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Media alert from the Media Scanning & Verification Cell, IDSP-NCDC.

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4114	19.06.2017	19.06.2017	Odisha	www.newindianexpress.com/English http://www.newindianexpress.com/states/odisha/2017/jun/19/acute-encephalitis-syndrome-scare-stalks-odisha-1618361.html
Title:	Acute Encephalitis Syndrome scare stalks Odisha			
Action By CSU, IDSP -NCDC	Information communicated to SSU-Odisha			

Acute Encephalitis Syndrome (AES) has come back to haunt the State health administration. It has affected 313 persons, mostly children, and claimed 10 lives in Odisha till end of May this year.

While three deaths have been reported from Khurda district and two from Balasore, one each has died in Kendrapara, Jajpur, Nayagarh, Puri and Sambalpur.

As per the statistics available with the directorate of National Vector Borne Disease Control Programme (NVBDCP), no death has been reported in Japanese Encephalitis (JE) though of 313 AES cases diagnosed so far, two have been found to be JE positive.

Odisha is, in fact, the fourth State after Uttar Pradesh, West Bengal and Assam which has recorded maximum number of deaths due to AES. UP has registered highest 56 deaths, followed by 49 in WB and 32 in Assam. Though Tamil Nadu has registered highest 401 cases, no death has been reported in the southern State this year.

Joint Director of Health Services (NVBDCP) Dr MM Pradhan said AES is a growing concern in the country as it is a group of clinical neurologic manifestation caused by wide range of viruses, bacteria, fungi, parasites, spirochetes, chemicals and toxins.

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**Integrated Disease Surveillance Programme (IDSP), National Centre for Disease Control,
Ministry Of Health & Family Welfare, Government of India**

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“Management of AES including JE is essentially symptomatic. It is important to identify early warning signs and refer patients to health facilities for treatment to reduce morbidity and mortality. Health workers have been educated for first line management of such cases at the grassroots level,” he said.

There are many AES causing viruses for which neither vaccines nor medicines are available. In many cases, people affected with AES suffer from brain aspiration and edema which develops as a result of an inflammatory reaction in brain. It is difficult to survive if such cases are not treated early.

Health Department has alerted people to remain cautious as early detection and treatment are two possible methods to put a check on AES. “Since there is no particular medicine for the disease, we are adopting symptomatic treatment. Awareness activities have also been increased and health workers deployed at the periphery to spread awareness,” Dr Pradhan said.

After spurt in AES and JE cases last year, 10 sentinel laboratories were set up in the State for immediate diagnosis of blood samples. These laboratories have been provided JE kits supplied by Pune-based National Institute of Virology.

The Health authorities have also planned to train all treating paediatric specialists to deal with encephalitis cases. They will be imparted training at AIIMS next month. Last year, of 1,096 AES cases, 115 persons died of AES and 42 children died of JE. Most of the cases were reported from Malkangiri district. Along with Malkangiri, mass vaccination was carried out in Mayurbhanj, Keonjhar and Jajpur districts in campaign mode.

Meanwhile, the State Government has written to the Centre for vaccination in rest 13 districts which have reported AES cases in the past.

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