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Participants : Kumar Shri Shailendra, Gowda Dr. (Smt.) Tejasvini, Yerrannaidu Shri Kinjarapu, Khandelwal Shri Vijay Kumar, Jagannath Dr. M., Ramdoss Dr. Anbumani, Ramdoss Dr. Anbumani

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Title : Shri Kinjarapu Yerrannaidu called the attention of the Minister of Health and Family Welfare to the situation arising out of the spread of Chikungunya fever in various parts of the country, particularly in Andhra Pradesh and steps taken by the Government in this regard.

SHRI KINJARAPU YERRANNAIDU (SRIKAKULAM): Sir, I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon:

“Situation arising out of the spread of Chikungunya fever in various parts of the Country, particularly in Andhra Pradesh and steps taken by the Government in this regard. ”

प्रो. विजय कुमार मल्होत्रा (दक्षिण दिल्ली) : अध्यक्ष जी, इसमें जिनका नाम नहीं है, उनको भी कृपया एकोमोडेट करें।... (ब्यवधान)

MR. SPEAKER: I will try to accommodate; I have already committed.

... (Interruptions)

MR. SPEAKER: Silence please. Otherwise, I will adjourn the House.

... (Interruptions)

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): Chikungunya is a debilitating non-fatal viral illness. It resembles dengue fever. It is caused by Chikungunya virus. It is spread by the bite of female *Aedes* mosquitoes, primarily *Aedes aegypti*. Humans are considered to be the major source or reservoir of Chikungunya virus for mosquitoes. The mosquitoes usually transmit the disease by biting infected persons and then biting others. The infected person cannot spread the infection directly to other person (i.e. it is not contagious disease). Chikungunya typically results in a large number of cases but deaths are rarely encountered. The disease is mostly present in urban and peri-urban areas.

* Also Placed in Library. See No. LT 4505/06

Aedes aegypti mosquitoes bite during the day and breed in a wide variety of man-made containers which are common around human dwellings. These containers such as discarded tyres, flower pots, old water drums, family water trough, water storage vessels and plastic food containers collect rain water.

Chikungunya occurs mainly in Africa, India and South East Asia. There have been a number of outbreaks (epidemics) in Philippines and in the islands throughout the Indian Ocean. The first outbreaks were observed in Reunion island in the Indian Ocean in 1954. The first outbreak in India was recorded in Kolkatta in 1963 and there have been sporadic outbreaks subsequently in Andhra Pradesh, Maharashtra and Tamil Nadu.[\[r9\]](#)

The States affected with Chikungunya fever during the current year are Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Madhya Pradesh, Gujarat and Kerala. One hundred twenty-one districts in these seven States have been affected with a total of 9,74,541 suspected cases. The largest number of cases have been noted in Karnataka, Maharashtra and Andhra Pradesh. Since the disease is clinically similar to dengue, laboratory confirmation is important. A total of 10,611 samples have been sent from the affected States to laboratories at NIV, Pune and NICD, Delhi, of which 992 have been confirmed positive. No deaths due to Chikungunya fever have been reported from the affected States.

The most affected districts in the State of Andhra Pradesh are Warrangal, Visakhapatnam, Ananthpur, Chittoor and Kurnool.

There is no vaccine or specific medicine available against Chikungunya infection. There is no specific drug to cure the infection. However, the symptoms can be alleviated by taking pain relieving drugs such as Paracetamol, plenty of fluids and normal diet. Supportive therapy helps in alleviating the symptoms, such as administration of non-steroidal anti-inflammatory drugs and getting plenty of rest. Infected person should be isolated from mosquitoes as much as possible in order to avoid transmission of infection to other people. In order to limit the infection, strong Vector Control measures are required to eliminate all potential vector breeding places. This could be done by emptying and drying water containers once in a week, straining of stored water, treatment of water bodies with temephos or through biological control methods such as introduction of larvivorous fish. Pyrethrum extracts (0.1 per cent) can also be sprayed inside rooms to kill adult mosquitoes.

The Government of India has deputed teams to carry out field investigations in the four worst affected States of Andhra Pradesh (13th –17th February), Maharashtra (3rd – 7th April), Tamil Nadu (16th – 19th June) and Madhya Pradesh (5th – 11th July, 2006). The affected States have been provided detailed guidelines for prevention and control of Chikungunya. In addition, all affected States have been provided with temephos and pyrethrum extracts for vector control.

