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TO CHECK ENCEPHALITIS, BIHAR MUST IMPLEMENT STANDARD OPERATING PROCEDURE

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

More than 100 children have died in Muzzaffarpur this summer from acute encephalitis syndrome (AES), which the state government and district administration are blaming on hypoglycaemia (sudden fall in blood sugar), heat wave, and inadequate intensive care units (ICU) in hospitals. What has conveniently been left unsaid is that the district administration, yet again, has failed to respond to an annual outbreak of encephalitis that severely affects 11 districts, including Muzzafarpur, with seasonal regularity. While symptoms of Japanese encephalitis (JE) and AES are similar — inflammation of the membrane of the brain that leads to sudden-onset fever (crossing 104 degrees Farenheit within three or four hours), headache, disorientation, tremors, convulsions, muscle weakness, and paralysis — the cause is different. Vaccine-preventable JE is a mosquito-borne flavivirus from the same genus as dengue, yellow fever and West Nile viruses. Since India started vaccinating at-risk populations against JE in 2006, cases have dropped drastically. AES cases and deaths now outstrip JE five-fold. In 2018, for example, AES infected 11,388 and killed 636, against 1,678 JE cases and 182 deaths.

AES may be caused by a range of factors, including toxins in unripe lychee fruit, viruses, bacteria, fungi, parasites and chemical poisons. If the symptoms are not treated within hours of appearing, 30% of those affected die. In India, AES outbreaks in the past in Muzzafarpur have been linked to young, malnourished children eating unripe lychee fruit. Unripe lychees contain the toxins, hypoglycin A, which causes severe vomiting (Jamaican vomiting sickness), and methylenecyclopropyl-glycine (MCPG) that causes a sudden drop in blood sugar and vomiting. In young, severely malnourished children, they can cause seizures, delirium, and death within hours from rapid fall in blood glucose levels.

India has standard operating procedure to treat JE and AES, which mandates grassroots health workers, including auxiliary nurse-midwives, accredited social health activists, and anganwadi workers, to do daily household-level surveys to check children for JE/AES symptoms during the outbreak season from June to September. But these measures have clearly not been implemented in Bihar. In neighbouring Uttar Pradesh, the state government's *dastak* (knock at the door) campaign has brought together health, rural development and primary education officials to promote clean drinking water, sanitation, vaccination and early referral to hospitals for treatment through symptom management. If all children with sudden fever are identified and referred to a hospital or clinic within hours of developing symptoms as mandated, simple glucose is all that is needed to save many of the young lives.

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