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

Alert ID	Publication Date	Reporting Date	Place Name	News Source/Publication Language
4435	10.12.2017	11.12.2017	Bengaluru Karnataka	www.timesofindia.com/English https://timesofindia.indiatimes.com/city/bengaluru/diphtheria-bares-deadly-fangs-again-claims-12-lives-in-state/articleshowprint/62004371.cms
Title:	Diphtheria bares deadly fangs again, claims 12 lives in Karnataka			
Action By CSU, IDSP -NCDC	Information communicated to DSU-Bengaluru, SSU-Karnataka			

AILING DISTRICTS

District	Suspected cases	Positive cases
Yadgir	180	24
Belagavi	91	30
Kolar	146	5
Bengaluru Urban	107	13
Vijayapura	69	7
Gadag	60	5
State total	1,607	111

Diphtheria, the deadly infection that was thought to be a thing of the past with widespread immunization, has reared its ugly head in Karnataka. Of the 111 cases reported so far this year, 12 have resulted in deaths, in contrast to the 29 cases and three deaths recorded last year.

Three of the deaths recently occurred at the Indira Gandhi Institute of Child Health (IGICH) in Bengaluru.

Diphtheria, a bacterial infection of the nose and throat, begins as an innocuous sore throat and can be fatal if not treated immediately with antidiphtheria serum. The disease, which can be prevented through a vaccine, affects children in the age group of 5-15, who are either not immunized or

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

22-Sham Nath Marg, Delhi – 110 054

For more information please contact: Media Scanning & Verification Cell: - Phone (011)23946029

Email: - idsppediaalert@gmail.com, idspp-misc@nic.in, idspp-npo@nic.in

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partially immunized with Diphtheria Pertussis Tetanus (DPT) vaccination. Incidentally, the infection is now being seen only in children, though adults too can get affected. The DPT vaccination meant to prevent three infections is administered to children in five doses — at one and a half months, two and a half months, three and a half months, one and a half years and five years. Belagavi is the worst-hit district with 30 cases, followed by Yadgir (24) and Bengaluru Urban (13). The state has seen 1,607 cases of suspected diphtheria; Yadgir alone has witnessed 180. The near absence of diphtheria over the past few years has created a situation where authorities are not ready for its re-emergence. An expert said government hospitals lack Anti-Diphtheria Serum (ADS) .

"The medicine produced by two companies has a short expiry period of 6-12 months. Earlier, the government was procuring the drug and supplying it to all districts. Now, districts obtain it on their own. Due to the short expiry duration, many hospitals don't have the medicine and are unable to treat patients. Such cases are referred to tertiary hospitals like IGICH or hospitals in Hyderabad. The golden period is lost in dosage management and travel, within which the patient dies," said the doctor. It is said that antibiotics can be administered to patients only after their throat swab samples are sent for testing and reports are obtained. There is a problem in detection itself. "With diphtheria cases having become rare, young doctors have read about it only in textbooks. Potential diphtheria cases are treated as sore throat cases and antibiotics are given without understanding the immunization condition of the patient. Tests conducted after intake of antibiotics yield negative results," a doctor said.

Dr P L Nataraj, director, health and family welfare department, said the government has taken cognizance of the issue. "We recently held a meeting with the health minister in North Karnataka. Yadgir is the worst-hit district. The staff has been sensitized. Through the Indradhanush immunization programme, we are trying to reach out to non-immunized children too," said Dr Nataraj.

The resurgence of diphtheria, which can have lethal ramifications if not treated in time, is a cause of grave concern for Karnataka and the medical fraternity. The number of deaths indicates how ill-prepared government hospitals are to battle the disease. Inadequacies identified by experts like shortage of Anti-Diphtheria Serum stocks, procurement problems and lack of awareness among doctors need to be addressed urgently. The importance of immunization cannot be underscored enough, and the rural populace needs to be educated about the benefits of vaccination. Organizing screening and awareness camps, particularly in affected districts, will go a long way in preventing kids from falling prey to this infection.

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