

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

**LOK SABHA
UNSTARRED QUESTION NO.4556
TO BE ANSWERED ON 19TH JULY, 2019**

VACCINATION FOR VECTOR BORNE DISEASES

4556. SHRI MANICKAM TAGORE B.:

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

- (a) whether the Government is concerned that every year during the months between August to October, prevalence of Dengue and other vector borne diseases is being experienced for the last several years across the country especially in the State of Tamil Nadu;
- (b) if so, whether the Government is contemplating any plan of action to take preventive action including timely vaccination to control such diseases; and
- (c) if so, the details thereof and the action taken by the Government in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): Yes, during post-monsoon season (August to October) prevalence of Dengue and other Vector Borne Diseases (VBD) is being experienced for the last several years across the country including in Tamil Nadu. However, the cases of VBDs have declined in the country and also in Tamil Nadu in these months in the last three years (2016, 2017 & 2018) as shown in **Annexure.**

(b) & (c): **Malaria:**

The Government has launched the National Framework for Malaria Elimination (NFME), 2016-2030 in India to eliminate malaria in a phased manner by 2027 and to sustain till 2030. As per NFME, 15 low burden States (Category-1) are targeted for elimination by 2020, the 11 moderate burden States (Category-2) by 2024 and remaining 10 high burden States (Category-3) by 2027. The action taken for prevention and control of malaria is as under:

1. Ensuring availability of Rapid Diagnostic Tests (RDTs) and anti-malarials with Accredited Social Health Activists (ASHAs) and other health workers for Early Diagnosis and Complete Treatment (EDCT) at community level.
2. Distribution of Long Lasting Insecticidal Nets (LLINs) to the people living in high malaria endemic areas of the country. So far, 5.0 crore LLINs have been distributed to the community in various malaria endemic States.

3. Regular monitoring of the reports received from the States and provision of feedback accordingly.
4. Regular monitoring through field visits by officers/consultants of National Vector Borne Diseases Control Programme (NVBDCP).
5. Issue of advisories to the States before the monsoon season to upscale their activities and to make all the necessary preparations.
6. Technical support and guidance.
7. The Anti-malaria month is observed every year in the month of June.

Dengue and Chikungunya:

In the absence of a specific drug for treatment and vaccine for prevention of Dengue and Chikungunya, these cases are treated symptomatically. Government of India (GOI) provides Technical Guidelines to the States for prevention and control, case management and effective community participation.

In addition, GoI has taken the following steps for prevention and control of Dengue and Chikungunya:-

- Monitoring and supervision for early case detection, prevention and control.
- Periodic reviews done at the higher level.
- Advisories are issued to sensitize the States.
- Conduct trainings for capacity building of doctors on case management.
- Free diagnostic facilities through Sentinel Surveillance Hospitals (SSHs) and Apex Referral laboratories (ARLs) identified across the country. Till date, 673 SSHs and 16 ARLs have been identified across the country. Test kits are supplied by GOI free of cost.
- National Dengue Day is observed on 16th May across the country.
- Information Education Communication (IEC) / Behaviour Change Communication (BCC) activities to disseminate knowledge for prevention and control.

Lymphatic Filariasis (LF):

For the elimination of LF, Mass Drug Administration (MDA) is provided to the endemic districts in 21 states. MDA was done with 2 drugs earlier but now combination of 3 drugs has been introduced in selected districts. MDA is carried out during specific period in the year. This year it has been carried out in August and will also be carried out in November, 2019. Each round of MDA is accompanied with IEC campaigns like Inter-personal contact with the beneficiaries, Distribution of pamphlets, Flipcharts, Display of banners, Radio Jingles and Newspapers advertisements etc.

Japanese Encephalitis (JE)/ Acute Encephalitis Syndrome (AES):

Under the National Programme for Prevention and Control of JE/AES, following measures have been carried out for prevention and control of JE in the country, including in Tamil Nadu:

- JE vaccination campaign is carried out in children (1-15 years) followed by introduction of routine immunization in children of new cohorts with 2 doses of vaccine, one at 9 months age and second at the age of 16-24 months. So far, 234 districts have been covered under JE vaccination in children including 13 districts of Tamil Nadu.
- Adult (>15-65 years) JE vaccination campaign has also been carried out in identified districts.

- Establishment of 10 bedded Pediatric Intensive Care Unit (PICU) in 60 high burdened districts of 5 States which includes 5 districts of Tamil Nadu.
- Establishment of Sentinel Sites for the testing of JE wherein diagnostic kits are supplied free of cost. In Tamil Nadu 6 SSH have been identified and in 2019 (till 08.07.2019) 29 JE IgM kits have been supplied
- Funds have been provided for strengthening of 10 Physical Medicine Rehabilitation (PMR) in identified Medical Colleges of 5 states. This includes one PMR Department in Tamil Nadu.

Funds have also been provided to the States for undertaking public health measures including vector control and awareness activities.

Kala-Azar:

For elimination of Kala-Azar following preventive action is taken by the Government:

- Treatment with Single day single dose of Liposomal Amphoterecin B injection (LAMB).
- Continuous case search by health workers for both Visceral Leishmaniasis (VL) and Post-Kala-Azar Dermal Leishmaniasis (PKDL).
- Intensive IEC/BCC activities in hot spot villages.
- Regular review with States and stakeholders on monthly basis by officers and consultants for monitoring and supervision.
- Review of Kala-azar elimination activities regularly by District Collectors .
- Online entry on KA MIS portal for follow up of Kala Azar patients at Block level.
- GoI also provides incentives to VL and PKDL treated patients and for referral to ASHAs.

(Kala Azar is not endemic in Tamil Nadu)

Annexure

The details of cases of VBDs in the country and in Tamil Nadu during August to October for the years 2016 to 2018

Year		Malaria			Kala-Azar			Dengue			Chikungunya			JE		
		Aug	Sept	Oct	Aug	Sept	Oct	Aug	Sept	Oct	Aug	Sept	Oct	Aug	Sept	Oct
2016	Country Total	141396	132119	106831	541	471	372	16252	29894	34700	2743	12856	19324	212	333	313
	Tamil Nadu	670	573	536	Nil	Nil	Nil	199	264	311	2	13	10	5	4	17
2017	Country Total	103249	90951	62923	504	412	375	18108	28504	56965	10753	9107	8510	318	359	180
	Tamil Nadu	735	778	548	Nil	Nil	Nil	2194	2687	6124	21	11	2	6	36	0
2018	Country Total	45682	64283	57813	379	337	308	10092	16877	30125	6406	7542	9458	339	413	361
	Tamil Nadu	408	319	321	Nil	Nil	Nil	178	240	605	11	26	40	5	1	14

Lymphatic Filariasis(LF) : Currently 256 districts in 21 States/UTs are endemic for Lymphatic Filariasis (LF). As on June, 2019, 96 districts have achieved microfilaria rate <1% and stopped Mass Drug Administration (MDA). As in December, 2018, a total of 9,03,865 and 3,94,398 Lymphoedema and Hydrocele cases respectively are reported from 21 endemic States and UTs.

In Tamil Nadu, out of total 32 districts, all endemic 20 districts have achieved microfilaria rate <1% and stopped Mass Drug Administration (MDA) validated through Transmission Assessment Survey (TAS). As on Dec 2018, a total of 40059 and 9266 Lymphoedema and Hydrocele cases respectively are reported.