

National Vector Borne Diseases Control Programme (NVBDCP)

There are **six** diseases, addressed under National Vector Borne Diseases (VBDs) Control Programme (NVBDCP): **Malaria, Filariasis, Dengue, Chikungunya, Japanese Encephalitis and Kala-azar**. Out of this, malaria filariasis, dengue and chikungunya are the diseases of major public health concern in the state of Odisha.

Table 2- The disease situation in the state is as below:

| Year | Malaria cases | Malaria Deaths | Dengue cases | Dengue deaths | Chikungunya cases | AES/JE cases | AES/JE deaths | Kala-azar cases | Kala-azar deaths | Micr ofilar ia rate (%) |
|------|---------------|----------------|--------------|---------------|-------------------|--------------|---------------|-----------------|------------------|-------------------------|
| 2012 | 262842 | 74 | 2255 | 6 | 17 | 53 | 38 | 0 | 0 | 0.43 |
| 2013 | 227990 | 67 | 6865 | 6 | 4 | 15 | 5 | 0 | 0 | 0.34 |
| 2014 | 388825 | 90 | 6429 | 9 | 1 | 0 | 11 | 0 | 0 | 0.32 |

3.1.1 MALARIA:

Malaria is endemic in all (30) districts. Annual Parasite Incidence is high (API > 2) in Angul, Bolangir, Boudh, Deogarh, Dhenkanal, Gajapati, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Mayurbhanj, Nawarangapur, Nuapada, Rayagada, Sambalpur and Sundargarh. Some blocks of the rest 13 districts do also have API>2.

There is a significant increase of malaria positive cases (increased by 70%) in the state in the year 2014 compared to 2013. Deaths due to malaria have also increased by 34%. However, there is not much variation in the Case fatality rate (CFR) which is 0.032 % in 2014 as compared to 0.029 % in 2013. The increase in case incidences are majorly attributed to the following factors:

- Increased surveillance
- Use of Bivalent RDT
- Increased use of RDT by ASHA
- Reduced efficacy of LLIN as the huge quantity distributed in 2011-12 is apprehended for losing the insecticides and physically many of it has got damaged.

Control Strategies:

1. Early Diagnosis and Complete Treatment:

- Deployment of ASHA and other volunteers as Fever Treatment Depot holders (FTD) at the village level to ensure early diagnosis and complete treatment at the grass root level.
- Deployment of Forest Animators at FTDs in the forest and forest fringe areas in 4 high endemic districts.
- Rapid Diagnostic Test (RDT) kits and Artemisinin-based Combination Therapy (ACT) have been provided to ASHAs (Fever Treatment Depot) & Forest animators for diagnosis and treatment of Malaria at the village level.
- Functioning of 61 Sentinel site laboratories at DHH/SDH/CHC level (where malaria burden is high) for testing, treating and tracking of malaria cases
- Functioning of Microscopy centers for malaria blood slide examination
- Facilities for treatment of severe and complicated malaria are being available at CHC, SDH and Dist. Hqr. Hospitals

2. Integrated Vector Management (IVM):

- Distribution of Long Lasting Insecticidal Nets (LLIN) in high endemic areas using cluster approach. Already 43 Lakh LLIN have been distributed in different phases in high malaria endemic areas of the state.
- LLINs for pregnant women under MO Mashari Scheme in seven malaria high burden tribal districts. Around 6.75 Lakh have been distributed to the pregnant women in 12 districts in different phases
- LLIN for the boarders of tribal residential Schools in the entire state.
- Indoor Residual Spray (IRS) operation for the people residing in high endemic areas twice in a year. Around 60 lakh high risk population residing in approximately 15000 villages in 20 high malaria endemic districts of the state are protected by IRS.
- Impregnation of community bed nets through public private partnership

3. IEC, BCC & Social Mobilization:

- Social Mobilization and BCC (NIDHI Ratha) Campaign in LLIN distributed clusters for up scaling LLIN usage among the beneficiaries.

- Mass media campaign through Print and Electronics Media during transmission season
- Posters and leaflets have been printed and distributed at community level.
- Sensitization programme for Para medical and community level leaders and volunteers including Gaon Kalyan Samiti Members
- Malaria, Dengue & Diarrhea (MDD) Campaign throughout the state.

4. Training:

Regular training programmes are conducted for Doctors, ASHAs, Para Medical staff, HWs, MTS, SSMTTC, Spray workers, NGO/CBO & Community volunteers.

Three Govt. medical colleges at Cuttack, Berhampur & Sambalpur, IGH at Rourkela and ROH&FW, GOI are being involved in the training programme of NVBDCP

5. Monitoring & Evaluation

Regular monitoring of the activities is conducted through Review meetings, field visits and reporting methods. These are conducted at State, district and block level. Completion report of all the activities are received by the state from districts, on regular basis.

3.1.2 CHIKUNGUNYA & DENGUE:

Dengue is endemic in all (29) districts viz; Except Malkangiri district, cases were reported from all 29 districts. **Chikungunya:** Sporadic cases of Chikungunya were reported from 4 districts viz; Balasore, Gajapati, Ganjam and Puri.

- Establishment of sentinel site laboratories for diagnosis of Dengue and Chikungunya.
- Engagement of volunteers at different levels for source reduction and awareness generation during transmission period. A plan of engaging around 1250 volunteers was made for implementation of anti-dengue activities in different districts
- Mass Media Campaign using print and electronics media
- Every year the month of July is observed as Anti Dengue month with involvement of other Govt. Dept, Public/Private sectors, NGOs/CBOs for community awareness.
- Regular trainings are conducted for specialists for management of complicated dengue cases in different hospitals. Around 60 specialists have been trained in 2014

3.1.3 ELIMINATION OF LYMPHATIC FILARIASIS (ELF):

- 13 districts have been covered under Mass Drug Administration (MDA) in 2014.
- 5 districts such as Malkangiri, Nowarangpur, Nuapada, Gajapati & Rayagada are being studied under Transmission Assessment Study (TAS) through WHO protocol.
- District Koraput has already qualified TAS and is under pre-elimination stage for lymphatic Filariasis (LF).
- Districts such as Kendrapada and Balasore are being studied under pre-TAS activities
- 10 districts that are not covered by MDA are being screened for microfilaria density to be considered for MDA for ELF
- Morbidity management, hydrocele operation and care of lymphodema are the other activities that are dealt under ELF programme