

[Shri E. Ayyappu Reddy]

- (2) Statement showing action taken by Government on the recommendations contained in Chapter I and final replies in respect of Chapter V of 189th Report (7th Lok Sabha) on Procurement and utilisation of 10-Ton Chassis and Vehicles built thereon.

12.09 hrs.

CALLING ATTENTION TO
MATTER OF URGENT PUBLIC
IMPORTANCE

[*Translation*]

Reported widespread epidemic of encephalitis in various parts of the country

SHRI ZAINUL BASHER (Ghaziपुर) : Mr. Speaker, Sir, I want to draw 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:

"Reported widespread epidemic encephalitis in various parts of the country and the measures taken by the Government to control this disease."

[*English*]

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) : Mr. Speaker, Sir, Japanese Encephalitis is a viral.....

[*Translation*]

SHRIMATI VIDYAVATI BHATURVEDI (Khajuraho) : Mr. Speaker, Sir, the hon. Minister is very proficient in Hindi. The motion has been given in Hindi and the reply shall also be given in Hindi.

[*English*]

MR. SPEAKER : I am a democrat.

KUMARI SAROJ KHAPARDE : Mr. Speaker, Sir, Japanese Encephalitis is a viral disease transmitted principally by mosquito of *Culex-vishnui* group and also other types of mosquitoes. The disease spreads through mosquito bites. Usually the infection is confined to birds, pigs and cattle. The infection in man is picked up by the mosquitoes. The man is the blind end of the transmission. Man to man transmission of Japanese Encephalitis does not occur. It is not contagious disease and does not spread by eating animal flesh and drinking milk.

The infection causes acute inflammatory disease of short duration involving parts of brain spinal cord and meninges. It may also manifest with sign of meningeal irritation i.e. headache, backache, neck rigidity and high fever with loss of consciousness. Death occurs usually due to cerebral damage. Fatality ranges usually upto 60 percent.

According to the latest information, total 1358 deaths due to Japanese Encephalitis have been reported during 1986 from seven States viz. Assam, Andhra Pradesh, Bihar, Karnataka, Manipur, Tamilnadu and Uttar Pradesh in the country. State-wise incidence is as under :—

	<u>Cases</u>	<u>Deaths</u>
1. Assam	897	385
2. Andhra Pradesh	1338	367
3. Bihar	67	11
4. Karnataka	117	29
5. Manipur	15	5
6. Tamil Nadu	70	28
7. Uttar Pradesh	1549	533
Total :	<u>4053</u>	<u>1358</u>

The following measures are being taken for the containment of Japanese Encephalitis :—

1. Directorate of National Malaria Eradication Programme is regularly collecting and analysing the incidence reports from States/ Union Territories.
2. All the States/Union Territories have been requested to spray BHC/DDT in an area of 2-3 kms. around a case wherever reported besides malathion fogging.
3. National Institute of virology, Pune, School of Tropical Diseases, Calcutta, All India Institute of Hygiene & Public Health, Calcutta and National Institute of Communicable Diseases, Delhi are involved in the programme for advice and diagnosis.
4. States and Regional offices of Health and Family Welfare have been requested to be in constant touch with the States for Japanese Encephalitis control.
5. BHC/DDT and Malathion are supplied by Directorate of National Malaria Eradication Programme for control of Japanese Encephalitis.
6. Fogging machines are supplied by Directorate of National Malaria Eradication Programme to the affected States.
7. Health Education on Japanese Encephalitis has been intensified and necessary guidelines have been issued to all States/Union Territories to contain the diseases.
8. 9000 doses of Japanese Encephalitis vaccine have been supplied to Government of Assam out of the ready stock available. However, an Expert Group under the

Championship of Director General of Health Services and comprising, among others, of Directors of Health Services of Andhra Pradesh, Tamil Nadu, Uttar Pradesh and Karnataka has opined that vaccine has no role to play during epidemics and that it is not recommended as an anti-epidemic measure when the outbreak has occurred.

