

MESSAGE OF PANCHAYAT PRESIDENT

Local Self Government Institutions have a crucial role in safeguarding the health and wellbeing of the community during public health emergencies and pandemics. The experiences from recent outbreaks and pandemics have highlighted the importance of preparedness, coordinated action, timely communication, and community participation in reducing the impact of such events.

This Pandemic Preparedness Plan has been developed to strengthen the preparedness of our Nedumbassery Grama Panchayat to effectively prevent, detect, respond to, and recover from public health emergencies. The plan has been prepared from our experiences in managing COVID-19 pandemic and other public health emergencies and adopts a One Health approach, recognizing the close interconnection between human health, animal health, and the environment in preventing and managing disease outbreaks. It also outlines the roles and responsibilities of various stakeholder departments, institutions, elected representatives, health workers, volunteers, and community organizations in ensuring a coordinated response.

The success of any such effort depends on the active collaboration between the various departments, organisations and the public. Special attention must be given to vulnerable groups including the elderly, children, persons with disabilities, and individuals with chronic illnesses. Our success in mitigating any such outbreaks and pandemics depends on the collective effort of all.

I sincerely appreciate the efforts of the Health Department in coordinating this major initiative involving Local Self Government across Kerala. I also appreciate the Medical Officer and other officials, healthcare workers, technical experts, and stakeholders who contributed to the preparation of this document. I am confident that this plan will serve as an important guide for strengthening local preparedness and resilience against future public health threats.

Let us work together to build a safer, healthier, and more resilient community.

Panchayat President

Nedumbassery Gramapanchayat

MESSAGE FROM MEDICAL OFFICER

Public health emergencies and pandemics remind us that health systems must always remain prepared, responsive, and closely connected with the community. The recent experiences of the COVID-19 pandemic and various other communicable disease outbreaks especially involving newer pathogens have shown that timely preparedness, coordinated response, and strong community participation are essential to reduce health risks and protect lives.

Kerala Health has taken this initiative for the last six months, build capacities of state, district and sub district level functionaries. Addl Chief Secretary conducted series of meetings with DSO, Epidemiologist along with the State Resource Team . This Pandemic Preparedness Plan has been developed to strengthen the readiness of our Grama Panchayat to effectively prevent, detect, and respond to public health emergencies. The plan serves as a framework for coordinated action involving the Health Department and other line departments, organisations, volunteers and other stakeholders at the local self-government level.

The plan follows a One Health approach, recognizing the close relationship between human health, animal health, and the environment in the emergence and spread of diseases. Strengthening disease surveillance, infection prevention and control measures, environmental sanitation, risk communication, and community awareness are all important components of local preparedness. We must also have surge preparedness plans which can be adopted quickly during a public health emergency.

Particular attention must also be given to vulnerable populations including the elderly, children, persons with disabilities, individuals with chronic illnesses, and socially disadvantaged groups who may face greater risks during emergencies. Early reporting, community engagement, and coordinated interdepartmental action are critical for minimizing the impact of outbreaks and ensuring continuity of essential health services.

I sincerely appreciate the leadership and support from our President and other elected representatives and the dedicated efforts of my health team and officers from other departments and community members who contributed to the preparation of this plan. I hope this document will serve as a practical guide for strengthening local resilience and ensuring a timely, effective, and compassionate response during public health emergencies.

Medical Officer

Nedumbassery Grampanchayat

Pandemic Preparedness Plan: PHC Nedumbassery

EXECUTIVE SUMMARY

Primary Health Centre (PHC) functions as the primary public healthcare institution serving the population of **35386** Grama Panchayath. The PHC plays a pivotal role in delivering comprehensive, accessible, and affordable healthcare services, with a strong focus on preventive, promotive, curative, and rehabilitative care in accordance with national and state health programmes.

The PHC caters to a predominantly rural population, addressing key public health priorities such as maternal and child health, communicable and non-communicable disease control, immunization, family welfare, adolescent health, and geriatric care. Regular outpatient services, home-based care through field health staff, and outreach activities ensure healthcare coverage even in geographically challenging areas. The institution actively implements national health missions, including the National Health Mission (NHM), National Tuberculosis Elimination Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and other disease surveillance initiatives.

