

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Influenza is a very labile virus and undergoes very frequent minor mutations (antigenic drift). It is only when major mutation takes place, does a pandemic arise. In nature, a large number of animals, viz. pigs, horses, birds, whales are known to be reservoirs of this virus which can readily undergo natural recombination or genetic assortment resulting in a new virus. It is thus not known such a virulent virus would emerge that is highly transmissible from humans to humans. The major changes do not occur often and takes place 10-30 years. Historically such major recombinations and pandemics have been reported in 1918, 1957, 1968 and now in 2009.

Indian Council of Medical Research has studied 114 isolates of the H1N1 virus for change of its behaviour to Oseltamivir susceptibility. All the isolates were found sensitive.

Introduction of short term medical education course

85. SHRI S. S. AHLUWALIA:
SHRI BRIJ BHUSHAN TIWARI:

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

(a) whether it is a fact that Government is contemplating to introduce short-term Medical Education course with a view of making available 'Doctors' in larger number for serving in rural areas;

(b) if so, the details thereof indicating the status of the proposal and the timeframe, if any for its implementation, including number of Medical Practitioners expected to be churned out annually under the scheme;

(c) whether some States are also making proposal on similar line;

(d) if so, the details thereof; and

(e) the details relating to concurrence of the Medical Council of India towards these proposals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (b) In order to tackle acute shortage of doctors in rural areas, the Central Government has been exploring various options, one of which is to introduce a short term rural medical course. The proposed course is of 4-years duration which includes 6-months of internship and especially designed for those who have completed their schooling and passed their qualifying examination from a 'notified rural area' in the district. The course is proposed to be conducted in the district hospitals where there is no medical college. On acquiring this qualification, the candidates can serve in the rural areas only in that State.

(c) and (d) The State of Assam and Chhattisgarh have introduced the short term rural

medical course in the recent past through their State Legislations. While in Assam the course is continuing, in Chhattisgarh the same has been discontinued on account of litigation.

(e) The Medical Council of India has held consultations with stakeholders to finalize its proposal. The Central Government shall take decision on receipt of the proposal from Council.

CGHS hospitals in Uttar Pradesh and Madhya Pradesh

86. SHRI BRIJLAL KHABRI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of CGHS hospitals and dispensaries in Uttar Pradesh and Madhya Pradesh;

(b) whether the number of hospitals and dispensaries is adequate keeping in view the number of Central Government employees in Uttar Pradesh and Madhya Pradesh;

(c) whether Government proposes to include private hospitals in CGHS to increase the number of hospitals; and

(d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) CGHS does not run any hospital anywhere in the country. CGHS functions in (i) Meerut (6 dispensaries); (ii) Kanpur (9 dispensaries); (iii) Lucknow (6 dispensaries) and (1 polyclinic); and (iv) Allahabad (8 dispensaries) in Uttar Pradesh.

In Madhya Pradesh CGHS functions from (i) Bhopal (1 dispensary); and (ii) Jabalpur (3 dispensaries).

(c) and (d) CGHS periodically empanels private hospital and diagnostic centres for providing health care services to its beneficiaries.

Incidents of blindness after eye surgery

87. SHRI VIJAY JAWAHARLAL DARDA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether eleven people lost their vision during free cataract surgery operations in October, 2009 in Nellore, Andhra Pradesh;

(b) if so, whether such a grim situation had developed due to procedural surgery lapse, infection due to contamination of drugs or instruments used;

(c) whether any Government guidelines exist to be followed when such free eye surgery camps are organized and prior permission is required to be obtained from District/State health authorities; and

(d) what precautions Government would adopt so that such situations are eliminated?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per report received from Government of Andhra Pradesh, 24 people lost their eye sight in a