FHC THIRUVANIYOOR
THIRUVANIYOOR GRAMAPANCHAYATH

PANDEMIC PREPARDNESS PLAN 2026

MESSAGE FROM PRESIDENT/CHAIR LSGI

As the President of the Thiruvaniyoor Grama Panchayath, it is my privilege to introduce this Pandemic Preparedness and Response Plan. Governance is never more tested than during a public health crisis. We have seen that when a pandemic strike, it affects every facet of our lives—our shops, our schools, our places of worship, and most importantly, our homes. This document is not just a medical manual; it is a social contract between the Panchayath administration and every resident of Thiruvaniyoor promising that we will be ready to protect you when you need us most.

PRAKASHAN
PRESIDENT
THIRUVANIYOOR

GRAMAPANCHAYATH

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIRPERSON

As the Chairperson of the Health Standing Committee of Thiruvaniyoor Grama Panchayath, I reaffirm our unwavering commitment to safeguarding the health, safety, and well-being of every citizen in our Panchayat. In facing any emergency—be it public health, natural disaster, or unforeseen challenges—we will activate and strengthen our community-based systems. Our Kudumbashree units, ASHA workers, health staff, ward-level committees, and dedicated volunteers will work in close coordination to build a resilient, people-centered response mechanism.

I also place on record my gratitude to the Medical Officer and the healthcare team of the concerned Community Health Centre for their valuable guidance in preparing and strengthening our response protocols.

Together, with unity, responsibility, and compassion, we will ensure that **Thiruvaniyoor Grama Panchayat** remains a safe, resilient, and caring home for all.

Chairperson, Health Standing Committee

THIRUVANIYOOR GRAMA PANCHAYAT

MESSAGE BY MEDICAL OFFICER

As the Medical Officer in Charge, I am pleased to present the Pandemic Preparedness Plan of **Thiruvaniyoor Grama Panchayat**, a comprehensive framework designed to strengthen our collective readiness to prevent, detect, and respond effectively to public health emergencies. The recent global and national experiences with infectious disease outbreaks have clearly demonstrated that preparedness at the grassroots level is the cornerstone of effective pandemic management. Local self-governments play a decisive role in safeguarding communities by ensuring early detection, coordinated response, transparent communication, and uninterrupted essential health services.

Our objective is not only to respond to emergencies but also to build a resilient and sustainable public health system capable of addressing future challenges with confidence and efficiency. Continuous monitoring, capacity building, and community participation will remain integral to this effort.

MEDICAL OFFICER I/C

FHC THIRUVANIYOOR

EXECUTIVE SUMMARY

The strength of any community during a public health crisis lies in its preparedness, unity, and resilience. Through this Pandemic Preparedness Plan, Thiruvaniyoor Grama Panchayat has established a structured and coordinated framework to prevent, detect, and respond effectively to infectious disease outbreaks.

This plan is not merely a document, but a commitment—one that reflects our collective responsibility to safeguard the health and well-being of every resident. By integrating scientific guidance, decentralized governance, and active community participation, we have built a foundation capable of responding swiftly and responsibly to future challenges.

Above all, the success of this plan depends on cooperation—between institutions and citizens, health workers and volunteers, leadership and community members. Together, with determination and solidarity, we will ensure that Thiruvaniyoor Grama Panchayat remains a safe, resilient, and caring home for all.