Nedumbassery PHC works in close coordination with the Grama Panchayath, ASHA workers, Anganwadi centres, schools, and community-based organizations to strengthen community participation and improve health awareness. Emphasis is placed on early detection, timely referral, health education, and lifestyle modification to reduce disease burden and improve overall health outcomes.

Despite constraints related to infrastructure, manpower, and increasing service demand, the PHC continues to enhance service delivery through effective planning, data-driven decision-making, and community engagement. Strengthening facilities, upgrading digital health systems, and expanding preventive services remain key focus areas for future development.

Overall, Nedumbassery Primary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Nedumbassery Grama Panchayath

LSGD AT A GLANCE

- Geographical boundaries with political map (based on latest delimitation)
- Baseline data
- Ward division -

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
19	9404	35386	758	8602	9	45	9

- Risk stratification among wards in the context of Communicable diseases and hazards
- Major Roads/rivers
- Major establishments with geospatial mapping
- occupational groups, socio cultural groups, migration & mobility patterns
- *Vulnerability mapping*
- Disaster prone areas (geographic vulnerability)

Demographic and Vulnerable Population

Understanding the demographic composition and vulnerable population groups is essential for pandemic preparedness. Children, elderly, economically deprived families, migrant workers, and socially vulnerable groups are at increased risk during public health emergencies due to higher exposure, limited access to services, and dependency on public systems..

Description	Details (in numbers)
DEMOGRAPHIC PROFILE	
Total population	35386
Male	17543
Female	17843
Transgender	0
Children under 5	1891
Adolescent	1625

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Elderly (>60)		5700
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		21
BPL family		1372
Tribal communities		2
Migration	Immigrant	758
	Emigrant	482
Socio-economically deprived		1125
Fisherfolk		Nil
SC Community		4293
ST Community		12

Graphs: Population pyramid (if possible) for seeing if your LSGI has a high "dependency ratio" (lots of children and elderly compared to working adults).

Clinical Vulnerability

Certain population groups needs priority healthcare & are at higher risk of severe illness, complications, and mortality during pandemics. Patients with chronic diseases, those requiring regular medical care, and individuals with mobility or functional limitations face challenges in accessing timely care during

emergencies. Mapping these groups helps in prioritizing continuity of treatment, medicine stock planning, oxygen support, referral transport, and targeted home-based care.

Description	Details in numbers
Pregnant women	184
Lactating mothers	173
Bedbound patients	128
Patients under palliative care other than bedbound	72
Patients on Haemodialysis	48
Patients on CAPD	81
Cancer patients (currently on treatment)	383
Haemophilic patients	0
Mentally challenged	124
Differently abled	19
Diabetic patients	1188
Hypertensive patients	1587
TB patients	6

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

This section provides an overview of the healthcare infrastructure available within the LSGD area. It outlines the distribution and basic capacity of health facilities that form the backbone of service delivery during routine times and public health emergencies.

Family Health Centres (FHCs) and Community Health Centres (CHCs) generally function as the first point of contact for the community, providing essential outpatient and inpatient services. General Hospitals (GH) and Medical College Hospitals (MCH), where accessible, serve as the main referral centres for advanced diagnostics, specialist care, and critical services during public health emergencies. This inventory helps identify existing strengths, gaps, and potential surge capacity that can be mobilised during a pandemic or disaster.

Table 5. Health Facility Resource Summary								
Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Support ed Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	PHC NEDUMBASSERY	PHC	04842476678	1	0	1	0	0
Private Healthcare Facilities								
1	GYNO SPECIALITY HOSPITAL ,ATHANI,NEDUMBASSERY	PVT	9446475033	20	1	1	0	0
2	PEACE MISSION CANCER CARECENTRE	PVT		38	0	25	0	1
3	MARIAN GHOSE PEACE ,KARIYAD	PVT		25	0	10	0	0
4	MARIYANILAYAM, CHAMBANOOR			26	0	2	0	0
AYUSH Healthcare Facilities								
1	GOVT.AYURVEDHA DISPENSERY	DISPENSERY		0	0	0	0	0
2	GOVT.HOMEOPATHY DISPENSERY	DISPENSERY	9447586502	0	0	0	0	0

Private Clinics

Private clinics are an essential part of pandemic preparedness, as they are often the first place people seek care when symptoms begin. In many communities, private clinics manage a significant share of outpatient visits and therefore play a critical role in early case detection, timely referrals, and disease surveillance. Having an up-to-date understanding of where these clinics are located, the services they provide, and how they are linked to the public health system helps ensure that no cases are missed during an outbreak. It also allows health authorities to engage private practitioners more effectively for reporting, risk communication, and coordinated response, strengthening the overall capacity of the health system to manage public health emergencies.