SHRI KINJARAPU YERRANNAIDU : Mr. Speaker, Sir, I am not happy with the Statement given by the hon. Health Minister. The ground reality is different. Chikungunya is rampant in the State of Andhra Pradesh and in its adjoining States of South India.

The hon. Minister has admitted that most of the States are suffering with Chikungunya. Nearly, 9,74,541 suspected cases are there. Even in Andhra Pradesh, it is the dengue like disease caused by alpha virus known as Chikungunya virus. Chikungunya disease is transmitted by aedes aegypti, culex and mansonias mosquitoes. It is more particularly through aedes aegypti.

Sir, in the year 1952-53, this disease was identified in South Africa and Tanzania. It was identified in Kolkatta in the year 1963-64. It was identified in Chennai in the year 1965 where three lakh caes were detected.

Then, after four decades, it was identified in Andhra Pradesh in the month of December, 2005. Till today, lakhs of people are suffering with Chikungunya. But there is no response from the State Government.

What the Health Minister has said is that there are no deaths... (*Interruptions*)

MR. SPEAKER: Mr. Yerrannaidu, I do not think that the hon. Members are interested to hear you. Therefore, I should adjourn the House!

DR. M. JAGANNATH (NAGAR KURNOOL): Sir, it is very unfortunate.

MR. SPEAKER: Please sit down.

The matter is being discussed here. I have been asked to allow this motion and when it comes up, everybody is discussing among themselves! What is the impression, the people are getting of us?

SHRI KINJARAPU YERRANNAIDU : Sir, it is not only in Andhra Pradesh, but in many other States, people are suffering, particularly, poor people, are suffering with Chikungunya. By the end of March, 2006, 150 people had died because of the viral fever in Anathpur, Kurnool, Chittoor and Guntur district. Subsequently, due to reaction of drugs and due to lack of food to the patients, more than 300 people have died in Andhra Pradesh alone.

But according to the statement of the hon. Health Minister, no single person has died! That is the information given by the State Government. They are taking it very casually. There are so many hospitals where there is no doctor, there is no bed. This is the fact... (*Interruptions*) You ask our Minister of State for Health. She is also present here. This is a factual thing. It came in the newspaper also. Even the hon. Minister has admitted it that it is spread over 121 districts of the country[[KD10](#)].

It has spread over to 121 districts in our country. We have to combat it on a war-footing basis. Otherwise, this disease will spread to other States also. We have to prevent the breeding of mosquitoes. We have to kill the mosquitoes. What are the steps that have been taken? People are crying. Out of the affected people, more than 80 per cent of the people are from backward, Dalit and poorer sections. They are not even going to their work. They are not getting any wages also. They are not purchasing medicines also.

SHRI MADHU GOUD YASKHI (NIZAMABAD): Homeopathic medicines have been distributed by the Government of Andhra Pradesh.

SHRI KINJARAPU YERRANNAIDU : The State Government has not provided rice, *dal* and even other essential things to the patients.

MR. SPEAKER: Do not bring the State Government matter here.

SHRI KINJARAPU YERRANNAIDU : Sir, I will give one example.

PROF. M. RAMADASS (PONDICHERRY) : These are local body matters which he is discussing. ...
(Interruptions)

SHRI KINJARAPU YERRANNAIDU : No, it is not a local body matter. ... (Interruptions) Four or five States are suffering. ... (Interruptions)

MR. SPEAKER: Dr. Jagannath, you are here sufficiently long to know that you are disturbing your own leader.

DR. M. JAGANNATH : No, he is disturbing.

MR. SPEAKER: You take your seat.

... (Interruptions)

MR. SPEAKER: Very well, I will adjourn the House. If Members behave in this fashion, I will adjourn the House.

SHRI KINJARAPU YERRANNAIDU : Sir, I will give one example to our hon. Minister. In a village called, Nandigama in Mahbubnagar district, out of 3,500 population, 2,800 people have been registered as Chikungunya patients in the PHC. You send your team. You take the particulars. Out of 3,500 population, 2,800 people are suffering. Throughout Andhra Pradesh, more than six lakh people are suffering from this disease. That is why, from my side I am demanding the Union Government. ... (Interruptions)

MR. SPEAKER: Nothing will be recorded. Why are you interrupting? Only the speech of Mr. Yerrannaidu will go on record.