[*Translation*]

SHRI ZAINUL BASHER : Mr. Speaker, Sir, we would like to thank you for accepting a Calling Attention Motion on such an important issue. At present, the problem of encephalitis has assumed a serious proportion in the country. Reports of several deaths are being received every day. The hon. Minister has given in her statement State-wise figures about the deaths that have taken place due to this disease, but these details must be relating to those patients who have died in hospitals. There are many many patients who do not reach hospitals and this disease is such that if the patients are not treated immediately they die. And keeping in view the inadequate medical facilities and hospitals available in our villages, I can very well say that the people are dying of this disease in large number and reports in this connection are not reaching the Government.

Sir, in Uttar Pradesh this disease has taken an epidemic form. Similarly, in Andhra Pradesh and Karnataka also it has spread. Assam has not been mentioned in the statement but a few days back reports were received that it has spread there also.

[SHRI SOMNATH RATH *in the Chair*]

This disease is not new to this country. On 23rd November, 1981 a calling Attention Motion by Shri Harihar Rawat and others regarding this disease was discussed in this House and at that time also, similar details were given. The

[Shri Zainul Basher]

hon. Minister had stated emphatically at that time that all efforts were being made and would be made to eradicate this disease but in spite of that, it seems this disease is not going to be eradicated. Rather, I am afraid, this disease may not become more serious because, as has been stated, this disease spreads mostly through mosquito bite and it is well known to the House how the mosquito menace is increasing. So much so, that in Delhi where we live and where two or three years back there were no mosquitoes at all, it has become difficult for us now to sleep. Mosquitoes have reached every house and every room. We shall have to use mosquito net. This is not the situation in Delhi only. In other cities also, the situation has deteriorated. The mosquito menace is increasing with greater speed than the speed with which it was eradicated. Just, now, the hon. Minister has mentioned in his statement that people are dying of malaria and it is natural that people die of encephalitis also. I want to know as to what steps are being taken by the Government to eradicate the mosquito menace. Why mosquito eradication programme is not being taken up as fast as it was implemented earlier? It is now heard that mosquitoes will remain but mosquito borne diseases will not be there. Is it a fact that mosquitoes will remain but the diseases caused by their bite will not be there? If so, I fail to understand it. If mosquitoes are not eradicated the disease will be there. I request that a comprehensive programme for mosquito eradication should be started, particularly for rural areas where sanitary conditions have deteriorated. In the villages where drinking water facility has reached: the incidence of mosquito menace has increased because of the lack of drainage system.

Another thing which I want to say is that particularly in villages, where hospitals are available, medicines are not available. Medicine for this disease is not easily available. The doctors though willing to help cannot do much. Therefore, the medicines for this disease should be supplied in large quantity, particularly to the Primary Health Centres. In the Primary Health Centres which are accessible to the villagers. Therefore, there should

be proper arrangement of supplying these medicines to the Primary Health Centres.

In this Statement it has also been stated that according to the doctors opinion no vaccine is necessary for this disease. On the one hand it has been stated that it is a communicable disease and on the other hand it is said that no vaccine is required for this disease. I am not a doctor and I accept whatever the hon. Minister has said. But, then, how will it be controlled? Is there any medicine to check this disease or not? If there is then it should be supplied to the people so that they may take it as a precautionary measure. If there is no vaccine for this disease and some medicine is there, then it should be distributed in as much quantity as possible. These medicines should be supplied and distributed on war footing in those affected areas where this disease has taken epidemic form.

I also want to know whether in this matter any help from the World Health Organisation has been sought? If so, whether any help has been received or not? This disease is called Japanese encephalitis. Perhaps, this disease has come from Japan. The World Health Organisation might have made research in this matter and prepared some medicine. Has any assistance been taken from them in this regard or whether Government propose to do so?

