

KALA AZAR ELIMINATION

CURRENT STATUS



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NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
JHARKHAND

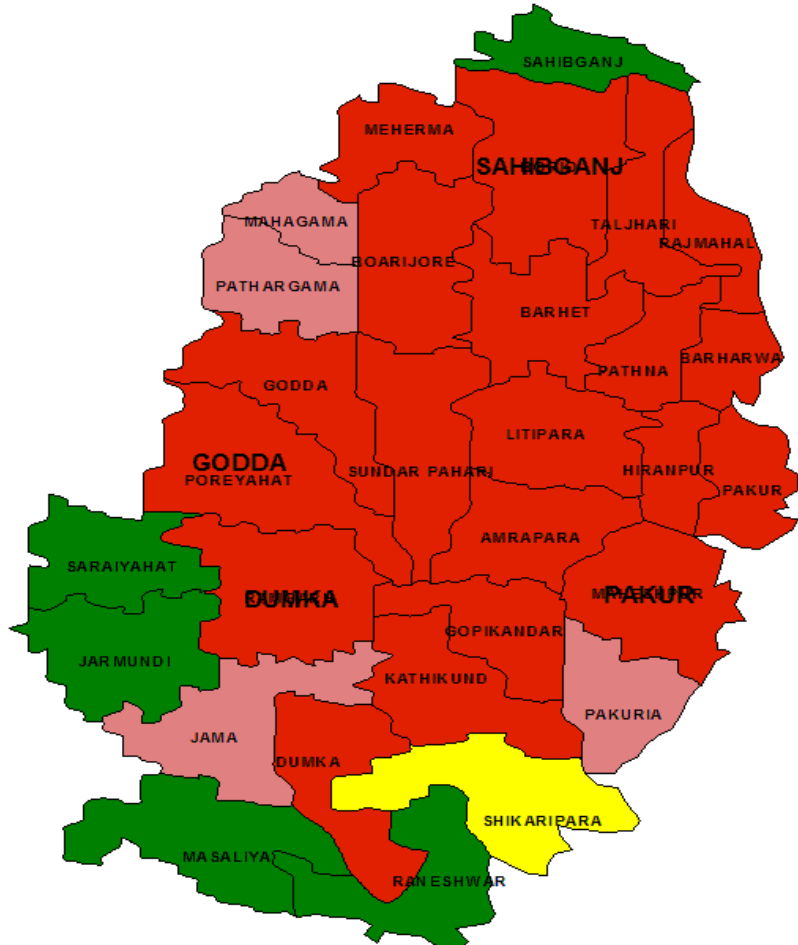
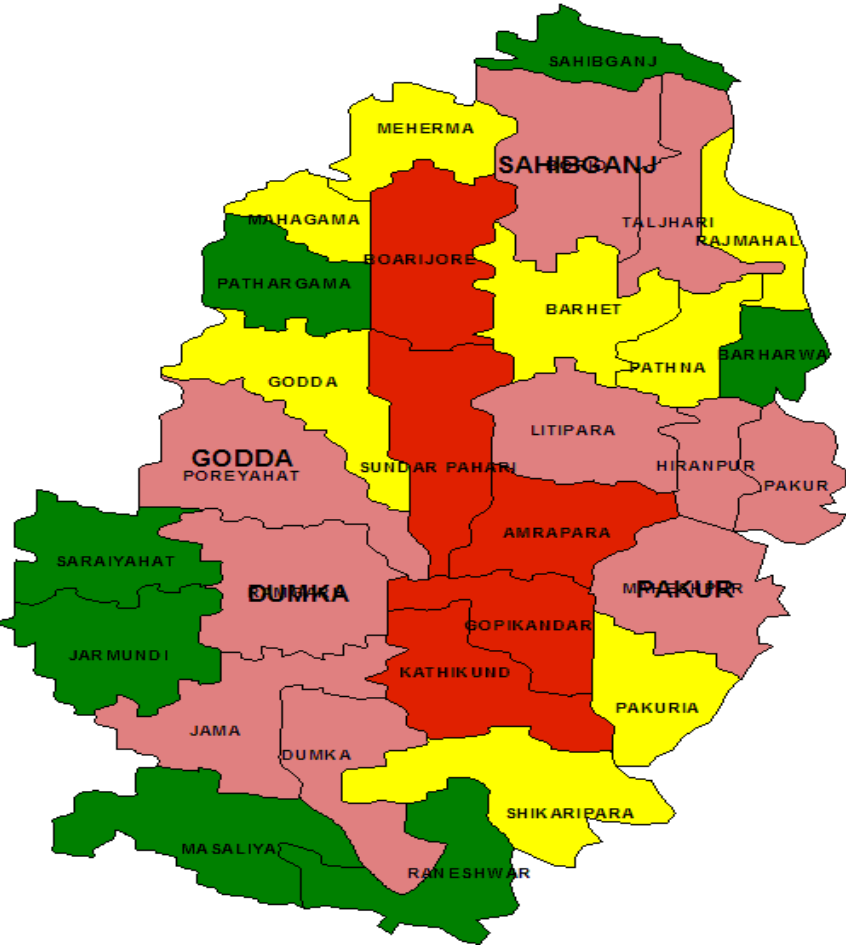
Geographical Distribution