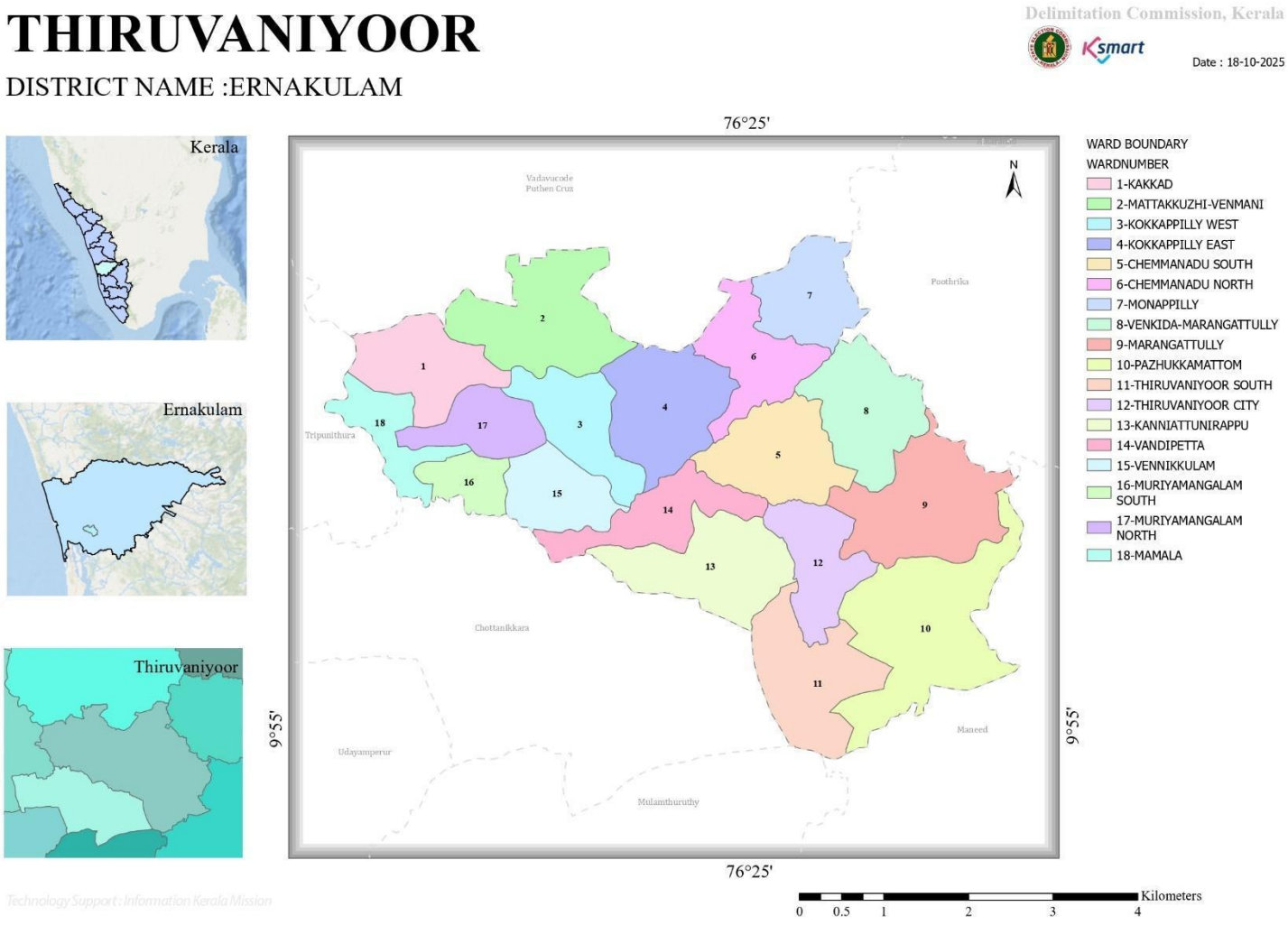
LIST OF ABBREVIATIONS

LSGD/LSGI	**Local Self Government Department / Local Self Government Institution**
BMO	**Block Medical Officer**
IDSP	**Integrated Disease Surveillance Programme**
NDMA	**NATIONAL DISASTER MANAGEMENT AUTHORITY**
PPE	**PERSONAL PROTECTIVE EQUIPMENT**
ICMR	**INDIAN COUNCIL OF MEDICAL RESEARCH**
CD	**COMMUNICABLE DISEASES**
NCD	**NON-COMMUNICABLE DISEASES**

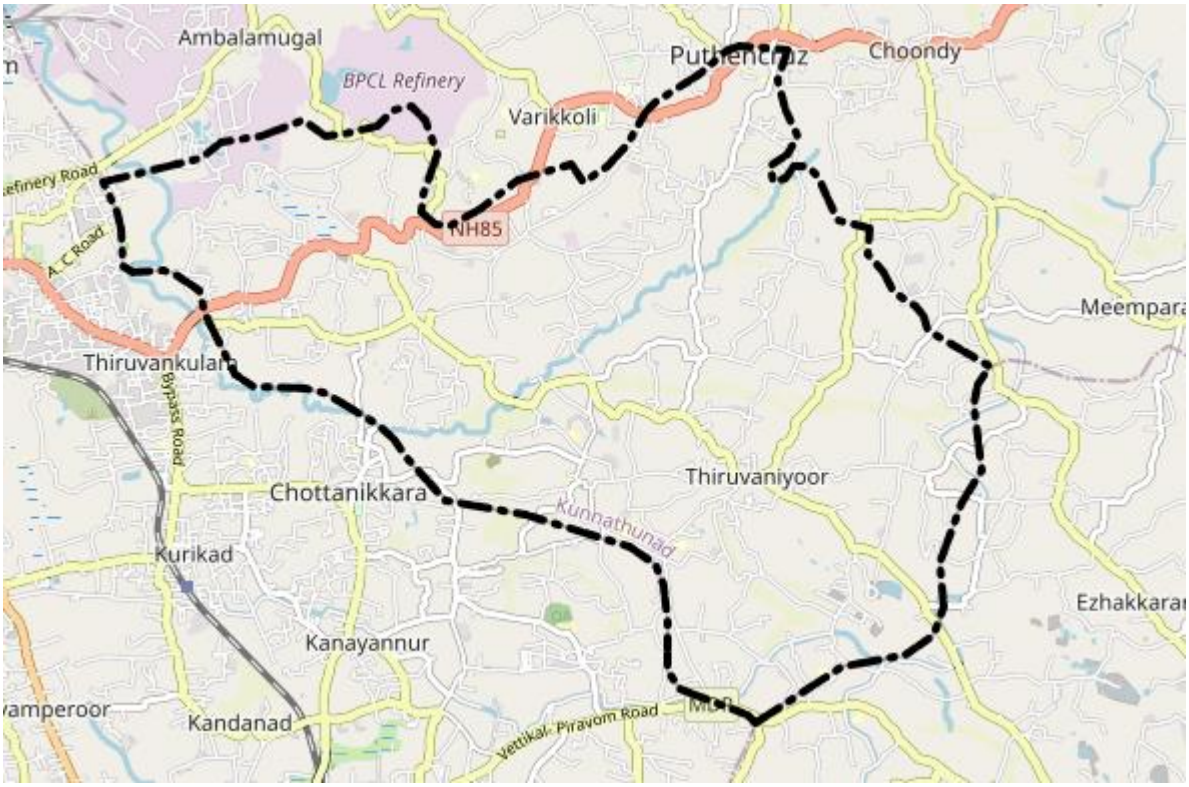
LSGD AT A GLANCE

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
18	2143	29274	1605	124	0	4	3

