

UNSTARRED QUESTION No. 1249

TO BE ANSWERED ON THE 30TH JULY, 1997

AIDS TESTING HOSPITALS IN ORISSA

1249. SHRI MURALIDHAR JENA:

Will the PRIME MINISTER (पुष्पन मंत्री) be pleased to state:

- (a) the details of hospitals in Orissa where AIDS testing facilities are available;
- (b) whether the Union Government have introduced the AIDS Control Programme in the State with the help of foreign assistance as well as Central assistance;
- (c) if so, whether the Union Government have reviewed the programme; and
- (d) if so, the details thereof?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): HIV/AIDS testing facilities in Orissa State are available for the surveillance purposes in following institutions:-

1. Department of Microbiology, S.C.B. Medical College, Cuttack.
2. Surveillance Centre, Regional Medical Research Centre, Bhubaneswar.

Besides the above, the testing facilities for all units of blood collected for transfusion purposes is available in the blood banks as per the list attached (Annexure -I)

(b): Yes, Sir. A Five Year comprehensive strategic plan for prevention and control of HIV/AIDS is being implemented since 1992 in all the States and UTs including Orissa with World Bank assistance of US \$ 84 million. The Programme is a 100% Centrally sponsored scheme.

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(c): Yes, Sir. The Programme is reviewed from time to time during the meeting of State AIDS Programme Officers and also during the visit of various officers to the state.

(d): Although the State AIDS Cells have been set up and functioning, all the sanctioned posts in the State AIDS Cell have not been filled up. The funds released from Government of India has not been fully utilised for the programme. Rs.118.67 lac is still lying with State of Orissa as unspent balance.

Community Health Cell

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LOK SABHA

UNSTARRED QUESTION No. 1297

TO BE ANSWERED ON THE 30TH JULY, 1997

POLIO ERADICATION PROGRAMME

1297. SHRI SULTAN SALAHUDDIN OWLISI:

SHRI PRADEEP BHATTACHARYA:

SHRI K.P. SINGH DEOL

Will the PRIME MINISTER (प्रधान मंत्री) be pleased to state:

- (a) whether the Government have launched any programme for the eradication of polio from the country during the last three years;
- (b) if so, the details thereof and the achievements made so far against the target fixed, if any, State-wise;
- (c) the allocation made to the State Government for this purpose, State-wise;
- (d) whether any district in the country has been declared as polio free;
- (e) if so, the details thereof;
- (f) the details of the further plan proposed by the Government to make India polio free; and
- (g) the targeted year by which the country is likely to be made polio free?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): The Pulse Polio Immunization Programme was launched during 1995-96 with the objective of eradication of poliomyelitis. This is in addition to routine immunization.

(B): During 1995-96, children under 3 years were targetted and since 1996-97 the age group has been increased to include children under 5 years. On PPI day held on 7th December, 1996, 11.74 crores children had received Oral Polio vaccine and 12.7

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crore children on 18th January, 1997.

(c): Rs.31.22 crores were allocated during 1996-97 to states for this programme. The details are annexed.

(d): No district has yet been declared as polio free.

(e): Does not arise.

(f) & (g): A countrywide polio surveillance programme is being launched this year. The PPI should continue till 2000A.D. It is expected that India will become polio free by then.

L.S. V.S.Q. No. 1297 for 30-7-97

Annexure

STATEMENT SHOWING FUNDS ALLOCATED TO STATES
FOR PULSE POLIO IMMUNISATION 1996-97

Name of the State/UT	FUNDS FOR POL & TRANSPORT	FUNDS FOR IEC
1 Andhra Pradesh	55.50	113.50
2 Arunachal Pr	35.75	44.00
3 Assam	57.25	79.00
4 A&N Islands	5.50	11.00
5 Bihar	111.50	172.00
6 Chandigarh	4.00	8.00
7 D&N Haveli	2.75	8.00
8 Daman & Diu	5.50	11.00
9 Gujarat	45.75	67.00
10 Goa	4.00	11.00
11 Himachal Pr.	30.00	41.00
12 Haryana	32.00	61.00
13 Jammu & Kashmir	37.75	52.00
14 Karnataka	45.75	70.00
15 Kerala	31.50	52.00
16 Lakshadweep	2.75	8.00
17 Madhya Pr.	103.25	145.00
18 Maharashtra	75.50	100.00
19 Meghalaya	16.25	26.00
20 Manipur	22.00	29.00
21 Mizoram	11.00	17.00
22 Nagaland	19.25	26.00
23 Orissa	69.50	100.00
24 Punjab	34.00	61.00
25 Rajasthan	71.75	103.00
26 Sikkim	10.25	17.00
27 Tamil Nadu	56.00	85.00
28 Tripura	11.00	17.00
29 Uttar Pradesh	172.25	214.00
30 West Bengal	46.00	67.00
31 Delhi	20.00	37.00
32 Pondicherry	8.00	17.00
INDIA	1253.25	1869.50

LOK SABHA

UNSTARRED QUESTION No. 1183

TO BE ANSWERED ON THE 30TH JULY, 1997

FOREIGN AIDS PATIENTS

1183. COL. (RETD.) SONA RAM CHOUDHARY:

Will the PRIME MINISTER (पुष्पन मेनो), be pleased to state:

- (a) whether a large number of foreign tourists visit tourist attraction places in Western Rajasthan, especially in District Jaisalmer;
- (b) whether the Government are aware that most of these foreign tourists are AIDS patients;
- (c) if so, the number of cases detected by the Government in Western Rajasthan particularly in Jaisalmer, Bikaner, Nagpur and Barmer districts;
- (d) the number of such patients died during the last three years; and
- (e) the steps being taken by the Government to prevent spread of this dreaded disease?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a): Yes Sir.
- (b): No such information is available with the Government.
- (c): No AIDS case has been reported from Jaisalmer, Bikaner, Nagaur and Barmer districts of Western Rajasthan.
- (d): Does not arise.

(d): In order to prevent and control spread of HIV/AIDS in India, comprehensive programme is currently under implementation as 100% Centrally Sponsored Scheme throughout the country. The strategies of the programme consist of creation of awareness amongst high risk behaviour group & general public about HIV/AIDS, Control of sexually Transmitted Diseases, Blood Safety and rational use of blood, surveillance, diagnosis and clinical management of HIV/AIDS cases.

LOK SABHA

REGISTERED QUESTION No. 1138

TO BE ANSWERED ON THE 30TH JULY, 1997

HEPATITIS-B

1138. SHRI K.P. NAIDU:

SHRI G.V. CHARAN REDDY:

Will the PRIME MINISTER (प्रधान मंत्री) be pleased to state:

- (a) whether about 45 million people in the country including 50 lakhs in the State of Andhra Pradesh are carrying silent killer Hepatitis-B virus which is 100 times more infectious than AIDS;
- (b) whether it has emerged as consensus at the conference on Hepatitis-B immunisation held in Hyderabad recently;
- (c) if so, whether his Ministry has agreed to help in utilising the vaccine for undertaking a mass immunisation programme in Andhra Pradesh;
- (d) if so, the time by which the programme of immunisation is likely to be undertaken; and
- (e) the other steps being considered by the Union Government to check Hepatitis-B virus?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(DR. RENUKA CHOWDURY)

(a)&(b): Based on limited data available on prevalence of Hepatitis-B, it is estimated that 3 - 5% of general population are carriers of this virus.

Though it is difficult to support the statement that "Hepatitis-B virus (HBV) is 100 times more infectious than AIDS", HBV may be considered to have more 'infectious' potential than AIDS virus as HBV is stable for longer period.

(c)&(d): It is proposed to include vaccination against Hepatitis-B if adequate resources become available to the Ministry during the IX Plan.

- (e):
1. It is mandatory to screen all blood donations for Hepatitis-B virus before transfusion.
 2. States and Union Territories have been advised to take preventive measures and immunize hospital workers.
 3. Efforts are being made to promote safe sex behaviour under the National AIDS Control Programme. The routes of transmission for both diseases are the same.
 4. Provision of separate syringe and separate needle for each vaccination under the Universal Immunisation Programme.
 5. It has been decided to immunize hospital workers of Central Government Hospitals against Hepatitis-B.
 6. Guidelines have been issued for the use of a separate sterile syringe and needle for each injection.
 7. Health Education.

LOK SABHA

UNSTARRED QUESTION No. 1251

TO BE ANSWERED ON THE 30TH JULY, 1997

DENGUE FEVER

1251. SHRI PAWAN DIWAN:

SHRI PARASRAM BHARDWAJ:

SHRI RAM KRIPAL YADAV:

Will the PRIME MINISTER गुरु जी be pleased to state:

- (a) the estimated total population of the country at present and Doctor-patient ratio in Central Government hospitals;
- (b) the number of persons infected by dengue fever during the last year in Delhi and adjoining areas and the number of persons recovered out of them;
- (c) whether there is a possibility of recurrence of dengue fever this year also; and
- (d) if so, the details of the steps taken to prevent the spread of dengue fever in Delhi and adjoining areas this year?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- f
- (a) According to the Directorate of Census, Delhi, the projected population at present is 9,49,878 thousands. The doctor-population ratio for allopathic doctors is about 1:2250. However, taking into account, the number of qualified practitioners in Indian System of Medicine and Homoeopathy, the said ratio would be 1:950. No norms have been prescribed for doctor-patient ration in Central Government Hospitals.
 - (b): The Directorate of National Malaria Eradication Programme, Delhi, has informed that as per the reports received from state Health Directorates, suspected Dengue cases were reported during 1996 from Delhi, Haryana, Punjab, Karnataka, Maharashtra

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Tamil Nadu and Uttar Pradesh. Out of the 16515 suspected dengue cases, 15970 patients recovered from this disease.

(c): All preventive measures are being taken. No case of dengue fever has been reported upto 30.6.1997 from Delhi and adjoining areas.

(d): The Central Government has prepared and circulated, to all States/UTs, an Action Plan for prevention and control of Dengue and has also advised measures to be taken for strengthening vector surveillance and control measures apart from providing training on preventive measures through NICD, Delhi.

Government of NCT of Delhi has informed that Dengue has been declared a dangerous disease under the Municipal Corporation of Delhi Act. For appropriate management of patients, facilities for platelet extraction and supplies have been strengthened. Recommended measures for vector surveillance and control have also been undertaken.

LOK SANNIDH

UNSTARRED QUESTION No. 1271

TO BE ANSWERED ON THE 30TH JULY, 1997

WORLD BANK ASSISTANCE FOR MALARIA ERADICATION

1271. DR. RAMVILAS VEDINTI:

Will the PRIME MINISTER (यशवंत सिन्हा) be pleased to state:

- (a) the total financial assistance received or likely to be received from World Bank for the eradication of Malaria in the country;
- (b) the States to whom the assistance has been provided or likely to be provided out of the said assistance; and
- (c) the amount of assistance provided, so far or likely to be provided to each State?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- 3/10
- (a): An enhanced Malaria Control Project at an estimated total cost of Rs.891.04 crores to be implemented over a period of five years has been successfully negotiated with World Bank/International Development Association (IDA). The IDA has agreed to provide a credit which will cover around 85% of the total cost, net of taxes. The remaining cost will be borne by the Government of India through Annual Plan Budget.
 - (b): 1045 Primary Health Centres in 100 districts, which are high risk areas for *P.falciparum* malaria, in the seven States of Andhra Pradesh, Bihar, Gujarat, Maharashtra, Madhya Pradesh, Orissa, and Rajasthan and 19 cities/towns in these States and States of Tamil Nadu, Karnataka and West Bengal, which have high endemicity of malaria are essentially covered in the Project. Some of the

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components like manpower development, enhanced Information, Education and Communication and Management Information System would cover the entire country. Further, the Project envisages diversion of resources including use of insecticides to any area where there is an outbreak of malaria.

(c): State-wise allocation of funds would be determined after the Project is formally approved by Government of India.

LOK SABHA

UNSTARRED QUESTION No. 1206

TO BE ANSWERED ON THE 30TH JULY, 1997

ANTI-AIDS SCHEMES

1206. SHRI B.L. SHANKAR:

Will the PRIME MINISTER (प्रधान मंत्री) be pleased to state:

- (a) whether the Government are reviewing Anti-AIDS Schemes;
- (b) if so, the details thereof and the reasons therefor; and
- (c) the extent to which the reviewing of Anti-AIDS schemes are likely to help in checking the spreading of AIDS in the country?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): Yes, Sir.

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(b): The National AIDS Control Board undertakes periodical review of the implementation of the AIDS Control Programme at the national level. Regular meetings are held with the State AIDS Programme Officers to monitor and review implementation of the programme in various States. These reviews help in getting proper feedback about implementation of the various components of the National AIDS Control Programme which was started in 1992 with World Bank assistance .

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- ✓ (c): The review of the anti-AIDS schemes had helped in identifying problems in implementation like (i) Delay and inadequate release of funds by the State Governments to the State AIDS Cells.
(ii) Delay in filling up of all sanctioned posts in the State AIDS Cells.
(iii) Inadequate dissemination of information regarding AIDS to the targeted sections of the population.

Actions are being taken to speed up the process of implementation in these areas through constant review and monitoring.

LOK SABHA

UNSTARRED QUESTION No. 1259

TO BE ANSWERED ON THE 30TH JULY, 1997

NEW MEDICINE FOR MALARIA

1259. SHRI RAVINDRA KUMAR PANDEY:

Will the PRIME MINISTER (सुधाकर मंत्री) be pleased to state:

- (a) whether the attention of the Government has been drawn towards the news-item captioned "Killer Malaria ke Viruddh Dawa Viksit" appeared in "Jansatta" (Delhi Editions) dated May 5, 1997;
- (b) if so, the details of the medicine developed;
- (c) whether the Government have distributed and supplied/propose to distribute and supply the said medicine to various hospitals of the country; and
- (d) if so, the details thereof?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): Yes, Sir.

5N (b): The Central Drug Research Institute, Lucknow has developed a drug "Arteether" which has already undergone trials. Tolerance to Arteether injection was good in all the cases and no significant adverse drug reaction was encountered during the trial.

(c)&(d): The drug has not yet been marketed.

LOK SABHA

UNSTARRED QUESTION No. 1171

TO BE ANSWERED ON THE 30TH JULY, 1997

WHO ASSISTANCE FOR AIDS

1171. SRI ANNASAHIB H.K. PITIL:

Will the PRIME MINISTER (यशवंतराव चव्हाण) be pleased to state:

- (a) the amount of financial assistance received from the World Health Organisation for controlling AIDS during 1994, 1995 and 1996;
- (b) the manner in which the assistance has been utilised, State-wise; and
- (c) the achievements made in controlling the said disease so far, State-wise?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) WHO assisted National AIDS Control Organisation in providing technical inputs in the form of services of Consultants and other technical personnel and research facilities at the central level. The year wise assistance provided from WHO country budget are as follows:-

1994-1995 Biennium

U.S. \$ 3,23,900

1996-1997 Biennium

U.S. \$ 5,22,500

7 Consultants in the field of STD/Finance/IEC(Media)/IEC(Advocacy & Counselling)/Surveillance/Blood Safety/Clinical Management and

Training in AIDS have been provided. The services of 13 administrative and technical support staff are also being provided to National AIDS Control Organisation. Besides the above, WHO assistance is also provided to carry out the innovative intervention activities and operational research at Indira Gandhi Medical College, Nagpur; S.M.S. Medical College, Jaipur; S.N. Medical College, Agra; K.G. Medical College, Lucknow; S.V.R. Medical College, Tirupati, State Institute of Health & Family Welfare, Lucknow; U.T. Medical College, Chandigarh; and University College of Medical Sciences, Delhi.

- (b) WHO assistance is used for the specific purposes listed above and not distributed statewide.
- (c) Does not arise.

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LOK SABHA

STARRED QUESTION NO. 113

TO BE ANSWERED ON THE 30TH JULY, 1997

TUBERCULOSIS

*113. SHRI CHANDRABUSHAN SINGH:

Will the PRIME MINISTER
be pleased to state:

(प्रमाण मंजूर)

- (a) whether about fifty lakh people die of tuberculosis every year;
- (b) if so, the total number of tuberculosis cases reported every year;
- (c) whether low priority is being accorded to tuberculosis in comparison to other health issues as per a review of the programme in 1992;
- (d) whether shortage of essential drugs for prevention of tuberculosis in most of the T.B. hospitals in the country has become a routine affair; and
- (e) if so, the action taken by the Government to improve the supply of drugs to T.B. hospitals and to prevent spread of T.B.?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) No, Sir, It is estimated that about 5 lakh people die of Tuberculosis every year.

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(b) Under the National Tuberculosis Control Programme, around 14 lakh new TB cases are reported every year.

(c) No, Sir. One of the findings of the Review of the programme in 1992 was inadequate budget provision for the National Tuberculosis Control Programme. However, after the Review, budget provision has been increased and the programme has been strengthened.

(d)&(e): No, Sir. Till 1996-97 anti-TB drugs were supplied by the Centre and the State Government on 50 : 50 sharing basis. From 1997-98 100% requirement of anti-TB drugs will be met by the Central Government. Under the Programme anti-TB drugs are supplied to the patients free of cost.

