

- (a) whether the attention of Government is drawn to the media report regarding availability of inhalable vaccine for measles in India;
- (b) if so, the details thereof and the reaction of Government thereto;
- (c) the details of the progress achieved so far in this regard; and
- (d) by when this inhalable vaccine will be available in the open market?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Yes. There has been a news paper report on inhalable vaccine for measles in India. A dry powder inhalable measles vaccine has been developed by scientists from the University of Colorado, USA.

(b) The Government of India is following the development of this inhalable vaccine, and a decision on its suitability for Indian conditions would be considered when more evidence has been generated about its effectiveness and efficiency.

(c) Carbon dioxide assisted nebulizer with a bubble dryer process technology has been used. The powder retains viral activity and have passed the WHO stability test for 1 week at 37°C. Inhalation of dry powder has potential benefits of easier logistics of administration, reduced cold chain dependence and avoids risk associated with injections. No published data, however, is available on the safety and immunogenicity of dry powder inhalable measles vaccine.

(d) This technology is still in developmental stages and would need to go through various phases of clinical trials before it can be made available in the market.

National guidelines for stroke management

3461. SHRI MANGALA KISAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of stroke cases in India leading to loss of life, limbs and speech during the last three years, year-wise;
- (b) what are the national guidelines for stroke management and details thereof;
- (c) the people who are at risk of strokes; and
- (d) whether Government hospitals display the lists of guidelines and acute stroke team of doctors?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) The exact number of stroke cases in India in any given year is not known. However, as per estimates given by the Indian Council of Medical Research (ICMR), the total number of stroke cases and stroke related deaths in the year 2004 were estimated to be 9,30,985 and 6,39,455 respectively.

(b) The Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh have formulated draft guidelines for stroke management at various of health care delivery for use in the proposed National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke.

(c) Persons at risk of stroke include the elderly and those persons with high blood pressure, diabetes, obesity and hypercholesterolemia. Smoking, physical inactivity and stress are also contributory factors to stroke proneness.

(d) No.

Medical colleges run by corporate hospital chains

3462. SHRI D. RAJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the corporate hospital chains have been allowed to set up medical colleges as per a notification issued by Medical Council of India (MCI);

(b) if so, the details thereof;

(c) whether any relaxation has been made in the requirement norms for getting sanction from Government to set up new medical colleges; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Yes.

(b) The Medical Council of India Regulations *vide* notification dated 01st December, 2008 have been amended allowing companies registered under Company Act to open medical colleges. The permission shall be withdrawn if the colleges resort to commercialization.

(c) and (d) To facilitate setting up of more medical colleges without diluting the standards, the Government has revised has norms in the Medical Council of India Regulations by rationalizing land requirements from 25 acres to 20 acres.

In metropolitan and A-grade cities, the land requirements is 10 acres with the permissible FAR norms.

In the case of notified tribal areas, NE States, Hill States and Union Territories of Andaman and Nicobar Islands, Lakshadweep, Dadra and Nagar Haveli and Daman and Diu, two parcels land are allowed with a distance of not more than 10 kms separating them. Bed strength and bed occupancy norms have also been relaxed in respect of these areas.

Shortage of doctors in rural areas

3463. SHRI P.R. RAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is a chronic shortage of doctors in rural parts of the country for the last many decades;

(b) if so, the details of steps taken to curb population growth and expanding health care needs for the last three years, year-wise;

(c) whether there is any proposal to create a dedicated cadre of rural healthcare workers as on today; and