The Current Status of VL Elimination in West Bengal and the Programmatic Challenges

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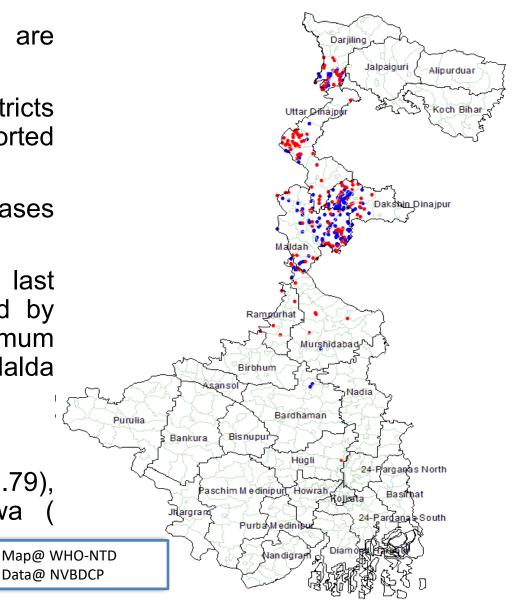
Demographical Profile				
Area (Sq. Km)	88,752			
Census Population (2011)	9,12,76,115			
Percentage of Rural Population	68.13			
Percentage of Urban Population	31.87			
Percentage of SC Population	23.51			
Percentage of ST Population	5.80			

Administrative Profile		
District	23	
Health District	5	
Sub Division	69	
C D Block	342	
Municipal Corporation	7	
Municipality	118	
Zila Parishad	21	
Gram Panchayet	3342	

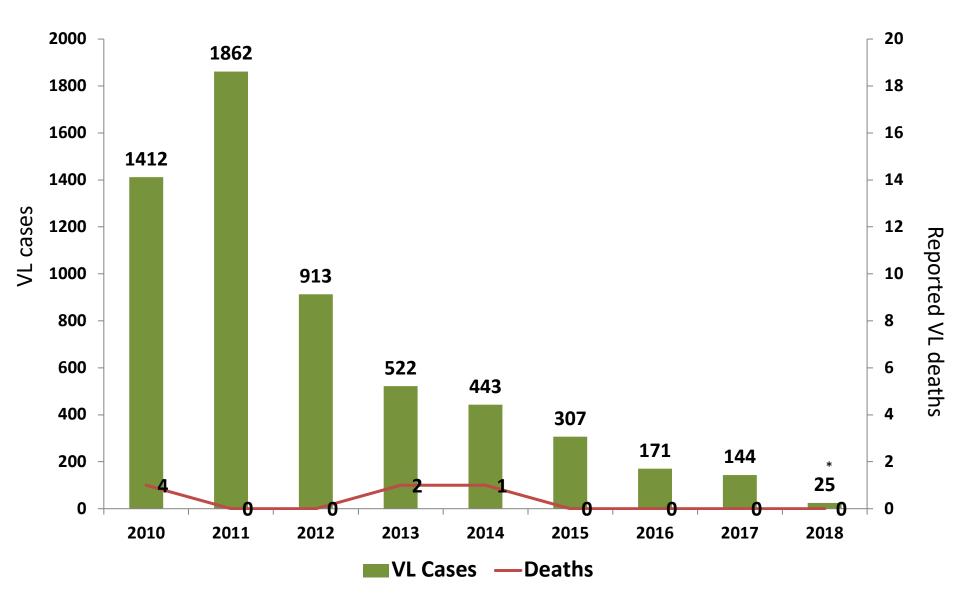
Health Facility Profile		
Medical College & Hospital	13	
Super Speciality Hospital	39	
District Hospital	20	
Sub-divisional Hospital	37	
State General Hospital	29	
Rural Hospital	68	
Block Primary Health Center	76	
Primary Health Center	914	
Sub-Center	10,369	