Yet, another aspect of it has come to notice. This disease is spreading mostly in those areas where pigs are reared. Pigs are reared in large number in our country particularly in the colonies inhabited by the poor, the weaker sections. Have such places been identified? Whether any specific arrangements have been made to check this disease in those areas where pigs are reared? These are some of the questions which I want the hon. Minister to reply.

*SHRI A.J.V.B. MAHESWARA RAO (Amalapuram) : Mr. Chairman, Sir, the virus fever called Japanese encephalitis which is popularly known as brain fever

*The speech was originally delivered in Telugu.

is widely prevalent in seven States in the country. Already thousands of children have succumbed to this dreaded disease. Though the situation calls for an immediate and effective steps to check this most dreaded disease, nothing significant has been done so far by the Govt. I am at a loss to understand what our researchers in medical field are doing. When the brain fever attacks the child, cerebral damage in the child takes place. The affected child will be deprived of his mental faculties. In many cases children either succumb to the disease or in case a they survive they will be either deprived of their sight or will be permanently mentally crippled. They suffer permanent damage to their body and mind. Sir, in my State of Andhra Pradesh, this disease has spread to 18 districts out of 23 districts. More than 500 children in my state have already died so far. During the rainy season and especially during November brain fever spreads. During this period, mosquitoes breed. It is a well known fact that mosquitoes are primarily responsible in spreading the brain fever. Though every one knows that mosquitoes bite is the primary cause; so far no research work has been undertaken to precisely identify the reasons which cause this fever and find out a remedy to it. Some people say that in addition to mosquitoes, pigs and birds also act as agent in spreading this most dreaded fever. . . Sir, Andhra Pradesh Government has taken several steps to contain the fever. Now pigs are being kept 5 Kms away from the villages so as to eliminate the possibility of this fever being spread through them. The Govt. of Andhra Pradesh had also requested the Central Govt. to rush ten lakh vials of vaccine to that State, if necessary, by importing it from foreign countries. But, I am sorry to say that the Central Govt. has not taken any action to comply with the request of the State Govt. Sir, the Central Govt. is equally responsible in containing and eradicating this fever, hence they should show urgency in rushing the required vaccine vials to Andhra Pradesh. In the recently concluded SAARC meeting, in which the heads of Govt. and State had participated, our Prime Minister Shri Rajiv Gandhi declared that the enough care will be provided to children, and by the end of this year,

no child will be allowed to die for want of proper medical care. But the reality is that hundreds of children are succumbing to brain fever every day. So I want to know from the hon. Minister what steps the Central Govt proposes to take to check the spread of this most dread fever. We have succeeded in eradicating Malaria from the land. The eradication of malaria was tackled on a war footing. Now, the time has come to take effective measures on a war footing in eradicating brain fever. The research work has to be carried on more vigorously. We have to find out both the cause and remedy for the brain fever. We must also try to know about the preventive measures to check this fever. Effective medicines should also be found out. No stone should be left unturned to wipe out this fever once and for all. This is the primarily the responsibility of Central Govt.

Sir, the children are the future citizens of the country. If the brain fever wipes out thousands would there be any citizen in country tomorrow ?

Sir, our people in rural areas, particularly in Andhra Pradesh are illiterate and innocent. At a time when even the experts are not able to find out the cause and the remedy for the brain fever, one can hardly expect gullible villagers to take necessary and preventive steps to check it. Normally a child succumbs to this fever 6 hours after attack, parents should be alerted to take quick action. For this, it is necessary that proper publicity should be given in rural areas about the steps to be taken immediately after the attack of the brain fever. All the publicity wings and NEP&H of the Central Govt. should be alerted at once for the purpose. The parents in rural areas have to be educated properly without any further loss of time. Steps also should be taken to drain out the stagnated water and such puddles, where are mosquitoes breed. Requesting the Govt. to take up these and several other necessary measures to contain this fever, I conclude my speech.

