Encephalitis challenges

What is the issue?

\n\n

Acute encephalitis syndrome (AES) is moreprevalent in parts of Uttar Pradesh, strong measures are needed to contain the disease.

\n\n

What is acute encephalitis syndrome (AES)?

\n\n

\n
- **Acute encephalitis syndrome (AES)** is characterized by serious onset of fever and clinical neurological manifestation that includes mental confusion, disorientation, delirium, or coma.
\n
- Viruses have been mainly attributed to be the cause of AES in India although other sources such as bacteria, fungus, parasites, spirochetes, chemical, and toxins have been reported over the past few decades.
\n
- The causative agent of AES varies with season and geographical location, and predominantly affects population below 15 years
\n
- **Japanese encephalitis (JE)** is a disease spread through mosquito bites,it is a serious disease that may cause death.
\n
- Symptoms usually take 5-15 days to develop and include fever, headache, vomiting, confusion, and difficulty moving.
\n
- Encephalitis is a predictable disaster. Its transmission intensifies during the rainy season, during the pre-harvest period in paddy-cultivating regions, and in flood-prone districts.
\n

\n\n

What is the status of JE in Uttar Pradesh?

\n\n

\n
- In U.P., an outbreak of JE has occurred almost every year in four districts between 1978 and 2007. Various U.P.
\n
- The recent deaths in Gorakhpur is due JE-negative AES, this disease has remained relatively stable over the past five years.
\n
- Failure to administer the vaccine simultaneously with other vaccines was the most common reason for the lack of coverage and has led to many deaths.
\n

\n\n

\n\n

\n\n

What are the issues with government actions?

\n\n

\n
- Central government released only 68% of budgeted funds for communicable diseases, and an even smaller percentage was utilised.
\n
- The spending capacity of the health system has proven to be a major bottleneck in U.P, in 2015-16, U.P. could spend only 58% of the approved National Rural Health Mission budget.
\n
- In 2011, the JE vaccine was included in the universal immunisation programme (UIP).
\n
- Under the UIP, two doses of JE vaccine are administered to children, but only three out of four children in Gorakhpur had received at least one dose of JE vaccine.
\n

\n\n

What measures can be taken?

\n\n

\n
- Mass awareness and door-to-door campaigns about the causes of the disease

and ways of prevention, should be a priority.
\n
- Sanitation, mosquito control, prevention of open defecation, and ensuring clean drinking water can help prevent an outbreak.
\n
- The State government needs to allot maximum funds to those districts most affected by encephalitis.
\n
- More infrastructure is required in Gorakhpur, Perhaps cost-effective PPP models could also be explored.
\n
- U.P. can learn from other States that have a similar risk profile and that have managed to keep JE/AES mortality in control.
\n

\n\n

\n\n

Source: The Hindu

\n