Distribution	2014	2015	2016	2017
Blocks >1:10,000	33	26	24	25
Affected HSCs	343	411	419	475
Affected villages	746	808	768	830
Cases per 10000 population	1.91	2.48	2.29	2.55

KA affected villages in 2017

VL case	No. of affected villages				
	Pakur	Dumka	Godda	Sahibganj	Total
01	123	186	155	100	564
02-04	72	68	61	39	240
05-09	10	2	9	1	22
≥10	2	1	1	0	4
Grand total	207	257	226	140	830

VL & PKDL MAPPING BASED ON ANNUAL INCIDENCE & CASES 2017

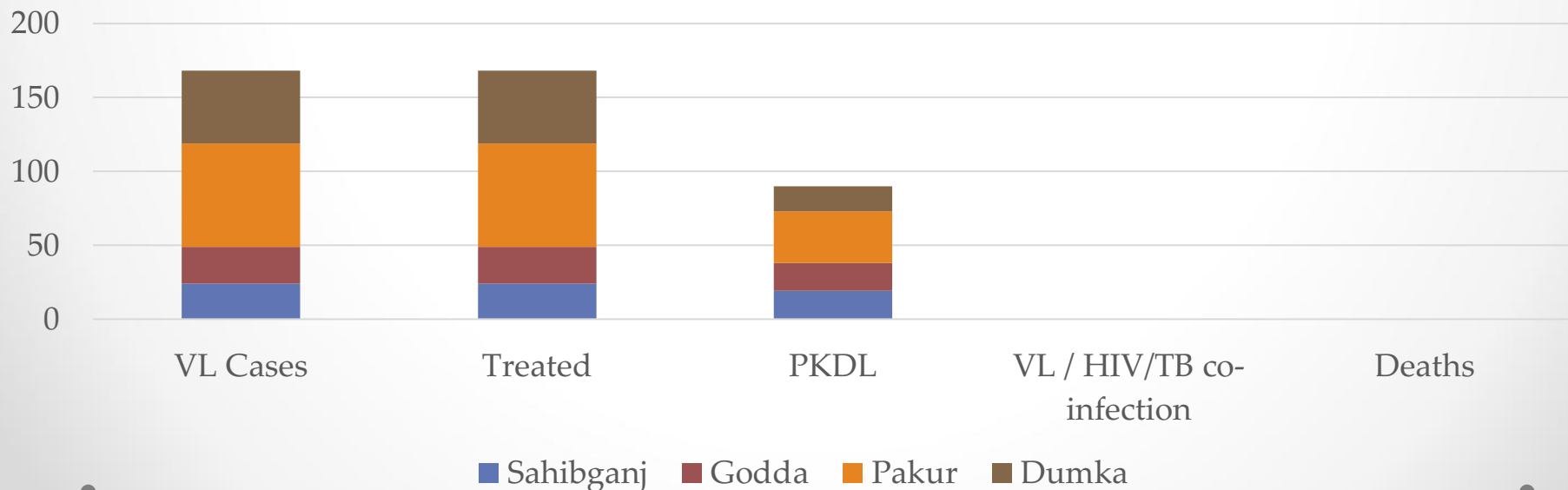


VL CASES 2017(1353)			
VL INCIDENCE CHC WISE MAP			
<1	1-2	2-5	>5..
8	8	12	5