(Interruptions) ...*

* Not Recorded.

SHRI KINJARAPU YERRANNAIDU : The present condition requires declaration of health emergency in Andhra Pradesh.....(Not recorded).

MR. SPEAKER: No, I am sorry. That will not be recorded.

SHRI KINJARAPU YERRANNAIDU : You send teams and everything. The administrative machinery must be geared up to improve hygiene and sanitation and eradicate the mosquitoes, which are transmitting the disease, by adopting advance methods.

MR. SPEAKER: He has given an elaborate answer.

SHRI KINJARAPU YERRANNAIDU : Just one minute, Sir.

MR. SPEAKER: Please complete now.

SHRI KINJARAPU YERRANNAIDU : All the hospitals in the State must be provided with sufficient quantity of drugs, manpower and infrastructural facilities. Those who are living on daily wages should be given 25 kilos of rice per week, besides pulses and some essential commodities till they recover. Next of the kin of all those who died in the disease should be given an *ex gratia* of Rs.3 lakh and employment to one of the family members. So far 450 people have died because of this disease. These are the factual things. You collect information through the media. If necessary, you send the teams to the hospitals. This is the reality. The Chief Minister of Andhra Pradesh is taking it very casually that the Chikungunya disease will come and go. This is the answer by the Chief Minister. The poor people are suffering. That is why, the Government of India should intervene to protect the poorer sections from this Chikungunya disease. I am awaiting the reply from the hon. Minister.

MR. SPEAKER: All right.

... (*Interruptions*)

MR. SPEAKER: Will you take your seats please? You see, only one name is there. That means, no other hon. Member thought it important to give notices for Call Attention.

... (*Interruptions*)

MR. SPEAKER: Do not disturb me when I am speaking. But I have seen there are some notices under what we call, 'Special Mention'. I have myself taken the trouble with the help of my office to select some of those hon. Members so that up to five Members, I shall go. You have to accept my decision. I will call four other hon. Members. It is beyond the rules but I am exercising my authority.

Shri Subodh Mohite – Not present.

... (*Interruptions*)

MR. SPEAKER: There is no notice. You have not even bothered to give a notice. You are raising your hand.

Now, Shrimati Tejaswini Seeramesh.

SHRIMATI TEJASWINI SEERAMESH (KANAKAPURA): Sir, through you, I would like to draw the attention of the House to the Chikungunya menace in Karnataka.

Chikungunya is a viral fever as explained by the Minister. It is spread by the bites of Aedes mosquito which causes high fever and severe joint pains due to the swelling[m11].

It restricts the person to three months' bed rest. He or she cannot move from the bed. It will take three months' period to completely recover and with proper medication only they can come back to normal life.

In my State of Karnataka nearly 10,000 villages are affected by this disease. Out of 27 districts, 26 districts are affected by this disease called Chukungunya. Sir, this Chukungunya is misunderstood by the innocent people and farmers in the villages like 'chicken gunya' which is causing a menace in the poultry industry also. The poultry industry is suffering by this false propaganda or false understanding by the people who restrict themselves from eating chicken. It is causing a loss to the poultry industry also.

On the other side, June and July are the very active months for the agricultural activities. Though the monsoon is in its swing and very good, the farmers could not do any agricultural activities due to their restriction to the bed.

MR. SPEAKER : Please ask your clarification.

SHRIMATI TEJASWINI SEERAMESH : In my parliamentary constituency, Kanakapura, almost all the *talukas*, namely Magadi, Anakal, Satanur, Kanakapura, Maluvalli, Uttarahalli and Channapatna, were worst affected by this Chukungunya menace. There is no point in shedding our tears after the farmers' suicide. Let us do something when we can do something for the farmers. It is high time. I am requesting the Central Government to send the expert team to the State of Karnataka – not only to Karnataka but to all other States which are affected as farmers are farmers – to study the agricultural loss to the farming community where they can ensure compensation through their proper studies and their calculation about the losses to the agricultural sector. This is the only source of their livelihood for the rest of the year.

