

Rise in cases of Hepatitis C

2566. SHRI SHYAMAL CHAKRABORTY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware of the rise in incidents of Hepatitis C;
- (b) if so, the details thereof, State-wise; and
- (c) the measure Government is taking to check the menace of Hepatitis C?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) and (b) State-wise and year-wise reported cases of Viral Hepatitis (all types including Hepatitis C) during last three years are given in Statement (*See* below).

(c) Hepatitis C can be prevented by screening for the virus in blood and blood products, using sterile equipment for any invasive procedure, not sharing syringes in intravenous drug use etc.

Since April 2005, Government has introduced auto-disabled (AD) syringes for all vaccination under the Universal Immunization Programme (UIP).

Auto-Disabled (AD) syringes are single use, self-locking syringes that cannot be used more than once. This prevents misuse and contamination/cross-infection through repeated use of unsterile injection/equipment.

Routine screening of blood units for Hepatitis B & C has been made mandatory for all blood banks to detect and discard contaminated blood units.

National Centre for Disease Control (NCDC), under Ministry of Health and Family Welfare, provides technical guidance to State Governments on communicable diseases including Viral Hepatitis, and helps them in carrying out investigation of outbreaks of such diseases under Integrated Disease Surveillance Project (IDSP) within the overall framework of National Rural Health Mission (NRHM). NCDC also coordinates laboratory support for outbreak investigations and etiological diagnosis besides conducting regular training courses for development of trained manpower.

Statement*State-wise Reported Cases of Viral Hepatitis (All Causes) during the year, 2009-2011*

Sl. No.	States /UTs	2009	2010	2011
1	2	3	4	5
1.	Andhra Pradesh	9457	9949	11050
2.	Arunachal Pradesh	153	219	636
3.	Assam	7770	312	2557
4.	Bihar	NR	NR	202
5.	Chhattisgarh	1835	287	139
6.	Goa	96	71	118
7.	Gujarat	3068	3190	4328
8.	Haryana	2011	1583	2557
9.	Himachal Pradesh	2979	2566	1248
10.	Jammu and Kashmir	6190	3990	5129
11.	Jharkhand	340	358	384
12.	Karnataka	11029	8872	6049
13.	Kerala	7810	5353	5336
14.	Madhya Pradesh	7381	5168	3851
15.	Maharashtra	7488	5446	5994
16.	Manipur	1764	320	229
17.	Meghalaya	205	438	87
18.	Mizoram	476	571	812
19.	Nagaland	542	119	64
20.	Orissa	5610	3328	3272

1	2	3	4	5
21.	Punjab	5750	6546	5041
22.	Rajasthan	981	1356	967
23.	Sikkim	364	1180	484
24.	Tamil Nadu	3978	5732	5940
25.	Tripura	987	717	404
26.	Uttarakhand	20132	6645	3143
27.	Uttar Pradesh	1988	2203	7749
28.	West Bengal	4525	4779	5480
29.	A and N Islands	243	255	208
30.	Chandigarh	390	NR	1309
31.	D and N Haveli	277	314	269
32.	Daman and Diu	62	103	484
33.	Delhi	7657	6510	8347
34.	Lakshadweep	30	20	15
35.	Pondicherry	517	650	520
TOTAL		124085	89150	94402

Source: National Health Profile published by Central Bureau of Health Intelligence, Directorate General Health Services, Ministry of Health and Family Welfare, Government of India.

Notes: NR implies "Not Reported".

Storing of vaccines in rural areas

2567. SHRI N. BALAGANGA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether vaccines are being stored in rural areas for future use;
- (b) if so, the details thereof and the steps taken by Government for proper storage of vaccines in rural areas and other areas where there is inadequate supply of power;