LOK SABHA

STARRED QUESTION NO. 110

TO BE ANSWERED ON THE 30TH JULY, 1997

INCREASE IN MALARIA CASES

*110. SHRI K. PARASURAMAN:

SHRI RAMENDRA KUMAR:

Will the PRIME MINISTER
be pleased to state:

(प्रतिनिधि)

- (a) whether the number of persons suffering from malaria has increased by more than 20 percent during the current financial year as compared to the previous two years in the country;
- (b) if so, the details thereof, State-wise and year-wise;
- (c) the reasons for such a heavy increase in malaria cases; and
- (d) the remedial steps taken in this regard?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a)to(d): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO THE LOK SABHA
STARRED QUESTION NO. 110 FOR ANSWER ON 30.7.1997

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(a) The epidemiological reports of Malaria for the month of June in the current financial year have not been received from all states so far. However, the latest available reports for the current calendar year i.e. for the period January to May 1997 shows a decline in the Malaria situation as compared to the corresponding period in the year 1995 and 1996.

(b)&(c): Does not arise.

(d) The following specific measures to contain the disease are being taken under the National Malaria Eradication Programme (NMEP):-

- 100% Central assistance is being provided to the 7 North Eastern States since December, 1994.

- Early diagnosis and prompt treatment of malaria cases through the Primary Health Care system, Hospitals, Dispensaries, Malaria Clinics etc. and by establishing Drug Distribution Centres and Fever Treatment Depots at the village level has been undertaken by the State Governments.

- Vector control through insecticidal spray in rural areas and anti-larval operations in urban areas as per schedule on the basis of technical assessment.

- Intensification of Information, Education and Communication activities for mobilising community participation.

✓ Observance of anti-Malaria Month in June every year beginning from June, 1997 to create public awareness about prevention and containment of malaria and other vector borne diseases and to propagate the theme "Malaria Control Everyone's Concern" to make it a people's movement in the country and alert the authorities and the

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public before the transmission season.

Further, an enhanced Malaria Control Project with World Bank support to essentially cover 100 districts in 7 States of Andhra Pradesh, Bihar, Gujarat, Maharashtra, Madhya Pradesh, Orissa and Rajasthan as well as 19 towns/cities having high endemicity of malaria has been negotiated where a number of new strategies have been included. The Project also seeks to improve the systems for surveillance and reporting and building community awareness throughout the country.

GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH
AND FAMILY WELFARE

STARRED QUESTION NO.223

TO BE ANSWERED ON THE 7TH AUGUST, 1997

PROGRAMMES LAUNCHED ON THE WORLD HEALTH DAY

*223. SHRI IQBAL SINGH:

Will the PRIME MINISTER be pleased to state:

- (a) whether the World Health Day was observed in the country on the 7th April, 1997;
- (b) if so, the details of the programmes and schemes being implemented in the country for the public; and
- (c) what steps are being taken or are proposed to be taken by Government to prevent the dangerous diseases like cholera, dengue, malaria, AIDS, TB, cancer etc?

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a)to(c): A statement is laid on the table of the House.

Statement referred to in reply to Rajya Sabha Starred Question No. 223 for answer on 7.8.1997.

IN (a)&(b) : The World Health Day was observed in the country on 7th April, 1997. The theme for the current year was "Emerging Infectious Diseases - Global Alert, Global Response". A number of programmes were arranged which included:-

1. Organization of a public seminar on emerging infectious diseases by the National Institute of Communicable Diseases.
2. Organization of an exhibition by the Central Health Education Bureau.
3. Organization of a Health Check Camp at Central Health Education Bureau . A drama was also staged to focus attention of the viewers on issues relating to emerging infections.
4. Circulation of a backgrounder on the theme of the World Health Day, to mark the occasion.
5. Release of Special issues of Swasthya Hind and Arogya Sandesh, giving full information about the emerging infectious diseases for the professionals and the community.
6. Release of full page advertisements in all the Newspapers giving messages from Hon'ble Prime Minister, Hon'ble Minister of State for Health and Family Welfare, Secretary (Health) and Director General of Health Services.
7. Organization of Radio and T.V. talks and special messages given by Hon'ble Minister of State for Health and Family Welfare on T.V.

The State Governments were also requested to organise similar programmes.

There are currently ten major National Health Programmes under implementation in the country which seek to prevent, control / eradicate communicable diseases like Malaria, Filariasis, T.B., Leprosy, AIDS and also non communicable diseases like Blindness, Iodine Deficiency Disorders, Mental Health, Cancer etc. The National Family Welfare Programmes have also been under implementation, since 1951 with a view to stabilize the population and they have been augmented to give a focus to reproductive and child health needs.

(c): The National Programmes for Malaria, AIDS, T.B. and Cancer are being implemented according to their approved pattern of assistance.

Malaria:- A The budget for Malaria has been increased and external aid has been availed of to be able to improve vector control measures, build up awareness, promote personal protection and involve the community.

Tuberculosis:- A Tuberculosis control project envisaging Directly Observed Short Course Chemotherapy (DOTS) covering a population of 271 million in 102 districts has been launched in March, 1997. The project is assisted by the World Bank. Government has also approved the change in the funding policies for

the Tuberculosis. Programme and for the first time the programme will fund 100% supply of drugs to the States. This is a major step which will help maintain uniform supply of Tuberculosis drugs in the endemic areas of the country.

AIDS :-

For surveillance of HIV infection, HIV testing facilities exist in 62 Surveillance centres all over the country. 55 Sentinel sites are attached to these centres to monitor the trend of HIV infection among various high risk groups of population. The establishment of 154 Zonal Blood Testing Centres, modernization of 815 Blood Banks, establishment of 40 Blood Component Separation Facilities and promotion of voluntary blood donation have been given a thrust. In addition 504 STD Clinics have been strengthened and training of doctors and laboratory technicians on a wide scale has also been undertaken.

Cancer :-

The following important initiatives are being continued to give an impetus to cancer control activities :-

1. Augmentation of Regional Cancer Centres.

2. Development of Oncology Wings in the medical colleges.
3. Installation of Cobalt-60 teletherapy equipment.
4. Implementation of District Cancer Control Projects.

Cholera and Dengue are seasonal diseases and the control of the same is a public health responsibility discharged by the State Governments. The Central Government gives them guidelines on the control and management of diseases and alerts them about important measures that need to be taken on a location specific basis.

TO BE ANSWERED ON THE 7TH AUGUST, 1997

AIDS PATIENTS IN THE COUNTRY

1762. PROF. VIJAY KUMAR MALHOTRA:

Will the PRIME MINISTER be pleased to state:

- (a) what is the number of AIDS patients in the country;
- (b) what would be their estimated number by 2000 A.D; and
- (c) the steps being taken by Government to check the fury of AIDS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) As on 30th June, 1997, 4725 AIDS cases have been reported to National AIDS Control Organisation.
- (b) There are about 65,200 HIV positive cases reported in the country. Some of them would turn into AIDS cases by 2000 A.D.
- (c) In order to prevent and control the spread HIV/AIDS in India, a comprehensive programme is currently under implementation as a Centrally sponsored scheme through out the country.
The strategies of the programme consist of
 - i) Strengthening Programme Management capabilities at Central and State level,
 - ii) Creation of awareness amongst high risk behaviour group and general public about HIV/AIDS,
 - iii) Control of Sexually Transmitted Diseases,

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- iv) Ensure Blood Safety and rational use of Blood,
- v) Strengthen the surveillance and Diagnosis ,
- vi) Clinical Management of HIV/AIDS cases.

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GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 1750

TO BE ANSWERED ON THE 7TH AUGUST, 1997

WHO FIGURES OF AIDS PATIENTS IN INDIA

1750.

DR. MOHAN BABU:

SHRI IQBAL SINGH:

SHRIMATI JAYANTI PATNAIK:

SHRI NARENDRA MOHAN:

Will the PRIME MINISTER be pleased to state:

- (a) whether World Bank and other international agencies, have warned that India might soon become home to largest number of AIDS patients in world and sought to have an "Emergency Action Plan" before it assumes epidemic proportions;
- (b) whether WHO has given exaggerated figures of three to five million of HIV/AIDS cases in India;
- (c) if so, what are the correct figures, State-wise;
- (d) the steps proposed to control AIDS;
- (e) whether Government propose an advertising campaign, stressing preventive methods against this disease; and
- (f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) No, Sir. The UNAIDS is only publishing a Fact sheet from time to time providing information on global estimates of HIV/AIDS problem as well as continent wise magnitude of the problem.

(b) The WHO figures are broad estimates and are not based on statistical sampling.

(c) The Government of India had constituted an expert group on HIV estimates under the Chairmanship of Dr.S.P.Tripathy, ex-Director General, Indian Council of Medical Research to examine and submit recommendations. The reported figures for HIV positives/AIDS State-wise is enclosed.

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(d) In order to prevent and control the spread of HIV/AIDS in India, a comprehensive programme is currently under implementation as a centrally sponsored scheme throughout the country. The strategies of the programme consist of

- (i) Strengthening of programme management capabilities at Central and State level,
- (ii) Creation of awareness amongst High risk behaviour group and general public about HIV/AIDS,
- (iii) Control of Sexually Transmitted Diseases,
- (iv) Ensure Blood Safety and rational use of blood,
- (v) Strengthen the surveillance, and
- (vi) Diagnosis of Clinical management of HIV/AIDS cases.

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(e) & (f) Yes, Sir. The Government has launched a multi media campaign through the media units of the Ministry of Information and Broadcasting to create awareness for the prevention of HIV/AIDS.

IN
In addition, a private advertising agency has been contracted to prepare publicity material which is being used in the print and the electronic media.

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Rajya Sabha U. S. & No. 1750 for 7-8-97

SERO-SURVEILLANCE FOR HIV INFECTION

Period of report upto: 30th June, 1997 (provisional)

S.No.	NAME	SCREENED	POSITIVE	Sero positivity rate (Per thousand)
1.	Andhra Pradesh	73275	693	9.46
2.	Assam	12716	169	13.29
3.	Arunachal Pradesh	485	0	0.00
4.	Andaman & Nicobar Island (U.T)	10588	89	8.41
5.	Bihar	8790	24	2.73
6.	Chandigarh } (U.T)	55104	184	3.34
7.	Punjab }	1488	65	43.68
8.	Delhi	314213	1244	3.96
9.	Daman & Diu (U.T)	250	8	32.00
10.	Dadra & Nagar Haveli (U.T)	160	1	6.25
11.	Goa	51689	1215	19.70
12.	Gujarat	374078	607	1.62
13.	Haryana	135952	244	1.79
14.	Himachal Pradesh	13851	92	6.64
15.	Jammu & Kashmir	8931	40	4.45
16.	Karnataka	372602	3134	8.41
17.	Kerala	44547	215	4.83
18.	Lakshadweep (U.T)	755	7	9.27
19.	Madhya Pradesh	93062	390	4.19
20.	Maharashtra	370897	37841	102.03
21.	Manipur	28128	4807	170.90
22.	Mizoram	24838	83	3.34
23.	Meghalaya	14070	57	4.05
24.	Nagaland	7011	389	55.48
25.	Orissa	81573	201	2.46
26.	Pondicherry (U.T)	76370	2406	31.50
27.	Rajasthan	21014	234	11.14
28.	Sikkim	187	3	16.04
29.	Tamil Nadu	687934	9660	14.04
30.	Tripura	4234	2	0.47
31.	Uttar Pradesh	75545	529	7.00
32.	West Bengal	157083	567	3.61
Total		3131470	65200	20.82

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NATIONAL AIDS CONTROL PROGRAMME, INDIA
AIDS CASES IN INDIA (Reported to NACO)
(As on 30th June, 1997)

S.No.	STATE/UNION TERRITORY	AIDS CASES
1.	Andhra Pradesh	27
2.	Assam	10
3.	Arunachal Pradesh	0
4.	Andaman & Nicobar Island	0
5.	Bihar	2
6.	Chandigarh (U.T)	100
7.	Punjab	
8.	Delhi	
9.	Daman & Diu (U.T)	125
10.	Dadra & Nagar Haveli (U.T)	1
11.	Goa	0
12.	Gujarat	42
13.	Haryana	133
14.	Himachal Pradesh	1
15.	Jammu & Kashmir	9
16.	Karnataka	2
17.	Kerala	92
18.	Lakshadweep (U.T)	105
19.	Madhya Pradesh	0
20.	Maharashtra	119
21.	Manipur	2340
22.	Mizoram	270
23.	Meghalaya	5
24.	Nagaland	7
25.	Orissa	4
26.	Pondicherry (U.T)	2
27.	Rajasthan	120
28.	Sikkim	54
29.	Tamil Nadu	1
30.	Tripura	225
31.	Uttar Pradesh	0
32.	West Bengal	112
		57
	Total	4725

TO BE ANSWERED ON THE 7TH AUGUST, 1997

FULL-BLOWN CASES OF AIDS

1740. DR. ALLADI P. RAJKUMAR:

Will the PRIME MINISTER be pleased to state:

- (a) whether some 3551 full-blown cases of AIDS have been reported in the country till the end of May, 1997 ever since the dreaded disease first struck in 1986;
- (b) whether it is a fact that 89% of the AIDS patients were in the economically productive age group of 15 to 45; and
- (c) if so, the steps being taken to check the further spread of this disease among the general population?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): Yes, Sir.

(b): Yes, Sir.

(c): In order to prevent and control the spread of HIV/AIDS in India, a comprehensive programme is currently under implementation as a centrally sponsored scheme throughout the country. The strategies of the programme consist of i) Strengthening Programme Management capabilities at Central & State level, ii) Creation of awareness amongst high risk behaviour group and general public about HIV/AIDS, iii) Control of Sexually Transmitted Diseases, iv) Ensure Blood Safety and rational use of Blood, v) Strengthen the surveillance and Diagnosis & vi) Clinical Management of HIV/AIDS cases.

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND
FAMILY WELFARE

RAJYA SABHA

UNSTARRED QUESTION No. 1765

TO BE ANSWERED ON THE 7TH AUGUST, 1997

LACK OF FOCUS ON AIDS BY NACO

1765.

SHRI YETU. NARAYANASWAMY:

Will the PRIME MINISTER be pleased to state:

- (a) whether it is a fact that NACO has not spent funds in a sustained and orderly manner during the last three years;
- (b) whether it is also a fact that AIDS control has been ignored during the same period;
- (c) what are the reasons for lack of focus on AIDS;
- (d) whether Government are laying new emphasis and focus on the AIDS control programme in the country; and
- (e) if so, details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) No, Sir.
- (b) No, Sir.
- (c) Does not arise.
- (d)&(e) The expenditure on the implementation of the scheme since its commencement in 1992-93 has increased steadily as per following details :

1992-93	Rs.29.41 crores
1993-94	Rs.32.74 crores

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1994-95	Rs.44.00 crores
1995-96	Rs.53.40 crores
1996-97	Rs.114.41 crores.

The National AIDS Control Project which consists of the following components has made reasonable progress :-

- a) Strengthening the management capacity for HIV control;
- b) Promoting awareness and community support;
- c) Improving the Blood Safety and its rational use;
- d) Building Surveillance and clinical Management Capacity; and
- e) Controlling Sexually Transmitted Diseases.

An infrastructure for Prevention and Control activities has been established in the country; awareness programme has been launched with help of Doordarshan, Radio and Advertising Campaigns; 504 STD Clinics have been equipped; 815 Blood Banks have been taken up for modernisation; National and State Blood Transfusion Councils have been established; Surveillance activities with the help of 62 Surveillance Centres and 55 Sentinel Sites are being monitored and all the States are participating in the implementation of the approved scheme.

All this goes to show that the AIDS Control Programme is properly focussed to address the problem in its various aspects.

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GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 1772

TO BE ANSWERED ON THE 7TH AUGUST, 1997

COMPULSORY ADMINISTRATION OF ENERGERIX B VACCINE

1772. SHRI SANKU DILMIA:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government propose to make compulsory administration of the Energerix B Vaccine for children;
- (b) whether any specific age group of children or any vulnerable area is intended to be covered first;
- (c) if so, the details thereof; and
- (d) the reasons for not bringing the vaccine under the Universal Immunisation Programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) No, Sir.
- (b) & (c) Do not arise.
- (d) No complete epidemiological data on Hepatitis B carrier rate is in our country. The current high cost of the vaccine and the existence of other priority health problems are the main reasons for not including Hepatitis B vaccine at present in the Immunization Programme.

TO BE ANSWERED ON THE 7TH AUGUST, 1997

PRESENCE OF HIV IN THE DONATED BLOOD SAMPLES

1761. SHRI RAJUBHAI. PARMAR:

SHRI SUSHILKUMAR SAMBHAJI RAO SHINDE:

SHRIMATI VEENA VERMA:

Will the PRIME MINISTER be pleased to state:

- (a) whether it is a fact that one of the main causes of spread of AIDS is the transfusion of HIV-infected blood;
- (b) if so, how far the blood banks are still to be equipped to rule out the presence of HIV in blood samples donated and transfused, State-wise, indicating the number of blood banks, hospitals and nursing homes not so equipped; and
- (c) the plan of action, if any, to appropriately equip these blood banks, hospitals and nursing homes for the purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) As per reports available, the cases of Human Immuno-deficiency Virus (HIV) transmission by the transfusion of blood and blood products accounts for only about 6-8 per cent of total cases in the country.

(b) & (c): Under the modernisation of blood banks in Blood Safety component of the National AIDS Control Programme, prior to 1992-93, 138 blood banks were given cash assistance for procurement of equipments, 378 blood banks were equipped so far and 299 blood banks are in the process of being equipped. 154 Zonal Blood Testing Centres have been established and 815 blood banks are provided cash and commodity assistance as a part of modernisation. All the blood banks have been supplied with HIV test kits for HIV testing.

GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 1760

TO BE ANSWERED ON THE 7TH AUGUST, 1997

EDUCATION REGARDING PREVENTION OF AIDS

1760. SHRI RAJUBHAIA PARMAR:

SHRI SUSHILKUMAR SAMBHARJINGO SHINDE:

SHRIMATI VEENA VERMA:

Will the PRIME MINISTER be pleased to state:

(a) whether education regarding dangers, about the ways to avoid and prevent spread of AIDS at a specific age (Adolescence) is one of the most effective means for preventing and containing AIDS; and

(b) if so, what steps have been taken, so far, to impart such education at a proper stage?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) & (b): Yes, Sir. The Government is promoting AIDS Education in Schools. Eighteen states/Union Territories are implementing pilot projects on AIDS Education in Secondary Schools through the State Councils of Educational Research and Training. Besides, various State Governments are training teachers and informally conducting AIDS awareness activities for school students. National AIDS Control Organisation has also taken awareness generation activities for University students through the Universities Talk AIDS programme and the National Social Service. Non Governmental Organisations have also been supported for awareness programme in Colleges and Universities.

GOVERNMENT OF INDIA

R. JY. SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 1739

TO BE ANSWERED ON THE 7TH AUGUST, 1997

THREATENED OUTBREAK OF JAPANESE ENCEPHALITIS

1739. SHRI KRISHNA KUMAR BIRLA:

Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware that according to the scientists of the National Institute of Communicable Diseases, the river Yamuna has become a fertile breeding ground for mosquitoes, threatening the outbreak of the dreaded Japanese Encephalitis; and

(b) if so, what is Government's reaction with regard thereto, stating the measures contemplated to check the outbreak of such a disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

C- (a) to (b): According to studies carried out by the National Institute of Communicable Diseases (NICD), the riverine belt of Yamuna river is congenial for breeding of mosquitoes and vectors for Japanese Encephalitis. In view of limited population of pigs, the amplifier host, the chances of outbreak of Japanese Encephalitis are minimal. However, the Government of NCT of Delhi and Uttar Pradesh have undertaken steps to clear the vegetations, anti-larval operations including desilting and cleaning operations in the riverine belts of the Yamuna to eliminate breeding grounds of the vectors. In addition, Directorate of National Malaria Eradication Programme has been imparting training to entomologists of NCT and local authorities of U.P. Government who are fighting this menace in the Yamuna region.

GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 1732

TO BE ANSWERED ON THE 7TH AUGUST, 1997

RESEARCH CENTRES IN BIHAR TO ERADICATE KALA-AZAR AND LEPROSY

1732. SHRI S.S. AILUWALIA:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government propose to open a big hospital and research centre in Bihar in order to eradicate "Kala-azar" and leprosy;
- (b) if so, the details thereof; and
- (c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) to (c): No, Sir.

The Rajender Memorial Research Institute, a Research Centre and Hospital under the Indian Council of Medical Research (ICMR) is already functioning at Patna with Kala-azar as a major thrust. There is presently no proposal to open a big Hospital and Research Centre for Kala-azar in Bihar by the Central Government. Under the National Leprosy Eradication Programme, domicilliary treatment is encouraged and only patients having complications and ulcers are admitted in Temporary Hospitalisation Wards. The District Leprosy Societies have been formed in all the districts of Bihar and adequate funds have been provided to all the District Leprosy Societies for free treatment of all the leprosy patients. In 17 districts of the State, separate leprosy field staff have been sanctioned and in 22 districts of Bihar Mobile Leprosy Treatment (MDT) Centres have been sanctioned for providing Multi Drugs Therapy Services to the patients with the help of general health care staff.

TO BE ANSWERED ON THE 7TH AUGUST, 1997

MAKING OF THE HEPATITIS-C SCREENING MANDATORY

*240. SHRIMATI URMILABEN CHIMANBHAI PATEL:

Will the PRIME MINISTER be pleased to state:

(a) whether Government have issued notification making the Hepatitis-C screening mandatory from 1st of July, 1997;

(b) whether Government had adequate stock of kits for supplying to all the Central, State and other NGOs who are maintaining blood banks in the country before issue of the notification;

(c) if so, the details thereof and its distribution for ensuring the safety of the blood by these agencies, State-wise; and

(d) if not, what further steps Government propose to take in this direction?

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) No, Sir.

(b)&(c): Do not arise.

(d) The possibility of inclusion of Hepatitis-C testing in blood requires an indepth deliberation among Blood Transfusion Officers, Technologists and Administrators to have a technological analysis and to work out a time frame before adopting this test as mandatory. Till that time the HCV testing will remain voluntary.

RAJYA SABHA

UNSTARRED QUESTION NO: 77.

(TO BE ANSWERED ON THE 23RD JULY, 1997)

DEATH OF TIHAR INMATES DUE TO TB

77. SHRI MD. SALIM:

Will the Minister of HOME AFFAIRS गृह मंत्री
be pleased to state:

(a) the number of inmates died of tuberculosis (TB) in Tihar Jail during the last 5 years; and

(b) what is Government's reaction thereto?

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गृह मंत्रालय में राज्य मंत्री श्री मो. मकबूल दर

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS
(SHRI MOHD. MAQBOOL DAR)

(a):— The number of persons who died of tuberculosis in Tihar Jail during the last 5 years is given below:

<u>Year</u>	<u>Number of Prisoners who died of tuberculosis.</u>
1992	6
1993	6
1994	8
1995	12
1996	4

(b):— The Government is fully alive to the need for providing adequate health care to the Jail inmates including those suffering from tuberculosis (TB). Steps taken by the Jail authorities to provide proper medical help include, inter-alia, initial medical examination of the prisoner in detail to detect illness at first point to ensure immediate medical treatment; declaring Tihar Jail as 'no smoking zone'; segregation of inmates suffering from tuberculosis (TB) and provision of a separate tuberculosis ward in Tihar Jail Hospital where such prisoners get regular and specialised treatment.

GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 210

TO BE ANSWERED ON THE 24TH JULY, 1997

OUTBREAK OF T.B. IN THE COUNTRY

210. SRI RAJNATH SINGH SURYA:

SRI SANJAY NIRUPAM:

Will the PRIME MINISTER be pleased to state:

- (a) whether it is a fact that there has been an outbreak of T.B. in some parts of the country, particularly in Delhi;
- (b) if so, the reasons therefor;
- (c) the reasons for which this silent killer is increasing fast, despite steep increase in the funds for T.B. Eradication Programme, 90 crores this year; and
- (d) the details of the emergency plan, the Government have, if any?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): No, Sir.

(b), (c) & (d): Do not arise.

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 213

TO BE ANSWERED ON THE 24TH JULY, 1997SURVEY OF HIV/AIDS INCIDENCE IN NORTH-EAST213. DR. B.B. DUTTA:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government have conducted any survey regarding rising incidence of HIV/AIDS in the North-Eastern States;
- (b) if so, the details thereof; and
- (c) the steps being taken by Government to check its spread?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(SMT. RENUKA CHOWDHURY)

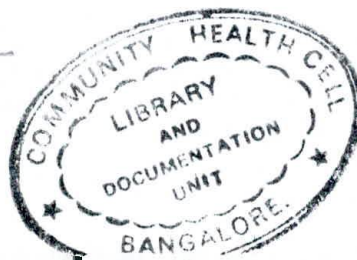
(a) & (b): Yes, Sir. The North-Eastern states are included in the surveillance activity for HIV infection. As on 30th June, 1997 the details of HIV positives and AIDS cases (cumulative since 1986) in the states are as follows:-

S.No.	Name of State	HIV Positive	AIDS cases
1.	Manipur	4807	276
2.	Meghalaya	57	7
3.	Nagaland	389	4
4.	Arunachal Pradesh	Nil	Nil
5.	Assam	169	10
6.	Mizoram	83	5
7.	Tripura	2	Nil

(c): In order to prevent and control spread of HIV/AIDS in India comprehensive programme is currently under implementation as a Centrally Sponsored Scheme throughout the country. The strategies of the programme consist of creation of awareness amongst high risk behaviour group & general public about HIV/AIDS, Control of Sexually Transmitted Diseases, Blood Safety and rational use of blood, surveillance, diagnosis and clinical management of HIV/AIDS cases.

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TO BE ANSWERED ON THE 31ST JULY, 1997

REVIEW OF ANTI-AIDS SCHEME

998. DR. P.B. DUTTA:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government have any proposal to review the anti-AIDS schemes to make a better job of preventing transmission of the dreaded disease;
- (b) if so, the details in this regard;
- (c) whether Government are also seeking assistance from the World Bank and technical assistance from World Health Organisation to target prevention of AIDS among children;
- (d) if so, the details thereof; and
- (e) the role of non-Governmental organisations in implementing various welfare programmes among street children, to integrate AIDS-STD prevention?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) & (b): Yes, Sir. The Scheme for the Prevention and Control of AIDS in India with assistance from World Bank has been under implementation since September, 1992. The implementation of the Scheme is reviewed by World Bank/WHO as well as senior functionaries of Central and State Governments from time to time. These efforts are aimed at improving the implementation of the Scheme which aims at Prevention and Control of AIDS in India.

(c) & (d): Assistance from World Bank or technical assistance from WHO has not been sought specifically for targetting the prevention of AIDS among the children, but the Government

11/11

have taken the following steps in this direction:

(i) Giving safe and HIV free blood to all Thalassemic and haemophilic children, which is going on satisfactorily.

(ii) A Pilot project is being contemplated by Government to give zidovudine (AZT) to all pregnant mothers having HIV infection which is an approved mode of treatment.

(e) The non-Governmental organisations have a very significant role to play in the Nation's efforts to prevent the spread of HIV/AIDS infection. The thrust of the programme has been to create "awareness" about the danger of the HIV/AIDS infection and the steps to be taken for safeguarding oneself from the infection.

UNSTARRED

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 962

TO BE ANSWERED ON THE 31ST JULY, 1997

ACTION PLAN FOR AIDS CONTROL IN THE NORTH-EASTERN STATES

962. SMT. S.M. KRISHNA:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government are aware of the sharp increase in AIDS cases in certain States, particularly in the North-eastern parts of the country; if so, the number of AIDS cases detected/reported during the last three years, from the North-eastern States, State-wise and year-wise;
- (b) whether Governments of North-eastern States have requested the Central Government for a helping hand to arrest the increase in such cases; if so, the details thereof;
- (c) whether Government propose to initiate a separate concrete action plan for arresting the spread of this deadly disease in the North-eastern States; and
- (d) what action Government have taken for creating awareness amongst the people involved in immoral traffic in the red light areas of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) Yes, Sir. The State-wise, year-wise AIDS cases detected/reported during the last three years are as follows:

S.No.	Name of State	1994	1995	1996
1.	Assam	1	8	--
2.	Arunachal Pradesh	--	--	--
3.	Manipur	46	31	55
4.	Mizoram	--	--	--
5.	Meghalaya	--	--	--
6.	Nagaland	--	4	--
7.	Tripura	--	--	--

Contd..2.,

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(b) & (c): In order to prevent and control spread of AIDS in India, comprehensive programme is currently under implementation as 100% Centrally Sponsored Scheme throughout the country. The strategies of the programme consist of creation of awareness amongst high risk behaviour group and general public about AIDS, control of Sexually Transmitted Diseases, Blood Safety and rational use of blood, Surveillance, diagnosis and clinical management of AIDS cases.

(d): The Government of India, Ministry of Health and Family Welfare and the State Health Departments encourage the non Governmental Organisations and local bodies to take up integrated intervention projects in the red light areas. Such projects are being implemented in Mumbai, Calcutta, Chennai and Delhi.

GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH
AND FAMILY WELFARE

STARRED QUESTION NO. 135

TO BE ANSWERED ON THE 31ST JULY, 1997

TB VACCINE DEVELOPED BY PGI, CHANDIGARH

*135. DR. MOHAN BABU:

Will the PRIME MINISTER be pleased to state:

(a) whether a TB vaccine has been developed in the Post Graduate Institute of Medical Education and Research, Chandigarh; and

(b) if so, the details thereof and the measures taken to produce it on a mass scale to contain TB menace in the country?

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) No, Sir.

(b) Does not arise.

TO BE ANSWERED ON THE 31ST JULY, 1997

T.B. PATIENTS IN TAMIL NADU

*131. SHRI N. THALAVAI SUNDARAM:

Will the PRIME MINISTER be pleased to state:

- (a) the number of people suffering from T.B. in the rural as well as urban areas of Tamil Nadu;
- (b) whether the Central and State Government propose to launch a programme in 1997-98 to protect the State from T.B.; and
- (c) whether any amount has been allocated to the State in this regard during current financial year?

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

I (a) It is estimated that about 8.27 lakhs people are suffering from TB in Tamil Nadu.

The reports of case detection are submitted by the District TB Centres which cover both urban and rural population. Ratio of distribution of cases is almost the same both in urban and rural areas of Tamil Nadu.

R (b) The National Tuberculosis Control Programme was implemented in all the States including the State of Tamil Nadu from 1962. Free of cost diagnostic and treatment facilities (including free supply of anti-TB drugs) are provided to the TB patients. Out of 23 districts of the State of Tamil Nadu,

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District TB Centres are functioning in 19 districts. In 17 districts Short Course Chemotherapy (SCC) has been introduced since 1983.

Revised National Tuberculosis Control Programme Phase-III was launched on 26th March, 1997 and is proposed to be implemented in 6 districts (Madras city, South Arcot, Dharmapuri, Salem, Thanjavur and V.O. Chindambaranar) of Tamil Nadu covering a population of 168.60 lakh under the World Bank assisted project. Another 12 SCC districts are proposed to be suitably strengthened by providing training and binocular microscopes for adopting revised strategy at later stage.

(c) During the current financial year, Rs.452 lakhs has been allocated to Tamil Nadu.

TO BE ANSWERED ON THE 31ST JULY, 1997

SPREAD OF HEPATITIS-B IN THE COUNTRY

982. SHRI JANAKDHANA POOJARY:

SHRI IOBAL SINGH:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government's attention has been drawn to the article published in India Today, dated the 30th June, 1997, under the caption 'Hepatitis-B killer on the prowl, more infectious than HIV, the hepatitis virus is taking a growing toll in India';
- (b) if so, whether Government are taking any steps to fight this menace; if so, the details thereof; and
- (c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): Yes, Sir.

R (b): The following steps have been taken for prevention and control of Hepatitis-B infection:

- 1) It is mandatory to screen all blood donations for Hepatitis-B virus before transfusion.
- 2) States and Union Territories have been advised to take preventive measures and immunize hospital workers.
- 3) Efforts are being made to promote safe sex behaviour under the National AIDS Control Programme. The routes of transmission for both diseases are the same.
- 4) Provision of separate syringe and separate needle for each vaccination under the Universal Immunisation Programme.

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- 5) It has been decided to immunize hospital workers of Central Government Hospitals against Hepatitis-B.
 - 6) Guidelines have been issued for the use of a separate sterile syringe and needle for each injection.
 - 7) Health Education.
- (c): Does not arise.

GOVERNMENT OF INDIA

RAJYASABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 993

TO BE ANSWERED ON THE 31ST JULY, 1997

INCREASE IN T.B. CASES

993. SHRI RAHASBIHARI BARIK:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government are aware of the increase in the incidence of Tuberculosis (T.B.) in the country;
- (b) whether the disease is spreading in the tribal and mining areas in Orissa, Bihar and Madhya Pradesh; and
- (c) if so, the steps taken to provide proper treatment for this disease and to eradicate it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a): There has been no reported increase in the incidence of tuberculosis in the country.
- (b)&(c): There is no report of the disease spreading in tribal and mining areas of Orissa, Bihar and Madhya Pradesh.

TO BE ANSWERED ON THE 31ST JULY, 1997

DEATHS CAUSED BY EPIDEMICS

983. SHRI YERRA NARAYANASWAMY:

Will the PRIME MINISTER be pleased to state;

- (a) whether any priority has been accorded by Government to prevent deaths caused by epidemics and afflictions like plague, malaria and dengue;
- (b) whether there is any overall strategy to study and tackle such serious health hazards;
- (c) if so, when was the strategy developed; and
- (d) the details of funds allocated to implement this nation-wide, anti-mass casualties and afflictions?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) Yes, Sir.
- (b) A National Apical Advisory Committee has been constituted under the Chairmanship of Union Health Secretary to formulate a nation-wide disease surveillance network. The action points envisaged under the disease surveillance scheme are collection and flow of information, strengthening of laboratory diagnostic services, networking of centres and continuous monitoring of disease prevalence.
- (c) The strategy for establishing a national disease surveillance system was initiated in 1994-95.
- (d) Rs.3.00 crore have been allocated for disease surveillance during 1997-98.

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GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 994

TO BE ANSWERED ON THE 31ST JULY, 1997

INDIGENOUS DRUG FORMULATION FOR TREATMENT OF KALA AZAR

994.

SRI AKHILESH DAS:

Will the PRIME MINISTER be pleased to state:

- (a) whether it is a fact that a new drug formulation has been made in the country for the first time by an Indian company for the treatment of Kala Azar;
- (b) whether this drug formulation has successfully completed trials, to test its safety, toxicity and effectiveness and other necessary tests; and
- (c) by when this drug formulation is likely to be made available in the market?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- IN* (a) Yes, Sir. A new drug delivery system on the liposome based formulation of an old antifungal, anti-leishmanial drug amphotericin B, has been developed for the first time at Liposomal Research Centre (LRC) in the Department of Bio-chemistry, University of Delhi.
- (b) The drug liposomal amphotericin B has undergone successful limited phase-I and phase-II clinical trial of safety and efficacy in human beings and is presently undergoing phase-III clinical trial of safety and efficacy in human being against visceral leishmaniasis (Kala-azar) at Patna Medical College, Patna and at Seth G.S. Medical College and KEM Hospital, Parel, Mumbai.

