on the children but children get it from the adults. Therefore, if you can control it among the adults, among the relations and people who are in close contact with them, then naturally you will also prevent the children from getting it.

KUMARI SAROJ KHAPARDE: Sir, whether adults or children, those who are coming in close contact of the patients, we always try to look after them.

The second hon. Member of this House, Shri Saikiaji mentioned about the protective measures taken for this disease. I would like to mention here that sufficient stocks of the injectable penicillin, Ampicillin. etc. should be made available at all treatment centres to meet the situation. All the Medical Officers in hospitals, dispensaries, Primary health Centres, should be very vigilant for early detection of meningococcal meningitis
...*(Interruptions)*

SHRI NARAYAN CHOUBEY: (Midnapore): But is it being done?

KUMARI SAROJ KHAPARDE: Yes, we are doing it.

SHRI NARAYAN CHOUBEY: But you say it should be done.

KUMARI SAROJ KHAPARDE: We try our level best to do it but these are the norms the instructions given by us.

SHRI NARAYAN CHOUBEY: Norms in the village sites are mainly to be broken, to be observed.

KUMARI SAROJ KHAPARDE: Sir, I can just say here that we are trying to sort out the problem in various villages. This is entirely done by the State Government. We are trying to help them in every possible way. That is what I can say here. When such cases are detected, we always try to initiate immediate treatment through hospitals and dispensaries. All mass media we are trying to involve in educating the public in early detection and reporting the cases for treatment in hospitals or other medical facilities.

Hon. Member of this House Shri Chaliha mentioned about the vaccines. I would just like to mention a couple of things which were raised by him.

Regarding the cost of vaccine, I may inform the hon. Member that the cost of vaccine is Rs. 8 per dose. Vaccine is supplied by the State Governments. The National Institute of Communicable Disease imports the vaccine and supplies to the State Governments. Shri Chaliha made some observations while mentioning about the disease in the House as also the status of vaccine production in the country. I would like to mention that vaccine is primarily recommended for medical and para medical personnel and members of the patient's family. Taking into account the fact that the number of cases has been varying between 10 and 20 thousand cases, during the last four years, the requirements of vaccines would be approximately one lakh. It is not economically feasible to establish manufac-

[Kumari Saroj Khaparde]

turing capability for producing small quantity of vaccines, Therefore, vaccine is being procured with the assistance of World Health Organisation as and when required. There is no difficulty in procuring supply from international market.

Sir, a very knowledgeable and active hon. Member of this House, Shri Harish Rawat, has made certain observations while speaking about this particular disease. He has mentioned that meningitis is caused by mosquitoes. I would like to mention here in this House through you, Sir, that meningitis is not caused by and spread by mosquitoes but I would mention that meningitis affects the human brain. As I have stated in my statement, the disease affects the poorer section of the society, particularly those who live in unhygienic conditions and that is how the disease spread.

SHRI V. KESHREO CHANDRA S. DEO: Sir, I do not think that the disease spreads in the poorer section only. The disease does not differentiate between poorer sections and the affluent section. May be it spreads more in unhygienic conditions. It spreads more easily in slums. There have been no instances where rich people died due to this disease.

KUMARI SAROJ KHAPARDE: I was mentioning that by and large this particular disease was affecting the poorer section of the society. I do agree with the hon Member that this disease affects all sections of the society.

Sir, Shri Harish Rawat was mentioning about the homoeopathic treatment of meningitis. I may point out that there are a number of effective medicines in homeopathy for the treatment of meningitis as well as prophylactic. C.C.R. H has already directed its units in Bhopal, Jaypore (Orissa) and

Ranchi to send the team to affected areas for treatment and distribution of prophylactic medicines.

The Team has already started their work recently. Prophylactic Medicine is decided according to symptomatology of patients. The medicine which covers a large number of patients in an area is "Prophylactic" to that area. Particularly in Bhopal we started recently.

Sir, I think the hon. Member has raised the issue about the post of Additional D.G. in DGHS office. We have appointed a person from outside—that is what the hon. Member was mentioning here. I would like to mention here that we do not have a single officer appointed from outside in the DGHS office.

On the rest of the things which were raised by the hon. Members, I do not think I should answer them. I would like to answer them, but those questions which were raised by the hon. Members are not connected or related to today's Calling Attention.

BUSINESS ADVISORY COMMITTEE

Sixty Ninth Report

[English]

THE MINISTER OF PARLIAMENTARY AFFAIRS AND MINISTER OF INFORMATION AND BROADCASTING (SHRI H.K.L.BHAGAT): Sir, I beg to move:

That this House do agree with the Sixty ninth Report of the Business Advisory Committee presented to the House on the 10th April, 1989."

MR. DEPUTY-SPEAKER: The question is:

"That this House do agree with the