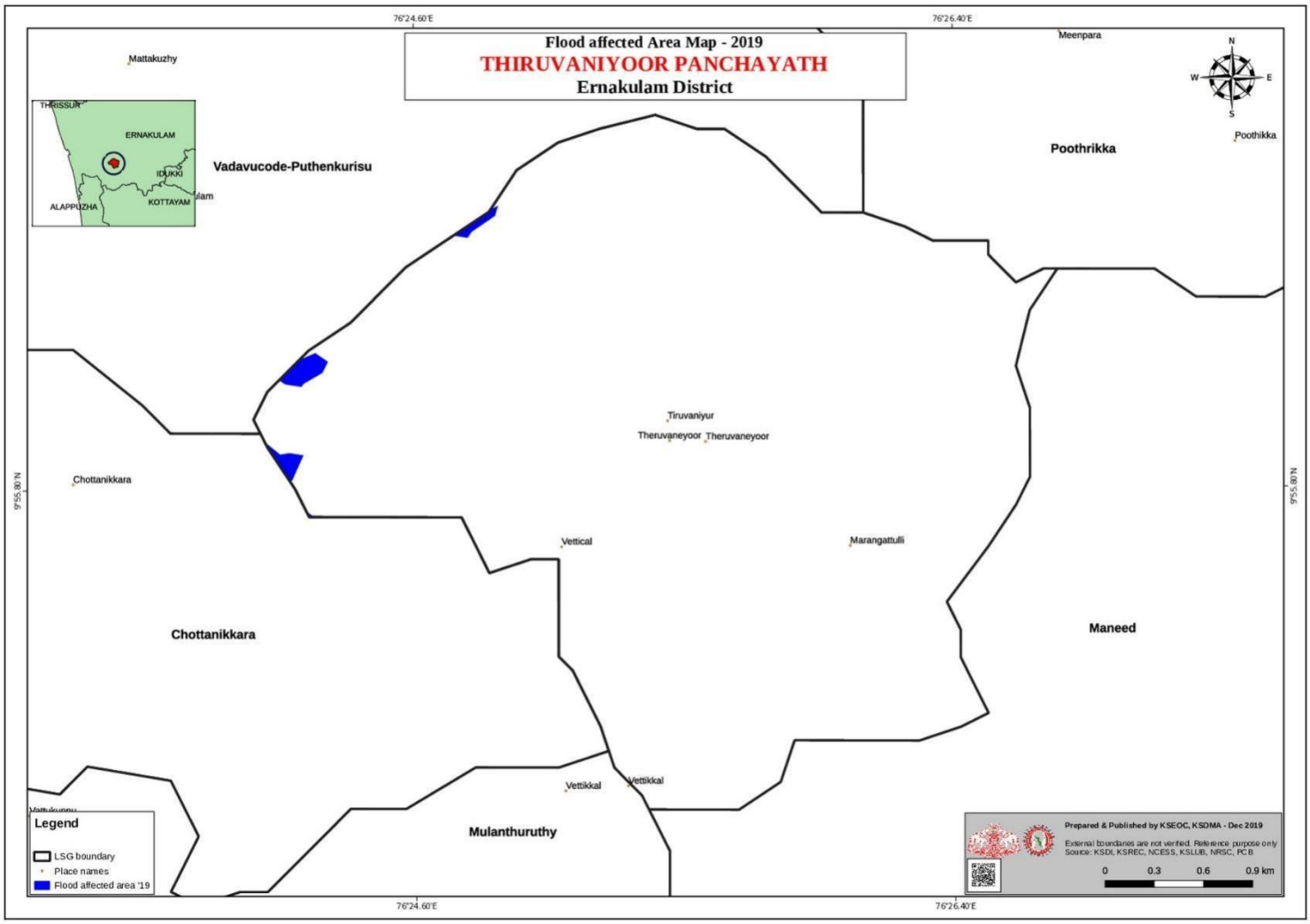
WARD MAP OF THIRUVANIYOOR PANCHAYAT



ROAD MAPPING



FLOOD PRONE AND HOTSPOT MAP



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Thiruvaniyoor Grama Panchayat is a rural local self-government institution located in **Kunnathunad Taluk**, **Ernakulam District**, in the state of **Kerala, India**. It functions under the **Vadavucode Block Panchayat**, serving as the grassroots administrative body responsible for local governance and development within its jurisdiction.

Geographical and Connectivity Highlights

- Thiruvaniyoor village spans an area of approx. **2,677 hectares** (about 26.8 sq km).
- The region has access to **public and private bus services**, with the nearest railway station located at a distance beyond 10 km.
- The Panchayat falls under the **682308** postal area.

Administration & Local Institutions

- Thiruvaniyoor has elected local representatives for each ward, responsible for planning, development, and governance at the ward level.
- The Panchayat provides basic civic amenities, infrastructure maintenance, community welfare programs, and works in coordination with district and state departments on various developmental initiatives.

Table 1: Background of LSGD

Description	**Details**
Name of LSGI	THIRUVANIYOOR
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	VADAVUCODE
District	ERNAKULAM

Table 1: Background of LSGD	
Description	**Details**
Number of wards	18
Total area (sq. km)	21.81 sq.km
Population (Projected)	29274
Population density	persons/sq. km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	NIL
Number of rivers passing through LSGI	NIL
Number of water bodies in the LSGI	NIL
Number of educational institutions	15
Factories / small-scale industries	6
Flood-prone wards	NIL
Landslide-prone wards	NIL
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1
Auditoriums/Marriage halls/convention centres/community halls	4

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.

