

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 4334
TO BE ANSWERED ON 11TH AUGUST, 2017**

INTEGRATED DISEASE SURVEILLANCE PROGRAMME

**4334. SHRI MOHITE PATIL VIJAYSINH SHANKARRAO:
SHRIMATI SUPRIYA SULE:
DR. J. JAYAVARDHAN:
SHRI SATAV RAJEEV:
DR. HEENA VIJAYKUMAR GAVIT:**

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

- (a) whether the Government has rolled out a scheme called Integrated Disease Surveillance Programme (IDSP) to promote surveillance of the disease trends and collection of data on diseases;
- (b) if so, the details and objectives thereof;
- (c) the challenges faced by the Government in the implementation of the scheme;
- (d) the steps taken by the Government to overcome the difficulties in the implementation of the scheme;
- (e) whether there is any improvement in the related indices after the implementation of the scheme;
- (f) if so, the State-wise distribution of the related indices; and
- (g) whether the Government proposes to roll out policies for promoting surveillance systems for tracking the trends in disease and if so, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

(a) & (b): Yes, Government of India initiated Integrated Disease Surveillance Programme (IDSP) with the aim to detect and respond to disease outbreaks due to epidemic prone diseases at the earliest. Under IDSP the districts and States have been strengthened by providing additional manpower, training of identified Rapid Response Teams (RRT) members for outbreak investigations, strengthening of laboratories for detection of epidemic prone diseases, ICT equipment for data entry, analysis and data transfer, and provision of funds for operationalization. Under IDSP, Surveillance units have been established in all State and District Headquarters (SSUs, DSUs). Central Surveillance Unit (CSU) is integrated with the National Centre for Disease Control (NCDC), Delhi.

Routine data is collected using three specified reporting formats, namely “S” (suspected cases by Health Workers), “P” (presumptive cases by Doctors) and “L” (laboratory confirmed cases by Laboratories). The weekly data gives trends of early rising trends of disease outbreaks which is reported and responded by trained Rapid Response Teams (RRT) at district/State level.

On an average 30-35 outbreaks get reported every week to Central Surveillance Unit (CSU).

(c): The key challenges or constraints include:

1. High vacant positions of key contractual human resources (Epidemiologists, Entomologists, Veterinary Consultant, Microbiologists, Data Manager) in many districts/States.
2. Despite, funds being approved to States to strengthen district health laboratories, States are not able to procure equipments and/or recruit microbiologists leading to either under performance of these labs or non functionality.
3. Poor reporting from Urban Areas.

(d): Steps taken by the Government to overcome the difficulties include :

- a. Since 2010, recruitment of manpower has been decentralized to States in order to fill vacancies at State level.
- b. During annual State reviews, States are requested to strengthen laboratories by recruiting Microbiologist and procure equipments as per IDSP mandate. Required guidelines for the same are provided by the Centre.
- c. IDSP is a stakeholder in National Urban Health Mission (NUHM) for urban surveillance.

(e) & (f): Yes, the number of outbreaks detected and responded by Districts/States can be an indicator of improvement of surveillance system. The total numbers of outbreaks detected and responded over the years have been given below.

Year	Number of outbreaks reported and responded to by Districts/States IDSP units
2008	553
2009	799
2010	990
2011	1675
2012	1584
2013	1964
2014	1562
2015	1935
2016	2679
2017 (till 9 th July 2017)	995

Year wise and State wise number of disease outbreaks as reported and responded by IDSP are annexed.

(g): Yes, under IDSP data is collected in “S” (Syndromic cases), “P” (Presumptive cases) and “L” (Laboratory confirmed cases) formats to detect the trends of epidemic prone diseases and responded by trained Rapid Response Teams (RRTs) in rising trends.

State wise no of outbreaks reported under IDSP during 2008-2017 till 09th July 2017										
State	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Andaman & Nicobar Islands	0	0	0	0	0	1	0	0	0	0
Andhra Pradesh	72	64	75	91	97	123	64	51	53	22
Arunachal Pradesh	6	6	6	10	9	7	8	21	28	7
Assam	16	30	53	97	75	70	82	73	103	54
Bihar	1	6	21	144	181	134	88	121	255	84
Chandigarh	3	3	2	1	5	0	0	7	2	3
Chhattisgarh	1	7	2	55	45	58	50	50	120	29
Dadra & Nagar Haveli	0	0	1	0	0	2	3	17	17	1
Daman & Diu	0	1	1	0	2	0	0	3	2	1
Delhi	3	1	0	3	1	4	4	13	22	0
Goa	2	3	0	2	1	8	0	6	2	0
Gujarat	24	49	83	150	102	117	109	121	148	70
Haryana	10	9	18	21	19	15	27	28	17	8
Himachal Pradesh	3	13	7	4	13	5	11	27	11	9
Jammu & Kashmir	0	0	2	23	43	54	33	43	56	22
Jharkhand	0	5	4	29	24	50	53	66	84	35
Karnataka	54	97	89	196	156	251	163	175	238	119
Kerala	17	47	54	56	80	76	74	98	112	56
Lakshadweep	0	0	0	0	0	0	2	2	1	0
Madhya Pradesh	16	65	70	89	65	98	83	150	165	47
Maharashtra	99	27	65	141	215	256	205	195	217	78
Manipur	1	2	2	4	1	4	4	5	6	3
Meghalaya	5	3	2	1	1	1	3	14	9	5
Mizoram	5	0	0	0	1	1	2	6	9	0
Nagaland	0	1	2	1	0	1	1	2	4	5
Odisha	17	38	19	55	36	113	87	81	186	50
Puducherry	3	2	4	1	2	0	5	1	4	2
Punjab	17	22	18	44	34	24	21	45	77	24
Rajasthan	8	43	84	68	41	33	33	63	98	34
Sikkim	3	0	2	4	1	3	3	4	3	1
Tamil Nadu	50	113	90	127	173	149	122	123	110	69
Telangana	0	0	0	0	0	0	7	30	57	15
Tripura	1	2	2	7	3	4	13	8	1	7
Uttar Pradesh	40	67	98	34	40	37	35	120	239	112
Uttarakhand	27	30	25	36	23	33	19	20	17	8
West Bengal	49	43	89	181	95	232	148	146	206	15
Total	553	799	990	1675	1584	1964	1562	1935	2679	995