West Bengal

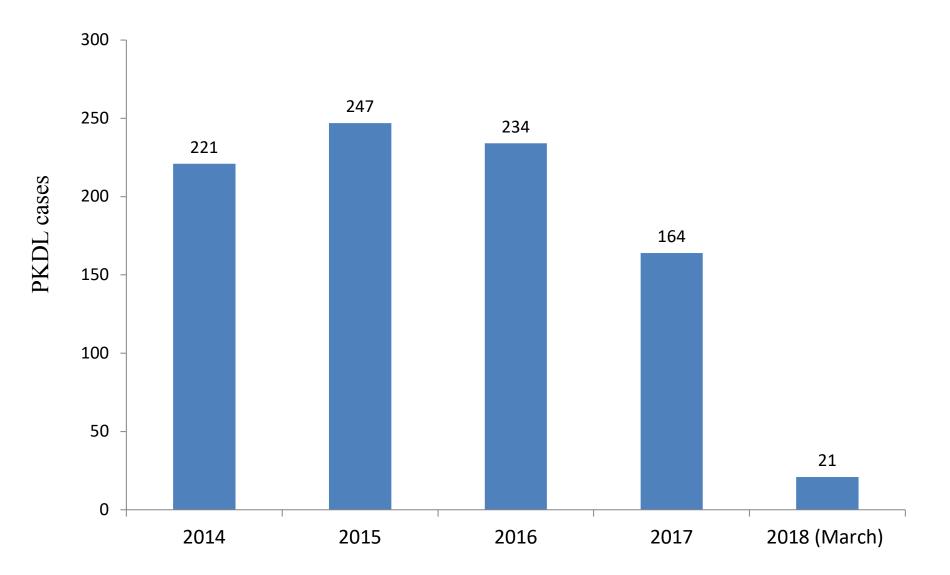
- In West Bengal, 11 districts are 'Kala-azar districts'.
- 120 of 214 blocks in these districts are endemic. 39 blocks reported cases in 2017.
- 144 VL cases & 164 PKDL cases reported in 2017.
- Maximum VL cases reported last year from Malda (38) followed by Uttar Dinajpur (37) and maximum PKDL cases reported from Malda (75) & Dakshin Dinajpur (50).
- IR of all the blocks are below 1.
- IR of Goalpokher-II (0.79), Habibpur (0.79), Phansidewa (0.69).



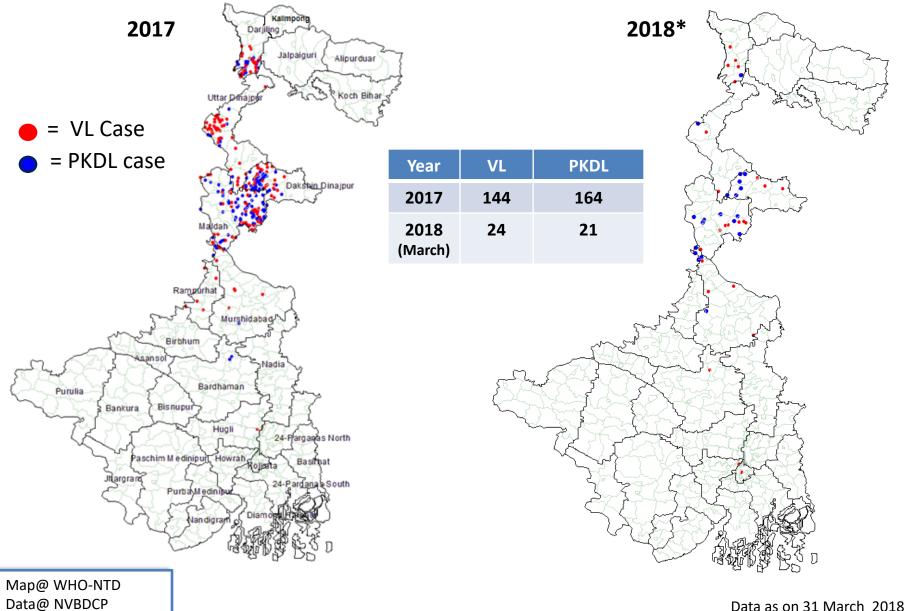
Year Wise Status of VL Cases and reported VL deaths: WB