[English]

SHRI V. S. KRISHNA IYER (Bangalore South) : Mr. Chairman, Sir, I have just listened to the statement made by the hon. Minister. I would like to add one or two points only because already the previous speakers have said about this deadly disease. This disease is not new to this country. Probably, it came to this country four or five years ago. Even in the Karnataka Legislature, we discussed it several times. Every year there have been hundreds of deaths. Of course, we do not have the figures because only the figures for the current year are given. So far the figure is 1400. I would like to know from the hon. Minister whether this disease is curable or not? According to the statement made by the hon. Minister, the expert opinion is that the vaccine is not effective. What alternative have you thought of? Has the Government thought of any alternative? You have been sending vaccine to the various States. You have sent 5000 vials to Assam. Karnataka Government is requesting more. They are in need of it. Has the Government accepted this opinion of the experts? Have you come to the conclusion that it is not worth while to send the vaccine any more? If it is so, what are the alternatives? Our Indian scientists are reputed scientists. Are we not capable to find out a vaccine for this disease? In our laboratories are we not manufacturing this particular Japanese vaccine? Is it made in India or is it imported from other countries? The hon. Minister may kindly elaborate on that.

This disease was first noticed in Karnataka in the Kolar District, in the district of Dr. Venkatesh. We have been trying to control it. I am happy that the figure of deaths in respect of Karnataka is now 29. Every day in the local papers we have been reading reports of death in Kolar and Bellary districts, particularly in these two districts which are mostly backward districts. I would like to know from the hon. Minister as to what is the opinion of the experts. According to medical bulletins which I have gone through, it can be prevented. When we have been able to

successfully eradicate malaria throughout the country, can we not eradicate this particular mosquito? We know, this disease is not contagious, but it is epidemic and it can be prevented. It is purely a socio-economic question. It is the responsibility more of the State Governments. But I want the hon. Minister to take this very seriously and have a conference of all Health Ministers to discuss only this particular thing. The number of deaths reported from Uttar Pradesh is 533, from Andhra Pradesh 367, from Assam 385. These are not small figures. We are an advancing country and we must be able to find a vaccine. More than anything else, environmental sanitation is very important. Radio and TV should be freely used to educate people about this deadly disease and they should be advised to take preventive measures. Good water, sanitation and also personal hygiene are very important. What is required today is education of the people, particularly in the rural parts. That is very important. I am sure the Health Ministry, with the cooperation of the States, should be able to control it, and when we enter 1987, by that time, I hope, you will have found a vaccine for the disease. Prevention is better than cure. Preventive measures should be taken all over the country so that this deadly disease does not occur again.

[Translation]

SHRI HARISH RAWAT (Almora) : With full regards to the hon. Minister I would like to say that this statement does not show the seriousness of the problem. The number of deaths are stated to be 1358 only. I am afraid this disease must have caused as many deaths in Uttar Pradesh alone. It may be that the cases of the poor are not registered or they are not able to reach hospitals. I appreciate this problem. In Haldwani in Nanital districts alone, about 57 or 58 persons have died of this disease. This is the information given by the staff of the local hospitals.

I would like to impress upon the hon. Minister to ask the State Governments to utilise their resources on preventive

measures keeping in view the seriousness of the situation. Most of the victims of this disease are poor as their health is not as good as would resist the disease. A sound and healthy person can resist the attack of its virus but a poor man cannot because of poor health. The children are in particular vulnerable to this virus and when attacked they either die or become permanently disabled.

Therefore, I urge the hon. Minister to strengthen preventive measures. The B.H.S. and D.D.T. available at present are not so effective as would destroy the mosquitoes carrying the virus of this disease. The mosquitoes have become BHS and DDT resistant. Now-a-days the malaria mosquitoes are very common in Delhi also. I think even in Delhi some malaria deaths have taken place. You must take some serious steps to check this virus. The concerned people must be told that B.H.S., D.D.T. and Malathion are no more effective. Either an effective dose be used or the manufacturers should make it more effective. This disease had first spread in Japan. It was transmitted in Kolar district of Karnataka in 1980. Since then this issue has been raised many times in Parliament. And, every time the hon. Minister gave the stereotype reply that efforts were being made to overcome the situation but those efforts have not yielded any results.