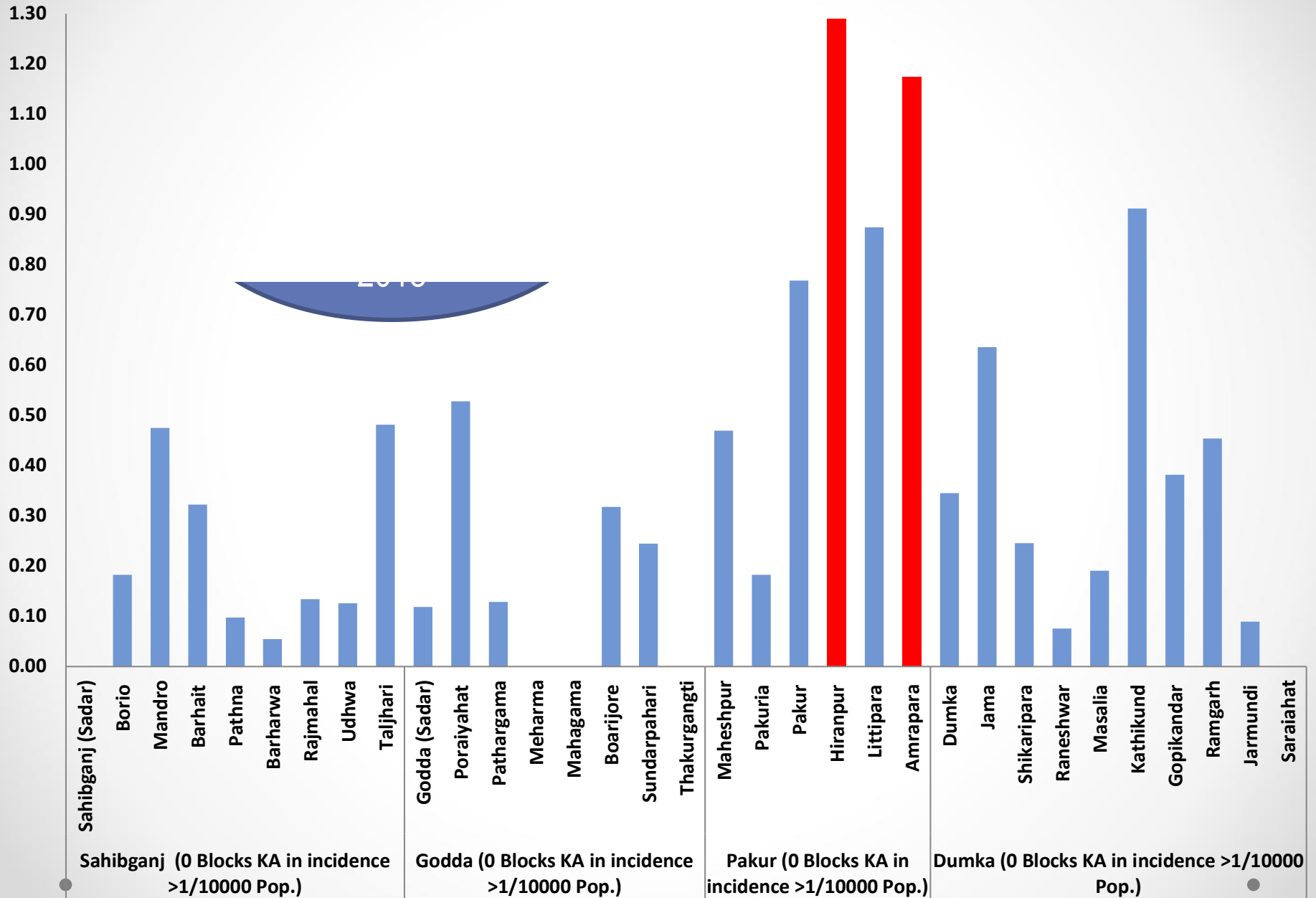
PKDL CASES 2017 (1210)			
PKDL CHC WISE MAP			
0-5	6-10	11-15	>15..
5	01	5	22

District wise KA status (Jan - March 2018)

Sl. No.	Districts	VL Cases	Deaths	Treated	PKDL	VL / HIV/TB co-infection
1	Sahibganj	24	0	24	19	0
2	Godda	25	0	25	19	0
3	Pakur	70	0	70	35	0
4	Dumka	49	0	49	17	0
Total		168	0	168	90	0



Block wise KA incidence up to March 2018



Sahibganj (Sadar)

Sahibganj (0 Blocks KA in incidence >1/10000 Pop.)

Godda (Sadar)
Poraiyahat
Pathargama
Meharna
Mahagama
Boarjore
Sundarpahari
Thakurgangti

Godda (0 Blocks KA in incidence >1/10000 Pop.)