My last point is this.

MR. SPEAKER : Last clarification.

SHRIMATI TEJASWINI SEERAMESH : Sir, the Government of Karnataka is trying their level best to address this problem. But due to financial crisis they were unable to address this problem 100 per cent and are requesting all the support from the Central Government to address this problem. They are requesting for medicines and other medical help.

Here, I would like to thank the Director, National Vector Borne Disease Control Programme, Delhi who has supplied only 2,000 litres of Pyrethrum Extract and 1,000 litres of Temephos to the State diverting from the Delhi District Administration. On behalf of my people I am really thankful to the Delhi Administration. At the same time we are getting no other help from the Central Government. This disease is spreading all across the borders like Maharashtra, Andhra Pradesh and other States. I would like to request the Ministry of Health and Family Welfare and the Ministry of Agriculture to address this problem on a priority basis. Thank you, sir, for giving me this opportunity.

MR. SPEAKER : Shri Vijay Kumar Khandelwal, please seek one clarification which you are entitled to.

श्री विजय कुमार खंडेलवाल (बेतूल) : अध्यक्ष महोदय, चिकनगुनिया ज्वर महाराष्ट्र से फैलकर मध्य प्रदेश में फैलता जा रहा है। सिर्फ मध्य प्रदेश के मेरे संसदीय क्षेत्र में 40 हजार से ऊपर लोग चिकनगुनिया ज्वर से बीमार हैं। यह आफिशियल फिगर्स है। जहां तक स्टेट का सवाल है, तो वहां दवाई वगैरह प्राप्त होती हैं लेकिन केन्द्र सरकार के पास लैब्स नहीं हैं। इस ज्वर की जांच के लिए जो सैम्पल जाते हैं, वे एक महीने तक नहीं आते

हैं। इसके साथ-साथ वहां जो टीम भेजी गयी, उसने यह नहीं बताया कि इस ज्वर की रोकथाम के लिए क्या उपाय किये जायें ? पूर्व में जब मलेरिया फैला था, तो मेडिकेटेड मच्छरदानी गरीबों को दी गयी थी। मेरा पूरा संसदीय क्षेत्र आदिवासी इलाका है। मध्य प्रदेश के अन्य जिलों—छिंदवाड़ा, मंडला आदि में चिकनगुनिया ज्वर बुरी तरह से फैल रहा है।

मैं केन्द्र सरकार से चाहता हूँ कि इस ज्वर की जांच के लिए लैब्स हों तथा जल्दी परीक्षण हों। जो दवाइयां छिड़काव के लिए जरूरी हैं, वे दी जायें जिससे रोग आगे बढ़ने से रोका जाये। आदिवासी अंचल में गरीबों के पास किराये के लिए पैसे नहीं हैं। यह 40 हजार की संख्या सिर्फ मेरे संसदीय क्षेत्र में बतलायी गयी है जबकि यह संख्या एक लाख से ऊपर है। आदिवासी अंचल के आदमी के पास अस्पताल तक जाने के लिए किराए के पैसे भी नहीं होते हैं। वहां जो डेथ्स होती हैं, उनकी पोस्टमार्टम नहीं होती है क्योंकि वे कहते हैं कि इसके लिए हमारे पास लेबोरेटरी की रिपोर्ट नहीं है। इसलिए वे कन्फर्म नहीं करते हैं कि ये मौतें चिकनगुनिया की वजह से हुई हैं। मैं आपके माध्यम से माननीय मंत्री जी का ध्यान आकर्षित करना चाहूंगा सिर्फ कि मेरे जिले में जो डेथ्स हुई हैं उनके बारे में यह सस्पेक्टेड है कि जो दस डेथ्स हुई हैं, उनमें से अधिकांश चिकनगुनिया की वजह से हुई हैं। इसलिए मेरा सरकार से अनुरोध है कि मध्य प्रदेश के बार्डर के जिलों में दवाइयां, मेडिकेटेड मच्छरदानियां आदि दी जाएं और वहां लैब की सुविधा प्रदान की जाए।... (व्यवधान)

अध्यक्ष महोदय : आप बैठ जाइए, जब सभी मेम्बर्स बोलने लगते हैं तब आपको याद आता है।

... (व्यवधान)

MR. SPEAKER: Hon. Member, you did not even bother to send the chit to me.