Year Wise Status of PKDL Cases : WB

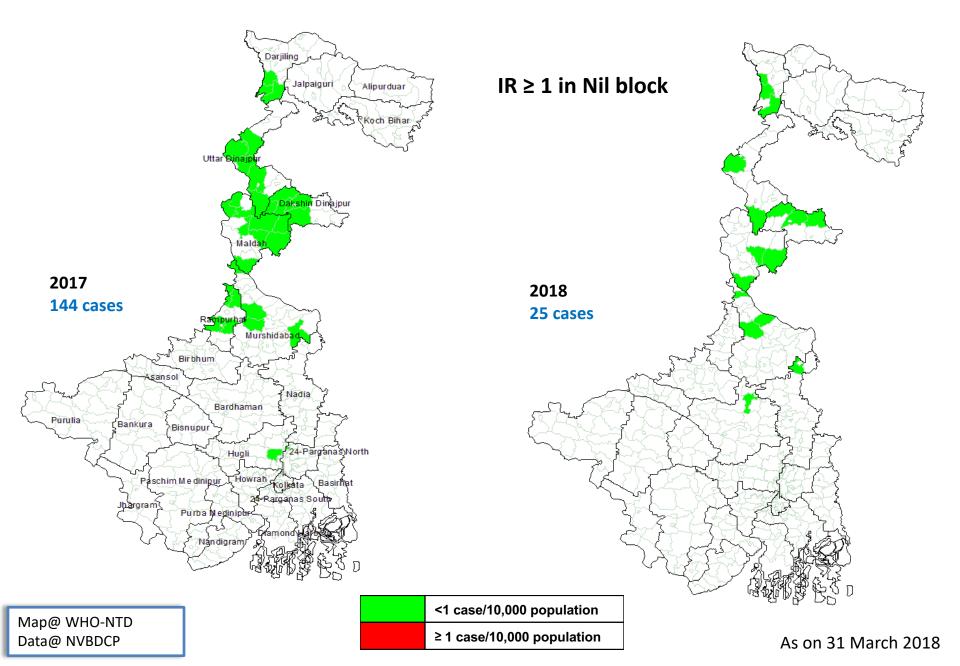


Kala-Azar situation in West Bengal

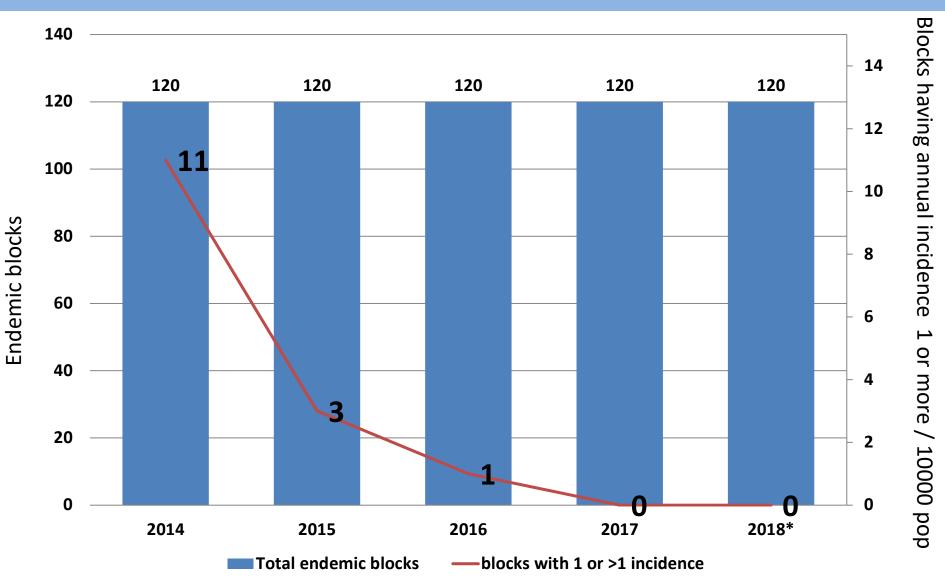


Data as on 31 March 2018

Incidence of VL cases: 2017 & 2018*



Kala-Azar Endemic blocks having Incidence 1 or >1/10000



Data as on 31 March 2018

For the first time in 2017, the State has reached the elimination target of < 1 Annual Incidence in all endemic block

> The challenge is now in sustenance of the gains already achieved

Factors contributing the success

Availability of RDT-KA in field; Uninterrupted supply of Liposomal Amphotericin B

High Political & Administrative commitment

All endemic blocks < 1 Al

Reviews, monitoring, training and innovation undertaken by State and District level Programme Officers;

Involvement of BPHNs/ ANMs/ KTS

Support of WHO NTD team & other partners

Challenges foreseen in sustenance of Elimination status

Surveillance

- Availability of RDTs in large number
- A set of indicators to quantify / objectively justify surveillance is optimal

