

# Action Plan and Measures taken to eliminate diseases

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The target year set by the Government to eliminate following diseases are as under:-

Diseases	Target Year of Elimination
1. Kala-azar:	2017
2. Leprosy:	2018
3. Measles:	2020
4. Tuberculosis:	2025

**Kala-azar**- Kala-azar is targeted for elimination by 2017 i.e. 1 case per 10,000 population at block level. As of 2016, 85% of the endemic blocks have achieved elimination target.

**Leprosy**:- Elimination of Leprosy i.e., 1 case/ 10000 population at national level was already achieved in the year 2005. The short term target is reduction of Grade II disability cases to less than one million population, as per WHO document on Global Leprosy Strategy, 2016 - 2020.

**Measles**:- Ministry of Health and Family Welfare has accepted the recommendation of Mission Steering Group for wide age group measles and rubella (MR) campaign covering children in the age group of 9 months to less than 15 years followed by introduction of measles rubella vaccine in routine immunization to further reduce morbidity and mortality due to measles and rubella.

As on 18th December 2017, more than 6.5 crore children have been vaccinated with MR vaccine in 13 States/UTs, namely, Andhra Pradesh, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Goa, Himachal Pradesh, Karnataka, Kerala, Lakshadweep, Puducherry, Tamil Nadu, Telangana and Uttarakhand.

**Tuberculosis** As per the Global TB Report 2017, the incidence of TB has reduced from 217 per lakh per year in 2015 to 211 per lakh per year in 2016 and mortality has reduced from 36 per lakh per year in 2015 to 32 per lakh per year in 2016.

Number of cases reported State/UT wise during the last three years in respect of Kala Azar, Leprosy, Measles and Tuberculosis are given below:

## State/UT-wise Kala-Azar cases during the last three years

Sl.No.	State	2014	2015	2016
1.	Bihar	7615	6517	4773
2.	Jharkhand	937	1262	1185
3.	West Bengal	668	576	179
4.	Uttar Pradesh	11	131	107
<b>Total *</b>		<b>9241</b>	<b>8500</b>	<b>6249</b>

\* 10, 14, and 5 sporadic cases have been reported from other states during 2014, 2015 and 2016 respectively

**State/UT-wise new Leprosy cases detected during the last three years**

S. No.	State/ UT	No. of new cases detected		
		2014-15	2015-16	2016-17
1	Andhra Pradesh	4687	4355	4228
2	Arunachal Pradesh	32	33	28
3	Assam	856	781	1019
4	Bihar	16848	16185	21818
5	Chhattisgarh	8847	10440	12609
6	Goa	55	136	130
7	Gujarat	9024	10138	7266
8	Haryana	635	672	491
9	Himachal Pradesh	176	162	146
10	Jharkhand	4873	4432	6253
11	Jammu & Kashmir	159	189	143
12	Karnataka	3314	3065	2897
13	Kerala	663	574	496
14	Madhya Pradesh	6921	6597	7152
15	Maharashtra	16415	15695	15012
16	Manipur	17	19	20
17	Meghalaya	25	33	33
18	Mizoram	11	9	6
19	Nagaland	42	67	34
20	Odisha	8004	10174	10045
21	Punjab	620	651	626
22	Rajasthan	1060	1106	1042
23	Sikkim	13	21	23

24	Tamil Nadu	3604	4925	4937
25	Telangana	2905	2800	2658
26	Tripura	47	42	34
27	Uttar Pradesh	22223	22777	22301
28	Uttarakhand	532	382	375
29	West Bengal	10315	8170	11236
30	A & N Islands	25	29	18
31	Chandigarh	173	136	128
32	D & N Haveli	318	425	384
33	Daman & Diu	21	4	7
34	Delhi	2280	2068	1812
35	Lakshadweep	4	0	45
36	Puducherry	41	42	33
Total		125785	127334	135485

#### State/UT-wise Measles cases during the last three years

S.No	States/UTs	2014	2015	2016
1	Andaman & Nicobar Islands	37	31	25
2	Andhra Pradesh	281	44	115
3	Arunachal Pradesh	35	17	365
4	Assam	507	1225	1382
5	Bihar	141	339	370
6	Chandigarh	4	105	78
7	Chhattisgarh	7	32	62
8	Dadra & Nagar Haveli	78	142	51
9	Daman & Diu	14	0	0
10	Delhi	1875	1083	1460
11	Goa	72	28	14
12	Gujarat	823	790	940

13	Haryana	155	262	348
14	Himachal Pradesh	267	928	461
15	Jammu & Kashmir	2840	2148	2071
16	Jharkhand	1019	1299	432
17	Karnataka	1116	1182	524
18	Kerala	1257	1782	1425
19	Lakshadweep	0	0	0
20	Madhya Pradesh	352	809	500
21	Maharashtra	2030	1888	1988
22	Manipur	232	419	314
23	Meghalaya	228	266	1010
24	Mizoram	123	759	654
25	Nagaland	319	98	95
26	Odisha	583	808	581
27	Puducherry	27	13	6
28	Punjab	1	32	16
29	Rajasthan	294	1407	592
30	Sikkim	102	802	278
31	Tamil Nadu	499	405	251
32	Telangana*	-	83	91
33	Tripura	452	702	174
34	Uttar Pradesh	298	1801	1525
35	Uttarakhand	382	311	272
36	West Bengal	3777	3521	3227
	Total	20227	25561	21697