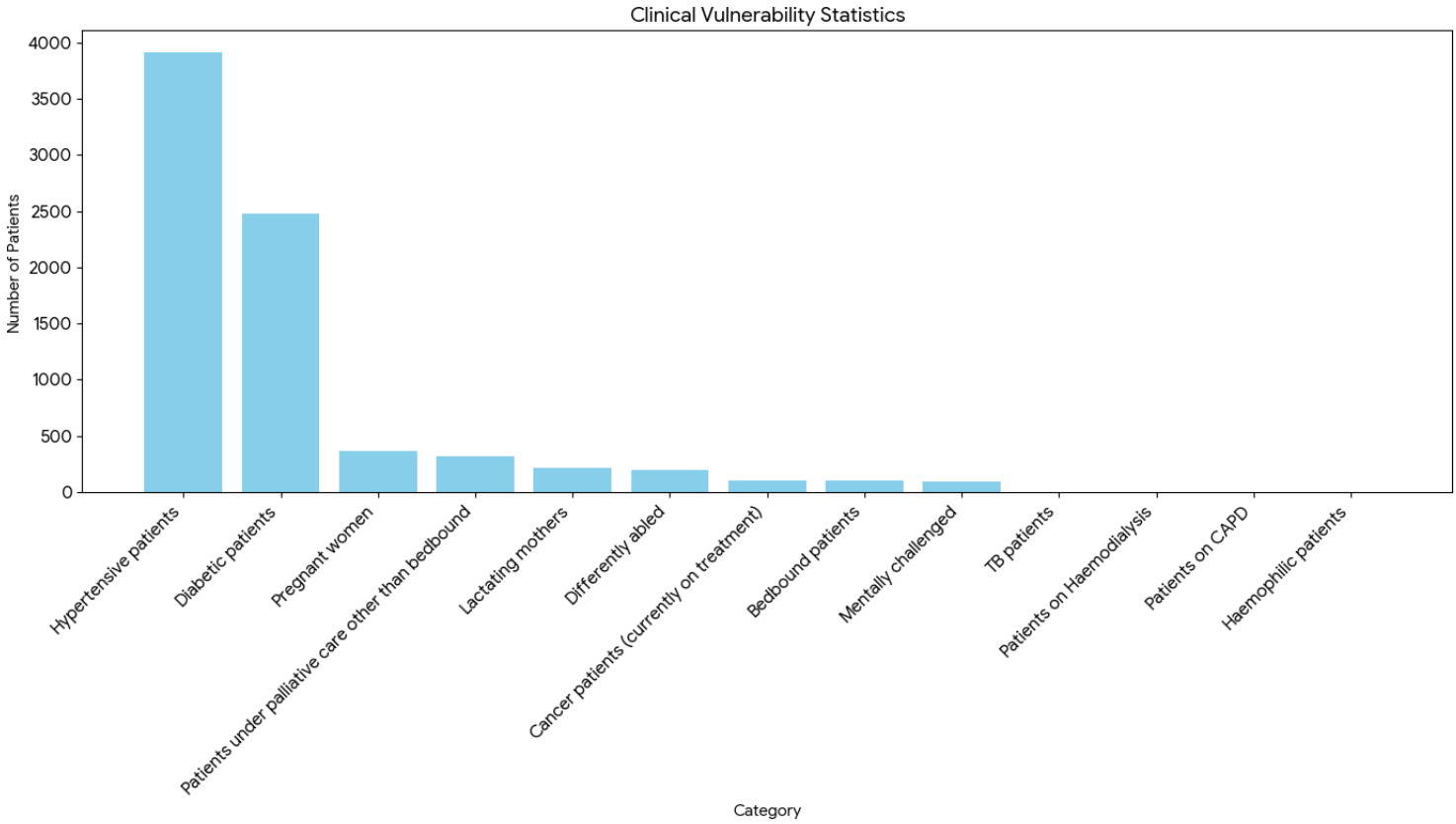
Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Total population		28717
Male		14159
Female		14558
Transgender		NIL
Children under 5		1407
Adolescent		4521
Elderly (>60)		16548
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		69
BPL family		694
TRIBAL COMMUNITIES		NIL
MIGRATION	IMMIGRANT	712
	EMIGRANT	893
SOCIO-ECONOMICALLY DEPRIVED		NIL
FISHERFOLK		NIL
SC COMMUNITY		1237
ST COMMUNITY		NIL

Clinical Vulnerability

Description	Details in numbers
Pregnant women	364
Lactating mothers	218
Bedbound patients	99
Patients under palliative care other than bedbound	319
Patients on Haemodialysis	NIL
Patients on CAPD	NIL
Cancer patients (currently on treatment)	107
Haemophilic patients	NIL
Mentally challenged	98
Differently abled	194
Diabetic patients	2474
Hypertensive patients	3912
TB patients	3

Major Festivals & Events specific to the LSGI
(with the possibility of a public gathering)

Sl. No.	Name of festival	Month detailing the periodicity
1	ST. GEORGE CHURCH VENNIKULAM ERNAKULAM	JANUARY
2	ST MARY'S CHURCH PAZHUKKAMATTOM	JANUARY
3	SREE NARASIMHA SWAMY TEMPLE MURIYAMANGALAM	APRIL
4	ST JOHN'S JACOBITE SYRIAN CHURCH KANNIATTUNIRAPPU	FEBRUARY


Clinical Vulnerability Statistics
Number of Patients
4000
3500
3000
2500
2000
1500
1000
500
0
Hypertensive patients
Diabetic patients
Pregnant women
Patients under palliative care other than bedbound
Lactating mothers
Differently abled
Cancer patients (currently on treatment)
Bedbound patients
Mentally challenged
TB patients
Patients on Haemodialysis
Patients on CAPD
Haemophilic patients
Category

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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-Supported Beds**	**No. of Ventilator Support Beds**	**No. of ambulances**
Government Healthcare Facilities								
1	FHC THIRUVANIYOOR	FHC	0484273760	12	0	0	0	1
2	MONIPALLY	SC						
3	SASTHAMUGAL	SC						
4	MATTAKUZHI	SC						
5	VENNIKULAM	SC						
6	FWC THIRUVANIYOOR	SC						
Private Healthcare Facilities								
1	LLOM HOSPITAL	HOSPITAL		14				
AYUSH Healthcare Facilities								
1	GOVT AYURVEDA DISPENSARY		9446546034	0	0	0	0	0

Private Clinics

Table 6. Private Clinic Resource Summary								
Sl No.	**Name of Clinic**	**Registered (Y/N)**	**Clinic (General / Speciality)**	**Specialit y (if any)**	**Address**	**Contact Number**	**Diagnostic Facility (Y/N)**	**Ambulance Linkage (Y/N)**
1	WELLCARE	Y	G	NIL	THIRUVANIYOOR		YES	NO
2	BWELL	Y	G	NIL	THIRUVANIYOOR		YES	NO

Healthcare Education & Training Institutions

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

Specialized Services & Emergency Inventory

Item	Govt	Private	AYUSH	Total
Hospital beds	0	0	0	0
Oxygen-generating systems(Y/N)	0	0	0	0
Oxygen-supported beds (Numbers)	0	0	0	0
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	0	0	0	0
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	0	0	0	0
Medical store	0	0	0	0
Industrial establishments (**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	-	-	-	0

Oxygen & Diagnostic Capacity

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							
	NO	NO	NO	NO	NO	NO	NO

Diagnostics facility mapping at the LSGI level

Item	Govt	Private	AYUSH	Total
General labs	NIL	5	NIL	5
Microbiology labs	NIL	NIL	NIL	NIL
RT-PCR labs	NIL	NIL	NIL	NIL
USG units	NIL	NIL	NIL	NIL
CT/MRI units	NIL	NIL	NIL	NIL
Research labs	NIL	NIL	NIL	NIL
Labs of other departments that can be repurposed	NIL	NIL	NIL	NIL

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	DDC	PRIVATE	THIRUVANIYOOR		NO	YES
2	APPOLO	PRIVATE			NO	NO
3	METRO	PRIVATE			NO	NO

