4533. SHRIMATI RAMA DEVI:  
SHRI MAHABALI SINGH:

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

(a) whether any committee has been constituted under the chairmanship of the Secretary of his Ministry for monitoring and supervision of Japanese Encephalitis;

(b) if so, the details thereof;

(c) the details of the shortcomings found by the said committee in the remedial action being taken to deal with Japanese Encephalitis;

(d) the details of the measures taken by the Government to remove such shortcomings and the success achieved in this regard; and

(e) the reaction of the Government thereto?

ANSWER

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

(a) & (b): Yes. An 11 member Coordination Committee has been constituted under the Chairpersonship of the Secretary, Health & Family Welfare, Government of India for monitoring and supervision of the measures for implementation of interventions/activities for prevention and control of Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES). Besides this, 3 Task Forces have also been set up for (i) Assam and West Bengal (ii) Uttar Pradesh, and (iii) Bihar and Tamil Nadu.

(c) to (e): The Deliberations and discussions of the Committee meeting last held are as under:

i) State/District level Inter Departmental Committee to be formed under the Principal Secretary (H&FW) of the respective States to examine the programme interventions.

ii) Establishment of approved Pediatric Intensive Care Units (PICUs) to be completed on priority.

iii) Approved Physical Medicine Rehabilitation (PMR) Departments/Units to be established in the remaining Medical Colleges at the earliest.
iv) Identification of newer districts for JE Vaccination along with improvement of JE vaccination coverage under Routine Immunization (RI).

v) Capacity building of Medical Officers in critical care at district/sub-district level needs to be conducted.

vi) Ministry of Drinking Water and Sanitation to provide the update on activities done so far in the identified districts. An intensive IEC needed to promote the use of India Mark — II hand pumps.

vii) Indian Council of Medical Research (ICMR) to provide diagnostic algorithm and guidelines on Non-JE AES cases to the States.

viii) Ministry of Women and Child Development to provide status update on the achievement made on nutritional diet supplementation to the children in the identified districts.

Following are the achievements made under the National Programme for Prevention and Control of JE/AES:

- Reviews are done regularly at the State level.
- Out of 60 identified districts for the Establishment of 10 bedded Pediatric Intensive Care Unit (PICU), 36 high burden districts of five states (Assam, Bihar, Tamil Nadu, Uttar Pradesh and West Bengal) have made their PICUs functional.
- JE vaccination campaign is completed in 243 districts (1-15 yrs) followed by introduction of routine immunization. 60 more districts have been identified by the Technical Committee for the JE vaccination campaign among children.
- For Adults, (>15-65yrs) JE vaccination completed in 31 districts.
- Out of 10 Physical Medicine Rehabilitations (PMRs), 8 PMRs are functional in identified Medical Colleges of 5 States.
- 143 Sentinel sites and 15 Apex laboratories have been identified for the testing of JE where diagnostic kits are supplied by Govt. of India.
- Diagnostic algorithm on Non-JE AES cases has been developed by the ICMR and have been shared with the endemic States.
- Ministry of Drinking Water & Sanitation have shared the updated information about conversion of shallow handpump to India Mark II handpump and conducts extensive education campaign for the use of the water from India Mark II handpump for drinking purpose.
- Ministry of Women & Child Development is providing nutrition and diet supplements for the needy children.