.....2/-

(c) The availability of the drug in the market will depend upon the evaluation of results of phase-III clinical trial by Drugs Controller General (India) and Department of Biotechnology and the transfer of Technology for commercial manufacture of the formulation by NRDC.

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GOVERNMENT OF INDIA,

R. JYA SABHA.

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 991

TO BE ANSWERED ON THE 31ST JULY, 1997

ERADICATION OF MALARIA

991. SHRI VED PRAKASH P. GOYAL:

Will the PRIME MINISTER be pleased to state:

- (a) whether it is a fact that after initial successes, India is now unable to get the upper hand in malaria control and over the past decade or so, the number of malaria cases has remained unchanged, with the addition of P. falciparum Malaria, as per a report in I.C.M.R. Bulletin of January, 1997;
- (b) if so, what are the various types of malaria;
- (c) what are the various reasons for its spread in the country; and
- (d) in what manner Government propose to wipe out this disease from the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) There was resurgence of malaria in the early 70s and a Modified Plan of Operations (MPO) was launched in 1977 to tackle the situation. With the implementation of MPO, the incidence of Malaria in the country has been brought down to 2 million cases in/ recorded in 1976. Since then the malaria incidence has been contained around 2 but less than 3 million cases annually. In recent years the incidence of P. falciparum malaria has shown an increasing trend.

(b) There are mainly two types of malarial parasites causing human malaria. These are (1) Plasmodium vivax and (2) Plasmodium falciparum.

1984 as against 6.47 million cases

...2/-

Apart from these, another malarial parasite 'P.malariae' is also found in some parts of Orissa. Other human malarial parasite P.ovale is found in Africa.

(c) Increase in malaria cases is mainly due to vector resistance to insecticides, parasite resistance to drugs like Chloroquine, poor spray coverage, inadequate surveillance, delay in diagnosis and treatment of cases, inadequate facilities for management of severe and complicated cases, poor environmental and sanitation conditions.

(d) The following steps have been undertaken to effectively control Malaria in the country under National Malaria Eradication Programme (NMEP) :-

- 100% Central assistance is being provided to the 7 North Eastern States since December, 1994.
- Early diagnosis and prompt treatment of Malaria cases through Primary Health Care system, Hospitals, Dispensaries, Malaria Clinics etc. and Drug Distribution Centres, Fever Treatment Depots at the village level, is undertaken by the State Governments.
- Vector control through insecticidal spray in rural areas and anti-larval operations in urban areas as per schedule on the basis of technical assessment.
- Intensification of Information, Education and Communication activities for mobilising active community participation.
- Observance of anti-malaria Month in June every year beginning from June, 1997 to create public awareness about prevention and containment of malaria and other vector borne diseases and to propagate the theme "Malaria Control Everyone's Concern" to make it a people's movement in the country.

-: 2

-: 3 :-

Further, an enhanced Malaria Control Project with World Bank support to cover essentially 100 districts in 7 States of Andhra Pradesh, Bihar, Gujarat, Maharashtra, Madhya Pradesh, Orissa and Rajasthan as well as 19 towns/cities having endemicity of malaria has since been successfully negotiated with the World Bank.

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LOK SABHA

UNSTARRED QUESTION No. 2283

TO BE ANSWERED ON THE 6TH AUGUST, 1997

AIDS TESTING FACILITY

2283. SHRI JAGAT VIR SINGH DRONA:

Will the PRIME MINISTER (प्रधान मंत्री) be pleased to state:

- (a) whether a large number of AIDS patients, most of whom belong to socially and economically lower sections of society, are migrating from Mumbai to Kanpur in Uttar Pradesh thereby causing much concern to the medical administration;
- (b) the names of places where AIDS testing facilities are available in Uttar Pradesh;
- (c) whether there is no AIDS testing facility at Kanpur city;
- (d) if so, whether the Government propose to provide AIDS testing facility in the said city and the time by which this facility is likely to be provided; and
- (e) if not, the reasons therefor?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) to (e): The information is being collected from the State Government of Uttar Pradesh and will be placed on the table of the Lok Sabha.

LOCK S. BH.

UNSTARRED QUESTION No. 2398

TO BE ANSWERED ON THE 6TH AUGUST, 1997

ERADICATION OF POLIO

2398. SHRI K.P. SINGH DEO:

Will the PRIME MINISTER (उपान मंत्री) be pleased to state:

- (a) whether World Health Organisation (WHO) has stressed the need for an effective surveillance system to ensure eradication of polio virus;
- (b) if so, the steps taken by the Government to implement the suggestions of WHO;
- (c) the achievement made in the immunisation of children against Polio in India; and
- (d) the details of programme prepared in this regard for coming years?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- IN (a)&(b): The National Polio Surveillance Project is being launched by the Government of India in collaboration with World Health Organisation during 1997-98 for the effective surveillance of Poliomyelitis.
- (c): The achievements during Pulse Polio Immunization in 1995-96 and 1996-97 are annexed.
- (d): The surveillance of Acute Flaccid Paralysis has been made mandatory. A network of Surveillance Medical Officers is being established throughout the country in collaboration with the World Health Organization for the surveillance of Acute flaccid Paralysis cases. A central project office is being set up in the Ministry of Health and Family Welfare for the National Polio Surveillance Project.

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292

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(L.S. v. S. No. 2398 Jan 6-8-97)

PULSE POLIO IMMUNIZATION

9TH DECEMBER 1995

SL. NO.	STATES	DISTRICTS		TARGET 0-3			COVERAGE 0-3			%	NO. ABOVE 3	TOTAL VACCINATED
		NUMBER	REPORTED	RURAL	URBAN	TOTAL	RURAL	URBAN	TOTAL			
1	ARUNACHAL PRADE	12	12	79580	12617	92197	82496	16377	98873	107.241	9671	108544
2	ANDHRA PRADESH	23	23	1419908	4512220	5932128	1228446	4259509	5487955	92.51242	801796	6289751
3	ASSAM	23	23	1903362	196894	2100256	2047535	169229	2216764	105.5473	220479	2437243
4	BIHAR	39	39			7968000	9315000	802000	10117000	126.9704	536700	10653700
5	CHANDIGARH-UT	1	1	7500	42500	50000	7277	42271	49548	99.096	5785	55333
6	DELHI				1013236	1013236		1080357	1080357	106.6244	151085	1231442
7	D & N HAVELI	1	1	13716		13716	17063		17063	124.4022	507	17570
8	GOA	2	2	45500	26000	71500	43605	24477	68082	95.21958	3788	71870
9	GUJRAT	19	19	2515810	813519	3329329	2523518	771035	3294553	98.95547	287291	3581844
10	HARYANA	16	16	1003268	354274	1357542	1278085	433180	1711265	126.0561	101824	1813089
11	HIMACHAL PRADES	12	12	346936	23447	370383	338270	24906	363176	98.05418	15715	378891
12	JAMMU & KASHMIR	14	14			702616			784880	111.7082	91423	876303
13	KARNATAKA	20	20	2646866	914057	3560923	2596351	819786	3416137	95.93403	183882	3600019
14	KERALA	14	14	1452921	209544	1662465	1523539	209657	1733196	104.2546	219143	1952339
15	LAKSHADWEEP	1	1	4735		4735	4602		4602	97.19113	4771	9373
16	MEGHALAYA	7	7	167964	24938	192902	165926	17432	183358	95.05241	22209	205567
17	MAHARASHTRA	30	30	4537581	2349783	6887364	4464373	2182144	6646517	96.50306	442093	7088610
18	MANIPUR	8	8	128096	17053	145149	159571	20109	179680	123.79	27225	206905
19	MIZORAM	4	4	44539	17270	61809	46246	15569	61815	100.0097	8171	69986
20	MADHYA PRADESH	45	45			6547450			7096178	108.3808	285317	7381495
21	NAGALAND	7	7	80127	19438	99565	68039	17428	85467	85.84041	6371	91838
22	ORISSA	30	30	2384112	303878	2687990	2376745	287630	2664375	99.12146	204589	2868964
23	PUNJAB	14	14	1332716	470522	1803238	1391563	560402	1951965	108.2478	126037	2078002
24	PONDICHARRY	4	4	19443	30082	49525	20780	37492	58272	117.6618	31354	89626
25	RAJASTHAN	31	31	3916679	1007759	4924438	4022625	941048	4963673	100.7967	238245	5201918
26	SIKKIM	4	4	33057	4100	37157	36834	8292	45126	121.4468	5887	51013
27	TAMIL NADU	23	23	2764092	922503	3686595	2677460	948479	3625939	98.35469	2502237	6128176
28	TRIPURA	4	4			208603			229265	109.9049	9349	238614
29	UTTAR PRADESH	66	66	12270793	2162118	14432911	13347185	2457881	15805066	109.5071	1650889	17455955
30	WEST BENGAL	19	19	4808184	842452	5650636	4575138	687209	5262347	93.1284	283589	5545936
31	A & N ISLANDS	1	1			24600			23432	95.25203	1176	24608
32	DAMAN & DIU	2	2			8739			8923	102.1055	234	9157
TOTAL		496	496	43927485	16290204	75677697	54358272	16833899	79334849	104.8325	8478832	87813681

PULSE POLIO IMMUNIZATION

20TH JANUARY 1996

SL. NO.	STATE	DISTRICTS		TARGET 0-3			COVERAGE 0-3			%	NO. ABOVE-3	TOTAL VACCINATED
		NO	RPRTD	RURAL	URBAN	TOTAL	RURAL	URBAN	TOTAL			
1	ARUNACHAL P	12	12	82496	16277	98773	88366	18310	106676	108.0012	10902	117578
2	ANDHRA PRAD	23	23	4512220	1419908	5932128	4657550	1471611	6129161	103.3215	734673	6863834
3	ASSAM	23	23	1912893	196894	2109787	2047535	169505	2217040	105.0836	220487	2437527
4	BIHAR	39	39			7968000			11466000	143.9006	557000	12023000
5	CHANDIGARH-	1	1	7500	42500	50000	8156	51983	60139	120.278	9011	69150
6	DELHI			0	1081321	1081321	0	1151689	1151689	106.5076	165114	1316803
7	D & N HAVELI	1	1	17063	0	17063	17812	0	17812	104.3896	209	18021
8	GOA	2	2	51200	23000	74200	50072	22558	72630	97.8841	4092	76722
9	GUJRAT	19	19	0	0	3670713	0	0	3715890	101.2307	151523	3867413
10	HARYANA	16	16	1164163	368002	1532165	1442676	431533	1874209	122.3242	99499	1973708
11	HIMACHAL PR	12	12	371698	23247	394945	363444	24938	388382	98.33825	17217	405599
12	JAMMU & KAS	14	14	0	0	729080	0	0	697131	95.6179	102479	799610
13	KARNATAKA	20	20	2763276	1121291	3884567	2904058	1069991	3974049	102.3035	229690	4203739
14	KERALA	14	14	1444627	209544	1654171	1404699	229947	1634646	98.81965	239044	1873690
15	LAKSHADWEE	1	1	4735	0	4735	4548	0	4548	96.05069	400	4948
16	MEGHALAYA	7	7	173357	26423	199780	175171	20041	195212	97.71348	20603	215815
17	MAHARASHTR	30	30	0	0	6776167	0	0	6865263	101.3148	415163	7280426
18	MANIPUR	8	8	147931	17171	165102	168867	21254	190121	115.1537	26338	216459
19	MIZORAM	4	4	44206	15716	59922	46136	15522	61658	102.8971	8461	70119
20	MADHYA PRAD	45	45	0	0	6547450	0	0	7470651	114.1002	192792	7663443
21	NAGALAND	7	7	72776	22474	95250	69509	22014	91523	96.08714	6975	98498
22	ORISSA	30	30	2413691	303884	2717575	2509225	321016	2830241	104.1458	261647	3091888
23	PUNJAB	15	15	1420200	553870	1974070	1480992	619830	2100822	106.4208	152285	2253107
24	PONDICHARRY	4	4	19443	30962	50405	25312	37214	62526	124.0472	37004	99530
25	RAJASTHAN	31	31	3916679	1007759	4924438	4236915	1026742	5263657	106.8885		5263657
26	SIKKIM	4	4	30649	7768	38417	34966	8957	43923	114.3322	6254	50177
27	TAMIL NADU	23	23	0	0	3589710	0	0	3844983	107.1112	2653074	6498057
28	TRIPURA	4	4	216091	11710	227801	221607	12214	233821	102.6427	8918	242739
29	UTTAR PRADE	66	66	12722358	2287714	15010072	14437785	2883151	17320936	115.3954	1586897	18907833
30	WEST BENGAL	19	19	4374101	1051065	5425166	4370843	933819	5304662	97.7788	238646	5543308
31	A & N ISLANDS	1	1	18110	6490	24600	17685	6377	24062	97.81301	2193	26255
32	DAMAN & DIU	1	1	8923	0	8923	9428	0	9428	105.6595	465	9893
TOTAL		496	496	37910386	9844990	77036496	40793357	10570216	85423491	110.887	8159055	93582546

PULSE POLIO IMMUNIZATION

7TH DECEMBER 1996

SL. NO.	STATE	NO.OF DISTT.	DISTT. REPTD	TARGET 0-5			COVERAGE 0-5			%	ABOVE 5	TOTAL VACCINATED
				RURAL	URBAN	TOTAL	RURAL	URBAN	TOTAL			
1.	A & N ISLANDS	2	2	29085	9600	38685	28525	9714	38239	98.85	1423	39662
2.	ANDHRA PR	23	23	6608928	2109625	8718553	7279545	2276175	9555720	109.60	228756	9784476
3.	ARUNACHAL P	13	13	112975	23241	136216	112918	31030	143948	105.68	6014	149962
4.	ASSAM	23	23	2778147	299190	3077337	2607130	276719	2883849	93.71	135745	3019594
5.	BIHAR	43	43	13086000	1361000	14447000	12304000	1322000	13626000	94.32	189000	13815000
6.	CHANDIGARH	1	1	45908	44042	89950	45908	44042	89950	100.00	4247	94197
7.	D & N HAVELI	1	1	23224		23224	24458		24458	105.31		24458
8.	DAMAN & DIU	2	2	7835	5266	13101	8304	5476	13780	105.18	64	13844
9.	DELHI	1	1		1867656	1867656		1867656	1867656	0.00	0	1867656
10.	GOA	2	2	82000	39000	121000	79757	37210	116967	96.67	2236	119203
11.	GUJRAT	19	19	3431462	1279354	4710816	3939816	1343126	5282942	112.14		5282942
12.	HARYANA	17	17	2000609	572584	2573193	2160519	644147	2804666	109.00	35177	2839843
13.	HIMACHAL PR.	12	12	548267	39554	587821	583636	43482	627118	106.69	1901	629019
14.	JAMMU & KAS	14	14	1010344	191581	1201925	1083889	176837	1260726	104.89	47380	1308106
15.	KARNATAKA	20	20	4082562	1872027	5954589	4147016	1857099	6004115	100.83	70790	6074905
16.	KERALA	14	14	2368067	361158	2729225	2240000	347289	2587289	94.80	3496	2590785
17.	LAKSHADWEE	1	1	6820		6820	6820		6820	100.00		6820
18.	MADHYA PR.	45	45	8146519	1601999	9748518	8366055	1668285	10034340	102.93	81480	10115820
19.	MAHARASHTR	29	29	7127004	2231325	9358329	6746286	2115488	8861774	94.69	141664	9003438
20.	MANIPUR	8	8	224586	34973	259559	234979	37467	272446	104.96	10572	283018
21.	MEGHALAYA	7	7	294080	48599	342679	259394	27902	287296	83.84	11902	299198
22.	MIZORAM	4	4	67199	27803	95002	70966	25705	96671	101.76	6650	103321
23.	NAGALAND	7	7	152863	34736	187599	146417	33209	179626	95.75	3640	183266
24.	ORISSA	30	30	3751995	504203	4256198	3735697	498205	4233902	99.48	99534	4333436
25.	PONDICHARRY	4	4	35821	50019	85840	38370	13074	51444	59.93	6403	57847
26.	PUNJAB	17	17	1804642	749914	2554556	1932438	833498	2765936	108.27	131515	2897451
27.	RAJASTHAN	31	31	5253684	1559442	6813126	5531804	1370902	6902706	101.31	85684	6988390
28.	SIKKIM	4	4	53731	8148	61879	59139	9248	68387	110.52	3331	71718
29.	TAMIL NADU	25	25	4774881	1470176	6245057	4531408	1670292	6201700	99.31	164520	6366220
30.	TRIPURA	4	4	325992		325992	305710		305710	93.78	1021	306731
31.	UTTAR PRADE	68	68	17900307	3583162	21483469	18120842	4009419	22130261	103.01	838032	22968293
32.	WEST BENGAL	19	19	7210378	1704009	8914387	6600040	1427412	8027452	90.05	149529	8176981
TOTAL		510	510	93345915	23683386	117029301	93331786	24022108	117353894	100.28	2461706	119815600