Table 6. Private Clinic Resource Summary

Sl No.	Name of Clinic	Registered (Y/N)	Clinic (General / Speciality)	Speciality (if any)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
1	ANBU HOSPITAL	YES	CLINIC	NIL	AIRPORT ,NEDUBASSERY	04842610766	YES	YES
2	KB HOSPITAL ,ATHANI	YES	CLINIC	NIL	ATHANI, NEDUMBASSERY	9497189263	YES	YES

Healthcare Education & Training Institutions

This section tracks the educational infrastructure available, which is vital for human resource planning in the health sector.

Category of Institution	Govt	Private	AYUSH	Total
Medical Colleges				
Nursing Colleges	0	0	0	0
Dental Colleges	0	0	0	0
Para-medical / Allied Health	0	0	0	0
Pharmacy Colleges	0	0	0	0

Specialized Services & Emergency Inventory

This section provides a detailed view of the specialized medical resources available to the community, focusing on emergency response and critical care capabilities. This table tracks the vital assets required for managing severe illnesses and emergencies across Government, Private, and AYUSH sectors.

Item	Govt	Private	AYUSH	Total
Hospital beds	1	20	0	1
Oxygen-generating systems(Y/N)	YES	YES	NO	NO
Oxygen-supported beds(Numbers)	1	4		
Ventilator-supported beds	0	0	0	0
ICU beds	0	1	0	0

Item	Govt	Private	AYUSH	Total
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	0	1	0	1
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	0	3	3	6
Medical store	0	8	3	11
Industrial establishments(Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)	2	12	2	16

Oxygen & Diagnostic Capacity

Monitoring **oxygen and diagnostic capacity** is a critical component of public health preparedness, ensuring that the LSGD can handle both chronic care and sudden surges in respiratory or infectious diseases.

Name of Health Facility	Oxygen-generating System (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facilities Available(Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Healthcare Facilities							
PHC NEDUMBASSERY	YES	NO	YES	NO	NO	NO	NO

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of **Nedumbassery G.P** represents the "intelligence network" of our healthcare system. The speed and accuracy of disease identification depend entirely on the distribution and technical level of these facilities.

Item	Govt	Private	AYUSH	Total
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General labs	1	9	0	10
Microbiology labs	1	9	0	10
RT-PCR labs	0	2	0	02
USG units	0	0	0	.0
CT/MRI units	0	0	0	0
Research labs	0	0	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	PHC NEDUMBASSE RY	GOVT	KARAKA TTUKUNNU, NEDUMBASSE RY		NO	YES
2	MEDICARE LABORATORY	PRIVATE	KARAKA TTUKUNNU, NEDUMBASSE RY	8590928234	NO	YES
3	ASTER LAB	PRIVATE	ATHANI	8589031300	NO	YES
4	PNHDRC	PRIVATE	MEKKAD	9497722557	NO	YES
5	PNHDRC ,ATHANI	PRIVATE	ATHANI	9400064225	NO	YES
6	MEDIKING	PRIVATE	AKAPARAMB	9446677629	NO	YES
7	PNHDRC KARAKATTUKUNNU	PRIVATE	KARAKA TTUKUNNU	9497722557	NO	YES
8	MEDICARE LABORATORY	PRIVATE	CHAMBANOOR	04842474647	NO	YES
9	MOTIGNATIUS HIGH TECH	PRIVATE		9074796656	NO	YES

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1						

Human resources

This section focuses on the **human capital** available within the LSGL. In any emergency—be it a pandemic, flood, or industrial accident—infrastructure is only as effective as the people operating it.