Social and Community Infrastructure for surge plan

Category	Total Count	Ward	Est. Capacity (Persons)
Educational Institutions			
Anganwadi's	25	ALL	
Schools	14	1,5,15,7,9	
Colleges	1	7	
Healthcare Educational Institutions			
Medical colleges (Govt/Private)	NIL	-	-
Nursing colleges (Govt/Private)	NIL	-	-
Dental colleges (Govt/Private)	NIL	-	-
Paramedical institutes (Govt/Private)	NIL	-	-
Community Gathering Spaces			
Community halls	2	1,2	
Auditoriums	4	3, 5, 1, 2	
Religious buildings	6	1,3,7,9,8	
Vulnerable Group Support Facility			
Destitute homes	NIL	-	-
Elderly homes	1	12	15
LSGD owned other buildings	NIL	-	-
Mass Fatality Management (MFM) Infrastructure			
Mortuary	NIL	-	-
Crematorium	1	3	50

HUMAN RESOURCES

Medical & Clinical Personnel

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	3	2	5
Doctors – AYUSH	1	0	1
Doctors – Veterinary	1	0	1
Doctors – Dental	0	4	4
Nursing officers	4	6	10
Lab technicians	1	4	5
Optometrist	0	2	2
Pharmacists	2	8	10
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	0	0	0
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	4	0	4
JHI (Jr Health Inspectors)	2	0	2
MLSP (Mid-Level Service Providers)	5	0	5

Cadre	Health services	Municipal common services	Total
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	1	0	1
Entomologist	1	0	1
Data Manager	1	0	1

Community & Support Cadre

Cadre	Number
ASHA Workers	16
AWW (Anganwadi Workers)	25
Emergency Medical Volunteers (Trained)	0
Kadambas're	162
MNREGS	31
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	0
Retired Police Officers	2
NCC/NSS Volunteers	120
Red Cross volunteers	0
One Health Community Volunteers	62
One Health Community Mentors	0

Community Organizations

Category	Total Count
NGOs	33
Religious based organizations	7
Foreign based organizations	0
Sports Club/youth clubs	8
Kudumbasree SHGs	0
Ayalkootams	0
Political organizations	4
Residential organizations	16

Administrative & Emergency Services

Category	Total Count	Contact details
Police Stations	0	100
Fire & Rescue Stations	0	101
Water Pumping Points	3	
Public Distribution System (PDS)	2	

Information regarding resources

Means of transportation	Total Count
JCB	6
Crane	0
Heavy Trucks	0
Tractor	12

Ambulances	1
Mobile mortuaries	0
Boats	0
Taxi service	2

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

The One Health method integrates environmental, animal, and human health to enable proactive pandemic preparedness. Panchayat-level surveillance needs to be improved in order to detect and treat zoonotic and environmentally generated diseases early. Surveillance is strengthened through systematic assessment of animal populations, veterinary infrastructure, poultry and slaughter facilities, inter-sectoral coordination, and specialised tools like avian influenza seasonality mapping using GIS in previous outbreaks to enable predictive alerts and ward-specific sampling to support effective pandemic preparedness.

Animal & Bird Population

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	34	ALL WARDS
	Pet Animals (Dogs/Cats)	41	ALL WARDS
	Stray Dog Population	48	ALL WARDS
	Pig Farms (Number of heads)	0	NIL
	Small Units (Sheep / Goats – clustered)	0	-
Bird Population	Poultry Units (Birds)	8	ALL WARDS
	Poultry- (FOWL)	0	
	Wild/Migratory Birds (Observed)	NIL	NIL
	Crow Mortality Events	NIL	NIL

Veterinary Infrastructure

Facility Type	Name of Facility	Ownership Govt / Pvt	Location (Ward No)	Contact number
Veterinary Dispensary	THIRUVANIYOOR	GOVT	3	
Veterinary Hospital / Polyclinic	0	0	0	0
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	0	0	0	0
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	THIRUVANIYOOR	3	0	

Veterinary Doctors & Workforce

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	GOVT	
Private Veterinary Doctors	0	NA	NA
Livestock Inspectors	1	GOVT	NA
Para-veterinary Staff / Attenders	1	GOVT	NA
Contract / On-call Veterinary Support (if any)	0	0	-

High-Risk Interface Points (Surveillance Sites)

Type of Habitat	Type of High-risk interface	Geographical vulnerability
Wetlands & Backwaters	NIL	NIL
Backyard Poultry Farms	NIL	NIL
Cattle Sheds near Water Bodies	NIL	NIL
Fish & Meat Markets	NIL	NIL
Community Slaughter Sites	NIL	NIL
Migratory Bird Congregation Areas	NIL	NIL
Rodent-Infested Grain Storage	NIL	NIL

Category	**Total Count**	**Key Locations (wards)**
Poultry Farms	8	5,11,10,3
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	NIL	NIL
Slaughterhouses/ Slaughter Points	3	3,13,1
Meat/Fish Markets	NIL	NIL
Live Bird Sale Points	NIL	NIL
Cattle Markets / Weekly Animal Fairs	NIL	NIL
Pet Shops / Breeders	NIL	NIL
Animal Shelters / Pet Homes	NIL	NIL
Waste Disposal Sites near Animal Units	NIL	NIL

Environmental Risk Mapping

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	NIL	NIL	NIL
Water bodies/wetlands	NIL	NIL	NIL
Solid waste accumulation	NIL	NIL	NIL
Animal waste disposal issues	NIL	NIL	NIL
Rodent infestation zones	NIL	NIL	NIL
Industrial effluent discharge	NIL	NIL	NIL
Construction sites / abandoned buildings	NIL	NIL	NIL
Poor drainage/blocked canals	NIL	NIL	NIL
Drinking water source contamination risk	NIL	NIL	NIL

Disease Seasonality Mapping

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

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	NIL	NIL	NIL	NIL
Leptospirosis	NIL	NIL	NIL	NIL
Dengue/Chikungunya	MONSOON	PLANTATION	WARD-X	PLANTATION
Acute Diarrheal Diseases	MONSOON	WATER	WARD IX	FOOD AND DRINKING WATER
Rabies	0	0	0	0
Anthrax (rare)	0	0	0	0