INDIA

PULSE POLIO IMMUNIZATION 18TH JANUARY 1997

-4-

SL. NO.	STATE	NO. OF DISTT.	DISTT. REPTD	TARGET 0-5			COVERAGE 0-5			%	NO. ABOVE 5	TOTAL VACCINATED
				RURAL	URBAN	TOTAL	RURAL	URBAN	TOTAL			
1.	A & N ISLANDS	2	2	29085	9600	38685	28536	9941	38477	99.46	2224	40701
2.	ANDHRA PR	23	23	7051140	2133698	9184838	7711266	2489938	10201204	111.07	324044	10525248
3.	ARUNACHAL P	13	13	131141	23586	154727	128038	24396	152434	98.52	6113	158547
4.	ASSAM	23	23	2812736	322323	3135059	3072552	341314	3413866	108.89	180133	3593999
5.	BIHAR	43	43	12929000	1361000	14290000	12798000	1296000	14094000	98.63	227000	14321000
6.	CHANDIGARH	1	1	39359	59380	98739	41771	62957	104728	106.07	5989	110717
7.	D & N HAVELI	1	1	24458		24458	25560		25560	104.51	0	25560
8.	DAMAN & DIU	2	2	8304	5476	13780	9053	5730	14783	107.28	62	14845
9.	DELHI	1	1	0	1790000	1790000	0	1933584	1933584	108.02	0	1933584
10.	GOA	2	2	84000	40000	124000	83438	38797	122235	98.58	2121	124356
11.	GUJRAT	19	19	4610764	224574	4835338	5302778	251465	5554243	114.87	0	5554243
12.	HARYANA	17	17	2000315	570203	2570518	2279296	716278	2995574	116.54	43365	3038939
13.	HIMACHAL PR.	12	12	549554	40278	589832	607693	44688	652381	110.60	1523	653904
14.	JAMMU & KAS	14	14	1022522	191274	1213796	1131397	219353	1350750	111.28	55090	1405840
15.	KARNATAKA	20	20	3959414	1804443	5763857	4250160	1988177	6238337	108.23	120659	6358996
16.	KERALA	14	14	2366878	361312	2728190	2352010	382616	2734626	100.24	15721	2750347
17.	LAKSHADWEE	1	1	7018	0	7018	7036	0	7036	100.26	0	7036
18.	MADHYA PR.	45	45	8250632	1938743	10189375	8132095	2017966	10150061	99.61	66741	10216802
19.	MAHARASHTR	29	29	7190953	2350713	9541666	6864485	2362058	9226543	96.70	173152	9399695
20.	MANIPUR	8	8	259709	36677	296386	281901	40376	322277	108.74	15861	338138
21.	MEGHALAYA	7	7	297378	32973	330351	288275	27096	315371	95.47	12992	328363
22.	MIZORAM	4	4	67242	27803	95045	74575	26737	101312	106.59	7908	109220
23.	NAGALAND	7	7	156885	37195	194080	151174	35862	187036	96.37	3795	190831
24.	ORISSA	30	30	3753594	504985	4258579	3843988	524157	4368145	102.57	105506	4473651
25.	PONDICHARR	4	4	35960	51431	87391	39525	70663	110188	126.09	6646	116834
26.	PUNJAB	17	17	1829805	898836	2728641	2037378	992240	3029618	111.03	149023	3178641
27.	RAJASTHAN	31	31	5173439	1687133	6860572	5923357	1434109	7357466	107.24	88986	7446452
28.	SIKKIM	4	4	55148	8148	63296	60094	9093	69187	109.31	3611	72798
29.	TAMIL NADU	25	25	4494220	1583060	6077280	4884209	1700667	6584876	108.35	127775	6712651
30.	TRIPURA	4	4	315776	19078	334854	320473	20132	340605	101.72	0	340605
31.	UTTAR PRADE	68	68	19479165	3817328	23296493	22739297	4651786	27391083	117.58	1071490	28462573
32.	WEST BENGAL	19	19	7248011	1792490	9040501	6741095	1491112	8232207	91.06	121914	8354121
	TOTAL	510	510	96233605	23723740	119957345	102210505	25209288	127419793	106.22	2939444	130359237

LOK SABHA

UNSTARRED QUESTION No. 2325

TO BE ANSWERED ON THE 6TH AUGUST, 1997

NATIONAL AIDS CO-NTROL PROGRAMME

2325. SHRI G.A. CHARAN REDDY:

Will the PRIME MINISTER (श्रीमान प्रधानमंत्री) be pleased to state:

- (a) whether Andhra Pradesh was included in the National AIDS Control Programme launched at a cost of Rs. 220.60 crores for 1992-97 which came to an end in March this year;
- (b) if so, whether the State Government of Andhra Pradesh has urged the Union Government to continue the said AIDS programme in the State in view of sharp rise in the spread of AIDS disease; and
- (c) if so, the decision taken by the Union Government thereon?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) The National AIDS Control Programme was launched in all the States/UTs in the country including Andhra Pradesh in 1992 for five years with the World Bank credit of US \$ 84 million. The implementation of the Programme was reviewed and based on the recommendations, the programme has been extended upto March, 1999.
- (b) & (c): The State Government of Andhra Pradesh is sending the annual action plan every year for the implementation of the programme and funds are released after examination by National AIDS Control Organisation. The Action Plan for 1997-98 for Andhra Pradesh has since been received and approved by the Union Government.

LOK SABHA

UNSTARRED QUESTION No. 2278

TO BE ANSWERED ON THE 6TH AUGUST, 1997

SCREENING OF AIDS VIRUS

2278. SHRI SATYAGITSINH D. GAEKWAD:

Will the PRIME MINISTER (यशवंत मोरारजी) be pleased to state:

- (a) the extent to which the vulnerable sections of society have been screened in each State and Union Territory separately for presence of AIDS-Virus (HIV) in blood;
- (b) the percentage of these sections still remain to be screened; and
- (c) the details of the Action Plan to screen out these sections indicating the allocation made therefor?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. KENKA CHOWDHURY)

f (a) As on June, 30, 1997, 3131470 samples have been screened for the presence of AIDS-Virus (HIV) in various parts of the country. These samples are mostly from high risk groups of population. The State-wise details of the number of persons screened and found positive for HIV is enclosed.

(b)&(c) The screening of blood for the presence of HIV is an ongoing process and is done on unlinked anonymous basis in 62 Surveillance Centres all over the country. To monitor the trends of HIV infection in High Risk Groups as well as sections of the general population, 55 sentinel sites all over the country have been established.

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(L.S. V. S. Q. No. 2278 for 6-8-97)

SERO-SURVEILLANCE FOR HIV INFECTION

-Period of report upto: 30th June, 1997 (provisional)

S.No.	NAME	SCREENED	POSITIVE	Sero positivity rate (Per thousand)
1.	Andhra Pradesh	73275	693	9.46
2.	Assam	12716	169	13.29
3.	Arunachal Pradesh	485	0	0.00
4.	Andaman & Nicobar Island (U.T)	10588	89	8.41
5.	Bihar	8790	24	2.73
6.	Chandigarh } (U.T)	55104	184	3.34
7.	Punjab }	1488	65	43.68
8.	Delhi	314213	1244	3.96
9.	Daman & Diu (U.T)	250	8	32.00
10.	Dadra & Nagar Haveli (U.T)	160	1	6.25
11.	Goa	61689	1215	19.70
12.	Gujarat	374078	607	1.62
13.	Haryana	135952	244	1.79
14.	Himachal Pradesh	13851	92	6.64
15.	Jammu & Kashmir	8981	40	4.45
16.	Karnataka	372602	3134	8.41
17.	Kerala	44547	215	4.83
18.	Lakshadweep (U.T)	755	7	9.27
19.	Madhya Pradesh	93062	390	4.19
20.	Maharashtra	370897	37841	102.03
21.	Manipur	28128	4807	170.90
22.	Mizoram	24838	83	3.34
23.	Meghalaya	14070	57	4.05
24.	Nagaland	7011	389	55.48
25.	Orissa	81573	201	2.46
26.	Pondicherry (U.T)	76370	2406	31.50
27.	Rajasthan	21014	234	11.14
28.	Sikkim	187	3	16.04
29.	Tamil Nadu	687934	9660	14.04
30.	Tripura	4234	2	0.47
31.	Uttar Pradesh	75545	529	7.00
32.	West Bengal	157083	567	3.61
Total		3131470	65200	20.82

TO BE ANSWERED ON THE 6TH AUGUST, 1997

HELP FROM FRENCH SCIENTISTS

2389. SHRI PRADEEP BHATTACHARYA:

SHRI BHAKTA CHARAN DAS:

SHRI B.L. SHANKAR:

SHRI BANWARI LAL PUROHIT:

Will the PRIME MINISTER (प्रधान मंत्री) be pleased to state:

- (a) whether the French Scientists have expressed desire to help the Indian Scientists in various themes of research on AIDS;
- (b) if so, whether a delegation of French Scientists have visited India recently and held discussion with Indian authorities;
- (c) if so, the details of the discussions held; and
- (d) the extent to which the Government propose to take French assistance in controlling AIDS?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

✓ (a)&(b) Yes, Sir. The French delegation visited India and discussed this topic on 11.7.97. (AIDS)

(c) During discussion with French delegation, areas of research on prevention of perinatal transmission, Molecular diversity, genetic factors, biological and immunological monitoring and mucosal immunity in HIV infection have been identified.

(d) The modalities of co-operation will be discussed in a workshop of scientists of both the countries proposed to be held in January, 1998.

LOK SABHA

STARRED QUESTION NO. 2

TO BE ANSWERED ON THE 23RD JULY, 1997

AIDS/HIV

*2. SHRI RAJKESHAR SINGH:
KUMARI FRIDA TOPNO:

Will the PRIME MINISTER
be pleased to state:

(पुद्धान्त जेम्मी)

- (a) whether the Government are aware that the number of AIDS and HIV positive patients has been increasing continuously in the country;
- (b) if so, the number of AIDS and HIV positive patients detected separately during 1997 till date as compared to 1996, State-wise;
- (c) the reasons why the AIDS and HIV patients are increasing;
- (d) the arrangements made by the Government to identify AIDS and HIV infected people;
- (e) whether some international agencies including WHO and UNFPA have also warned India to take suitable steps to control spreading of AIDS and HIV;
- (f) if so, the details thereof; and
- (g) the details of action plan formulated or proposed to be formulated to control the spread of these diseases and create awareness amongst the people about these diseases particularly in rural areas?

A N S W E R

THE MINISTER OF STATE OF THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) to (g): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO THE LOK SABHA STARRED QUESTION NO. 2 TO BE ANSWERED ON 23.7.97

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To slow down the spread of HIV/AIDS, the "National AIDS Control Programme" was started in 1987. But the Programme was launched in a comprehensive manner all over the country only in 1992 with the World Bank credit of US\$ 84 million. A five year strategic plan is being implemented with the objective of prevention and control of HIV/AIDS in the country so as to reduce the future morbidity, mortality and the impact of HIV/AIDS. The various components of this action plan are:

1. Strengthening the Programme Management capacity at National and State level:

At the national level, National AIDS Control Organisation under the Ministry of Health & Family Welfare has been created and is in operation. At the State/UT level, a State AIDS Cell has been created. Empowered Committees have been constituted in majority of States/UTs. Some States like Tamilnadu, Karnataka and Pondicherry have created Registered Societies exclusively for the implementation of this Programme.

2. Surveillance and Clinical Management

For surveillance of HIV infection, HIV testing facilities exist in 62 Surveillance Centres all over the country. These Centres are the designated laboratories in the Department of Microbiology in Medical Colleges, Research Institutions and big hospitals, which carry out HIV testing of blood samples received from various departments of the attached hospitals on unlinked anonymous basis. The blood samples are mostly from the high risk groups of individuals. These surveillance centres have been established with the aim of monitoring the geographical distribution and the source of HIV infection.

The sentinel surveillance system had been adopted to monitor the trend of HIV infection among various high risk groups of population like Sexually Transmitted Disease, Clinic attenders and intravenous drug users as well as section of population like ante-natal mothers. This is being carried out through 55 Sentinel sites attached to these surveillance centres in various parts of the country.

As per information available with National AIDS Control Organisation, the number of HIV infection and AIDS cases during 1996 and 1997 are as follows:-

i) Number of HIV positives

S.No.	States	1/96-12/96	1/96-6/96	1/97-6/97
1.	Andhra Pradesh	75	2	403
2.	Assam	16	0	19
3.	Arunachal Pradesh	0	0	0
4.	A & N Islands	3	3	4
5.	Bihar	14	14	7
6.	Chandigarh			
7.	Punjab	0	0	61
8.	Delhi	266	43	41
9.	Daman & Diu	0	0	0
10.	D & N Haveli	1	0	0
11.	Goa	288	57	175
12.	Gujarat	10	0	80
13.	Haryana	83	39	388
14.	Himachal Pradesh	58	58	21
15.	Jammu & Kashmir	24	16	6
16.	Karnataka	635	12	504
17.	Kerala	35	0	0
18.	Lakshadweep	2	0	0
19.	Madhya Pradesh	131	84	45
20.	Maharashtra	7323	3249	5827
21.	Manipur	578	199	1095
22.	Mizoram	7	0	11
23.	Meghalaya	4	0	0
24.	Nagaland	0	0	128
25.	Orissa	61	47	0
26.	Pondicherry	470	265	337
27.	Rajasthan	72	18	109
28.	Sikkim	0	0	2
29.	Tamilnadu	181	100	649
30.	Tripura	0	0	0
31.	Uttar Pradesh	96	72	160
32.	West Bengal	0	0	315
TOTAL		10433	4278	10387

contd.....

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ii) Number of AIDS cases in India

I

S.No.	States/UTs	1/96-12/96	1/96-6/96	1/97-6/97
1.	Andhra Pradesh	19	10	3
2.	Assam	0	0	0
3.	Arunachal Pradesh	0	0	0
4.	A & N Islands	0	1	0
5.	Bihar	1		
6.	Chandigarh		0	0
7.	Punjab	0	13	9
8.	Delhi	27	0	0
9.	Daman & Diu	0	0	0
10.	Dadra & Nagar Haveli	0	0	0
11.	Goa	0	103	5
12.	Gujarat	104	0	0
13.	Haryana	0	0	0
14.	Himachal Pradesh	0	0	0
15.	Jammu & Kashmir	0	0	29
16.	Karnataka	12	20	6
17.	Kerala	26	0	0
18.	Lakshadweep	0	5	53
19.	Madhya Pradesh	6	245	785
20.	Maharashtra	520	28	122
21.	Manipur	55	0	5
22.	Mizoram	0	0	7
23.	Meghalaya	0	0	0
24.	Nagaland	0	0	0
25.	Orissa	0	2	4
26.	Pondicherry	24	0	51
27.	Rajasthan	0	0	1
28.	Sikkim	0	127	424
29.	Tamilnadu	199	0	0
30.	Tripura	0	48	56
31.	Uttar Pradesh	48	10	7
32.	West Bengal	11		
	TOTAL	1052	612	1564

The main reason for the increase of HIV infections and AIDS cases is that, in the beginning, the infection was limited to high risk groups such as Commercial Sex Workers, Intra-venous drug users and persons with Sexually Transmitted Diseases. But from these infected groups the infection has now spread to their unsuspecting sexual partners and children due to lack of awareness and unsafe sexual practices compounded with other factors like lack of education and economic and social backwardness of

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the people especially those in rural areas.

For development of skills of doctors for diagnosis and management of clinically suspected AIDS cases, a massive training programme have been taken up under the component of "Clinical Management of HIV/AIDS". 2200 key trainers have already been trained to conduct the training courses of doctors. 32 State PRAMS (Physician Responsible for AIDS Management) have been identified for diagnosis and treatment of AIDS cases. Till date, approximately 40000 doctors have been trained all over the country under this component. Indian Medical Association and Christian Medical Association of India have been involved for training of General Practitioners and Private Practitioners.

The Government of India, Ministry of Health & Family Welfare has advised all State Governments in November, 1992 to ensure that all AIDS cases and HIV infected persons are attended to in the Government hospitals without any discrimination.

3. Blood Safety

The safety of blood has been ensured by mandatory testing of all blood units for HIV, syphilis, Hepatitis B and Malaria, before transfusion. Establishment of 154 Zonal Blood Testing Centres, modernisation of 815 Blood Banks, establishment of 40 Blood Component Separation Facilities and promotion of voluntary blood donation have been taken up. The National Blood Transfusion Council and State Blood Transfusion Councils have been constituted as per the directions of the Supreme Court.

4. Control of Sexually Transmitted Diseases

Strengthening of 504 STD clinics, integration of syndromic management of STDs with reproductive health care services, training of doctors and Laboratory Technicians and ensuring good quality condoms by amending schedule 'R' of the Drugs and Cosmetics Act, are some of the important activities under this component.

5. Public awareness and community support

Since AIDS has no cure the main thrust of the programme is to prevent the spread of HIV/AIDS infection through creation of awareness and aiming at behavioural change. To reach the goal of public awareness for prevention of HIV/AIDS and to mobilise community support, efforts have been made in the following areas:

- Creation of mass awareness by using all media of mass communication;
- Development of inter-personal communication support material;
- Mobilisation of Non Governmental Organisations;
- Inter-sectoral collaboration;

- 5
- Pilot interventions in specific groups of population such as Commercial Sex Workers, Intra-venous Drug users, Truck drivers and Street Children; and
 - HIV/AIDS education in school curriculum.

These activities are being carried out all over the country including rural areas. The awareness activities aimed at creating awareness especially in rural areas includes street plays, puppet shows and folk media shows organised by Song & Drama Division, Nehru Yuvak Kendras and Non Governmental Organisations.

WHO and other International agencies including UNFPA, UNICEF, UNDP, UNESCO and World Bank are working as "Joint United Programme on HIV/AIDS" i.e. UNAIDS. UNAIDS from time to time provide information on HIV/AIDS in various continents and also provide technical guidance as and when asked for by Government of India.

