are not going to produce any more steam locomotives. We want to replace thm completely so that we can go in for dieselisation and electrification. We are very alert in the matter and firm action has been taken. I may inform my friend that I was referring to agitations all over and not here alone.

SHRI TRIDIB CHAUDHURI: Out of the six pairs of trains running between Sealdah and Lalgola, I would like to know how many steam engines are over-aged. We all know that India is a vast country and there may be some over-aged engines. But, in this particular line, how many are over-aged? Will he try to find it out and also try to improve the situation?

SHRI MALLIKARJUN: We always try to improve the situation and we are doing it day in and day out. So far as the six pairs of steam engines running between Ranaghat and Lalgola are concerned, they are not over-aged. They are tested perfectly in the sheds before they are taken out for hauling the train.

MR. SPEAKER: Next question. Shri Harinath Misra.

PROF. N. G. RANGA: Mr. Speaker, I want....

MR. SPEAKER: I have already called the next question.

PROF. N. G. RANGA: This is in order to avoid another Half-an-Hour Discussion. I would like to expand the question that has already been put. Would an effort be made to see that better engines are introduced in this area instead of allowing these....

MR. SPEAKER: It is a suggestion.

PROF. N. G. RANGA: No doubt. It is a suggestion for action. But I want the Minister to consider it.

THE MINISTER OF RAILWAYS (SHRI KEDAR PANDEY): I shall consider it.

### National Strategy for control of Rheumatic fever and Rheumatic Heart Disease

*840. SHRI HARINATH MISRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that according to Director of Indian Council of Medical Research more than one-third of all the heart ailments being attended to in Indian hospitals are chronic valvular heart diseases which is an advance stage of rheumatic fever;

(b) whether he has presented a blue print for a national strategy for the control of rheumatic fever and rheumatic heart disease and if so, the details thereof; and

(c) Government's reaction to the suggestions of Prof. Ramalingaswami and the action taken or proposed to be taken by Government thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE: (SHRI NIHAR RANJAN LASKAR: (a) Yes, Sir.

(b) The Council has prepared a paper in regard to the control of Rheumatic Heart Diseases. A copy of the paper is laid on the Table of the Sabha.

(c) The suggestions made by the Council have been taken up with the Planning Commission.

*Statement*

STRATEGY FOR CONTROL OF RHEUMATIC HEART DISEASE

Rheumatic heart disease poses a serious public health problem in the country with prevalence figures ranging from 2 to 11 per thousand. Delhi is one of the high risk areas with a prevalence of 11 per thousand. The

incidence of group A, B heamolytic streptoccocal infection which leads to rheumatic fever, has been observed to be 10 to 13 per cent in Delhi School children belonging to low socio-economic groups. Higher incidence of this infection has been found in winter months in this region.

A close survey of 500 children in the village community of Delhi (Khichripur) followed for one year, revealed the development of rheumatic fever rheumatic heart disease in three of these 500 chidlren *i.e.* 6 per thousand. Fortunately, a single injection of long acting penicillin given at intervals offers a good prophylaxis against the development of rheumatic fever/rheumatic heart disease and their recurrence. In view of this, there is an urgent need to evolve a strategy for control of rheumatic heart disease in the country.

Ideally, the following requirements are essential for successful execution of prophylaxis programme for rheumatic heart disease : (a) prevalence data in school children of the areas, (b) data on streptoco oral epidemiology in schools, (c) a streptoccocal reference laboratory, (d) free availability of bengathine pencillin, (e) experience from pilot programme for cost effectiveness, (f) Government's recognition of importance of project and formulation of national policy on rheumatic fever and rheumatic heart disease control, and lastly (g) integration of primary and secondary prophylaxis programme into peripheral health care delivery mechanism.

As communicable diseases and family welfare programmes continue to be the priority areas, RHD has not had its due priority. However, because of long-continued interest of ICMR in this aspect, data is available on prevalence of RHD from Delhi, Agra, Hyderabad, Alleppy, Vellore and Bombay, revealing regional variations. Studies on streptoccocal epidemiology have also been undertaken and Vellore and Delhi National Streptoccocal Reference Laboratory has been set up in Delhi since 1974 with some efforts at development of regional laboratories in the country. Pilot prophylaxis study has been undertaken at Delhi and Hyderabad. It has been clearly brought out that some prophylaxis is better than none, both in terms of streptoccocal infection per patient year, as well as rheumatic recurrence per patient year. Peak seasonal periods have been observed in different regions of the country.