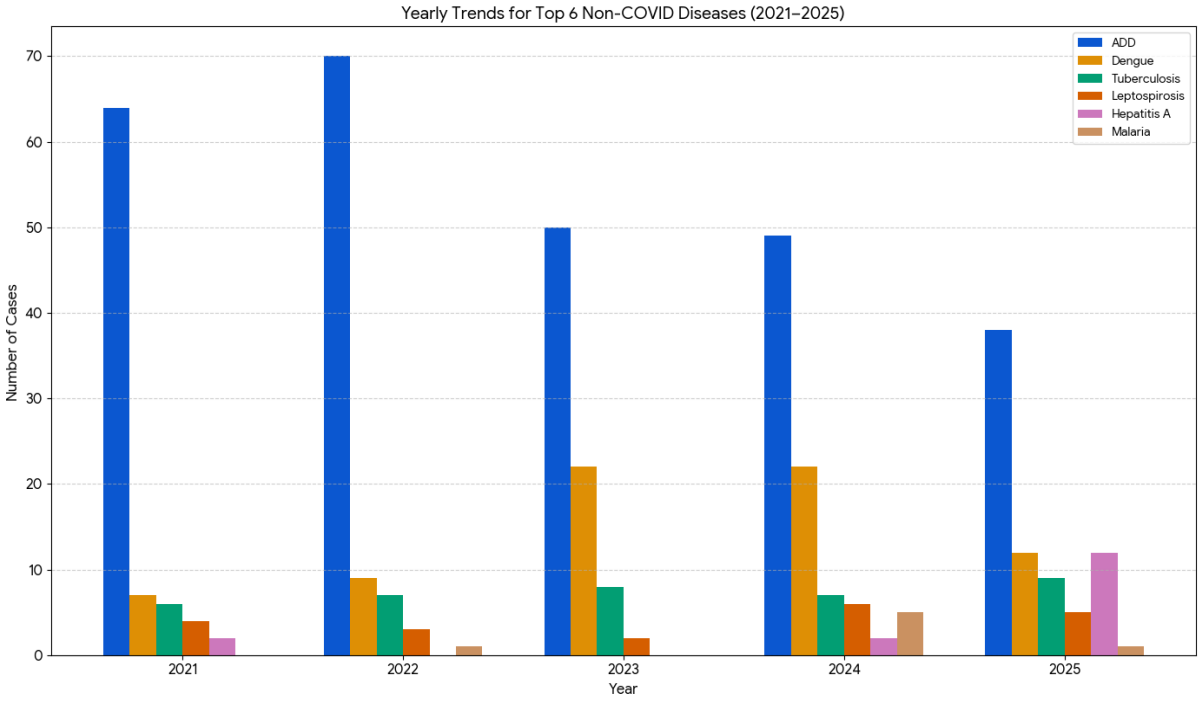
Vulnerability Mapping

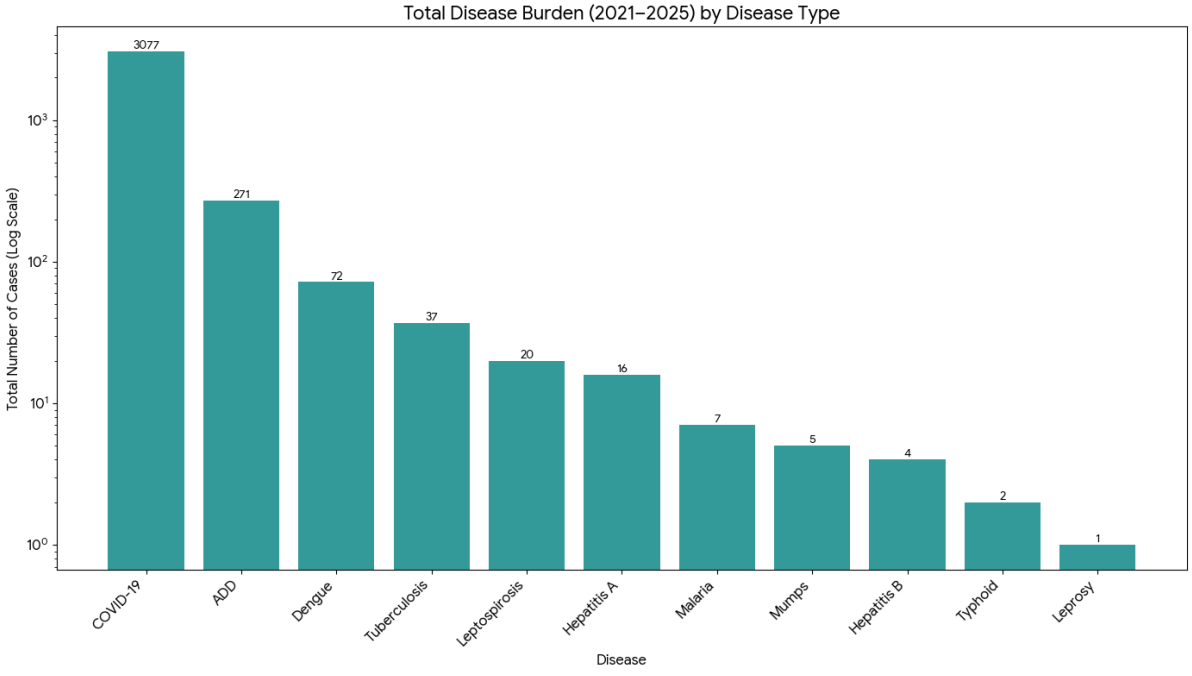
Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	NIL	NIL	NIL
Wetland-adjacent communities	NIL	NIL	NIL
Backyard poultry / duck rearing households	NIL	NIL	NIL
Livestock-rearing households	NIL	NIL	NIL
Slaughterhouse & meat market workers	NIL	NIL	NIL
Fisherfolk & fish market workers	NIL	NIL	NIL
Sanitation workers	NIL	NIL	NIL
Daily wage / migrant workers	NIL	NIL	NIL
Elderly & chronically ill populations	NIL	NIL	NIL
Pregnant Women	NIL	NIL	NIL
Children (schools, Anganwadi's)	NIL	NIL	NIL
Limited access to safe water & sanitation	NIL	NIL	NIL

EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease Burden among human beings (Last 5 Years)

Disease	2021	2022	2023	2024	2025	Trend (Increasing/Stable/Decreasing)
Dengue	7	9	22	22	12	DECREASING
Leptospirosis	4	3	2	6	5	INCREASING
Hepatitis A	2	0	0	2	12	INCREASING
Malaria	0	1	0	5	1	DECREASING
Scrub Typhus	0	0	0	0	0	STABLE
Typhoid	0	1	0	0	1	INCREASING
H1N1	0	0	0	0	0	STABLE
H3N2	0	0	0	0	0	STABLE
ADD	64	70	50	49	38	DECREASING
Mumps	0	2	1	1	1	DECREASING
Measles	0	0	0	0	0	STABLE
Hepatitis B	1	0	0	2	1	DECREASING
Hepatitis C	0	0	0	0	0	STABLE
Tuberculosis	6	7	8	7	9	INCREASING
Leprosy	0	0	0	0	1	INCREASING
COVID-19	3056	21	0	0	0	DECREASING


Yearly Trends for Top 6 Non-COVID Diseases (2021–2025)
ADD
Dengue
Tuberculosis
Leptospirosis
Hepatitis A
Malaria
Number of Cases
Year
0
10
20
30
40
50
60
70
2021
2022
2023
2024
2025


Total Disease Burden (2021–2025) by Disease Type
Total Number of Cases (Log Scale)
Disease
3077
271
72
37
20
16
7
5
4
2
1
COVID-19
ADD
Dengue
Tuberculosis
Leptospirosis
Hepatitis A
Malaria
Mumps
Hepatitis B
Typhoid
Leprosy

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.

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	3	2	2			7
2		1	3	3	2	9
3			2	4		6
4	1		1	2	2	6
5		1	2			3
6		1	2	4	2	9
7	2		2	3	1	8
8		1	2			3
9	1	1	4	3	2	11
10		2	2	3	3	10

LEPTOSPIROSIS

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

Peak: June - August

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

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	1	0	0	0	0	1
2	0	1	0	1	1	3
3	1	0	0	0	0	1
4	0	0	0	1	1	2
5	0	0	0	0	0	0
6	0	0	1	1	0	2
7	0	1	0	2	1	4
8	1	0	0	0	0	1
9	0	0	0	0	0	0
10	0	1	1	0	0	2
11	0	0	0	1	1	2
12	1	0	0	0	0	1
13	0	0	0	0	1	1

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	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	1	0	0	0	0	1
2	0	0	0	1	5	6
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	1	0	0	0	0	1
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	0	0	1	0	1
9	0	0	0	0	7	7
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0

OUTCOME-BASED TREND ANALYSIS- 2025

Transmission Trend- 2025

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	12	0
Water Borne Diseases	38	0
Air Borne Diseases	34	0
Blood Borne Diseases	1	0
Food Borne Diseases	12	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	12	0
Malaria	1	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	1	0
Hep- A	12	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	6	0
H1N1	2	0
TB	9	0
Chickenpox	34	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	0	0

Blood-Borne Disease

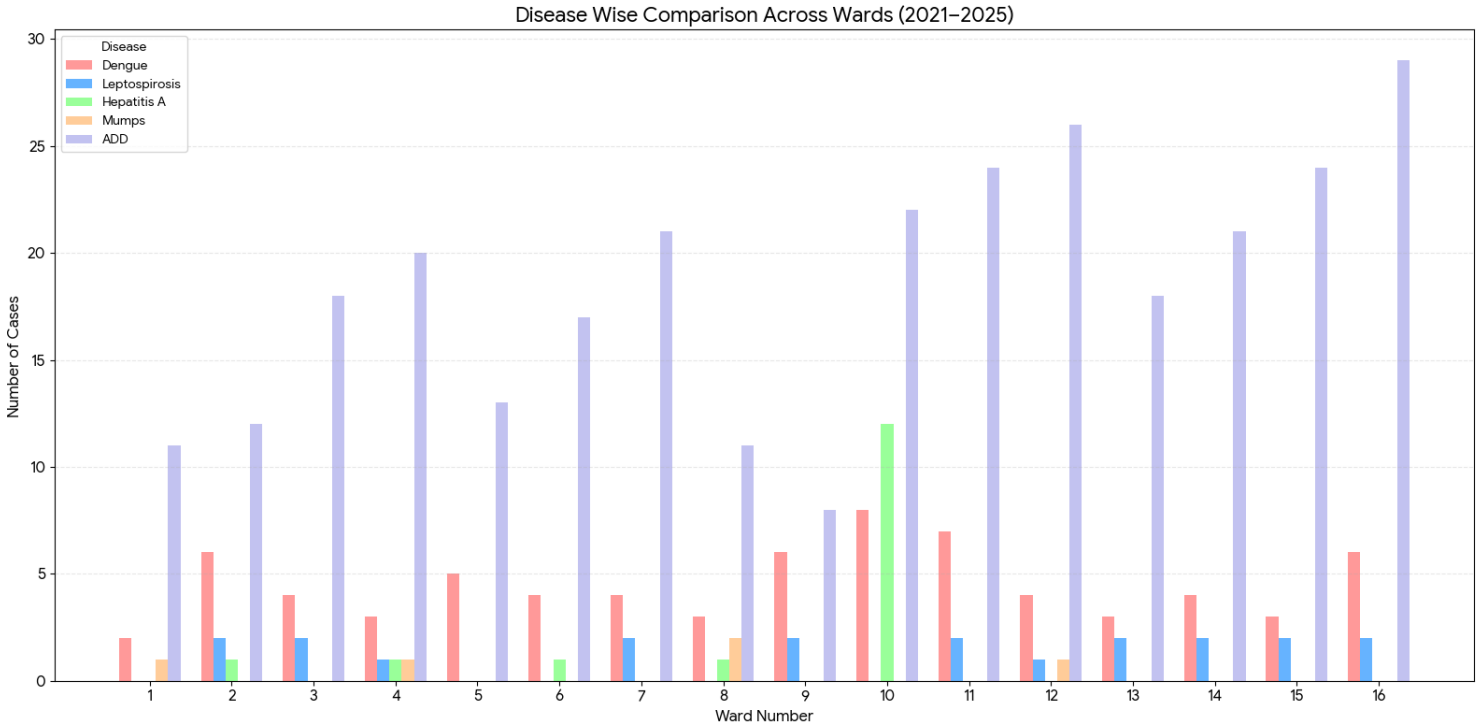
Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	1	0
Hep- C	0	0