... (Interruptions)

श्री शैलेन्द्र कुमार (चायल) : महोदय, सदन में चुकुनगुनिया के सम्बन्ध में अनेक माननीय सदस्यों के सुझाव आए हैं। कहा जाता है कि हमारे देश से मलेरिया का उन्मूलन हो गया है लेकिन आज भी कभी-कभी डेंगू मच्छरों के काटने से मलेरिया बीमारी उत्पन्न हो रही है। इस तरह मच्छरों के फैलाव से चुकुनगुनिया, इंसेफेलाइटिस आदि बीमारियां, खासकर हमारे पूर्वांचल में, फैल रही हैं। इसके बारे में पहले भी इस सदन में चर्चा हो चुकी है। यह बीमारी पूरे देश में, आन्ध्र प्रदेश से लेकर मध्य प्रदेश तक, फैल रही हैं, कहीं ऐसा न हो कि यह बीमारी पूरे देश में फैल जाए। इसलिए मैं आपके माध्यम से माननीय मंत्री जी से यह कहना चाहूंगा कि पूरे देश में इसका परीक्षण करा लें। खासकर शहरों में जो स्लम बस्तियां हैं, जहां पर पानी का रूकाव होता है वहां पर मच्छरों की उत्पत्ति ज्यादा होती है, वहां पर दवाओं का छिड़काव करके इसकी रोकथाम करें। विशेषज्ञों द्वारा इसकी जांच की जाए कि यह बीमारी किस वायरस के कारण होती है। इसके लिए वैक्सीन की व्यवस्था की जाए और वैज्ञानिकों की एक टीम ऐसे क्षेत्रों में भेजी जाए जो इसकी जांच कर सके।

MR. SPEAKER: Hon. Members, this is the time for asking some clarifications, but everybody converts it into a debate. Next Member to ask clarification is Dr. M. Jagannath.

DR. M. JAGANNATH : Thank you very much, Sir. The hon. Minister in his statement has said that there were no deaths caused due to this disease and that it is a non-fatal disease mostly confined to the urban and peri-urban areas.

Three days ago our leader Shri Chandra Babu Naidu went to some of the rural villages. ... (Interruptions) It is not the question of giving a political speech. I am only trying to bring forth the facts about this case in this august House. ... (Interruptions) I am saying all this because your Government is not listening. ... (Interruptions)

MR. SPEAKER: Please do not get upset, and continue making your submissions. Please come to the relevant point.

DR. M. JAGANNATH : Yes, Sir. I am making my submissions, but they are interrupting me. I am trying to bring forth the bare facts, but they are interrupting me. ... (*Interruptions*)

MR. SPEAKER: Dr. Jagannath, you are only entitled to ask clarifications. I have given you an opportunity to speak as a favour. Therefore, do not misuse this opportunity.

DR. M. JAGANNATH : Thank you, Sir. The hon. Minister is himself a doctor. Therefore, he must be aware that this disease causes high fever for the person suffering from it. ... (*Interruptions*)

MR. SPEAKER: What is your question for the hon. Minister?

DR. M. JAGANNATH : Sometimes, it also becomes fatal for the affected persons.

MR. SPEAKER: What is your question for the hon. Minister?

DR. M. JAGANNATH : Sir, there were two deaths in my Parliamentary Constituency. Would the hon. Minister be kind enough to depute some team to take stock of the present situation? He has said that it is mostly confined to urban and peri-urban areas, but these are very rural areas. This disease is already going to be a national problem. Therefore, my request is to take adequate measures to control this disease before it takes the form of a national tragedy.

There is no curative treatment for this disease. Therefore, we have to give the people symptom-based treatment. This disease cannot be controlled unless we equip the Primary Health Centres with enough medicines and doctors. Therefore, my request, through you, to the Government of India is to declare a health-emergency in Andhra Pradesh and other States where Chikungunya is rampant. The Government of India should also depute specialist doctors, provide medicines, and take all measures to prevent this disease from spreading to other States. Thank you very much, Sir.

SHRI CHANDRAKANT KHAIRE (AURANGABAD, MAHARASHTRA): Sir, please give me a chance to speak on this issue. ... (*Interruptions*)

MR. SPEAKER: No, Mr. Khaire, you did not even bother to send a notice to speak on this issue. No, I would not allow.

