

6.00 P.M

STATEMENT BY MINNISTER

Outbreak Of fever in Siliguri, West Bengal

THE MINISTER OF HEALTH and FAMILY WELFARE (DR. C. P. THAKUR): Sir, I would like to brief the House on the recent outbreak of an undiagnosed fever in the district of Siliguri, West Bengal which has caused high mortality and concern amongst the local population.

According to the information received from the State health authorities, patients with symptoms of high fever, vomiting, delirium and coma within a period of three to four days, were first reported on 5th February, 2001. Altogether 9 persons were affected with these symptoms and 6 of them died. On receipt of this information, State Government health officials accompanied by experts from medical colleges of Kolkata and Institute of Tropical Medicine, Kolkata visited Siliguri to investigate the incident. Between February 16th and 21st, 62 persons suffered from low-grade fever, sore throat, respiratory distress and pulmonary oedema.

On receipt of information from the Chief Secretary, Government of West Bengal, the Department of Health sent on 23.2.2001 eleven experts --three from National Institute of Communicable Diseases, New Delhi; six from NIV, Pune, and two from AIIMS, New Delhi •- to assist the State health authorities in their efforts in diagnosis and treatment of the disease.

The clinical features of the infection are mainly abrupt rise of fever, headache and body ache. Within one or two days, the patients are seen to develop confusion and go into coma. Some of the patients developed myoclonic jerks, or even convulsions. Some also experienced breathing difficulty. There was no indication of jaundice or infection of urinary tract or haemorrhagic fever. Physical examination did not show neck rigidity. Liver function tests were normal. Chest X-ray showed bilateral diffused opacities. Cerebrospinal fluid examination was normal except raised pressure. The infection was observed to have a short incubation period, with neurological abnormalities suggesting of encephalitis syndrome -- but the pathological reports did not support this diagnosis. Further, it was observed that the spread of this infection was marked amongst medical personnel and relatives who came in close proximity of the patients.

As reported up to this morning, 62 persons have been identified to be having this disease and 35 have expired. It has been observed that

most of the identified patients belong to Siliguri town, though sporadic cases are coming in from the rural hinterland. The outbreak originated from two private medical establishments in Siliguri. At present, all infected cases are being treated in the North Bengal Medical College Hospital. Currently, 27 patients are under treatment. No fresh case has been reported during the last 24 hours.

Based on clinical features, specialists have advised that body fluids be examined for isolation/identification of the causative organism. Observance of standard precautions by hospital staff -- such as use of gloves, masks, gowns and washing of hands -- has been strongly recommended. Also, isolation precautions have been recommended when patients are transported outside the ward for X-ray and other investigations. The Ceftriaxone; Erythromycin, judicious use of I.V. Fluid; anti-brain oedema measures (such as use of manitol); and administration of oxygen.

In response to the request of the Government of West Bengal, one lakh Tetracycline capsules, 5,000 vials of injection Streptomycin and 5,000 vials of Injection Gentamycin, have been dispatched to Siliguri from the Central Government Medical Stores.

Experts from NICD, New Delhi and NIV, Pune have collected samples, which are being brought. Patients are being made to wear masks. It has been recommended that the patients be given symptomatic treatment: antibiotics such as to New Delhi and Pune today, for laboratory investigations. Laboratory findings will assist in identifying the causative organism and facilitate in prescribing proper treatment and advice for its containment and prevention. A request for parallel identification of causative organism is being made to Centre for Disease Control, Atlanta, USA.

The Department of Health, Government of India, is maintaining constant contact with the State health authorities and monitoring the developments. Any assistance required by the State Government will be extended by the Department of Health to tide over the present exigency.

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : अब हम मंगलवार, 27-2-2001, 11 बजे तक के लिए उठते हैं।

The House then adjourned at four minutes past six of the clock, till eleven of the clock on Tuesday, the 27th February, 2001.