

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

STARRED QUESTION NO:3
ANSWERED ON:22.11.2006
OUTBREAK OF DENGUE AND CHIKUNGUNYA
Prabhu Shri Suresh Prabhakar

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

- (a) whether dengue and chikungunya have spread in several parts of the country;
- (b) if so, the details thereof and the reasons therefor;
- (c) the number of cases registered alongwith the number of persons died during the last one year, till date State-wise;
- (d) the reasons for not declaring dengue and chikungunya as epidemics;
- (e) whether WHO or any other international organization has offered help to control the diseases;
- (f) if so, the details thereof;
- (g) whether a team of experts from the WHO and National Institute of Communicable Diseases (NICD) has visited the affected States;
- (h) if so, the outcome of their visit; and
- (i) the remedial steps taken by the Government to check recurrence of these diseases?

Answer

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

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO, 3 FOR 22.11.2006

(a)to(c): As on 17,11.2006, 13.74 lakh suspected Chikungunya fever cases were reported by 12 States/UTs. Out of 14745 blood samples sent to NIV/NICD for confirmation of Chikungunya, 1733 samples were found sero-positive for Chikungunya fever. There were no reported deaths directly attributable to chikungunya from any of the affected states in the country. The state-wise distribution of suspected Chikungunya fever cases is enclosed at Annexure 1.

During the year 2006, till 17 November, 10034 dengue cases and 173 deaths were reported from 15 States/UTs. State-wise distribution of dengue cases and deaths is enclosed at Annexure 2.

Various factors responsible for the spread of Dengue and Chikungunya are

- (i) Increased population growth and unplanned urbanization;
- (ii) Inadequate solid waste management
- (iii) Deficient water supply management including water scarcity and irregular water supply
- (iv) Inadequate entomological surveillance for predicting vector build up.
- (v) Spread of disease from urban to peri-urban and rural areas on account of increased population movement
- (vi) Increased global travel
- (vii) Susceptibility of the community to dengue and chikungunya viruses
- (viii) Increased distribution and density of vector mosquito - *Aedes aegypti*

(d) Chikungunya fever has been reported in the country in the year 2006, after a long period and on a widespread basis and, therefore, it is an epidemic outbreak.

Dengue fever, on the other hand, occurs every year with upsurge during, the monsoon and post-monsoon months, when there is high build-up of *Aedes aegypti* mosquito vector responsible for the transmission of the disease and it is, thus, classified as an endemic disease in the country, with seasonal outbreaks.

(e)to (h): Government of India deputed teams of experts from the National Institute of Communicable Diseases and the National Vector Borne Disease Control Programme to the affected states as indicated below:-

State Date

Andhra Pradesh 13-17 February 2006; 29th July 2006
Maharashtra 3-7 April 2006; 16-19 Aug, 2006; 17-19 Oct, 2006
Tamil Nadu 16-19 June 2006
Karnataka 13th-18th March, 2006; 17-20 Oct., 2006
Madhya Pradesh 5-11 July 2006; 28-7-06 to 4-8-2006
Gujarat 12-16 Sep 2006
Kerala 22-23 Sep 2006; 6-7 Oct 2006; 4-8 Oct., 2006

A central team constituted by the Government of India comprising experts from National Institute of Communicable Diseases, National Vector Borne Disease Control Programme, National Institute of Virology (ICMR), Pune and Safdarjung Hospital, Delhi, visited district Alappuzha from 4 to 8 October, 2006 to investigate the outbreak of acute febrile illness, identify the causes of deaths suspected to be due to Chikungunya and to suggest measures for containment of outbreak. The Team was supported by a WHO Mission during investigations. The salient observations made by the teams are enclosed at Annexure 3.

(i) The remedial steps and action taken by the Government to check recurrence of these diseases are as follows:

The Government of India is continually monitoring the Chikungunya and Dengue situation.

Detailed guidelines and advisories for prevention and control and also case management of these diseases were sent to all affected states.

Intensive Behaviour Change Communication activities through print, electronic media, interpersonal communication, outdoor publicity as well as inter sectoral collaboration with civil society organizations (NGOs/CBOs/ Self Help Groups), PRIs were emphasized.

Government of India has supplied larvicides and adulticides to affected states for control of Aedes Aegypti Vector which causes these two diseases.

Government of India has identified Apex Referral institutions and sentinel surveillance centres for regular surveillance and diagnosis of Dengue and Chikungunya fever cases.