LOK SABHA

STARRED QUESTION NO.19

TO BE ANSWERED ON THE 23RD JULY, 1997

FUNDS OF ERADICATION OF MALARIA

*19. SHRI MURALIDHAR JENA:

Will the PRIME MINISTER
be pleased to state:

(ମୂଳାବଳୀ)

- (a) the details of funds allocated to State Governments for eradication of Malaria during each of the last three years and its utilisation so far, State-wise;
- (b) whether some State Governments have urged the Union Government that the funds allocated to them is meagre and due to financial constraint, the eradication programmes have been affected;
- (c) if so, the details thereof; and
- (d) the reaction of the Government thereto?

A N S W E R

THE MINISTER OF STATE OF THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) to (d): A statement is laid on the table of the Lok Sabha.

LOK SABHA

UNSTARRED QUESTION No. 185

TO BE ANSWERED ON THE 23RD JULY, 1997

WORLD BANK ASSISTANCE FOR ANTI-MALARIA PROGRAMME

185. SRI S.A. CHARAN REDDY:

Will the PRIME MINISTER (यशवंत सिंह) be pleased to state:

- (a) whether the World Bank is helping India for anti-malaria programmes;
- (b) if so, the programmes that have been assisted by the World Bank;
- (c) the total project cost, the World Bank has agreed to provide to control malaria spread in India; and
- (d) the extent to which the India has been able to control the spread of Malaria?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

IN (a) to (c): An enhanced Malaria Control Project at an estimated cost of Rs. 891.04 crores has been successfully negotiated with the World Bank/International Development Association (IDA), who have agreed to provide concessional credit for a period of five years. This loan will cover around 85% of the total project cost net of taxes and the balance amount will have to be met by Govt. of India from budgetary sources.

The project will cover essentially 100 Districts in 7 peninsular States as well as 19 Towns/Cities having high endemicity of malaria.

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Apart from supporting certain ongoing strategies, the proposed Project would facilitate the use of newer bio-friendly interventions such as Synthetic Pyrethroids, Medicated Mosquito Nets, Biolarvicides, Larvivorous fishes, Dipstick Blood Testing techniques, Artemisinin Compound, Manpower Development, enhanced Information Education and Communication activities and improved Management Information System.

(ii): With the implementation of the Modified Plan of Operation for Control of Malaria the incidence of malaria has been brought down from 6.47 million cases recorded in 1976 to around 2 million cases per annum since 1984.

TO BE ANSWERED ON THE 23RD JULY, 1997

CHOLERA IN KERALA

101. SHRI T. GOVINDAN:

Will the PRIME MINISTER (उपधान मंत्री) be pleased to state:

- (a) whether the Government are aware of the spreading of Cholera in the Coastal areas of Kerala especially in Alleppuzha district during the previous monsoon season; and
- (b) if so, the preventive measures taken by the Union Government to control the spreading of Cholera during the current year in view of the past experience?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) A team composed of Scientists from the National Institute of Communicable Diseases, Delhi and the National Institute of Cholera and Enteric Diseases, Calcutta visited three districts of Kerala, Namely, Alleppuzha, Palaghat and Kozhikode in the first week of August, 1996. After extensive investigations, the outbreak of diarrhoea was found to be due to contamination of water sources with the Cholera micro-organism. Short-term and long-term measures for control and prevention of further outbreaks were suggested by the team to the State Government.
- (b) The State health authorities were advised to take adequate preventive measures against such outbreaks this year. The proposed measures included water quality monitoring, upkeep of water supply and sewage pipes, ensuring general sanitation including food sanitation and adequate stocking of medicines alongwith mass health education activities.

LOK SABHA

UNSTARRED QUESTION No. 198

TO BE ANSWERED ON THE 23RD JULY, 1997

DEATHS DUE TO EPIDEMIC DISEASES

198. SMT. J.I. PRAKASH AGARWAL:

Will the PRIME MINISTER (श्रीमान मंत्री) be pleased to state:

- (a) whether the Government are aware that a large number of children are dying in National Capital Territory of Delhi, and its adjoining areas due to epidemic diseases;
- (b) if so, the details thereof alongwith the children died during the last three years;
- (c) the efforts being made by the Government to check these epidemics;
- (d) whether funds have been made available to the Government of Delhi during the above period;
- (e) if so, the details thereof;
- (f) the items on which Delhi Government spent the funds, year-wise; and
- (g) the reasons for not achieving success in checking the epidemics?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) to (g) : The information is being collected and will be laid on the Table of the House.

LOK S/ BH

UNSTARRED QUESTION NO. 85

TO BE ANSWERED ON THE 23RD JULY, 1997

HEPATITIS 'B' VACCINATION

85. SHRI. BRAHMANAND MANDAL:

Will the PRIME MINISTER (श्रीमान मन्त्री) be pleased to state:

- (a) whether the Government are considering to launch Hepatitis 'B' vaccination campaign on the line of Pulse Polio Campaign for prevention of jaundice in the country;
- (b) whether the World Health Organisation has offered Hepatitis 'B' vaccine at the rate of one dollar per dose;
- (c) if so, whether the Government propose to purchase this vaccine;
- (d) if so, the number of vaccines proposed to be purchased and the time by which these are likely to be purchased;
- (e) if not, the reasons therefor; and
- (f) the remedial steps proposed to be taken by the Government for the prevention of the jaundice?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a): It is proposed to include vaccination against Hepatitis-B if adequate resources become available to the Ministry during the IX Plan.

(b): WHO has indicated that the Plasma derived Hepatitis-B Vaccine could be obtained for US\$ 0.5 - 1 per paediatric dose.

(c), (d) & (e): A decision on this depends on the availability of resources.

(f): Jaundice is the infection of liver which could be caused by any type of Hepatitis Virus. Following measures are being taken to prevent viral Hepatitis.

- (i) The screening of Hepatitis-B is mandatory for all blood donations.
- (ii) Awareness building for promoting safe sex has been undertaken.
- (iii) Guidelines have been issued for the use of a separate sterile syringe and needle for each injection and aseptic surgical interventions.
- (iv) Directions have been given for the immunisation of of Central Government hospital personnel, who are at high risk, against Hepatitis-B. State Govts. have also been advised to take similar steps.
- (v) Intensive Health Education measures have been promoted inter-alia conveying messages for use of safe drinking water and maintenance of environmental sanitation.

LOK SABHA

UNSTARRED QUESTION No. 167

TO BE ANSWERED ON THE 23RD JULY, 1997

TUBERCULOSIS

167. SHRI MURALIDHAR JENA:

SHRI SOUMYA RANJAN:

KUMARI SUSHILA TIRIYA:

Will the PRIME MINISTER (श्रीमत् नरेंद्र मोदी), be pleased to state:

- (a) the estimated number of people suffering from Tuberculosis in rural as well as in the urban areas of the country, State-wise;
- (b) the details of the programmes launched or likely to be launched to prevent T.B. in the country;
- (c) the details of funds provided to State Governments for implementing the said programmes during 1995-96 and 1996-97 and the allocation made for the year 1997-98; State-wise;
- (d) the amount actually utilized by the State Governments during the above period, State-wise; and
- (e) the achievements made in regard to controlling of Tuberculosis after implementation of said programmes?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) to (e) Statement is annexed.

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Annexure

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
UNSTARRED QUESTION NO.167 FOR ANSWER ON 23.7.97

(a) The incidence of TB in our country is 1.3 per 1000 population with no difference of incidence in rural or urban areas throughout the country.

(b) The National Tuberculosis Control Programme is implemented in the country since 1962. Since inception, the programme is integrated with the primary health care delivery system and implemented through Distt. T.B. Centres which are manned by trained medical and para-medical personnel and have laboratory facilities for diagnosis. 446 Distt. TB Centres have been established in the country. At these centres, free of cost diagnostic and treatment facilities (including free supply of anti-TB drugs) are provided to the TB patients. 292 districts out of 446, are providing short course chemotherapy drugs.

To achieve a cure rate of 85%, Revised National Tuberculosis Control Programme has been pilot tested at a population of 13.85 million. Encouraged with the results, of pilot project, Govt. has decided to expand the revised strategy in 102 districts in phased manner covering a population of 271.21 million. In addition to this, 203 SCC districts will be strengthened by providing necessary training and infrastructure for taking up the revised strategy.

(c)&(d) Under the Programme, Central assistance to the States is given in kind i.e., supply of anti-TB drugs and X-ray film rolls. A statement indicating the state-wise allocation and expenditure incurred in providing central assistance in kind under the National Tuberculosis Control Programme during 1995-96 and 1996-97 is given at Annexure-I. The allocations made for the year 1997-98 is given at Annexure-II.

(e) Consequent upon implementation of National Tuberculosis Control Programme the mortality ratio has decreased from 80/100000 population in 1970 to 53/100000 population in 1993. Further, the severer form of childhood TB is on the decline. Achievements in regard to New TB cases detected and put on treatment during the last 5 years are as under :

Year	New TB cases detected and put on treatment
1991-92	12.97 lakhs
1992-93	15.39 lakhs
1993-94	13.59 lakhs
1994-95	12.49 lakhs
1995-96	13.89 lakhs
1996-97	14.54 lakhs

-: 2 :-

Under the Revised National Tuberculosis Control Programme, implemented in pilot sites, 13.05 million population have shown an average achievement of cure rate of 82%.

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L.S.V.S. & 167 for 23-7-1997

Annexure-I

**NATIONAL TUBERCULOSIS CONTROL PROGRAMME
ALLOCATION EXPENDITURE 1995-96 TO 1996-97**

(Rs. in lakhs)

Sl. No.	Name of the State/Union Territory	1995-96		1996-97	
		Allocation	Actual	Allocation	Actual
A.	STATES				
1	Andhra Pradesh	224.50	414.31	198.00	17.61
2	Arunachal Pradesh	38.50	5.76	9.25	0.69
3	Assam	102.50	71.57	34.75	42.87
4	Bihar	448.50	273.92	152.50	141.59
5	Goa	38.75	7.13	9.25	6.63
6	Gujarat	193.75	445.69	211.50	11.74
7	Haryana	82.00	80.75	28.75	0.12
8	Himachal Pradesh	66.00	9.18	54.25	5.11
9	Jammu & Kashmir	53.00	57.17	13.50	0.19
10	Karnataka	199.50	191.06	92.25	15.06
11	Kerala	123.00	47.58	149.25	118.02
12	Madhya Pradesh	273.50	191.65	121.00	152.17
13	Maharashtra	392.50	916.38	410.00	23.24
14	Manipur	44.00	3.31	10.50	4.01
15	Meghalaya	40.50	6.67	9.75	10.64
16	Mizoram	36.25	3.06	8.75	6.16
17	Nagaland	37.25	11.29	9.00	3.21
18	Orissa	108.00	151.19	46.25	0.08
19	Punjab	99.00	37.70	35.50	18.78
20	Rajasthan	130.00	312.88	208.00	13.03
21	Sikkim	37.00	6.88	9.25	2.85
22	Tamil Nadu	276.50	265.01	127.00	13.61
23	Tripura	41.25	12.96	9.75	3.01
24	Uttar Pradesh	868.00	442.44	222.00	59.48
25	West Bengal	190.00	83.58	258.00	86.17
	Sub-Total	4143.75	4049.12	2438.00	756.09
B.	UNION TERRITORY (WITH LEGISLATURE)				
26	Pondicherry	37.75	-	3.00	2.15
C.	UNION TERRITORY (WITHOUT LEGISLATURE)				
27	A & N Islands	35.25	-	16.00	1.43
28	Chandigarh	26.25	-	20.00	1.06
29	D & N haveli	34.5	-	16.00	0.00
30	Delhi	52	70.86	171.00	15.28
31	Daman & Diu	34.25	-	18.00	0.00
32	Lakshadweep	34.25	-	15.00	0.00
	Sub-Total	216.50	70.86	256.00	17.77
D.	ASSISTANCE TO VOL. ORGANISATIONS	87.00	-	100.00	
E.	CENTRAL SECTOR				
	Health Education	64.00	-		
F.	TRAINING	40.00	-		
G.	IMPLEMENTATION OF THE PROGRAMME IN 20 NEW DISTRICTS				
		11.00	-		
H.	TB Cell at HQ.				47.66
I.	Grants-in-aid to TB Societies				538.82
	GRAND TOTAL	4600.00	4119.98	2797.00	1363.49

** Expenditure has been included in the expenditure for concerned State/U.T.

* Assistance to Voluntary Organisation - Expenditure figures included in State-wise break-up

ANNEXURE II

STATE/UT-WISE ALLOCATION FOR THE YEAR 1997-98
(National Tuberculosis Control Programme)

Sl. No.		General Component	Externally Aided Component as an additionality for World Bank assisted RNTCP	(Rs. in crores) Total
	States			
1	Andhra Pradesh	2.35	3.15	5.50
2	Bihar	3.00	4.28	7.28
3	Goa	0.04	0.00	0.04
4	Gujarat	1.02	2.46	3.48
5	Haryana	0.62	0.00	0.62
6	Himachal Pradesh	0.10	0.33	0.43
7	Jammu & Kashmir	0.29	0.00	0.29
8	Karnataka	1.38	2.13	3.51
9	Kerala	0.46	2.19	2.65
10	Madhya Pradesh	2.38	3.30	5.68
11	Maharashtra	2.29	3.90	6.19
12	Orissa	1.19	1.54	2.73
13	Punjab	0.76	0.00	0.76
14	Rajasthan	1.46	2.50	3.96
15	Sikkim	0.01	0.00	0.01
16	Tamil Nadu	1.86	2.66	4.52
17	Uttar Pradesh	5.01	6.88	11.89
18	West Bengal	1.58	4.38	5.96
	Sub-Total	25.80	39.70	65.50
	For North Eastern States			
19	Arunachal Pradesh	0.10	0.00	0.10
20	Assam	2.30	1.12	3.42
21	Manipur	0.09	0.11	0.20
22	Meghalaya	0.20	0.00	0.20
23	Mizoram	0.08	0.00	0.08
24	Nagaland	0.13	0.00	0.13
25	Tripura	0.30	0.00	0.30
	Sub-Total	3.20	1.23	4.43
	UTs without Legislature			
26	A & N Islands	0.24	0.00	0.24
27	Chandigarh	0.52	0.00	0.52
28	D & N Haveli	0.11	0.00	0.11
29	Daman & Diu	0.08	0.00	0.08
30	Lakshadweep	0.05	0.00	0.05
	Sub-total	1.00	0.00	1.00
	UTs with Legislature			
31	Pondicherry	1.00	0.00	1.00
32	Delhi	0.00	1.06	1.06
	Sub-Total	1.00	1.06	2.06
	Voluntary Organisation	1.00	0.00	1.00
	Total Allocation under Commodity Grant	32.00	42.00	74.00
	Cash Grant to Distt. TB Societies		12.00	12.00
33	TB Cell at HQ. (Cash Grant)		4.00	4.00
34	GRANT TOTAL	32.0	58.0	90.0

UNSTARRED QUESTION No. 55

TO BE ANSWERED ON THE 23RD JULY, 1997

MALARIA ERADICATION PROGRAMME

55. SHRI ANILASHIB M.K. PATIL:

SHRI S.B. THORAT:

SHRI NAMDEO DIWATHE:

Will the PRIME MINISTER (प्रधान मंत्री) be pleased to state:

(a) whether the Government have reviewed the implementation of National Malaria Eradication Programme during the last three years with the State Agencies in terms of the target sets and achievements made so far;

(b) if so, the details thereof, State-wise;

(c) whether implementation of National Malaria Eradication Programme in the country has miserably failed;

(d) if so, the reasons for the failure and magnitude of the problem;

(e) the details of the time bound new strategies worked out for effective implementation of the programme; and

(f) the details of funds proposed to be made available by the Central Government as well as by the World Bank to control the malaria during 1997-98 to the State Governments, indicating revised target set for, State-wise?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a)&(b) The National Malaria Eradication Programme (NMEP) is being monitored regularly with the State Health Authorities through periodic reports, frequent meetings with the State Programme Officers and field visits by Technical Experts and Officers from Govt. of India.

Statement referred to in reply to part (g) of
Lok Sabha Unstarred Question No.55 for 23.7.97

STATEMENT SHOWING THE BUDGET ESTIMATE FOR THE YEAR 1997-98
IN RESPECT OF N.M.E.P.

Name of the States	Allocation of Funds (Rs. in lakhs)
1. Andhra Pradesh	779.03
2. Arunachal Pradesh	256.74
3. Assam	207.29
4. Bihar	500.52
5. Goa	10.26
6. Gujarat	604.25
7. Haryana	448.17
8. Himachal Pradesh	112.06
9. Jammu & Kashmir	92.73
10. Karnataka	542.97
11. Kerala	86.30
12. Madhya Pradesh	1115.47
13. Maharashtra	913.05
14. Manipur	324.52
15. Meghalaya	239.15
16. Mizoram	195.47
17. Nagaland	193.37
18. Orissa	421.84
19. Punjab	356.50
20. Rajasthan	1449.30
21. Sikkim	0.94
22. Tamil Nadu	427.25
23. Tripura	322.71
24. Uttar Pradesh	881.62
25. West Bengal	465.28
TOTAL :	113117.00
UTs with legisl.	
1. Delhi	126.19
2. Pondicherry	23.81
TOTAL :	150.00
UTs without legisl.	
1. Andaman Islands	76.42
2. Chandigarh	34.15
3. Dadar & Nagar Haveli	49.16
4. Daman & Diu	12.55
5. Lakshadweep	7.72
TOTAL :	180.00
GRAND TOTAL ::	1213447.00
	1000.00
	303.00
	100.00
	150.00
World Bank	15000.00
Assistance ...	5000.00
	20000.00

(c) to (e) No, Sir. With the implementation of the Modified Plan of Operations for control of Malaria, the incidence of Malaria has been brought down from 6.47 million cases in 1976 to around 2 million cases per annum since 1984.