Mr. Chairman, Sir, even the vaccine imported from Japan has proved ineffective. Many people were administered this vaccine in Dr. Ram Manohar Lohia Hospital and at some other places. In spite of that those people were affected by this virus. So, I would demand that some other effective vaccine should be imported from wherever it is available. Secondly, we should entrust this job to our scientists of the National Institute of Virology, Pune, the school of Tropical Medicine, Calcutta, or some other institutes and they should accept the challenge of developing an effective vaccine. If we say that we have not been able to develop during the last six years an effective vaccine to check this virus and protect the people from this disease, it is a matter of serious concern,

especially when this department is under the charge of an able minister like Shri Narasimha Rao. Now this challenge is not coming from one direction, several States have voiced their concern. Assam has witnessed more than 500 deaths as you yourself have told us. I have already given some figures about Uttar Pradesh. So, through you, Sir, I would like the hon. Minister to enlighten us whether any time bound programme to develop an effective vaccine will be prepared and, if so, how much time they will take in developing such a vaccine. Besides, what steps are being taken to make the existing preventive measures more effective like the spraying of BHC and DDT as they are not proving effective?

[English]

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P.V. NARASIMHA RAO): Sir, I am grateful to the Hon. Members for having given some constructive suggestions in the course of their interventions. Instead of taking up each point separately, I would like to place before the House a comprehensive picture of what is happening in regard to Japanese Encephalitis.

About 62 districts in the whole country are affected by this, out of 400 and odd. So, the very first point that emerges is that when we are able to contain the disease within these 62 districts, not allowing it to spread further into other districts which it threatens to, then the problem becomes at once manageable. So, we will have to concentrate on these 62 districts and also take some measures in the districts round about. This should be the strategy.

Coming to an area where you have this encephalitis, what do you do about that district? In that district things are not happening all the time. There are certain reasons when there is an epidemic and the epidemic continues for two or

[Shri P.V. Narsimha Rao]

three months, it becomes self-limiting in the sense that after the rainy season is over, when the winter season starts, the thing goes down, the vector population, its density goes down and therefore there is an automatic limiting factor. So, the incidence of the disease is more virulent and the death is the highest in these two or three months only. Therefore, the time is also limited when we can attack it. Thus the area is limited and the time also is limited.

There are two ways of attacking it. It is well known that there is no cure for Japanese Encephalitis. That has been established. It is neither there in Japan where it started, nor anywhere in the world. Therefore, the question of a specific cure or a medicine being made available for this does not arise. So let us forget about it. At the moment there is no question of our finding out or being able to give a medicine.

AN HON. MEMBER : What about other systems ?

SHRI P.V. NARASIMHA RAO : I am talking of one system of medicine that has been tried so far. If there is a question about other systems we will certainly go into it. We have gone into it to some extent but they need to be further tested. We cannot come to a definite conclusion whether other systems have a cure for it. At the moment there is no none and this is the finding on the basis of which we have to consider this question.

Now when there is no cure two things can be done : when there is an epidemic we know that vaccination is useless. We have seen cases of small pox in the old days. When there is an actual attack of small pox in a village you do not start vaccinating then because vaccination is totally useless and fruitless at that stage. A vaccine by its very definition is preventive and not curative. What is true of other vaccines is true of this encephalitis vaccine also. When in Andhra or Assam

there was an attack or break-out the question of then waking up to the situation and rushing vaccines was considered to be of no avail, since it was not going to have any effect. Therefore, what is to be done when there is an attack and epidemic ? That is one limited point to which we have to address ourselves. All that can be done is that you isolate these cases. You will have to go from house to house doing the testing and if you find there is an infected person immediately remove him to the hospital. In the hospital since there is no specific medicine what they generally do is what is called symptomatic treatment. If he has a headache you treat him for headache, and so on. This is all that can be done even in a well-equipped hospital. This is the position in regard to encephalitis,

