

Measures to check spread of Nipah virus

*107. SHRI BINOY VISWAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps being taken by Government to prevent the spread of Nipah virus in the districts of Kerala;

(b) whether Government proposes to take urgent steps to start functioning of an advanced Virology Institute in Alleppey, Kerala; and

(c) whether Government proposes to take measures to confer "Florence Nightingale" Award posthumously to Sister Lini, who died while selflessly striving to support the Nipah affected patients in Kozhikode district in 2018?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN):
(a) to (c) A Statement is laid on the Table of the House.

Statement

(a) Human Nipah virus infection is an emerging zoonotic disease in which Nipah virus is transmitted to humans from infected bats, pigs or other animals. Nipah virus outbreaks in India have been reported from two states; West Bengal (2001 and 2007) and in Kerala in 2018 and now in 2019.

In 2019 only one case was reported from Ernakulum district of Kerala which is stable and oriented. During this outbreak, contact tracing was done for 330 contacts and 50 symptomatic contacts were quarantined, samples from these were also tested for Nipah virus and all were found to be negative. Out of 141 bat samples tested 18 (12.7%) were found to be positive for anti Nipah bat IgG antibodies as well as presence of Nipah virus.

Considering the mode of Nipah virus transmission from bats to humans and thereafter from infected humans to humans; multi-disciplinary team including doctors and experts from Ministry of Health and Family Welfare, Department of Animal Husbandry, Dairying and Fisheries, Ministry of Agriculture and Farmer's Welfare and Wildlife Division of Ministry of Environment, Forest and Climate Change was deputed to assist the investigation in humans and animals (bats/animals/ livestock) and environment. The central teams assisted the State Government in epidemiological investigation, contact tracing, surveillance, technical support for firming up treatment protocols, ventilator management, infection prevention and control measures and use of personal protection equipment. The teams also assisted the state government for risk communication to the community, public, stakeholders and other partners.

Government of India has also issued the following guidelines:—

- Brief on Nipah virus disease
- Advisory for General Public
- Advisory for Health Care Personnel
- Guidelines for sample collection and transportation for Nipah virus
- Hospital Infection Control guidelines for Nipah virus
- Clinical Management Protocol for Nipah virus disease

Ministry of Health and Family Welfare has developed Information, Education and Communication (IEC) material for increasing community awareness on possible modes of getting infection and further transmission among humans.

For effective monitoring for future outbreaks, the Ministry of Health and Family Welfare has established mechanism for sharing of data between animal and human surveillance networks to ensure early detection of infection among humans and animals and mapping of hotspots which have potential for transmission of infection from animals to humans in areas.

(b) Indian Council of Medical Research-National Institute of Virology, Pune already has an operational field unit at Alleppey, Kerala. The field unit is in existence since 2008 and is sufficiently trained and equipped to offer diagnosis related to all viruses relevant to the state of Kerala including Nipah virus. The field unit has been upgraded to a state of art modern laboratory equipped with BSL-3 facility. Besides, Department of Health Research has also recently established a state level Virus Research and Diagnostic Laboratory (VRDL) at Alleppey. This in turn has augmented the capacity of the field unit in terms of staff, recurring budget and equipments. Additionally, an experienced senior scientist of ICMR with relevant expertise has been transferred to Alleppey to ensure effective functioning.

(c) Yes Sir. Ministry of Health is positively considering to confer Florence Nightingale Award to Sister Lini (posthumously).

SHRI BINOY VISWAM: Sir, the breakout of Nipah virus in Kerala was a big shock to the whole State. For more than two weeks life became to a standstill in those districts. So, the people of Kerala and the Government of India collectively fought it out. This year also, it happened in Ernakulum district, but with lesser impact. My point is, taking this into account; Kerala needs a branch of National Institute of Virology in the district of Alleppey immediately.

DR. HARSH VARDHAN: Sir, we already have a very advanced centre there and this year we further strengthened that Centre right from day one when we got this information

of this suspected case of Nipah in Kerala. We had rushed all our experts from all related departments and they were all stationed there and I am happy to inform this House that because of all intervention made by the State and all the support provided by the Central Government continuously, we were able to save that one patient and we did an extensive study of all the 350 contacts, tracings were done and in fact, over 200 bats were tested. Out of that, 12 per cent was found positive. I would like to inform this House that whatever needs to be done and whatever is required is already there.

MR. CHAIRMAN: Thank you, Mr. Minister. Second supplementary, please.

SHRI BINOY VISWAM: Sir, this House and the country should know about the lady, a sister, who is no more. ...*(Interruptions)*...

MR. CHAIRMAN: Put your question, please. Mr. Viswam, you are a very hardworking person. You must follow the rules and procedure. Please don't waste time like this. You can discuss all this when the discussion on the Ministry of Health takes place. ...*(Interruptions)*... Do you have second supplementary?

SHRI BINOY VISWAM: The sister has a right to be crowned with the Florence Nightingale Award with immediate effect. She gave her life for the cause of patients. ...*(Interruptions)*...

MR. CHAIRMAN: This is not a question. Next, Ch. Sukhram Singh Yadav. ...*(Interruptions)*...

SHRI BINOY VISWAM: Sir, just a minute. ...*(Interruptions)*... Please allow me. ...*(Interruptions)*... Hon. Minister wants to answer. ...*(Interruptions)*... He wants to answer, Sir. ...*(Interruptions)*...