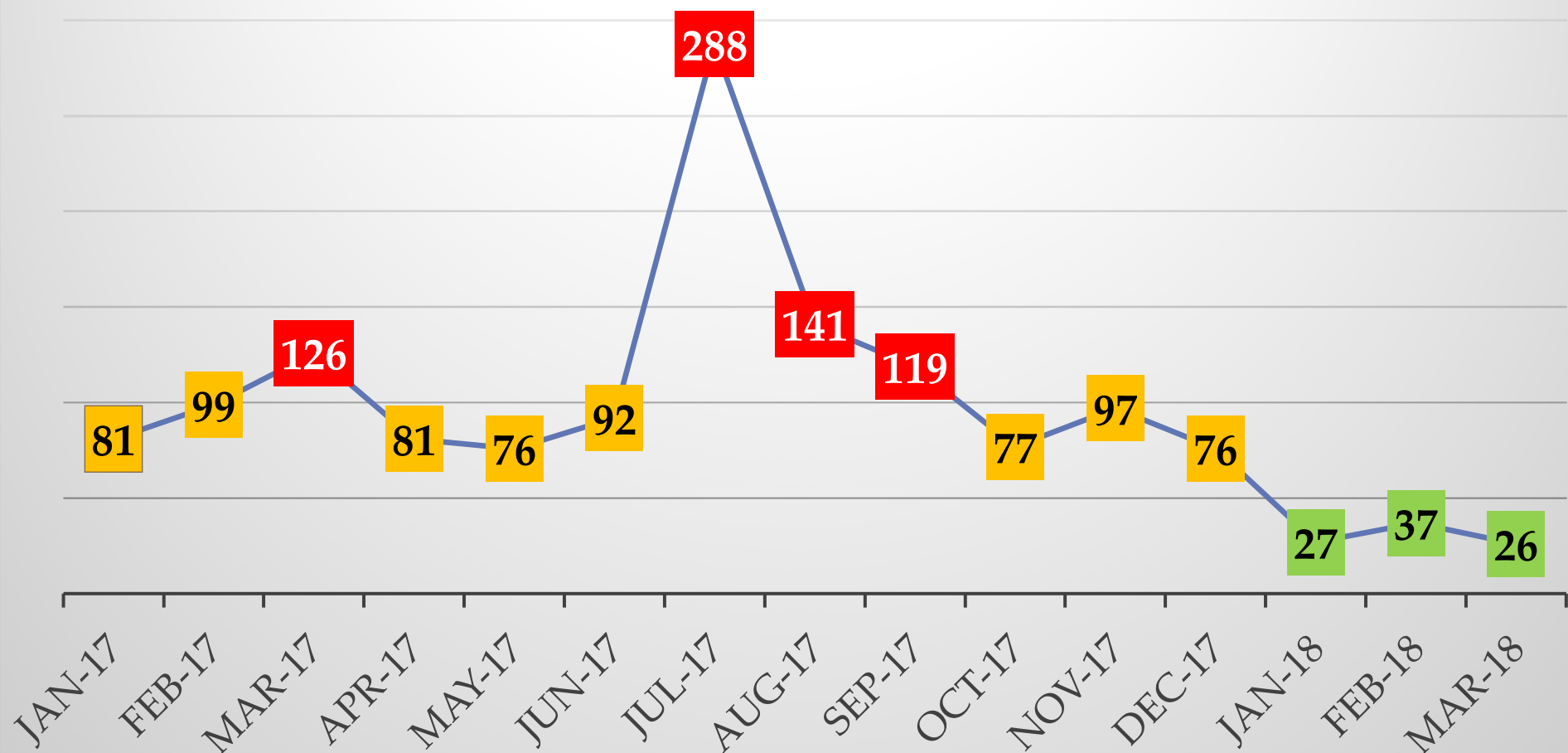
Maheshpur
Pakuria
Pakur
Hiranpur
Littipara
Amrapara

Pakur (0 Blocks KA in incidence >1/10000 Pop.)

Dumka
Jama
Shikaripara
Raneshwar
Masalia
Kathikund
Gopikandar
Ramgarh
Jarmundi
Saraiahat

Dumka (0 Blocks KA in incidence >1/10000 Pop.)