Vector control

- IRS to continue----?? Where & what frequency
- Entomological monitoring--- indicators to record

Health system strengthening

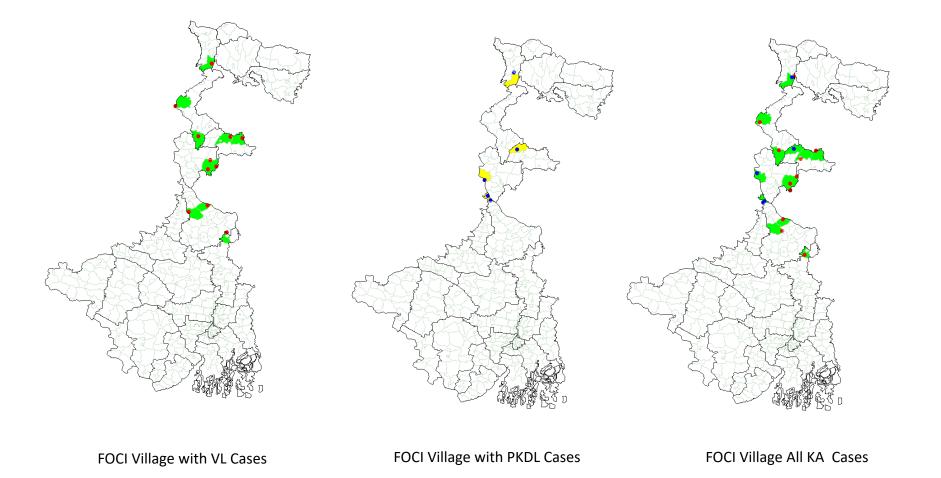
Training and re-sensitization; Fund allocation; support of partners

Finding PKDL, Follow up of patient beyond 6 months; late relapse

Shifting pattern of reported cases from different villages

- Where to focus; Predict new focus- how?
- How to be sure that there is no active transmission going on

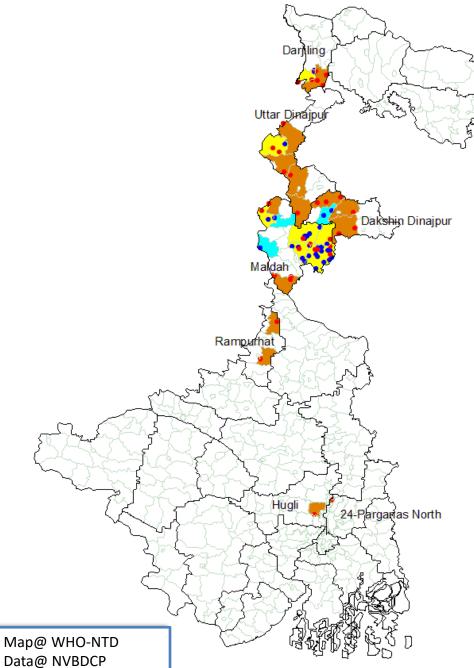
NEW FOCI VILLAGE: 2018*



Map@ WHO-NTD Data@ NVBDCP

Data as on 31 March 2018

NEW FOCI VILLAGES : WEST BENGAL 2017*



District	# of Block		# of Vill.	
	VL	PKDL	VL	PKDL
Darjeeling	2	1	6	2
Uttar Dinajpur	5	1	6	1
Dakshin Dinajpur	3	1	6	2
Maldah	7	7	13	26
Rampurhat	2		2	
North 24 Parganas	1		1	
Hooghly	1		1	
Total (7 District)	21	10	35	31
Overall	25		65	

VL Cases

PKDL Cases

Block with New FOCI Village - VL Cases only

Block with New FOCI Village - PKDL Cases only

Block with New FOCI Village - Mixed (VL+PKDL) Cases

Map@ WHO-NTD Data@ NVBDCP

New Hotspot (2 or more VL/PKDL cases): West Bengal 2017



- No. of Villages having VL Cases (20)
- No. of Villages having PKDL Cases (31)

District		# of Block	# of Vill.	
DARJEELING		3	7	
UTTAR DINAJPUR		1	1	
DAKSHIN DINAJPUR		4	14	
MALDAH		6	16	
MURSHIDABAD	1 2			
5 DISTRICT		15	40	
		/Jap@ WHO-NTD Data@ NVBDCP		

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Thank You

If you want to go far, GO TOGETHER