... (*Interruptions*)

MR. SPEAKER: No, I would not give you a chance to speak. I would not allow this indiscipline.

... (*Interruptions*[\[ak12\]](#))

MR. SPEAKER: You have not even bothered to send a notice. I have myself selected the Members who have given notices for Special Mention. I am giving them opportunity here, and even then, you are not satisfied. I

would not do that. Those who have not even given notices will not be allowed.

Nothing else will be recorded except the hon. Minister's statement.

*(Interruptions) ... **

MR. SPEAKER: The hon. Member of your Party, Shri Subodh Mohite, had given the notice. I have myself selected his name and called him. He is not present. Without even giving a notice, you want to make a submission. I would not allow this type of breach of rules. If you are so much concerned, you would have given the notice.

Nothing will be recorded, not even one word of Shri Khaire, and only the hon. Minister's reply will be recorded.

*(Interruptions) ... **

DR. ANBUMANI RAMADOSS: Sir, firstly, I would like to thank my hon. colleague, Mr. Yerrannaidu for bringing this problem of *Chikungunya* to the notice of this House. As I have already said in my statement, the problem of *Chikungunya* first occurred in 1963 in Kolkata, and then there was a period of dormancy. Suddenly, during the last few months, in fact, after approximately 30 years, this is occurring again in a huge way in this country.

I definitely share the concerns of the hon. Members within the House and, in fact, even the concerns of the general population outside this House. There has been a lot of apprehension on this disease of *Chikungunya*. The Central Government has been not only very actively monitoring this problem, but also

* Not Recorded.

assisting the State Governments to take a lot of steps, first, to prevent this problem, and second, if this happens, how to treat it. The most important thing is the IEC activity, that is, Information, Education and Communication activity. That is the most important concept of treating this problem.

I have already said in my statement... *(Interruptions)* Let me finish my statement. ... *(Interruptions)*

MR. SPEAKER: Nothing is being recorded. Do not record anything. Why are you interrupting the Minister? I will not allow this type of indiscipline. Please take your seat. You have to take your seat. I will not allow this type of indiscipline. The Members have expressed their feelings. This is a matter of health, I have gone out of my way to do it, and you are misusing it. You are not even in your seat, which is a double indiscipline.

DR. ANBUMANI RAMADASS: I definitely share the anguish of the hon. Members, and definitely, the Government is very much concerned of this problem. In fact, I have said that this should not spread out to the

entire country. We are taking all steps so that it would not spread out. Today, it has been restricted to these States where a huge number of people are affected by this problem. We are coordinating with the States on this issue.

Mr. Yerrannaidu said that about 150 people died in Anantapur District. He also said that about 400 people died in entire Andhra Pradesh. My experts team had been deputed to Andhra Pradesh, Maharashtra, Madhya Pradesh, Karnataka, Tamil Nadu and Pondicherry. In fact, Dr. Chinta Mohan came to my office and specifically mentioned about this problem. Initially, the team had been sent to specific areas, like Chittoor and Tirupati, which is his constituency, and also to other places in Andhra Pradesh. My experts team said that the State Government did not report any deaths due to *Chikungunya*. However, my people are still investigating. If the so-called deaths are occurring due to *Chikungunya*, my people are ready to investigate in any State, whether it is in Andhra Pradesh or Karnataka or anywhere else.

The most effective part is the Information, Education and Communication activity. It is a viral problem, which I have already stated in my extensive statement, in addition to its cause, how to treat it and prevent it[R13].

In fact, the *Aedes Aegypti* mosquitoes, which cause this, bite during the day. So, supplying a mosquito net will not be of much use because it bites only during the day. This mosquito breeds in pure water. Containers like earthen pots, plastic containers and drums which are used to store water in water scarcity areas are the breeding grounds for it, and the rural areas are most affected by it. We need the IEC to empty the water every week and to strain it with a cloth. We have supplied chemicals like Temephos and Pyrethrum to the States, and we are ready to supply any amount of these chemicals. They can be dissolved in the water or sprayed inside the rooms. We have already supplied whatever the State Governments have asked for. We are ready to supply any amount of quantity to them.