Now suppose there is a village affected but not all the people are affected. Those who are affected are taken to the hospital. What do you do with the others ? That is an allied question. There you will have to see that the village is properly treated whether it is with malathion or DDT. You will have to control the vector effect in that village and that is all that can be done at the moment. These are some of the para-meters subject to which our treatment or our line of treatment will have to be made.

As regards the vaccine this vaccine cannot be bought off the shelf. It is not available in the market anywhere in the world. You have to place an order. Against that order they have to manufacture it. Only then you can get it and that takes some time. Now, whether we have been able to send some vaccine to Assam or not able to send vaccine to some other places where there is an attack the result is the same because when there is an attack the vaccine is useless. This is the unanimous opinion given by our own experts. So vaccine will be useful only in normal times when you want to immunise people. What is the requirement for the normal period ? Our requirement is so big that we have to finally resort to our own manufacture. Our manufacture facility is being set-up. It is in the final

stages. Our vaccine is going to be given trial by February, 1967. Hopefully after that within one or two years we will be able to produce the vaccine and make use of it within the country and also supplement it by imports wherever necessary and in course of time in the next few years we will be able to become self-sufficient. Meanwhile, if we are able to control the disease, then the need of the vaccine can go down. Now the need of the vaccine is going up. As you control the disease, as you contain the areas and as you do all these things in a cumulative manner, the effect will be that the need for the vaccine will come down. This is the position in regard to the manufacture of vaccine.

This, I think, sums up all the points raised by the hon. Members.

Fortunately, the control of encephalitis would be proportionately equal, or proportionately equally effective, to the control of the mosquitoes, because man does not transmit it to another man; man becomes the terminal and at that end there is nothing further to be transmitted. Therefore, the mosquitoes need to be controlled. The mosquitoes have to be controlled by a variety of ways. I am told that one of the reasons why the incidence of this disease is going up is that we are exporting a lot of frog legs from this country. We will have to find out from the Commerce Ministry whether sending frog legs out of the country and ending the natural predatory arrangement for frogs eating the on the mosquitoes would be advisable for the country. These frogs live on these mosquitoes and leaving the mosquitoes scotfree to take human lives, whether it is going to be really useful—one has to go into that. These are the matters which have been discovered, have been found as a result of the studies made so far. I am sure it will be possible, although not immediately, to curtail this. We have done it in the case of malaria. Unfortunately, it has come back into the back phase now, because for some years in the intervening Plans we had not really taken as much care as we ought to have in order to

continue the maintenance in an effective manner, but I am sure, if it can be done once, it can be done again, because the methodology is the same, whether it is Japanese encephalitis malaria. The methodology is the eradication of mosquitoes, symptomatic treatment of disease until a cure is found as also vaccine, prophylaxis—these are the three methods which will have to be undertaken and they are being undertaken.

I would like to assure the hon. Members that the results are bound to come in course of time . . . (*Interruptions*).

MR. CHAIRMAN: No interruptions please; the Minister has already mentioned about the other systems also.

12.43 hrs.

BUSINESS ADVISORY COMMITTEE

[*English*]

Thirtieth Report

THE MINISTER OF STATE IN THE
MINISTRY OF PARLIAMENTARY
AFFAIRS (SHRIMATI SHEILA
DIKSHIT): I beg to move:

“That this House do agree with the Thirtieth Report of the Business Advisory Committee presented to the House on the 19th November, 1966.”

MR. CHAIRMAN: The question is:

“That this House do agree with the Thirtieth Report of the Business Advisory Committee presented to the House on the 19th November, 1966.”

The motion was adopted.