Month wise VL case – Jan 2017 to March 2018



VL is decreased by 70.05 % B/W Jan-March 2017-18

Drug status (14th April 2018)

S. N.	District	rK-39	Ambisome Inj.	Miltefosine 50mg.	Miltefosine 10mg.
1	Dumka	3413	610	2702	4368
2	Godda	5724	1093	3497	5804
3	Pakur	5600	725	830	7196
4	Sahibganj	3648	1650	322	4589
District total		18385	4078	7351	21957
5	State HQ	5150	3424	55	11760
State Total		23535	7502	7406	33717

Year wise status of Indoor Residual Spray

Year	Round	Dumka			Godda			Pakur			Sahibganj		
		House covered (%)	Room covered (%)	Population covered (%)	House covered (%)	Room covered (%)	Population covered (%)	House covered (%)	Room covered (%)	Population covered (%)	House covered (%)	Room covered (%)	Population covered (%)
2015	1 st	90.38	72.16	90.73	82.24	96.10	93.29	93.99	79.62	98.63	78.32	61.30	89.99
	2 nd	95.77	75.27	92.33	86.72	84.44	95.11	91.74	75.75	97.94	80.15	61.19	88.08
2016	1 st	87.93	71.05	84.00	92.59	90.23	96.00	87.56	74.73	88.00	89.60	80.90	91.00
	2 nd	93.04	75.07	75.19	93.30	94.24	97.15	86.61	71.76	92.94	90.98	84.43	93.84
2017	1 st	92.58	77.38	81.66	93.24	92.02	94.21	81.71	66.96	84.25	89.78	92.99	93.99
	2 nd	91.02	89.02	92.45	91.62	84.69	96.94	93.23	91.73	93.35	93.50	87.53	93.45

HR status (upto March 2018)

District	Medical officer		ANM		ASHA		MTS		KTS		MPW	
	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position
Sahibganj	125	55	235	235	1638	1251	6	5	6	5	54	121
Godda	104	42	522	484	1868	1651	6	6	7	7	95	103
Pakur	85	36	297	219	1185	1185	4	4	4	3	57	89
Dumka	160	37	591	563	2813	2463	8	7	7	6	97	104
Total	474	170	1645	1501	7504	6550	24	22	24	21	303	417*

** 128 MPWs on deputation for KA work.*

New Initiatives by State

- Kala-azar declared as **Notifiable** disease.
- State specific **New Incentive scheme**.
- Establishment of **4 Parasitological Lab** with the support of DNDi.
- Special deployment of extra **MPWs** (Godda10, Dumka15, Pakur41, Sahibganj62 = 128) for KA elimination activities.
- Continuous case search by MPWs.
- Lateral case search by Spray Squads during the IRS.
- **LPG connection** to KA patient under “Ujjwala Yojna”- Godda
- **Free Ambulance** facility to VL patients.
- Formation of **Medical board** at 4 District hospitals for doubtful cases.
- Regular **orientation & trainings** of Sahiyas, MPWs and ANMs at CHC level.
- Deploying **Female squad member** in Spray team –Under consideration.



CURRENT ACTIVITIES

A. Enhanced Surveillance:

1. Activity: Door to door case search

Continuous Activity

2. Activity: Sensitization of formal and informal private practitioner's network

Activity started

3. Activity: Active follow up of each case as per protocol

Nearly 90 % of follow up has been completed.