For those people who are affected by this disease, basic Paracetamol tablet is enough to treat them. Some doctors are misusing this opportunity and we are advising the doctors not to prescribe any costly antibiotics, which are not going to be much effective on them.

We are going through a lot of process. In fact, we are trying to liaise with the State Governments. In fact, for Andhra Pradesh specifically, my colleague, the hon. Minister of State for Health, Shrimati Panabaka Lakshmi, is holding consultations on the 29th of this month. Of course, there are four to five States which are having consultations, and we are supporting them. Definitely, we are very, very concerned that it does not spread to the entire country.

In fact, I would definitely send a team to that area which the hon. Member has mentioned. I will definitely send a team there. I will ask my people to investigate if there are any deaths. I will definitely get back to you once the report is submitted.

In fact, Shrimati Tejaswani, the hon. Member from Karnataka said that people have been confused and they are unable to differentiate between Bird Flue and *Chikungunya*. In fact, we are advising the State Governments to put a lot more advertisements in the local media, both print and visual media, that *Chikungunya*

is different from Bird Flu. We will again advise the State Governments to do that, and the Central Government will also take part in these activities.

She also said that the Karnataka Government is facing a financial problem. For treating *Chikungunya*, you have to provide the basic Paracetamol. I am sure, the State Governments are equipped to provide this medicine, which they have in abundant supply. This is a cost-effective medicine.

Regarding providing chemicals like Temephos and Pyrethrum, we are ready to supply any amount of it for internal spray as well as for mixing in water.

In fact, Mr. Khandelwal said that in his constituency, about 40,000 people are affected. There are two laboratories in the country, that is, NIV, Pune and NICD, Delhi, which are equipped to test the samples. As in the case of *Dengue* fever, approximately about 10,000 samples were literally lifted and sent to them. If in a village, even if one sample has been tested, we literally declare that village as the so-called endemic area. We follow the IEC pattern and we advise the local body authorities because they have to play a major role in advising people on this.

In fact, in Karnataka, a number of Panchayat villages have taken wonderful steps in creating awareness in their villages. After a certain point of time, these villages have become disease-free.

Mr. Shailendra Kumar has given a good advice that this should not spread to other parts of the country. In fact, my colleague, Dr. Jagannath, was very concerned about Andhra Pradesh. Definitely, we will send a team. We have already sent teams to different parts of the country. We will definitely send more teams to the affected areas. ... (*Interruptions*)

MR. SPEAKER: Nothing will be recorded and do not respond to him.

*(Interruptions) ...**

* Not Recorded.

MR. SPEAKER: I am saying that you may also look into Maharashtra.

DR. ANBUMANI RAMADASS: Sir, we have already looked into Maharashtra. We will definitely again look at Maharashtra because we do not want this to spread to the Northern part of the country. If it spreads, we are going to have a huge problem because of under-served areas in the health sector. Definitely, I respect and share the concerns of the hon. House and I assure you that the Central Government will take all necessary steps to prevent this and to create awareness amongst the public[R14].

SHRI KINJARAPU YERRANNAIDU: Mr. Speaker, Sir, I will not take more than one minute.

On 12th April, 2006, the Health Minister of Andhra Pradesh stated that over 25,000 cases of Chikungunya had been detected in the State and that seven districts and twin cities were affected.

MR. SPEAKER: The Minister here is not responsible for that.

SHRI KINJARAPU YERRANNAIDU : The Health Minister of Andhra Pradesh confirmed on 12th April, 2006 that two deaths occurred in the State.

MR. SPEAKER: Do not bring in State matters.

SHRI KINJARAPU YERRANNAIDU : However, the Health Minister here has just stated that according to the information received from the State Government there were no deaths at all. These two statements are contradictory to each other.

Poor people are suffering from Chikungunya and they are not able to go to work. Who will feed them?

MR. SPEAKER: Mr. Minister, do not reply to this.

SHRI KINJARAPU YERRANNAIDU : The Central Government, with the approval of the Prime Minister, ask the State Government to supply 25 kilograms of rice and some *dal* to the poor people who are affected. The Minister of Rural Development is sitting here. That Government talks of *aam aadmi*. What is being done for *aam aadmi*? What about the poor people of this country?