Source: Central Bureau of Health Intelligence, National Health Profile reports

#### **Statewise Case Notification of TB for India**

S No	State/UTs	2014	2015	2016
1	Andaman & Nicobar	756	584	509

2	Andhra Pradesh	88638	61758	64420
3	Arunachal Pradesh	2691	2748	2758
4	Assam	38317	38014	36724
5	Bihar	67991	64928	59020
6	Chandigarh	2869	3143	2980
7	Chhattisgarh	28864	29950	30821
8	Dadar& Nagar Haveli	450	487	510
9	Daman & Diu	279	284	368
10	Delhi	54037	55260	55657
11	Goa	1660	1599	1576
12	Gujarat	77395	82585	89293
13	Haryana	39498	40913	41389
14	Himachal Pradesh	14441	14333	14070
15	Jammu & Kashmir	10243	9873	9244
16	Jharkhand	35907	34792	35130
17	Karnataka	61328	59932	59732
18	Kerala	23439	22785	20969
19	Lakshadweep	27	40	23
20	Madhya Pradesh	100034	103108	113172
21	Maharashtra	135465	130874	122172
22	Manipur	2198	1881	1768
23	Meghalaya	4944	4674	3934
24	Mizoram	1993	2088	2162
25	Nagaland	3298	3316	2274
26	Orissa	45777	45814	41807
27	Pondicherry	1409	1288	1415
28	Punjab	38152	38625	37093
29	Rajasthan	94908	90296	90032
30	Sikkim	1630	1400	1463

31	Tamil Nadu	84570	80543	82107
32	Telangana	18655	39498	38829
33	Tripura	2507	7394	2344
34	Uttar Pradesh	255364	246589	260572
35	Uttarakhand	14429	14317	13255
36	West Bengal	89819	87468	85179
	TOTAL	1443942	1423181	1424771

#### **Kala-azar:-**

- Intensification of surveillance activities for early identification of cases & prompt treatment.
- Active case searches in all endemic villages.
- Intensified IEC/BCC activities
- IRS spray with Synthetic Pyrethroid on regular basis and focal spray as per guideline.
- Hand Compression Pumps for quality spray introduced in 2015 in Kala-azar districts of endemic States.
- Treatment with single day single dose Ambisome Injection to Kala-azar patient.
- Incentive to patients for loss of wages.
- Incentive to ASHAs.
- The States fill up the vacant positions.

#### **Leprosy:-**

- implementation of routine activities and all innovations introduced during 2016-17 viz. three pronged strategy for early case detection i.e., i) Leprosy Case Detection Campaign (LCDC) (specific for high endemic districts), ii) Focussed Leprosy Campaign (for hot spots i.e., rural and urban areas where Grade II disability is detected), iii) Special plan for hard to reach areas.
- Sparsh Leprosy Awareness Campaign for awareness, Grade II disability case investigation,
- Post Exposure chemoprophylaxis administration to the contacts of cases detected in LCDC districts etc.
- ASHA based Surveillance for Leprosy Suspects (ABSULS) has been introduced during 2017-18 to enhance early case reporting.

#### **Measels:-**

The following measures have been taken to achieve the target of measles elimination by 2020:

- Government of India introduced measles vaccine across the country in 1985 under the Universal Immunization Programme (UIP). To further reduce the measles burden, a second dose of measles vaccine was introduced in the country in the year 2010.
- With an aim to increase the full immunization coverage to 90% by December 2018 including improving measles vaccine coverage particularly in pockets with low immunization coverage, the Ministry of Health and Family Welfare has launched Intensified Mission Indradhanush on 8th October 2017. The Intensified Mission Indradhanush is being carried out in 173 districts and 17 urban areas across 24 states of the country and three rounds (Oct, Nov and Dec) have been completed since the launch.
- An India Expert Advisory Group on Measles & Rubella (IEAG-MR) has been established, comprising national and international experts, to provide technical guidance on the disease elimination efforts from time to time. The group has met twice since its formulation.

#### **Tuberculosis:**

The National Strategic Plan (NSP) for elimination of Tuberculosis (2017-25) has been formulated by the Ministry of Health and Family Welfare.

In addition to the existing strategies under Revised National Tuberculosis Control Programme (RNTCP), the NSP focusses on:

- early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens
- suitable patient support systems to promote adherence.
- engaging with the patients seeking care in the private sector.
- prevention strategies including active case finding and
- contact tracing in high risk / vulnerable population
- airborne infection control.

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Under the National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their health-care system based on the requirements posed by the States/UTs in their Program Implementation Plans. Vacancies in the State are filled by respective State/District Health Societies under NHM. Regular follow up is done with the States to ensure that the vacant positions are filled up.

The Minister of State (Health and Family Welfare), Sh Ashwini Kumar Choubey stated this in a written reply in the Lok Sabha here today.

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MV/LK

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