NEWS IN BRIEF

MALNUTRITION IN THE TIME OF MODI

When the Wall Street Journal asked Gujarat Chief Minister Narendra Modi why rates of malnutrition were increasing in the children of Gujarat, his answers were distressing to say the least. The National Family Health Survey (NFHS-3) reveals that 47% of children below 3 years in the state were underweight. In sub-Saharan Africa it is 25%. The rates in Gujarat have actually risen from 45% in NFHS-2. It is also just higher than the national average of 46%. The percentage of stunted children in Gujarat also went up from 16 to 17% between the 2 NFHS surveys.

His answer to the *WSJ* was that that Gujarat is a "middle class state" which is more "beauty conscious than health conscious" and "if a mother asks a girl to have milk she'll tell her mother I'll not drink milk. I'll get fat". This seems difficult to digest considering the data is about children below 3 years. His other explanation was that Gujarat being largely a vegetarian state is the reason for rampant malnutrition. This is also being hotly debated since it implies that a vegetarian diet is incapable of keeping a human being well nourished.

In fact the telling point raised by the Wall Street Journal is a question which has mystified economists. Why does Gujarat which in a macroeconomic sense is a prosperous state have human development indicators which are worse than India's poorest states? Economists Jean Dreze and Angus Deaton have said that per capita food consumption in India has been falling as income levels have risen. It appears that people spend less on food as they get richer and their food basket tilts toward tastier and richer foods rather than the most nutritious. But questions of childhood hunger in the midst of plenty need to be addressed with determination and ingenuity (*The Wall Street Journal 29 August 2012, The Hindu 1 September 2012*).

DENGUE IN BENGAL

As of 9 September, over a 1000 people have been documented to be affected by Dengue in West Bengal. Of the 1125 reported cases, 720 are from Kolkata. All the 5 deaths are also from Kolkata. In the neighboring 24 Pargana district, 183 cases have been reported. In view of the rapidly increasing numbers being reported daily, a public interest petition has also been filed raising questions about the poor infrastructure in State run hospitals to tackle the disease. The PIL has also called for a proper policy to monitor and controlling the disease. It also seeks the setting up of a committee comprising different government departments for this purpose (*Business Standard 9 September 2012, The Hindu 8 September 2012*).

INFLUENZA RESURFACES

Reports of cases of H1N1 infections are resurfacing from various corners of the country. In May, there were 29 positive cases and two deaths due to swine flu in Maharashtra. June saw 40 positive cases and zero death. The virus transmission started gaining grounds again from July, when 205 positive cases and eight deaths were registered. The transmission reached its peak in August with the highest number of deaths (18) and 254 positive cases according to the State epidemiologist Pradeep Awate. In the meanwhile, Lucknow has also reported 56 cases as of 4 September. Of these, 50 appear to be either residents of SGPGIMS Lucknow or are living in neighboring areas. Reports of swine flu have also come in from Bhopal, Nagpur and Cuttack (*The Times of India, 4 September 2012*).

HANTAVIRUS DISEASE IN THE US

After the 3rd death from Hanta virus disease in the US, warnings have been sent to 22,000 people who visited the Yosemite National Park where the disease is believed to have originated. Hanta virus causes a deadly rodent borne disease which in US, typically presents after an incubation period of 1-5 weeks following exposure to fresh urine, droppings and saliva of infected rodents. Early universal symptoms are fever, fatigue and muscle pains especially of larger muscle of buttocks and thighs. Fifty percent also develop headache, nausea, vomits and abdominal pain. The cardiopulmonary syndrome of cough and breathlessness develops 4-10 days later. Mortality is 38%. However in India the prevalent strain is the Old World hanta virus which presents as hemorrhagic fever with renal failure. The only indigenous Thottapalayam strain was isolated in Vellore in 1964. Fever, conjunctival hemorrhage, thrombocytopenia, shock and renal failure comprise the clinical spectrum in India. Jaundice and rash are notably absent. Diagnosis is by serology and RT-PCR. Treatment is supportive though ribavarin has been used in China. We should learn lessons from the US in adapting a systematic approach to pick up and stem potential large outbreaks (*The Gaurdian 7 September 2012*).

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