

INFORMATION BULLETIN



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

INDIA: DENGUE AND CHIKUNGUNYA

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 185 countries.

In Brief

This Bulletin is being issued for information only, and reflects the situation and the information available at this time. The Federation is not seeking funding or other assistance from donors for this operation at this time.

There has been an outbreak of dengue fever and chikungunya fever in the northern and southern parts of India. So far, 3,331 cases of dengue and 45 deaths due to the disease have been reported from 11 states/union territories, with Delhi being the worst affected. The number of confirmed cases of chikungunya fever is 1,602, across nine states/union territories. The IRCS national headquarters has responded at the national and state levels through the provision of blood from its blood banks, distribution of items from its warehouses and large-scale awareness generation in coordination with the local authorities.

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The Situation

Dengue fever/dengue haemorrhagic fever is an acute viral disease having the potential of causing large-scale outbreaks. *Aedes aegypti*, the vector mosquito of dengue breeds in man-made containers like cement tanks, overhead tanks and underground tanks, tyres, coolers, pitchers, discarded containers, coconut shells, etc. in which water stagnates for more than a week. The risk of dengue has shown an increase in recent years due to rapid urbanization, life style changes and deficient water management, including improper water storage practices, leading to proliferation of mosquito breeding sites. The disease tends to follow a seasonal pattern, with cases peaking after the monsoon, and it is not uniformly distributed.

In India, the first outbreak of the disease was reported during 1963 in the city of Kolkata. The next major outbreak was reported in Delhi and neighboring states in 1996, with 10,252 cases and 423 deaths. Following this, the reporting of dengue fever was made mandatory to ensure early preventive measures in case of an outbreak. Out of 18 endemic states/union territories, the most affected states have been Delhi, West Bengal, Kerala, Tamil Nadu, Karnataka, Maharashtra, Rajasthan, Gujarat and Haryana.

In 2006, 3,331 cases and 45 deaths have been reported from 11 states/union territories (as on 7 October 2006). Delhi has reported 825 cases and 18 deaths, followed by Kerala (713 cases and 4 deaths), Gujarat (424 cases and 3

deaths) and Rajasthan (326 cases and 8 deaths).

The Government of India's ministry of health and family welfare issued guidelines/advisories to all the endemic states in the pre-monsoon period. The preparatory measures taken by them included reviewing a contingency/ action plan with the state governments and inter-sectoral coordination for abatement of mosquitogenic conditions and vector surveillance. Need based support was provided to various state governments, including giving insecticides, larvicides and cash assistance for information, education, communication (IEC) activities and capacity building through trainings.



A blood donor giving blood voluntarily at the IRCS blood bank

On receiving early warning signals in Delhi, review meetings were held between the Delhi government, municipal corporations and the Indian medical association, with focus on (i) public health measures, including IEC for community based action, (ii) hospital preparedness including treatment protocols, (iii) availability of blood and platelets, (iv) laboratory support/networking including diagnostic kits and

(v) monitoring and reporting on a day-to-day basis.

The central government's health minister reviewed the situation with the health ministers of Delhi and its neighbouring states of Uttar Pradesh, Haryana and Rajasthan, on 5 October 2006, and assured support in terms of material logistics. The IEC campaign has been strengthened to inform the public about arrangements made and to allay panic. The situation is being monitored through a control room put up by the ministry of health.

The central government, Delhi government and municipal corporations have identified 30 hospitals that provide check-up, diagnostic and treatment facilities free of cost. Major hospitals have been geared up to provide additional indoor treatment capacity and adequate treatment to patients is being ensured. The blood banks of central government and Delhi government hospitals, as well as the Indian Red Cross Society, have adequate stock of blood and component separation facility to meet potential requirement. Additional surge capacity is being created for future requirement.

Chikungunya fever has been reported in India after 32 years. Chikungunya virus (CHIKV) outbreaks were earlier documented in Africa and Southeast Asia. Recently, massive outbreaks have been reported from many islands in the Indian Ocean. In India, the first CHIKV outbreak was recorded in 1963 in Calcutta and was followed by epidemics in the states of Tamil Nadu, Andhra Pradesh and Maharashtra. *Aedes albopictus* is considered the vector in islands in the Indian Ocean but *Ae aegypti* is the main vector in Asia, including India. Investigations were done for a large number of patients with fever and joint pains, reported from October 2005 through March 2006, in many districts from Andhra Pradesh, Karnataka and Maharashtra states.