The following specific steps have been undertaken for effective implementation of the programme :-

- 100% central assistance is being provided to the 7 North Eastern States since December, 1994.
- Early diagnosis and prompt treatment of malaria cases through Primary Health Care system, Hospitals, Dispensaries, Malaria Clinics etc. and Drug Distribution Centres, Fever Treatment Depots at the village level, is undertaken by the State Govts.
- Vector control through insecticidal spray in rural areas and anti-larval operations in urban areas as per schedule on the basis of technical assessment.
- Intensification of information, Education and Communication activities for mobilising active community participation.
- Observance of anti-Malaria Month in June every year beginning from June, 1997 to create public awareness about prevention and containment of malaria and other vector borne diseases and to propagate theme "Malaria Control Everyone's Concern" to make it a people's movement in the country.

Further, an enhanced Malaria Control Project with the World Bank support to cover 100 districts in 7 States of Andhra Pradesh, Bihar, Gujarat, Maharashtra, Madhya Pradesh, Orissa and Rajasthan as well as 19 towns/cities having high endemicity of malaria has since been negotiated with the World Bank.

- Under the NMEP Rs.150 crores has been provided in the Budget Estimates 1997-98. In addition, Rs.50 crores under the World Bank Malaria Control Project has been earmarked during the current financial year. State-wise distribution of funds under the national programme may be seen in the enclosed Statement.

Funds earmarked under the World Bank Malaria Control Project would be allocated to the States after the Project is formally approved by the Government of India.

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LOK SABHA

UNSTARRED QUESTION No. 3411

TO BE ANSWERED ON THE 13TH AUGUST, 1997

AIDS CONTROL CENTRES

3411. SHRI KESHAB MAHANTA:

KUMARI SUSHILA TIRIYA:

Will the PRIME MINISTER प्रधान मंत्री be pleased to state:

- (a) the details of locations of sixty two surveillance centres and nine referral centres set up in the country for prevention and control of AIDS;
- (b) whether the Government are aware that HIV positive patients are refused treatment in some Government hospitals; and
- (c) if so, the steps being taken to ensure that such patients are not neglected by the Government hospitals?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) The list showing the details of locations of 62 surveillance centres and 9 reference centres set up in the country is enclosed. (Annexure)
- (b) & (c) Government of India had issued instructions to all government hospitals that all HIV positive patients must be treated without any discrimination.

.....

11. Kerala

- 18. Deptt. of Microbiology
Medical College
Trivandrum
- 19. Surveillance Centre
Indian Naval Ship
Hospital
Cochin

12. Madhya Pradesh

- 20. Deptt. of Pathology
Gandhi Medical College
Bhopal
- 21. Regional Medical
Research Centre for
Tribal Health
Jabalpur
- 22. Choitram Hospital &
Research Centre
Indore

13. Maharashtra

- 23. Deptt. of Microbiology
Seth G.S. Medical
College
Mumbai
- 24. Deptt. of Microbiology
J.J. Hospital
Mumbai
- 25. Sion Hospital
Mumbai
- 26. B.Y.N.Nair Hospital
Mumbai
- 27. Rajabari Hospital
Ghatkoper
- 28. Deptt. of Microbiology
B.J. Medical College
Pune
- 29. Deptt. of Microbiology
Govt. Medical College
Nagpur
- 30. Surveillance Centre
Civil Hospital
Kolhapur
- 31. Surveillance Centre
District Hospital
Chandrapur
- 32. Deptt. of Microbiology
Govt. Medical College
Miraj
- 33. Surveillance Centre
Indian Naval Ship
Hospital
Mumbai
- 34. Deptt. of Microbiology
Armed Forces Medical
College
Pune
- 35. Surveillance Centre
J.N. Hospital
Imphal
- 36. Surveillance Centre
Civil Hospital
Shillong
- 37. Surveillance Centre
Civil Hospital
Aizwal

14. Manipur

15. Meghalaya

16. Mizoram

17. Nagaland

38. Surveillance Centre
Naga Hospital
Kohima

39. Surveillance Centre
District Hospital
Dimapur

18. Orissa

40. Deptt. of Microbiology
S.C.B. Medical College
Cuttack

41. Surveillance Centre
Regional Medical
Research Centre
Bhubneshwar

19. Punjab

42. Deptt. of Microbiology
Govt. Medical college
Amritsar

20. Rajasthan

43. Deptt. of Microbiology
S.M.S. Hospital
Jaipur

21. Sikkim

44. Surveillance Centre
S.T.N.M. Hospital
Gangtok

22. Tamil Nadu

45. Deptt. of Microbiology
Instt. of Child Health
& Hospital for Children
Madras

46. Deptt. of Microbiology
Madurai Medical College
Madurai

47. Surveillance Centre
Medical College,
Chennai.

23. Tripura

48. Surveillance Centre
District Hospital
Agartala

24. Uttar Pradesh

49. Deptt. of Microbiology
K.G. Medical College
Lucknow

50. Surveillance Centre
Central JALMA Instt.
for Leprosy
Agra

51. Deptt. of Microbiology
Instt. of Medical
Sciences
Varanasi

52. Deptt. of Microbiology
J.L.N. Medical College
Aligarh

53. Surveillance Centre
Kamla Nehru Memorial
Hospital
Allahabad

- 4-
- | | |
|--------------------------|---|
| 25. West Bengal | 54. Surveillance Centre
National Institute of
Hygiene and Public
Health
Calcutta. |
| 26. Delhi | 55. Deptt. of Microbiology
University College of
Medical Sciences
Shahdara
Delhi |
| | 56. Deptt. of Microbiology
Maulana Azad Medical
College
New Delhi |
| | 57. surveillance Centre
Armed Forces Command
Hospital
Delhi Cantt. |
| 27. A & N Islands | 58. Surveillance Centre
G.B. Hospital
Port Blair. |
| 28. Chandigarh | 59. Deptt. of Immunopathology
P.G.I., Chandigarh. |
| 29. Dadra & Nagar Haveli | |
| 30. Daman & Diu | |
| 31. Lakshadweep | 60. Surveillance Centre
Govt. Hospital
Kavaratti |
| 32. Pondicherry | 61. Surveillance Centre
Govt. General Hospital
Pondicherry |
| | 62. Deptt. of Microbiology
JIPMER
Pondicherry |

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ANNEX 2

List of HIV reference centres

1. National Institute of Communicable Disease
Delhi
2. All India Institute of Medical Sciences
New Delhi
3. Indian Institute of Immunohematology
Bombay
4. National Institute of Cholera and Enteric Diseases
Calcutta
5. School of Tropical Medicines
Calcutta
6. Madras Medical College
Madras
7. National AIDS Research Institute (NARI)
Pune
8. Regional Medical College
Imphal
9. Christian Medical College
Vellore

The reference centres should be entrusted with the responsibility of carrying out confirmatory test. They should also be made responsible for diagnosis, quality control of HIV kits, guidelines for HIV testing, training in HIV testing and any other activity which may be necessary for standardization of HIV testing.

UNSTARRED QUESTION No. 3422

TO BE ANSWERED ON THE 13TH AUGUST, 1997

WORLD BANK LOAN FOR CONTROL OF AIDS

3422. SHRI MOHAN RAWALE:

Will the PRIME MINISTER प्रधान मंत्री be pleased to state:

- (a) whether India took some loan in 1992 from the World Bank to combat AIDS;
- (b) if so, the details thereof;
- (c) the extent to which the said loan has so far been spent for the purpose for which it was obtained and the achievements made in combating AIDS;
- (d) whether a fresh loan is being sought from the World Bank to carry on programme of combating AIDS; and
- (e) if so, the details thereof?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) to (c): Yes, Sir. A scheme for Prevention and Control of AIDS in India was launched in September, 1992 with a World Bank credit of US Dollar 84 million. The following are the components of the programme:-

- (a) Strengthening the management capacity for HIV control;
- (b) Promoting awareness and Community support;
- (c) Improving the Blood Safety and its rational use;
- (d): Building surveillance and Clinical Management capacity; and
- (e) Controlling Sexually Transmitted Diseases.

The credit is disbursed on submission of reimbursement claims to World Bank through Controller of Aid Accounts and

Contd..2.,

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Audit and as of 31st March, 1997, an amount of US Dollar 52.59 million has been received by Government of India

The AIDS Control Programme has made significant progress in the country and State AIDS Cells have been established in all the States and Union Territories for implementing the National AIDS Control Project; 815 Blood Bank being modernised; 504 STD Clinics strengthened; Surveillance activities with the help of 62 Surveillance Centres and 55 Sentinel Sites are being monitored; National and State Blood Transfusion Councils have been established; awareness programme has been launched with the help of Doordarshan, Radio and mass campaigns and all the States/UTs are participating in the implementation of the approved scheme.

(d) & (e): Yes, Sir. The second HIV/AIDS Control Project for the Ninth Five Year Plan period is under preparation and is expected to be finalised shortly.

LOK SABHA

UNSTARRED QUESTION No. 3495

TO BE ANSWERED ON THE 13TH AUGUST, 1997

GASTRO ENTERITIS

3495. DR. KRUPASINDHU BHOI:

Will the PRIME MINISTER (~~श्री~~) be pleased to state:

- (a) whether the cases of gastro-enteritis have been increased in the Capital;
- (b) if so, the reasons therefor; and
- (c) the details of the steps taken to provide proper treatment to the patients suffering from gastro enteritis?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) : Government of National Capital of Territory of Delhi has informed that the number of Gastro Enteritis/Cholera cases have shown a declining trend during the last three years in the capital.
- (b) : Does not arise.
- (c) : The government of National Capital Territory of Delhi have chalked out a detailed action plan for treatment and prevention of seasonal diseases including gastro enteritis. Setting up of Oral Rehydration Therapy Centres in the Out Patient Department of all dispensaries and hospitals in the main component of the Action Plan for providing treatment to the patients. The Action Plan also include surveillance and monitoring, supply of Oral Rehydration Salts, adequate supply of potable water, distribution of Chlorine tablets, environmental sanitation, food hygiene, health education etc.

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LOK SABHA

UNSTARRED QUESTION No. 3419

TO BE ANSWERED ON THE 13TH AUGUST, 1997

CONTEGIOUS DISEASES

3419. SHRI FAGGAN SINGH KULESTE:

Will the PRIME MINISTER (यशवन्त सिंह), be pleased to state:

- (a) the States from where the reports of the outbreak of contagious diseases have been received;
- (b) the steps taken by the Government to check the spread of these diseases;
- (c) whether there is any provision for extending any help to the victims of such diseases; and
- (d) if so, the amount being provided to the victims as well as affected States under this provision?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a): The National Institute of Communicable Diseases have investigated ^{disease} outbreaks from the States of Karnataka, Rajasthan, Haryana, Uttar Pradesh, Andhra Pradesh, Gujarat and Lakshadweep during 1997 (upto July).
- (b): National Disease Programmes on Malaria, Kala-azar, Tuberculosis, Leprosy etc. are in operation for control of infectious diseases. In addition following measures have been taken:
 - (i) Guidelines have been prepared and distributed for the prevention and the control of outbreak prone diseases such as dengue fever and cholera.

- (ii) Assistance is provided to State Governments as and when requested for in the form of investigation of out-breaks.
- (iii) Training is provided to State/District level health officers on prevention and control of communicable diseases.
- (iv) A National Apical Advisory Committee (NAAC) has been constituted under the Chairmanship of Union Health Secretary to formulate a nation wide disease surveillance network. The action points envisaged under the disease surveillance scheme are collection and flow of information, strengthening of laboratory diagnostic services, networking of centres and continuous monitoring of disease prevalence.
- (c)&(d): There is no scheme for providing financial assistance to victims of such diseases.

LOK SABHA

UNSTARRED QUESTION No. 3402

TO BE ANSWERED ON THE 13TH AUGUST, 1997

POLIO PATIENTS

3402.

SIRI MAHENDRA SINGH BHATI:

SHRIMATI SHEELA GAUTAM:

SHRIMATI BHAVNA CHIKHALIA:

Will the PRIME MINISTER (पुष्पक सिन्हा) be pleased to state:

- (a) the number of polio patients in each State at present;
- (b) whether the number of polio patients have been increased in 1996-97 in comparison to the year 1995-96;
- (c) if so, the details thereof; and
- (d) the allocation made for the eradication of polio during Ninth Five Year Plan and the amount released to each State for 1997-98 for the purpose?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) The State-wise number of reported polio cases during 1995 and 1996 is at Annexure-I.
- (b) No, Sir.
- (c) Does not arise.
- (d) No separate budgetary allocations are made for eradication of polio. However, Expenditure Finance Committee proposed outlay for the 9th Plan period for the Reproductive and Child Health programme is Rs.5112.53 crores includes allocation for eradication of polio. Fund allocation for 1997-98 would be on similar pattern as was released during 1996-97. The details of State-wise

-: 2 :-

releases for Pulse Polio Immunization made out of the overall cash allocations for Child Survival and Safe Motherhood Programme for 1996-97 is at Annexure-II. An amount of Rs.31.22 crores was allocated during 1996-97 to States/UTs for the Pulse Polio Immunization Programme.

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STATEMENT REFERRED TO IN REPLY TO PART 'a'
OF LOK SAVHA UNSTARRED Q.NO. 3402
FOR 13.8.97

Annexure-I

1995

State	POLIO												CUM
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
AP Andhra Pradesh	7	7	8	6	6	7	11	14	15	1	8	6	96
AS Assam	1	0	11	1	1	4	5	3	0	0	0	1	27
BI Bihar	0	28	4	29	48	150	120	49	35	46	43	3	555
GU Gujarat	10	16	7	0	1	10	7	20	16	8	9	5	109
HA Haryana	10	3	3	5	5	7	10	21	20	9	22	5	120
HP Himachal Pradesh	0	0	0	0	1	0	0	0	0	0	0	0	1
JK Jammu & Kashmir	0	0	0	0	0	0	0	0	0	0	0	0	0
KA Karnataka	2	1	1	9	1	2	4	13	7	3	3	2	48
KE Kerala	0	0	0	0	2	0	0	0	1	0	0	0	3
MP Madhya Pradesh	5	3	0	1	5	16	5	14	13	13	8	3	86
MH Maharashtra	18	17	13	17	13	10	41	52	30	37	33	13	294
MN Manipur	0	0	0	0	0	0	2	1	4	0	0	0	7
ME Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0	0
NA Nagaland	0	0	0	0	0	0	0	0	0	0	0	0	0
OR Orissa	1	0	0	6	5	1	3	0	1	0	0	0	17
PB Punjab	7	2	5	2	8	6	3	4	1	4	5	2	49
RJ Rajasthan	5	6	3	5	5	5	3	6	6	8	5	9	66
SI Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0
TN Tamil Nadu	20	18	25	14	34	20	12	11	40	29	8	7	238
TR Tripura	0	0	0	0	0	0	0	0	0	0	0	0	0
UP Uttar Pradesh	42	20	25	34	63	79	101	273	60	64	33	35	829
WB West Bengal	23	36	1	13	38	22	25	31	63	1	10	15	278
AN Andaman & Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0	0
AC Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0
CH Chandigarh	0	0	0	0	0	0	0	0	0	0	0	0	0
DN Dadra & Nagar Haveli	0	0	0	0	0	0	0	0	0	0	0	0	0
DL Delhi	8	11	9	17	12	12	40	99	116	62	41	12	439
GO Goa	0	0	0	0	0	0	0	1	0	0	0	0	1
LK Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0
MZ Mizoram	0	0	0	0	0	0	0	0	0	0	0	0	0
PD Pondicherry	0	0	0	0	0	0	0	0	0	0	0	0	0
DD Daman & Diu	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	159	168	115	159	248	351	392	612	428	285	228	118	3263

-2-

STATEMENT REFERRED TO IN REPLY TO PART 'a'
OF LOK SABHA UNSTARRED Q.NO. 3402
FOR 13.8.97

1996

State	FOLIO												CUM
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
													20
Andhra Pradesh	4	3	1	0	1	3	0	3	2	1	1	1	10
Assam	1	0	4	0	0	0	0	0	0	1	1	0	62
Bihar	44	0	9	0	6	1	0	0	1	0	1	0	20
Gujarat	2	0	1	1	0	2	1	2	4	2	2	5	47
Haryana #	2	4	1	1	2	3	6	7	10	4	0	0	1
Himachal Pradesh #	1	0	0	0	0	0	0	0	0	0	0	0	0
Jammu & Kashmir	0	0	0	0	0	0	0	0	0	0	0	0	0
Karnataka #	0	0	0	0	0	0	5	7	7	4	2	9	34
Kerala #	0	0	0	1	0	2	3	2	0	0	0	0	8
Madhya Pradesh	1	0	0	2	1	0	1	0	0	2	0	1	8
Maharashtra #	16	17	8	8	19	22	28	65	63	5	2	11	262
Manipur	0	0	0	0	0	0	0	0	0	0	0	0	0
Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0	0
Nagaland	0	0	0	0	0	0	0	0	0	2	0	0	2
Orissa	0	0	0	0	0	0	0	3	1	3	0	2	14
Punjab #	2	0	1	0	0	0	0	3	1	3	0	2	30
Rajasthan	1	1	3	3	1	2	2	8	6	2	1	0	0
Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0
Tamil Nadu #	4	7	8	9	14	12	11	10	6	3	7	4	95
Tripura	0	0	0	0	0	0	0	0	0	0	2	0	2
Uttar Pradesh	3	12	3	4	3	5	17	26	36	4	12	10	135
West Bengal	15	11	21	4	18	9	10	6	0	3	0	0	97
Andaman & Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0	0
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	1	1
Chandigarh #	0	0	0	0	0	0	0	0	0	0	0	0	0
Dadra & Nagar Haveli	0	0	0	0	0	0	0	0	0	0	0	0	0
Delhi \$\$	8	10	10	3	1	7	17	34	31	8	15	13	157
Goa #	0	0	0	0	0	0	0	0	0	0	0	0	0
Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0
Mizoram	0	0	0	0	0	0	0	0	0	0	0	0	0
Pondicherry #	0	0	0	0	0	0	0	0	0	0	0	0	0
Daman & Diu	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	104	65	70	36	66	68	102	171	169	43	48	63	1005

