

Dte. Of National Vector Borne Disease Control Programme

Minutes of the meeting held under the Chairmanship of Dr. Jagdish Prasad, DGHS, Gol on 7th January 2016 at Nirman Bhawan to deliberate on the status of Kala-azar and Lymphatic Filariasis elimination in India.

A meeting to review the implementation status of Kala-azar and Lymphatic Filariasis Elimination was held under the Chairmanship of Dr. Jagdish Prasad, DGHS, Gol on 7th January 2016 at Nirman Bhawan. The list of participants is annexed at **Annexure I**.

A. Kala-azar

- Dr. Nupur Roy Addl. Director, NVBDCP presented the Kala-azar scenario in the country. During her presentation she stated that as compared to Kala-azar cases reported during corresponding period of 2014, 7720 cases have been reported during 2015, a reduction of 8.8%.
- Dr. Nupur Roy further informed that during 2015, 89% of the blocks reported less than 1 case per 10,000 population at block level out of 625 total endemic blocks.
- While presenting PKDL situation, she further stated that 733 PKDL cases have been reported from four states. DGHS stressed that we need to intensify Active case searches to detect VL & PKDL cases for eliminating reservoir of infection.
- After detailed presentation made by Dr. Nupur Roy, DGHS advised to intensify active case searches across all the four endemic states. He stated that the programme has picked up the momentum as a result of which all VL and PKDL cases are being searched, recorded and put on treatment with single dose Ambisome. DGHS also instructed that PKDL detection is of paramount importance as it will pose a big threat to prospects of elimination if all the cases of PKDL are not detected and treated hence intensification of search with a special focus on detection of PKDL case is to be made an immediate goal along with achieving significant reduction in the vector densities of sand flies which are to be targeted with Synthetic Pyrethroid during 2016.
- Dr. Nupur Roy, Addl. Director stated that the introduction of single dose AmBisome since December, 2014 helped in significantly reducing the mortality as only 5 deaths were reported till December, 2015 as against 11 during 2014. DGHS advised that during 2016 with the introduction of SP in 15 districts in Bihar and 4 districts in

Jharkhand and 2 districts in West Bengal, 100% spray coverage should be targeted to make vector control operation complete success.

- While presenting the case status of Jharkhand, she informed that as against 2014, 224 more cases have been reported during corresponding period of 2015. DGHS advised that a meeting be organized at Ranchi to review the status of kala-azar elimination in the state. He also advised to convene a similar meeting in Kolkata for West Bengal. He also advised to request Drs. N.S.Dharamshaktu, Addl. DGHS and Dharma Rao, Director, VBD to participate in this meeting.
- DGHS also advised that out of 78 blocks which are still showing > 1 per 10,000 population per block, we need to increase manpower of at least 10 persons at each block with a supervisor who would directly report to NVBDCP if a case is detected. He further advised to take up the matter with CARE for provision of the staff for a period of 3 to 6 months so that KAE activities at field level are accelerated and the targets achieved.
- Dr. Dharma Rao, Director, VBD suggested that Jharkhand and UP, should also make Kala-azar notifiable disease at the earliest to capture all cases, for which higher level intervention is required.

B. Lymphatic Filariasis

- Dr. P.K. Srivastava, Joint Director made a detailed presentation indicating the progress and achievement towards elimination of lymphatic filariasis in the country.
- The review revealed that out of 255 endemic districts, 118 districts have achieved the target of microfilaria prevalence to less than 1%. Out of these 118 districts, 55 have been successfully validated through Transmission Assessment Survey (TAS) which indicated that transmission has been interrupted in these districts below the critical threshold. Sixty three districts are preparing for validation and will be completing TAS by March, 2016.
- Remaining 137 districts have been given annual Mass Drug Administration (MDA) with DEC + Albendazole in December, 2015. Out of these 137 districts, 126 have completed MDA and 11 districts will be completing in February, 2016.

- These 137 districts covered under MDA-2015 round will be subjected for validation test after 6 months of MDA (minimum period required for validation after MDA) i.e. in July-August, 2016.
- The districts not qualifying during validation will be again subjected for MDA but it is expected that such districts may not exceed 15-20% of total 255 districts.
- It was decided that the districts not qualifying for TAS should immediately observe MDA i.e. after 6 months instead of annual dose. This will facilitate in interrupting the transmission at faster pace.
- The major challenge is the actual drug compliance by the community because it has been observed that service providers in the state/district/PHC have been approaching the community to deliver the drug but the compliance from the community has been ranging from 60-90% except in certain pockets especially in urban localities, where people are resistant to take the drug. The main reason is fear of side reactions and perception of threat of the disease.
- It was also informed that combination of triple drug i.e. ivermectin, DEC and Albendazole is being piloted by ICMR in Yadgir district of Karnataka to study the serious adverse events (SAE) and efficacy in field condition. This study is based on the promising result of a smaller study in Papua New Guinea. Director, NVBDCP briefed that the trial has been approved by Ministry and a communication has been sent to ICMR in this regard. The protocol is under finalization by ICMR. WHO, Bill Gates & Melinda Foundation will be the supporting partners in this trial.

After detailed deliberations following decisions were taken:

1. For 78 blocks showing > 1 case per 10,000 population, CARE may be requested to provide a manpower strength of approx 800 staff at peripheral level.
2. Intensify surveillance to detect VL and PKDL cases for eliminating reservoir of Kala-azar transmission.
3. To ensure 100% IRS coverage during 2016.
4. A National Kala-azar Commission to be constituted under the chairmanship of Prof. L.M Nath, Former Dean, All India Institute of Medical Sciences (AIIMS), New Delhi and similarly for LFE under the Chairmanship of Dr. Shiv Lal, Former Spl. DGHS, Gol.

Annexure I

List of participants:

1. Dr. N.S.Dharamshaktu, Addl. DGHS, Nirman Bhawan
2. Dr. A.C.Dhariwal, Director, NVBDCP
3. Dr. Dharma Rao, Director, VBD, Nirman Bhawan
4. Dr. Nupur Roy, Addl. Director, NVBDCP
5. Dr. P.K.Srivastava, Jt. Director, NVBDCP
6. Dr. R.K.Das Gupta, Jt. Director, NVBDCP
7. Dr. Sukhvir Singh, Jt. Director, NVBDCP
8. Dr. V.K.Raina, Consultant, Kala-azar
9. Dr. Mobassir Hussain, Consultant, Kala-azar
10. Dr. Mahesh Kaushik, Consultant, Lymphatic Filariasis