MR. CHAIRMAN: Even if he agrees and you also agree, I disagree with both of you. ...*(Interruptions)*... Ch. Sukhram Singh Yadav.

चौधरी सुखराम सिंह यादव: माननीय सभापति जी, यह जो प्रश्न पूछा गया है, इससे संबंधित एक प्रश्न में माननीय मंत्री जी से पूछना चाहता हूँ कि क्या वे यह बताने की कृपा करेंगे कि इस प्रकार का विषाणु केरल के अलावा भारत के अन्य किन-किन राज्यों में छाया हुआ है?

डा. हर्ष वर्धन: सर, अभी तक यह निपाह की जो बीमारी है, यह सबसे पहले last 90s में 1998-99 में, मलेशिया और सिंगापुर में आयी थी। उसके बाद 2001 और 2007 में वैस्ट बंगाल में और बंगलादेश में इसका epidemic हुआ। Last year केरल में 2018 में यह निपाह वायरस detect हुआ था, in which, unfortunately, seventeen people, out of nineteen, had died. इस साल यह दोबारा केरल के अन्दर आया है। देश भर में संबंधित डिस्ट्रिक्ट लेवल पर जो surveillance systems हैं, उनको हम लोगों ने strengthen किया हुआ है, not only with the health system, but with other departments also related to animal husbandry. ...*(Interruptions)*...

श्री सभापति: धन्यवाद, मंत्री जी।

डा. हर्ष वर्धन: साथ ही Wildlife के भी डिपार्टमेंट्स हैं। We have provided adequate preventive and protective measures to all. ...*(Interruptions)*...

MR. CHAIRMAN: Thank you, Mr. Minister. Now, K.J. Alphons. You are connected with Kerala.

SHRI K.J. ALPHONS: Sir, the State of Kerala has one of the most vibrant health systems. But, how come, every few months, there is an outbreak of some calamity or the other in the health sector? Has the Central Government made any study on this? If yes, what is the long-term solution to this?

DR. HARSH VARDHAN: Sir, I think, the best way to handle all this is by having the best possible surveillance system for various diseases. Of course, there is already a robust surveillance system in the whole country. I think, there is a well-established system in Kerala too. But, there is always scope to further better the facilities that we are already providing to our people. You cannot eradicate the diseases that are endemic to a particular place. But you can certainly handle them in a far better fashion by an early diagnosis.

प्रो. मनोज कुमार झा: सभापति महोदय, माननीय मंत्री जी से मेरा एक प्रश्न है और प्रश्न के साथ यह निवेदन है कि Encephalitis, जिसको हम कहते थे कि गोरखपुर-मुजफ्फरपुर कॉरिडोर में उसकी बहुत proneness होती है, वह असम तक भी spread हुआ है। 2014 में भी आपने कुछ intervention करने की कोशिश की थी। मैं आपसे जानना चाहूंगा कि क्या अनुसंधान की दिशा में या preventive medical care के लिए कुछ proactive steps लिए जा रहे हैं, ताकि अगले वर्ष इसकी पुनरावृत्ति न हो?

डा. हर्ष वर्धन: महोदय, Encephalitis की दृष्टि से दो aspects हैं। यह एक है कि Japanese Encephalitis वायरस के कारण होता है। उसके लिए माननीय सदस्य को और सदन को मैं बताना चाहूंगा कि 2014 के बाद ही Japanese Encephalitis का जो vaccination है, वह भारत में, खास कर जो endemic districts हैं, उनमें उसको Universal Immunization Programme के माध्यम से सब जगह दिया जाता है। दूसरा जो इसी के साथ मिलता-जुलता है, वह Acute Encephalitis Syndrome है, जिसमें बीमारी Encephalitis जैसी होती है, लेकिन उसके जो कारण हैं, उसके बारे में विभिन्न व्यूज़ हैं। वे टॉक्सिक भी हो सकते हैं, मेटाबॉलिक भी हो सकते हैं, वायरल भी हो सकते हैं, बैक्टीरियल भी हो सकते हैं, फंगल भी हो सकते हैं। उसके संदर्भ में, भारत में पर्याप्त रिसर्च हो रही है। जितनी भी संबंधित एसेंसीज़ हैं.. लेकिन अभी हम लोगों ने सजेस्ट किया है कि मुजफ्फरपुर जैसी जो जगहें हैं, जहां पर वह डिजीज़ बहुत ज्यादा endemic हर साल आती है, वहां पर जो state-of-the-art interdisciplinary research centers हैं, इनको consistently throughout the year काम करना चाहिए, rather than through big institutions all over the country.

बोतलबंद पानी में प्लास्टिक के कण पाया जाना

***108. डा. किरोड़ी लाल मीणा:** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को इस बात की जानकारी है कि देश भर में उपयोग किए जा रहे बोतल बंद पानी में प्लास्टिक के बारीक कण घुल जाते हैं जो मानव शरीर के लिए घातक साबित हुए हैं;

(ख) यदि हां, तो क्या सरकार द्वारा लोगों को शुद्ध पेयजल उपलब्ध करवाने के लिए कदम उठाए गए हैं; यदि हां, तो तत्संबंधी ब्यौरा क्या है; और