

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:109
ANSWERED ON:30.11.2005
DISEASE SURVEILLANCE AUTHORITY
Reddy Shri Karunakara G.

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

- (a) whether public health authorities failed to predict and prevent the recent outbreaks of diseases in Delhi, Andhra Pradesh and Karnataka;
- (b) if so, the reasons therefor;
- (c) whether there is no disease surveillance authority in the country to provide early warning signals of outbreaks of diseases; and
- (d) if so, the steps being taken by the Union Government in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a) to (d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 109 FOR 30TH NOVEMBER , 2005.

Disease surveillance and response on a day to day basis is primarily the responsibility of the State Governments. In the case of outbreaks, the Central Government supplements the efforts of the States by deputing teams of experts for investigations and assessment of the measures taken by the State Government. The statement indicating details of recent outbreak of Meningococemia in Delhi, Jaundice in Andhra Pradesh and Dengue and cholera in Karnataka is annexed.

In the case of Meningococcal Disease in and around Delhi, the situation was monitored at the Ministry on day to day basis. The situation was reviewed daily with the officials of NICD, Central Government Hospitals, Government of NCT of Delhi, MCD and NDMC etc. The Central Expert Teams conducted clinico- epidemiological investigations to assist the State Government in instituting Public Health measures. The case definitions, guidelines on vaccination, chemoprophylaxis and laboratory diagnosis of meningococcal disease were prepared in consultation with WHO and national experts and circulated to all concerned.

In the case of the Jaundice outbreak in Old Hyderabad city, a central team of Epidemiologists, Microbiologists and clinicians was deputed to investigate the same. The outbreak mainly affected two Wards in Charminar Municipal Division and was due to Hepatitis E and A. Preventive measures, like chlorination of all drinking water sources, active surveillance, organization of medical camps and health education were initiated by the State Government.

As regards the outbreak of Dengue and Cholera in two districts of Karnataka, the public authorities of the State took steps like monitoring the safety of drinking water, mosquito/larvae density survey, insecticidal spraying, health education etc.

The National Institute of Communicable Diseases (NICD) is the nodal institution for surveillance and outbreak investigation in the country. Under its aegis, an Integrated Disease Surveillance Project (IDSP) is being implemented since November, 2004, which would cover the entire country in phases. This project seeks to set up a decentralized early warning system for communicable and non-communicable diseases so that timely and effective public health actions can be initiated. The IDSP is supported with appropriate information technology network for quick transmission of data to/from the field surveillance unit. The project seeks to maintain ongoing surveillance of specific diseases by identifying cases on syndromic (diagnosed on basis of clinical pattern), presumptive (Diagnosed on basis of typical history and clinical examination) as well as confirmed (after appropriate laboratory tests) basis. Under the Integrated Disease Surveillance Project, case definitions of common illness have been drafted and widely disseminated.

ANNEXURE

STATEMENT INDICATING DETAILS OF RECENT OUTBREAK OF MENINGOCOCCEMIA IN DELHI, JAUNDICE IN ANDHRA PRADESH & DENGUE AND CHOLERA IN KARNATAKA

S.No. State Disease Cases Death Case
Fatality

1.	Andhra Pradesh	Jaundice	1730	3	0.17%
	(Hepatitis A/E)				
2.	Delhi	Meningococemia	441	60	13.60%
	Dengue		4		0.64%
3.	Karnataka	Dengue	436	13	2.98%
	Cholera (in		18		3.12%
	Hukkeri,				
	Belgaum)				