Medical & Clinical Personnel

This table tracks the "Frontline" providers responsible for diagnosis, treatment, and clinical management. Narrative sentence: eg., "Total health workforce: 450 personnel, with 60% in government facilities serving as primary surge capacity." A detailed directory with the contact numbers of all workers is maintained (**Annexure in 1**).

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	1	6	7
Doctors – AYUSH	2	5	7
Doctors – Veterinary	2	0	2
Doctors – Dental	0	10	10
Nursing officers	1	12	13
Lab technicians	1	12	13
Optometrist	1	0	1
Pharmacists	1	6	7
Psychologists	0	0	0
Counsellors	5	3	8

Public Health & Field-Level Workforce

These individuals are the backbone of surveillance, maternal-child health, and decentralized care.

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	0	0	1
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	0	0	0
JPHN (Jr Public Health Nurses)	5	0	5
JHI (Jr Health Inspectors)	2	0	2
MLSP (Mid-Level Service Providers)	5	0	5
Palliative Nurses	1	0	1
RBSK Nurses	0	0	0
PRO	0	0	0
Epidemiologist	0	0	0
Data Manager	0	0	0

Community & Support Cadre

This group represents the surge capacity of the LSGI—people who can be called upon for logistics, rescue, and specialized support.

Cadre	Number
ASHA Workers	22
AWW (Anganwadi Workers)	32
Emergency Medical Volunteers (Trained)	38
Kudumbashree	2800
MNREGS	800
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	22
Retired Police Officers	11

Cadre	Number
NCC/NSS Volunteers	52
Red Cross volunteers	12
One Health Community Volunteers	22
One Health Community Mentors	19

Environmental Risk Mapping

Environmental risk mapping identifies monsoon/flood hotspots for vector-borne (dengue, chikungunya), water-borne (leptospirosis, diarrhoea), and zoonotic diseases in Kerala's wetlands. Systematic surveillance supports early warnings, targeted interventions, and Panchayat pandemic preparedness.

Waterborne exposure: Flood-prone areas and stagnant water bodies facilitate *leptospira survival*, raising leptospirosis risk.

Traditional practices: Informal slaughter and fish markets lack standardized hygiene, creating *spillover opportunities*.

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	1,4,,14,17,19	MALLUSSERY	MED
Water bodies/wetlands	1,2,,4,5,16	MALLUSSERY	LOW
Solid waste accumulation	14	ATHANI	LOW
Animal waste disposal issues	14	ATHANI	LOW
Rodent infestation zones	0	0	0
Industrial effluent discharge	0	0	0
Construction sites / abandoned buildings	4,19,15	MEKKAD	LOW
Poor drainage/blocked canals	11	AIRPORT	LOW
Drinking water source contamination risk	17	ATHANI	LOW

Disease Seasonality Mapping

1, **Flooding & waterlogging** → amplifies leptospirosis, malaria, diarrheal diseases.

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2, **Migratory bird influx (Nov–Feb)** → avian influenza risk.

3, **Mosquito breeding cycles** → vector-borne disease peaks in monsoon.

4, **Agricultural practices** → close human–animal contact in paddy fields.

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	0	0	0	0
Leptospirosis	0	0	0	0
Dengue/Chikungunya	MAY ,JUNE&JULY	CHAMBANOO R ,AIRPORT,AKA PARAMB,KARI YAD	CHAMBANOO R ,AIRPORT,AKA PARAMB,KARI YAD	CHAMBANOO R ,AIRPORT,AKA PARAMB,KARI YAD
Acute Diarrheal Diseases	0	0	0	0
Rabies	0	0	0	0
Anthrax (rare)	0	0	0	0

Vulnerability Mapping

Vulnerability mapping pinpoints high-risk populations, occupations, and areas exposed via environment, livelihoods, socio-economics, and poor service access. Paired with environmental/seasonality mapping, it enables risk-based surveillance, targeted actions, and optimal resource use in One Health and pandemic planning.

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	1,4,14,17,19	MALLUSSERY	MED
Wetland-adjacent communities	0	0	0
Backyard poultry / duck rearing households	0	0	0

Livestock-rearing households	0	0	0
Slaughterhouse & meat market workers	0	0 0	
Fisherfolk & fish market workers	0	0	0
Sanitation workers	0	0	0
Daily wage / migrant workers	0	0	0
Elderly & chronically ill populations	0	0	0
Pregnant Women	0	0	0
Children (schools, Anganwadi's)	0	0	0
Limited access to safe water & sanitation	0	0	0

tify persistent public health problems, emerging diseases, and changes in disease burden. This information supports prioritisation of prevention, preparedness, and response activities at the Panchayat level.