Table: Chikungunya fever situation in India during 2006 (as on 11 October 2006) – Source: Ministry of Labour

State	No. of affected districts	Total fever / suspected Chikungunya fever cases	No. of samples sent to laboratory	No. of confirmed cases	No. of deaths
Andhra Pradesh	22	77,396	1,224	248	0
Karnataka	27	758,225	4,944	294	0
Maharashtra	31	263,268	5040	679	0
Tamil Nadu	35	62,847	641	111	0
Madhya Pradesh	21	46,407	669	62	0
Gujarat	25	71,077	1,023	145	0
Kerala	4	43,148		38 ⁱ	0
Andaman and Nicobar	2	4,462	0	0	0
NCT of Delhi	1	194	123	21 ⁱⁱ	0

ⁱ Sixty five results awaited

ⁱⁱ The Kerala health minister differs on the number of deaths and has given a statement that the state witnessed 70 deaths caused by the disease

Rajasthan	1	72	5	0	0
Pondicherry	1	542	52	4	0
Total	170	1,327,683	13,721	1,602	0

Red Cross and Red Crescent action

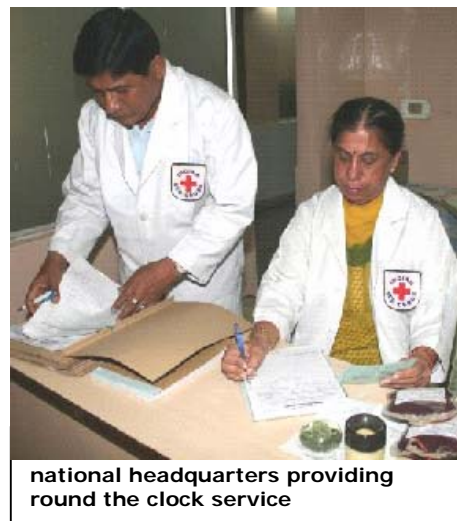
The Indian Red Cross Society (IRCS) has been busy over the past month with the dengue and chikungunya outbreak in the northern and southern parts of the country. The IRCS national headquarters has responded at the national and state levels and is planning to develop IEC material on the two vector borne diseases in order to educate people about these. It is closely liaising with the state branches in the affected states, regarding their action and whether any external aid is needed by them.

The state branch of Andhra Pradesh has locally distributed 200 mosquito nets in Warangal district and 300 in Vijaynagaram district. The Maharashtra state branch is monitoring the situation and the state blood bank in Mumbai has disbursed 155 units of platelets during the month of October. The state branch of Kerala has been coordinating with the local authorities in terms of awareness generation among the masses and the IRCS national headquarters is supplying 2,500 bed sheets and 2,500 mosquito nets (from its regional warehouse stocks) in the affected areas, on request from the state of Kerala, for which it is liaising with the Indian railways for transportation of this material free of cost.

A major role in this public health outbreak is being played by the IRCS blood bank at the national headquarters as well as networks of local blood banks under each state branch. The blood bank at the national headquarters is functional round-the-clock and is catering to requests from the large number of affected people. Blood donation camps are being held on a daily basis to collect as much blood as possible. As a result of the 'voluntary blood donor motivation campaign' that IRCS publicises all round the year, the national society is not facing a donor crunch.

The data compiled by the IRCS blood bank since the outbreak (as on 12 October 2006) is as follows:-

- Total blood collection – 3,459 units
- Platelets prepared till date – 2,645 units
- Number of platelets issued to different hospitals as they do not have 'component separation facility' – 1,413 units
- Units issued after X-matching from the IRCS blood bank till date – 1,063 units



national headquarters providing round the clock service

The next bulletin will have more information on IRCS action.

[Please return to the title page for contact information](#)

The International Federation undertakes activities that are aligned with its Global Agenda, which sets out four broad goals to achieve the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- *Reduce the numbers of deaths, injuries and impact from disasters.*
- *Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.*
- *Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.*
- *Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.*

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>