Annexure II

Statement referred to in reply to part (d) of
 the Lok Sabha Unstarred Question No 3402 for 13.8.97

STATEMENT SHOWING FUNDS ALLOCATED TO STATES
 FOR PULSE POLIO IMMUNISATION 1996-97

Name of the State/UT	FUNDS FOR POL & TRANSPORT	FUNDS FOR IEC
1 Andhra Pradesh	55.50	113.50
2 Arunachal Pr	35.75	44.00
3 Assam	57.25	79.00
4 A&N Islands	5.50	11.00
5 Bihar	111.50	172.00
6 Chandigarh	4.00	8.00
7 D&N Haveli	2.75	8.00
8 Daman & Diu	5.50	11.00
9 Gujarat	45.75	67.00
10 Goa	4.00	11.00
11 Himachal Pr.	30.00	41.00
12 Haryana	32.00	61.00
13 Jammu & Kashmir	37.75	52.00
14 Karnataka	45.75	70.00
15 Kerala	31.50	52.00
16 Lakshadweep	2.75	8.00
17 Madhya Pr.	103.25	145.00
18 Maharashtra	75.50	100.00
19 Meghalaya	16.25	26.00
20 Manipur	22.00	29.00
21 Mizoram	11.00	17.00
22 Nagaland	19.25	26.00
23 Orissa	69.50	100.00
24 Punjab	34.00	61.00
25 Rajasthan	71.75	103.00
26 Sikkim	10.25	17.00
27 Tamil Nadu	56.00	85.00
28 Tripura	11.00	17.00
29 Uttar Pradesh	172.25	214.00
30 West Bengal	46.00	67.00
31 Delhi	20.00	37.00
32 Pondicherry	8.00	17.00
INDIA	1253.25	1869.50

LOK SABHA

UNSTARRED QUESTION No. 3375

TO BE ANSWERED ON THE 13TH AUGUST, 1997

TREATMENT FOR T.B. PATIENTS

3375.

SHRI SULTAN SALAHUDDIN OWAISI:

SHRI BHAKTA CHARAN DAS:

SHRI N. RAMAKRISHNA REDDY:

SHRI CHANDRABHUSHAN SINGH:

SHRI DINESH CHANDRA YADAV:

Will the PRIME MINISTER (प्रधानमंत्री), be pleased to state:

- (a) whether the attention of the Government has been drawn to the news-item appeared in the Hindustan Times dated July 8, 1997 under caption "Hospital's austerity measures costs tuberculosis patients dear";
- (b) if so, whether the Government are aware that the Rajan Babu Tuberculosis Hospital, Delhi has stopped the second-line treatment to the T.B. patients whereas such cases are on the rise in the city;
- (c) if so, the reasons for stopping the treatment; and,
- (d) the steps being taken or propose to be taken by the Government for resumption of the treatment to the T.B. patients generally belongs to the poor sections of society?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) Yes, Sir.

(b): Rajan Babu Tuberculosis Hospital is a referral Hospital with only indoor facility. Both first line and second line treatment to the T.B. patients who are admitted in the hospital are being given.

(c): Does not arise.

(d): Does not arise.

LOK SABHA

UNSTARRED QUESTION No. 3496

TO BE ANSWERED ON THE 13TH AUGUST, 1997

MANDATORY TEST FOR HIV INFECTION

3496. SHRI BIJOY HANDIQUE:

Will the PRIME MINISTER (प्रधान मंत्री), be pleased to state:

(a) whether the attention of the Government has been drawn to the controversy involved in mandatory testing of certain population groups, especially jail inmates, for HIV infection;

(b) if so, the details thereof; and

(c) whether the Government have followed the guidelines formulated by the WHO in this regard?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) & (b) As envisaged in National HIV Testing Policy, the mandatory testing for HIV infection of any population group including jail inmates is not recommended. Mandatory testing is only done for screening of blood (not the donor) to eliminate blood transmissible diseases including HIV/AIDS.

(c) The present document on testing policy for HIV is prepared as per guidelines formulated by WHO and consultation with various experts.

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LOK SABHA

UNSTARRED QUESTION No. 3409

TO BE ANSWERED ON 13TH AUGUST, 1997

SURVEY BY NATIONAL AIDS CONTROL ORGANISATION

3409.

SHRI RAJIV PRATAP RUDY:

Will the PRIME MINISTER (श्री राजीव गांधी) be pleased to state:

- (a) whether the National AIDS Control Organisation (NACO) has conducted a survey in 65 cities for high risk behaviour;
- (b) if so, the details thereof;
- (c) whether the study has identified that street children, sex workers and tribals in the country are the main cause for spread of AIDS;
- (d) if so, the details thereof;
- (e) whether the report has been published for creating more awareness; and
- (f) if not, the reasons thereof?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

IN (a) & (b) It was planned to conduct high risk behaviour studies in 65 cities, having population of five lac or more including the capital cities of States/UTs.

However, studies have been initiated in 36 cities. Of these, study reports have been completed in respect of 21 cities.

(c) & (d) The study has been designed to find out pattern of high risk behaviours among female commercial sex workers, men having sex with men, trans-sexual, Hijras or Gais, injecting

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drug users, frequently travelling men, and slum dwellers. Street children were included in some cities. Tribals as such, however were not included in the study.

The main findings of the study are :

- The female sex workers are found to be brothel based home based, street based as also working on part-time basis. There were significant variations in physical conditions, freedom of mobility, to rates of payment, knowledge of HIV/AIDS, the ability to negotiate safer sex, and access to information and health services.

- Men who have sex with men have cultivated invisibility and are reluctant to share information. However, all appear to have multiple sex partners, most are married, have marked preference for younger men, and do not use condom regularly.

- Trans-sexual/hijras/alis live in tightly knit communities but outside the mainstream, have multiple sex partners, are reluctant to seek health care from recognised sources. They do not perceive themselves to be at risk of HIV/AIDS.

- The truck drivers often have multiple sex partners believing sex reduces heat caused by driving. A positive finding is they care about their health and are not shy getting treatment for sexually transmitted diseases. Their knowledge about HIV/AIDS is higher than most others practising high risk behaviours.

- The injecting drug users : ; are largely invisible and difficult to contact. However, it emerges that the problem is growing and it extends to all socio-economic states of society. The sharing of needles and syringes is more frequent among the poor and the less informed.

(e)&(f) The reports of these studies have not been published. However, the findings of these studies have been utilised for preparation of advocacy package for policy makers, administrators and programme implementors.

In addition, the findings of these studies will be used in designing city specific intervention projects,

STARRED QUESTION NO. 313

TO BE ANSWERED ON THE 13TH AUGUST, 1997

HEPATITIS

*313. SHRI DAU DAYAL JOSHI:

Will the PRIME MINISTER
be pleased to state:

(सधान मंत्री)

- (a) the types of Hepatitis detected in the country;
- (b) whether the deadly Hepatitis epidemic is spreading in the country rapidly;
- (c) if so, the number of persons affected and died due to this disease during each of the last three years;
- (d) whether the Government are unable to procure the vaccine used world wide for the treatment of this disease as it is very expensive in India; and
- (e) if so, the action proposed to be taken to check the disease?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) to (e): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO THE LOK SABHA
STARRED QUESTION NO. 313 FOR ANSWER ON 13.8.1997

.....

(a) Viral Hepatitis of types A, B, C, D, E & G have been detected in the country. The endemicity in the vulnerable pockets of the population has not shown a spread of the disease in epidemic proportions.

(b)&(c): According to available data collected by the Central Bureau of Health Intelligence, the number of persons reported to have been infected and died due to Viral Hepatitis (all types) during the last three years is given below :-

Year	No. of Persons infected	No. of Persons died
1994	98880	1183
1995	98940	943
1996	116031	799

(d)&(e): No vaccine is available for the treatment of Hepatitis. The vaccine for prevention of Hepatitis-'B' is available commercially in the market. Steps have been taken to encourage indigenous production and permission for commercial production has also been accorded to an indigenous manufacturer recently. Initiating a programme for vaccination against Hepatitis-'B' would depend on the availability of additional resources as the present outlays are inadequate for taking up such a programme.

Following measures are being taken to prevent viral Hepatitis:

- (i) Screening for Hepatitis-'B' is mandatory for all blood donations.

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- (ii) Awareness building for promoting safe sex has been undertaken.
- (iii) Guidelines have been issued for the use of a separate sterile syringe and needle for each injection.
- (iv) Directions have been given for the immunisation of Central Government hospital personnel, who are at high risk, against Hepatitis-'B'.
State Governments have also been advised to take similar steps.
- (v) Intensive Health Education measures have been promoted inter-alia conveying message for use of safe drinking water and maintenance of environmental sanitation.

LOK SABHA

STARRED QUESTION NO. 312

TO BE ANSWERED ON THE 13TH AUGUST, 1997

DRUG RESEARCH PROGRAMME FOR AIDS/HIV

*312. SHRI HARIN PATHAK:

Will the PRIME MINISTER
be pleased to state:

(सधान मंत्री)

- (a) the details of the drug research programmes carried out in India for the treatment of AIDS/HIV;
- (b) the details of financial assistance provided by the Government for the purpose;
- (c) whether any research is being sponsored by the Government to find Ayurvedic/Homoeopathic/Unani cure for AIDS in Government/Private Institutions; and
- (d) the steps taken to encourage research on finding a cure of AIDS?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a)to(d): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO THE LOK SABHA
STARRED QUESTION NO. 312 FOR ANSWER ON 13.8.1997

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IN
To promote and encourage research on finding a cure for AIDS, Indian Council of Medical Research has set up an 'Expert Group' to critically examine proposals on research under various systems of Medicine. the Council has recently established facilities at National AIDS Research Institute, Pune to study anti-retroviral properties of some traditional medicines for HIV infection. These studies have just been initiated. Indian Council of Medical Research has allocated Rs.6.42 lacs for this facility.

Research in the field of drug treatment of HIV/AIDS is being taken up in various systems of medicines in our country.

Allopathic System of Medicine

In Maharashtra three drug regime trials of reverse transcriptase inhibitors have been undertaken at AIDS Research and Control Centre, Mumbai in collaboration with Government of Maharashtra. The preliminary findings show an increase in CD 4 counts. The final outcome of the study is awaited.

Homoeopathic System of Medicine

The Central Council for Research in Homoeopathy has undertaken a research study since 1989 to evaluate the role of homoeopathic medicine. The study is being carried out at the Regional Research Institute of Homoeopathy, Mumbai and clinical research unit of Homoeopathy, Chennai.

The Central Council for Research in Homoeopathy has also carried out an independent randomized placebo controlled trial of homoeopathic medicines in HIV infection at Regional Research Institute of Homoeopathy, Mumbai. The final outcome of this study is awaited. The Governing Body of the Central Council for Research in Homoeopathy

...../-

has recently approved establishment of Central Research Institute of Homoeopathy exclusively for research in HIV/AIDS.

The Central Council for Research in Homoeopathy have spent Rs.67.89 lacs since 1989. This includes Rs.25.25 lacs provided by the National AIDS Control Organisation during 1995-96.

Research on Siddha Drugs

Research on the role of Siddha drugs in the management of HIV/AIDS is carried out at Government Hospital of Thoracic Medicine, Tambaram, Chennai. But the final outcome of these studies is still awaited. Funds to the tune of Rs.8 lacs for carrying out this trial has been provided by NACO.

LOK SABHA

STARRED QUESTION NO. 310

TO BE ANSWERED ON THE 13TH AUGUST, 1997

HEPATITIS-C

*310. DR. VALLABHBHAI KATHIRIA:

Will the PRIME MINISTER
be pleased to state:

(प्रधान मंत्री)

- (a) whether the Government have issued notification for making the screening of Hepatitis-C mandatory for all blood donations from July 1, 1997;
- (b) if so, whether the Government had adequate stock of kits for supplying to all Central, State and other non-Governmental organisations who are maintaining blood banks in the country before the issue of the notification;
- (c) if so, the details thereof; and
- (d) if not, the further steps the Government propose to take in this direction?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENJKA CHOWDHURY)

(a) No, Sir.

(b)&(c): Do not arise.

...../-

(d) The feasibility of inclusion of mandatory screening of blood for Hepatitis-C requires an indepth deliberations among experts from the field of Transfusion medicine and Administrators, to have a technical and economic analysis and to work out a time schedule. Till such time HCV testing of blood will remain voluntary.

LOK SABHA

STARRED QUESTION NO. 305

TO BE ANSWERED ON THE 13TH AUGUST, 1997

EXTENSION OF NATIONAL T.B. CONTROL PROGRAMME

*305. SHRI CHANDRABHUSHAN SINGH:

Will the PRIME MINISTER
be pleased to state:

- (a) the name of states which have been brought under the revised National T.B. control programme;
- (b) details of the schemes being implemented under this programme;
- (c) whether the Government of Uttar Pradesh has requested the Union Government to approve extension of Revised National T.B. Control Programme for all other districts of the State which are not covered under scheme as on date;
- (d) if so, whether the Union Government have given its approval; and
- (e) if not, the reasons therefor?

A N S W E R

THE MINISTER OF STATE IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

- (a) Under the World Bank funded TB Control Project, it is proposed to cover 102 districts in next 3 years under RNTCP in 15 States i.e. Andhra Pradesh, Assam, Bihar, Delhi, Gujarat, Karnataka,

...../-

Himachal Pradesh, Kerala, Maharashtra, Manipur, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

(b) In order to achieve a cure rate of 85% under the Revised National TB Control Programme, the Government is providing:-

(i) 100% requirements of Anti-TB drugs in patient wise box in Multi Blister combipacks.

(ii) Additional funds for implementing DOTS (Directly Observed Treatment Short Course)

(iii) Improved uninterrupted supply of drugs for better sputum examination.

(c) to (e): Yes, Sir. A request was received from the Governor of Uttar Pradesh for inclusion of 30 Short Course Chemotherapy districts of U.P. in the Revised National Tuberculosis Control Programme, Phase-III. The Revised National Tuberculosis Control Programme is being implemented in four districts of Uttar Pradesh covering a population of 96.4 lakhs. In addition the remaining 39 SCC districts of the State will be strengthened for subsequent introduction provided they are able to meet the appraisal criteria.

GOVERNMENT OF INDIA

RAJYA SABHA

MINISTRY OF HEALTH AND
FAMILY WELFARE

UNSTARRED QUESTION No. 2550

TO BE ANSWERED ON THE 14TH AUGUST, 1997

ERADICATION OF POLIO

2550. SHRI KRISHNA KUMAR BIRLA:

SHRIMATI JAYANTI PATNAIK:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government's efforts during the past few years to eradicate Polio in the country have borne results;
- (b) if so, the details thereof;
- (c) whether the targets fixed to eradicate Polio have been achieved;
- (d) if not, the reasons therefor; and
- (e) the fresh efforts Government propose to make to eradicate Polio in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) Yes, Sir.

(b) The number of reported polio cases have declined from 28257 in 1987 to 1005 in 1996.

(c) to (e) It is targeted to reach zero polio incidence by the year 2000. The Government has been launching PPI from 1995-96 with the objective of eradicating poliomyelitis. Simultaneously the routine polio immunization programme is also going on everywhere.

TO BE ANSWERED ON THE 14TH AUGUST, 1997

ICMR REPORT ON DENGUE

2552. SHRI VEDPRAKASH P. GOYAL:

SHRI YERRA NARAYANASWAMY:

Will the PRIME MINISTER be pleased to state:

- (a) whether Government are aware that the new dengue disease paradigm has secured a firm foothold in India, as per report in ICMR bulletin of January, 1997;
- (b) if so, what are the various types of dengue;
- (c) what are the various reasons for its spread in the country; and
- (d) in what manner Government propose to wipe out this disease from the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SMT. RENUKA CHOWDHURY)

(a) & (b); Dengue has been endemic in India since long. There are many types of Dengue like undifferentiated dengue fever, Dengue Haemorrhagic Fever (DHF) and Dengue Haemorrhagic Fever with shock syndrome (DSS).

(c): The reasons for spread of Dengue in the country can be attributed to:

- Major demographic changes like uncontrolled urbanisation coupled with excessive population growth;
- Sub-standard housing and inadequate water and waste disposal system;
- Rapid movement of infected humans;

Creation of mosquito breeding conditions through stagnation of water in water containers, coolers, cisterns, unused tyres, flower vases, pots etc.

(d): An Action Plan for prevention and control of Dengue and Guidelines for preparation of a Contingency Plan for tackling possible outbreaks of Dengue have been prepared and circulated to all the State Government for undertaking the following measures:-

- Intensification of surveillance activities;
- Vector Control measures;
- Strengthening of Hospital Services for proper management of Cases.
- Intensification of Information, Education and Communication activities;
- Source reduction;
- Organisation of Training Programmes; and
- Mass awareness Campaign by the local bodies.