Disease	2021	2022	2023	2024	2025	Trend (Increasing/Stable/Decreasing)
Dengue	36	20	56	54	33	Decreasing
Leptospirosis	3	2	4	4	4 Death-1	Stable
Hepatitis A	0	0	0	20	18	Decreasing
Malaria	0	0	0	0	0	Nil
Scrub Typhus	0	0	0	1	0	Decreasing
Typhoid	0	0	1	1	3	Increasing
H1N1	0	0	3	04	4	Increasing
H3N2	0	0	0	0	0	Nil
ADD	185	164	121	82	40	Decreasing
Mumps	0	0	0	0	0	Nil
Measles	0	0	1	0	0	Decreasing
Hepatitis B	0	1	0	0	0	Decreasing
Hepatitis C	0	0	1	0	0	Decreasing
Tuberculosis	13	22	24	18	12	Decreasing

Leprosy	0	0	0	0	0	Nil
COVID-19	1589	515	18	9	39	Decreasing

*(use the above table data to create the graph/diagram)

Seasonal Trend Analysis

Seasonal analysis helps anticipate surges (e.g. dengue in monsoon, leptospirosis after floods, influenza in cooler months) and plan pre-emptive vector control, stockpiling of IV fluids, and awareness campaigns at Panchayat level.

DENGUE

Dengue is a major seasonal vector-borne disease strongly associated with rainfall, water stagnation, and increased mosquito breeding during the monsoon period.

Dengue – Ward-wise Yearly Distribution (2021–2025)

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	01	0	0	01
2	1	0	02	01	01	05
3	0	01	04	0	03	08
4	2	01	03	01	03	10
5	9	03	01	06	01	20
6	1	02	01	01	01	06
7	2	01	06	02	02	13
8	0	01	04	0	02	07
9	0	0	01	04	05	10
10	0	01	02	06	07	16
11	11	0	01	10	01	23
12	2	01	12	03	01	19
13	1	02	04	02	0	09
14	0	01	02	04	01	08
15	2	03	02	05	01	13
16	1	01	03	04	0	09
17	1	01	01	01	0	04
18	3	01	04	04	03	15
19	0	0	02	0	0	02

LEPTOSPIROSIS

Leptospirosis cases are closely linked to monsoon rains, flooding, and occupational exposure, particularly in low-lying and waterlogged areas.

Leptospirosis – Ward-wise Yearly Distribution (2021–2025)

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	01	0	0	0	0	01
2	01	0	0	0	0	01
3	0	01	01	01	0	03
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	01	01	0	02
8	0	0	0	0	01	01
9	0	0	01	0	0	01
10	0	0	0	0	0	0
11	0	0	0	02	0	02
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0
15	0	01	0	0	01	02
16	0	0	0	0	0	0
17	01	0	0	0	01(DE ATH)	02
18	0	0	0	0	01	01
19	0	0	01	0	0	01

VIRAL HEPATITIS - A

Hepatitis A cases are commonly associated with unsafe drinking water, food contamination, and breakdowns in sanitation, often presenting as clusters or outbreaks.

Peak: October - December

Hepatitis A – Ward-wise Yearly Distribution (2021–2025)

Ward	Hepatitis A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	01	01	02
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	01	01	02
7	0	0	0	0	01	01
8	0	0	0	0	01	01
9	0	0	0	01	05	06
10	0	0	0	0	01	01
11	0	0	0	0	01	01
12	0	0	0	0	0	0
13	0	0	0	0	01	01
14	0	0	0	01	02	03
15	0	0	0	0	0	0
16	0	0	0	0	02	02
17	0	0	0	16	01	17
18	0	0	0	0	01	01
19	0	0	0	0	0	0

Outcome-Based Trend Analysis- 2025

Transmission Trend- 2025

For effective management of public health issues, it is important to track the trend of disease transmission mode. It helps identify the population or place at high risk that can be used to predict outbreaks and implement targeted interventions as quickly as possible. Understanding these kinds of trends enables authorities to allocate resources efficiently and change the strategies adequately based on the trend that follows.