Implementation of the available knowledge should be taken up on urgent priority. It would be desirable if this programme is dovetailed with the existing school health services and the general health services. School teachers after a brief orientation course, could act as the agents for clinical identification of sore throats, Voluntary organisation could also play an important supportive role. It would be essential to identify the peak seasons where such information is not available. Thereafter, the high risk group of population i.e. all school children 6—10 years of age or those suspected of sore throat could be given one dose of benzathine penicillin la. These children could undergo a clinical examination after six months for manifestation of rheumatic heart disease. If the child persists to have a sore throat, the injection could be repeated. On the other hand, if there are manifestations of rheumatic heart disease, then a three weekly injection continuously for 5 years or even for life long would have to be considered . Fortunately severe sensitivity reactions to benzathine penicillun are very rare in this age group. Evaluation of the programme should be built in right from its inception. Wherever possible, initial identification of Group A streptoccocal infection can be taken as the marker for deciding the course for prophylaxis. Medical colleges, District hospitals, Taluk hospitals and the primary health centres should be closely involved into this programme which could spread into urban school and village schools.

SHRI HARINATHA MISRA: Sir, as early as 1955 the then Health Ministers' Conference had taken a decision to build up a school health service on a sound footing in collaboration with the Education Departments of the State Governments as also the Education Ministry here, to look after the preventive as also the curative aspects of diseases from which the school-going children suffer. I do not know the present condition or the stage of the scheme. But I would like to know whether the Government propose to resurrect, revamp and reorient this scheme keeping in view the suggestions made by Prof. Ramalingaswami.

SHRI NIHAR RANJAN LASKAR: As I have already stated, the Council of Medical Research have submitted the paper to the Government only recently. It is under examination. Once it is examined we will see what action we can take.

SHRI HARINATHA MISRA: All that the Minister has said about the operative part is that the matter is under the consideration of the Planning Commission. As far as I know, the Planning Commission has no pool of medical expertise or for the matter of that any other kind of expertise. In the circumstances, I would like to know whether Government propose to constitute a Committee of particularly medical scientists and knowledgeable Members of this House and maybe the other House also to consider this scheme, suggest modifications wherever necessary and present a practical scheme to be implemented in phases and stages. Naturally, because the disease is mostly found in unhygienic and backward areas, utmost priority will have to be given to the proverty stricken backward areas. What do the Government propose?

SHRI NIHAR RANJAN LASKAR: About the first part, I would say 'No' because the Planning Commission has raised certain points. We are examining these points. Once this is examined we will see what we can do about it.

प्रो० अजित कुमार मेहता : क्या सरकार ने कोई ऐसा सर्वेक्षण करवाया है यह जानने के लिए कि यह रोग देश के किस भाग में या किस राज्य में अधिक होता है और उसका कारण क्या है ?

SHRI NIHAR RANJAN LASKAR: Sir, the rheumatic fever is not a notified disease. As such, we have no authentic figure with us. But I can say in 1978 we had some examination about it. About 4.2 per cent of the children are sick due to the defective circulatory system. That is why it is something which is causing concern to us. The Report is also with us. The Planning Commission have raised certain points. We will examine them and then we will see how we can proceed.

## सारनाथ एक्सप्रेस को प्रतिदिन चलाने का प्रस्ताव

*842. श्री बलबीर सिंह : क्या रेल मंत्री यह बताने की कृपा करेंगे :

(क) क्या रेल प्रशासन सारनाथ, एक्सप्रेस को भिलाई से वाराणसी के बीच प्रतिदिन चलाने की मांग पर विचार कर रहा है, और

(ख) यदि हां, तो उक्त मांग पर निर्णय कब तक कर लिया जायगा ?

THE DEPUTY MINISTER IN THE MINISTRY OF RAILWAYS AND IN THE DEPARTMENT OF PARLIAMENTARY AFFAIRS (SHRI MALLIKARJUN): (a) No, Sir.

(b) Does not arise.

श्री बलबीर सिंह : अध्यक्ष महोदय, यह प्रश्न मैंने इसलिए नहीं पूछा था कि "क्वेश्चन डज नाट एराइज" और "नो सर" यह उत्तर मिले। मेरा निवेदन यह है कि भिलाई से लेकर सरगजा