

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

UNSTARRED QUESTION NO:1347

ANSWERED ON:18.07.2014

VECTOR BORNE DISEASES

Adityanath Shri Yogi; Gandhi Shri Dilip Kumar Mansukhlal; Reddy Shri Ponguleti Srinivasa; Simha Shri Prathap

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

- (a) the number of cases of vector-borne diseases and attributable deaths reported in the country during each of the last three years and the current year, disease and State/UT-wise;
- (b) whether a number of cases of vectorborne diseases, particularly malaria related cases and deaths reportedly go undetected in the country and if so, the details thereof and the reasons therefor;
- (c) the details of the measures taken and the financial/technical assistance and logistics support provided to deal with the vector-borne diseases along with their proper detection indicating the status of their utilisation during the said period, State/ UT-wise;
- (d) whether certain tribal groups have been found to be resistant to malaria in the country and if so, the details of the findings of the study carried out in this regard; and
- (e) the fresh measures being taken by the Government for effective management of vector-borne and other heat and monsoon related diseases in the country?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a): Under National Vector Borne Disease Control Programme (NVBDCP), six vector borne diseases are covered namely Malaria, Dengue, Chikungunya, Japanese Encephalitis (JE), Kala-azar and Filaria. The number of cases and attributable deaths reported due to these vector borne diseases during last three years and the current year are given in Annexure I to VI. The diseases Chikungunya and Lymphatic Filariasis are not fatal.

(b): The cases of Malaria are reported in the system after confirmation by microscopy or Rapid Diagnostic Test Kits. The Deaths due to Malaria are reported in the system after Investigation by Medical officer/District VBD Officer mainly from Public Health System in the country. However, it is likely that the cases of Vector Borne Diseases particularly malaria being treated in private sector are not completely reported to the National Programme.

(c): Government of India provides technical assistance to States by providing guidelines, training, additional human resources and guidance during field visits. In addition, Government also provides commodities like DDT, diagnostic kits, drugs, etc.

Financial assistance is provided to States/UTs for implementation of programme activities towards prevention and control of vector borne diseases and procurement of certain drugs, diagnostics, larvicides and insecticides etc.

The State/UT- wise financial assistance (cash and commodity) provided by the Government during the last three years are at Annexure VII.

(d): It has been informed by National Institute of Malaria Research (NIMR), New Delhi that no such study has been carried out by the Institute in this regard.

(e): Fresh measures undertaken for prevention and control of vector borne diseases include the following:

# Launch of National Programme for prevention and control of JE/AES;

# Introduction of Bivalent rapid diagnostic kit for Malaria .

# New artemisinin combination therapy for malaria in the North East Region.

# Strengthening Inter sectoral coordination

# JE vaccination drive is completed in 149 districts (for children in the age group 1-15 years). Further, GOI has now introduced two doses of JE under routine immunization with first dose at 9-12 months and second dose at 16-24 months.

A special campaign for JE vaccination was carried out in identified districts of Bihar and Uttar Pradesh on 22nd and 23rd June 2014 to cover missed out cases.

The monsoon related diseases other than vector borne diseases are mainly due to contaminated water which are diarrhea, cholera, hepatitis and typhoid.

Integrated Disease Surveillance Programme (IDSP) is implemented in all the States and UTs with the aim to strengthen disease surveillance in the country to detect and respond to early warning signals of epidemic prone diseases. Under IDSP the districts and States have been strengthened by providing, inter alia, additional manpower, training of identified Rapid Response Team (RRT) members for outbreak investigations, strengthening of laboratories for detection of epidemic prone diseases at districts and State level and ICT equipment for data entry.