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	33	0
Water Borne Diseases	21	0
Air Borne Diseases	12	1
Blood Borne Diseases	0	0
Food Borne Diseases	20	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	33	0
Malaria	0	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	3
0Hep- A	18	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0zs

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	69	0
H1N1	6	0
TB	12	1
Chickenpox	63	0
Measles	0	0
Covid-19	39	.
Pertussis	0	0
Mumps	0	0

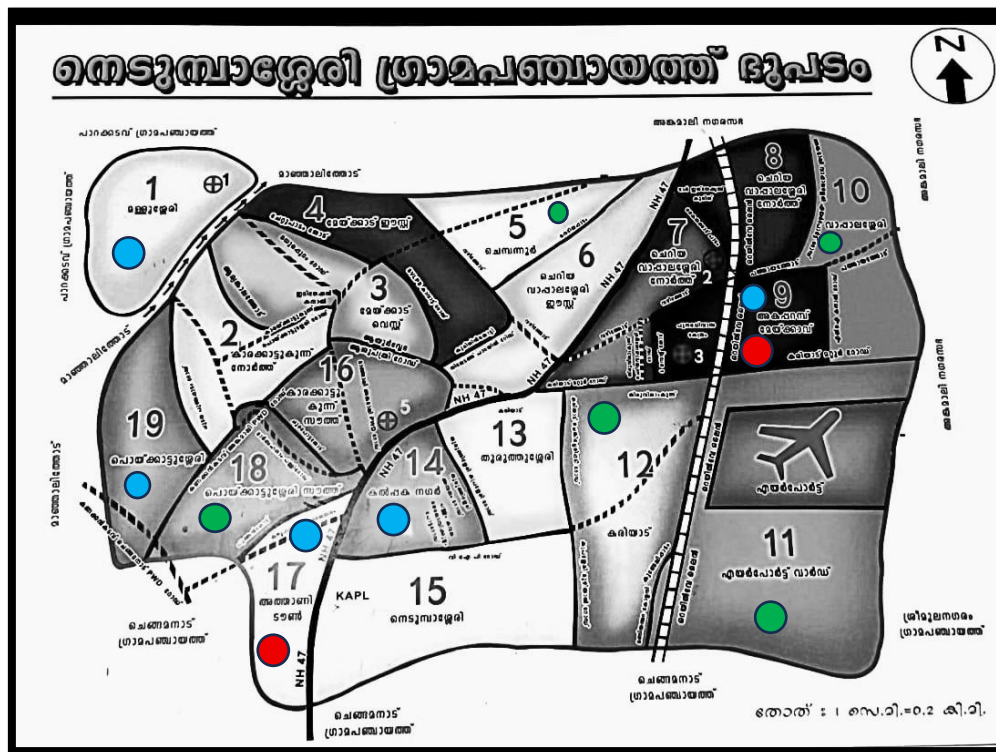
Blood-Borne Disease

Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	4	1
Avian influenza	0	0
West nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

Integrated Disease Hotspot Map (2021–2025)



- Viral Hepatitis – A
- Dengue Fever
- Flood prone areas

Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	01	01	0	0	10	12
2	05	01	0	0	9	15
3	08	03	02	0	9	22
4	10	0	0	0	11	21
5	20	0	0	0	9	29
6	06	0	02	0	7	15
7	13	02	01	0	4	19
8	07	01	01	0	6	15
9	10	01	06	0	8	25
10	16	0	01	0	12	29
11	23	02	01	0	9	35
12	19	0	0	0	8	27
13	09	0	01	0	15	25
14	08	0	03	0	14	25
15	13	02	0	0	8	23
16	09	0	02	0	9	20
17	04	02	17	0	12	35
18	15	01	01	0	11	27
19	02	01	0	0	14	17

By overlaying five years of data, we have identified 6 'Red Zone' Wards. These are wards where at least two different categories of diseases (e.g., Dengue and Lepto) recurred in consecutive years. Ward **6** is categorized as the **Highest Priority Hotspot** due to its combination of flood vulnerability and high vector density.