4. Activity: Strengthening of diagnostic capacity in KAE program

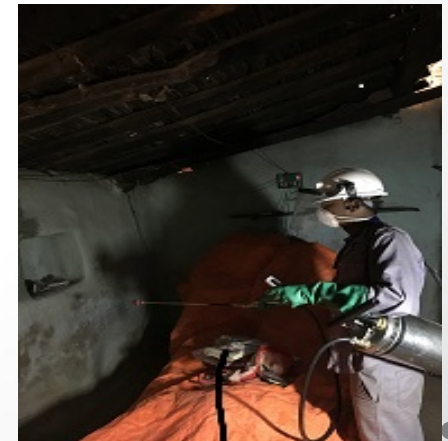
Activity started

5. Activity: Improvement in border surveillance

Activity done

6. Activity: Improvement in cross notification

Activity started



CURRENT ACTIVITIES

B. Vector management –

1. Activity: i) Focal spray in villages

ii) IRS **Started from 26th March**

2. Activity: Strengthening of Entomological surveillance

HELP Required

C. Improved supervision and feedback mechanism

Actively done

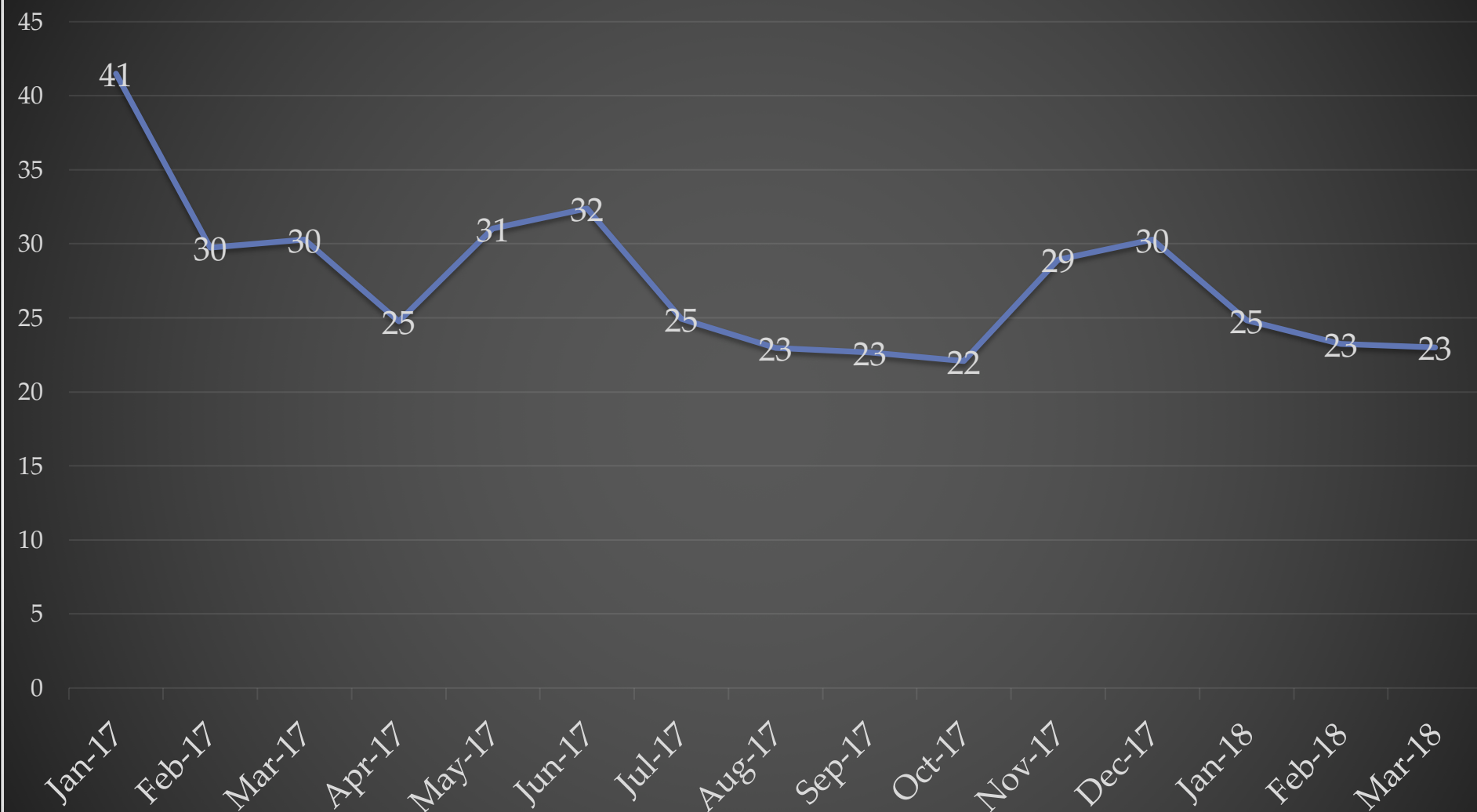
D. IEC/ BCC

1. Activity: Pre information of IRS/ Focal spray to the community

Continuous Activities



Average Duration of fever before diagnosis for VL



Source: KAMIS

Challenges

- **Shortage of Miltefosine Caps 50mg**
- **Quality of Insecticide**
- **Entomological capacity of State**
- **Support to state in Entomological Survey**
- **Hard to reach areas and Tribal population**
- **Few Partners to support in all activities**

Thanks

JHARKHAND TEAM

QUESTIONS

- **Definition of Kala azar Death ?**
- **Treatment of Relapse cases ? DOSE?**
- **Carriers needs to be treated ? Yes or No**
- **Vector control ?**