

## Encephalitis cases on rise, Govt ensures quick response

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As per the union health minister, Mr JP Nadda recently in Muzaffarpur and Malda, cases reported for Encephalitis were neither due to Japanese Encephalitis nor due to entero-viruses. Normally, Encephalitis is affecting children below 15 years of age. However, in the last few years, epidemiological data has revealed that many adults are also being affected and cases of morbidity and mortality, particular for JE, have been observed in adults in Assam and recently in the districts of North Bengal.

The total numbers of Encephalitis cases reported were 5,167 in 2010, 8,249 in 2011, 8,344 in 2012, 7,825 in 2013 and 9,912 cases this year up to 17th December. For mortality the numbers were 679 in 2010, 1,169 in 2011, 1,256 in 2012, 1,273 in 2013 and 1,495 up to 17th December, this year. In terms of distribution of cases this year, we find that the maximum reported numbers of 3,291 cases were from Uttar Pradesh, followed by 2,317 cases in West Bengal, 2,194 cases in Assam and 866 cases in Bihar. The main districts affected in Uttar Pradesh are Khushinagar, Deoria, Maharajganj Gorakhpur, and Sidharthnagar; in Bihar the district Muzaffarpur; in West Bengal, the districts Jalpaiguri, Bankura, Darjeeling, Coochbehar, Burdwan and Bankura and in Assam, the districts Sonitpur, Golaghat, Dhimaji, Shivsagar, Dibrugarh, Kamrup (Metro) and Tinsukia

"The government of India launched a National Program for Prevention and Control of JE/AES in the end of 2012-13. This Program envisages a multipronged strategy in 60 high priority districts in five high endemic States of Assam, Bihar, Uttar Pradesh, Tamil Nadu and West Bengal. The districts covered include 20 in Uttar Pradesh, 15 in Bihar, 10 in Assam, 10 in West Bengal and 5 in Tamil Nadu. The stakeholder Ministries include Ministry of Drinking Water and Sanitation with the task to provide safe drinking water and sanitation facility; Ministry of Social Justice & Empowerment with the task to provide rehabilitative services to disabled children; Ministry of Women and Child Development to provide nutrition to children in the affected districts; Ministry of Housing and Poverty Alleviation to provide drinking water facility in urban slums and Ministry of Human Resource Development (Education Department) to develop special curriculum for mentally and physically disabled children. The Ministry of Health and Family Welfare is the nodal Ministry with the task to vaccinate the children in the endemic districts, to improve the case management by establishing Pediatric ICUs at district hospitals, to establish Physical Medicine and Rehabilitation Departments and to strengthen public health measures including information-education-

communication/behavior-change-communication for prevention and control of JE/AES," mentioned Mr JP Nadda.

Under the National Program, for JE vaccination, out of 60 high priority districts, vaccination has been completed in 59 districts, the remaining one District (Kanpur Dehat) will also be covered during this financial year. Funds have been released for setting up of Pediatric ICUs in 27 districts. We are following up with the State Governments for setting up and complete operationalization of these Pediatric ICUs on priority. This requires civil work, procurement of equipment and recruitment of manpower. While the Physical and Medical Rehabilitation Department at BRD Medical College, Gorakhpur is already functional, the Units at KG Medical College, Lucknow; BHU, Varanasi; Bankura Medical College; North Bengal Medical College; Gaya Medical College and Patna Medical College require upgradation. Units are required to be set-up at Assam Medical College, Dibrugarh and at Guwahati Medical College in Assam. Out of total 10 proposed Physical Medicine and Rehabilitation Units, Rs 25 crores has already been released for 5 Physical Medicine and Rehabilitation units in 2013-14 and for another 4 units release of Rs 20 crores is under process. Vector control and surveillance activities are being supported under National Vector Borne Disease Control Program. Surveillance is also being undertaken through the Integrated Disease Surveillance Project under the National Centre for Disease Control (NCDC).

For detection of non JE pathogens, Indian Council of Medical Research has established a field unit of National Institute of Virology, at BRD Medical College, Gorakhpur. In addition, ICMR is conducting research-cum-intervention projects. NIV, Pune is supplying IgM ELISA kits to sentinel laboratories for the detection of JE cases. These kits are funded by the Directorate of National Vector Borne Disease Control Program, government of India.

This was started in 2006 and was scaled up in a phased manner over years. The strategy for JE vaccination is to conduct a one-time campaign (which targets all children from 1-15 years of age), after which JE vaccination is included as a part of routine immunization in that area. Initially, only one dose of JE vaccine was provided at the age of 16 to 24 months (with DPT/OPV booster). From April, 2013 onwards two doses for JE are scheduled under routine immunization, the first at 9 to 12 months and second at 16 to 24 months of age. Out of 179 JE endemic districts in the country, 152 districts have been covered by vaccination from 2006 to 2014. Further, a catch up round to cover children missed out during the campaign and routine immunization rounds has been carried out on 22-23 June, 2014 for ten districts of Uttar Pradesh and eight districts of Bihar. Due to recent cases of JE in adults, this issue was discussed in the National Technical Advisory Group on Immunization. It was decided that we can take up vaccination for adults too in districts where such adult cases are being reported. The Assam Government has covered adults with JE vaccination in nine districts. This has been beneficial. It is crucial that the coverage of immunization remains high. Our reports show that routine immunization undertaken by the States may not have high coverage in all the target districts. States must, therefore, focus on this important aspect also.

The minister revealed that the funds released under National Vector Borne Diseases Control Programme during 2014-15 to Assam were Rs 9.16 crores, Bihar Rs 28.57 crores, Tamil Nadu Rs 15.61 crores, Uttar Pradesh Rs 23.76 crores and West Bengal Rs 18 crores. These funds are to be used for prevention and control of Vector Borne Disease including implementation of the JE/AES activities. In addition, Rs 5.35 crores has been released under NHM flexi pool to support the contractual human resources at JE/AES wards at BRD Medical College, Gorakhpur. Similarly, in 2011-12 and 2012-13 too an amount of Rs 3.05 crores was released under NHM to improve the manpower situation at BRD Medical College, Gorakhpur.