

- (a) the remote and rural areas of the country where granular salt is being supplied;
- (b) whether non-iodised granular salt is harmful for consumption;
- (c) if so, the various diseases caused by the consumption of non-iodised salt; and
- (d) the reasons for the compulsions to supply granular salt in remote and rural areas of the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) There is no specific information regarding supply of edible granular salt in remote and rural areas of the country.

(b) and (c) Non-iodised edible granular salt is not harmful for consumption, but its prolonged consumption along with iodine deficient diet may lead to iodine deficiency disorders like hypothyroidism, goitre, cretinism, miscarriage of pregnancy etc.

(d) There is no compulsion to supply granular salt in remote rural areas of the country. The edible salt has been supplied by the salt manufacturers as per demand and requirement.

WHO polio eradication certificate for India

4430. SHRI T.M. SELVAGANAPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that India moves ahead to get World Health Organization's (WHO) polio eradication certificate;
- (b) if so, the details thereof;
- (c) whether it is a fact that the said certificate is being issued on completion of incident-free three years of polio;
- (d) whether it is also a fact that to obtain the said certificate India needs to destruct or make safe storage of wild polio-virus; and
- (e) if so, the steps taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY

WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) Yes, World Health Organization (WHO) has removed India from the list of countries with active endemic wild polio virus transmission. Polio free is certified for WHO regions by the Regional Certification Commission and not for individual country. The South-East Asia Regional Commission for Polio Eradication (SEA-RCCPE) has examined the data of 31 states/Union Territories of India and has accepted the report of the Indian National Certification Committee for Polio Eradication and has concluded that the wild polio virus is not circulating in these states.

(c) Yes, each region can consider certification only when all countries in the area demonstrate the absence of wild polio virus transmission for at least three consecutive years in the presence of certification standard surveillance.

In addition, all facilities holding wild polio virus infectious and potentially infectious materials must have implemented bio-containment measures for laboratory containment of wild poliovirus.

(d) and (e) Yes, a Task Force for Laboratory containment of wild polio viruses has been constituted. The first phase of laboratory containment started by surveying laboratory to identify laboratory with wild polio virus, infectious materials or potential wild polio virus infectious materials and encourage them for destruction of all unneeded materials. All States/UTs have been communicated about the successful interruption of wild polio virus transmission in India and the possible certification in 2014 and requested for political and administrative support required for completion of laboratory containment activities in their respective States.

Support of WHO's National Polio Surveillance Project (NPSP) is also being obtained to survey all laboratories in their database and provide information of the Laboratories to the Task Force.

An inventory of laboratories/Institutes of Department of Bio Technology (DBT)/Department of Science & Technology (DST), Council of Scientific & Industrial Research (CSIR) and Indian Institutes of Technology (IITS)/National Institute of Information Technology (NIITs), databases of bio-medical laboratories in Department of Health Research (DHR), bio-tech laboratories in Biotechnology Industry Research Assistance Council (BIRAC) database has been prepared for information on storage of potentially infectious material.