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PHALGUNA 24, 1910 (SAKA)

## Central Assistance for Leprosy Eradication Programme

## \*291. CH. KHURSHID AHMED: SHRI MOHD. MAHFOOZ ALI KHAN:

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

(a) the central assistance in cash and kind given to the State Governments under the Leprosy Eradication Programme during 1987-88 and the percentage of rise in the central assistance during the last three years, year-wise;

(b) the percentage of rise/fall in the incidence of leprosy in the country during 1988 as compared to 1986 and 1987;

(c) the percentage of utilisation of central assistance by State Governments for the Leprosy Eradication Programme during 1988 and the reasons for the non-utilisation of the central assistance in full, if any;

(d) the percentage of the cured leprosy patients who have been rehabilitated till the end of 1988 as against the target, if any; and

(e) the reasons for the shortfall, and the steps contemplated by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (e). The following Central Assistance has been released to the States/Union Territories during the last three years:

Years	Amount released			% Rice (+)
	Cash	Kind	Total (Rs. in lakhs)	% Fall (—) over previous year
1986-87	773-18	435.00	1208.18	() 1.91
1987-88	1097.50	372.50	1470.00	(+) 21.67

The prevalence rate of leprosy was 0.58% in 1961, 0.58% in 1971 and 0.57% in 1981. Prevalence rates are not available on annual basis. There is a slight increase in the number of cases detected in 1988 as compared to 1987. This is due to the increased programme activities, extension of MDT to new endemic districts and creation of additional leprosy staff. Year-wise case detection for last three years is given as under:---

1985-86	4,77,152
1986-87	5,0 <b>7,958</b>
1987-88	5,19,434

The number of cured leprosy patients is increasing every year and, during 1987-88, the discharge rate was 10% more than the new cases detected.

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# MARCH 15, 1989

The funds released as Central Assistance by Government to the State Governments and Union Territory Administrations of for the Leprosy Eradication Programme during the year 1987-88 have been fully of the central assistance in full, if beailitu

Vacidal 75 Reconstructive Survey Units and 13 en Leprosy Rehabilitation Promotion Units are providing rehabilitation services to the cured leprosy patients. Ministry of Welfare are entproviding financial assistance to six major Voluntary Organisations working for the welfare and rehabilitation of leprosy cured persons. During 1987-88, the number of beneficiaries were 699. There is no target fixed for rehabilitating cured leprosy patients WELFARE (KUM.emmergramme, MUX) BRARLEW

Controversy over use of Anti-RHD ritories duringenioseVthree years:

> \*296. SHRI HANNAN MOLLAH: (+) SOR SHRI BASUDEB ACHARIA: muo (i).

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

(a) whether Government propose to refer the anti-RHD vaccine controversy to an experts committee to know its effect on a human body; and

(b) if so, whether arguments put forward by the All India Institute of Medical a Sciences and Maharashtra Food and Drug Administration on the subject would also be subjected to scrutiny?

THE MINISTER OF STATE IN THE 1981. Pravalence rates are not available on YIIMAR-GRA HTAATH AG STRININ WELFARE (KUMARI SAROJ KHAPARDE): 9d1 (ii) 259 The test called EIA was carried out to The number of cure ara (niludolgon increasing every year and, during 1987

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by ELISA and Western Blot Central Assistance tozteet)rosy Eradi-

(ii) Whether' the human immuno-IDBMHA deficiency virus is inactivated in LIA SOORHAtheoprocess of manufacturing anti-D/Immunoglobulin.

QMA HT(iii) 3 Whether anti-D Immunoglobulin elate of be (injections), withdrawn from distribution, are likely to cause ons rieso ni ecAIDSelfsallowed to be admini-Idend given to the Statsbergtroments under erit ni eTheseerissuesieandit thes appropriate e course for action have been considered at the meeting of experts held on 6.3.89 and

chaired by Director General of Health Serv-(b) the percentage of rise/fallessithe The view point of AIIMS is summarised below:-

ELISA test is highly specific. In a product like anti-D Immunoglobulin where the proteins are present in concentrated amounts, it can sometimes give false results. However, the expensive Western Blot Test is advanced and highly specific. The AIIMS subjected the concerned anti-D Immunoglobulin samples of batch 6/88 of M/ s Bharat Serum Vaccine Private Limited, to both ELISA and Western Blot Tests. The results were absolutely and unequivocally positive. This indicated that the vaccine was derived from the blood of donors at least some of whom were infected with AIDS virus and were found 'Sero Positive'. Recall of all 26 Wunused vials of that particular lot of vaccines was therefore advised.0 1801 ni 28880

(a) and (b). The main controversial issues meascertain whether the vaccine samples relating to anti-RHD vaccine's (anti-D Immu- bee contained AIDS virus. The result was negative. The interpretation of this was that although the original blood used for making ent nant en(i) Whether final blood products cel the vaccines was AIDS virus infected, can be tested for HIV anti-bodies probably during the processing and purifica-