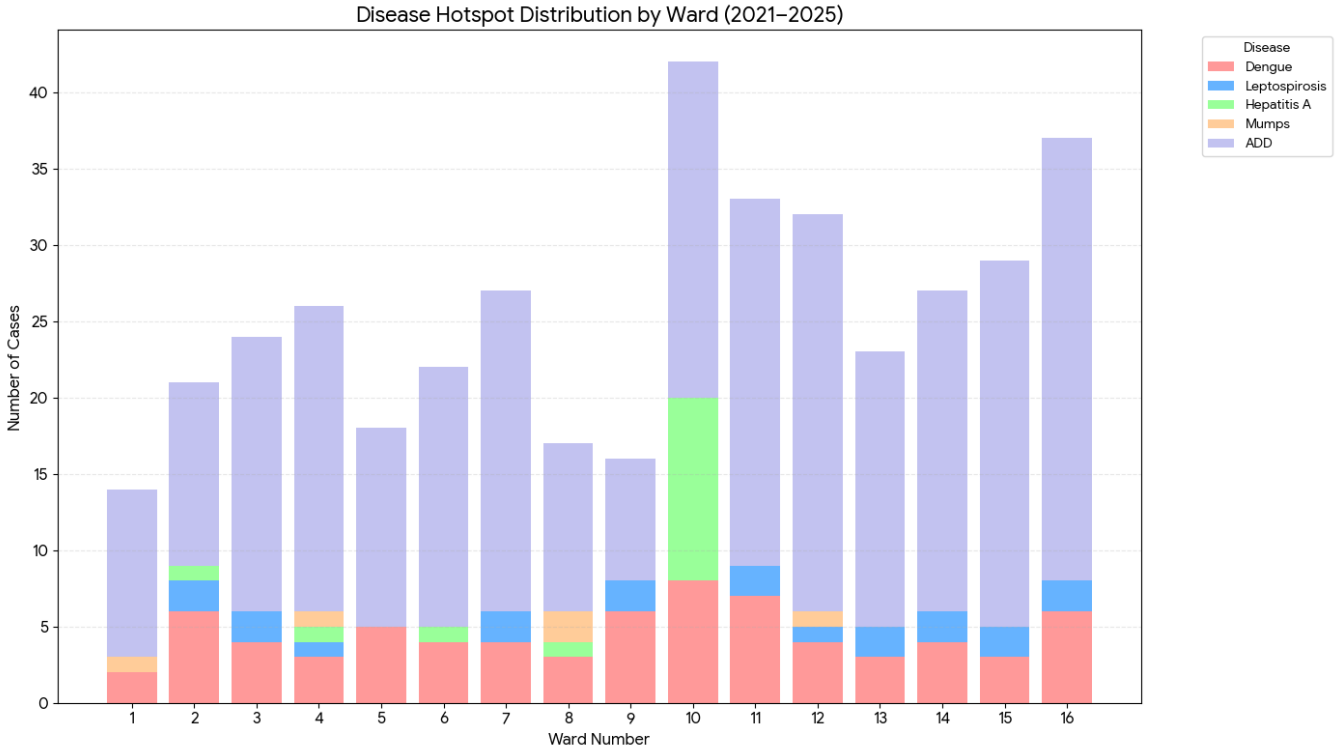
Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	5	0
Avian influenza	0	0
West Nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

Integrated Disease Hotspot Map (2021–2025)

Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	2			1	11	14
2	6	2	1		12	21
3	4	2			18	24
4	3	1	1	1	20	26
5	5				13	18
6	4		1		17	22
7	4	2			21	27
8	3		1	2	11	17
9	6	2			8	16
10	8		12		22	42
11	7	2			24	33
12	4	1		1	26	32
13	3	2			18	23
14	4	2			21	27
15	3	2			24	29
16	6	2			29	37


Disease Wise Comparison Across Wards (2021–2025)
Disease
Dengue
Leptospirosis
Hepatitis A
Mumps
ADD
Number of Cases
Ward Number
0
5
10
15
20
25
30
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16


Disease Hotspot Distribution by Ward (2021–2025)
Disease
Dengue
Leptospirosis
Hepatitis A
Mumps
ADD
Number of Cases
Ward Number
0
5
10
15
20
25
30
35
40
1
2
3
4
5
6
7
8
9
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11
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14
15
16

Preparedness and Response Protocol at LSGD Level

Constitution of One Health Committee

The LSGD shall constitute a One Health Committee comprising the LSGI President, Medical Officers (Modern Medicine, AYUSH, and Veterinary), the Health Inspector, and the Veterinary Surgeon.

Objective: The One Health Committee coordinates human, animal, and environmental health to prevent and control pandemics.

Sl No	Name	Designation	Department/ Institution	Role in Committee	Contact Number
1	REJI VARGHESE	Panchayat President	LSGD	Chairperson	
2	MINI	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9947071533
3	AISWARYA	Veterinary Officer	Animal Husbandry	Member	9497874498
4	ANJU BABY	Epidemiologist	Health Dept	Member	7907769941
5	VIKAS K.K	Health Inspector/PHN	Health Dept	Surveillance	9946335285
6	JAYASREE	ASHA Supervisor	Health Dept	Community link	6235484077
7	SREEKALA K.K	ICDS Supervisor	Social Welfare	Vulnerable groups	9747193097
8		Police Station Officer	Police Dept	Law & order	
9		Ward Councillor Representative	LSGD	Community coordination	-
10		Kudumbashree CDO	Kudumbashree	Community mobilisation	
11	-	NGO/Volunteer rep	Civil Society	Support services	-
12	-	Line Department representations	-	--	-

Key Responsibilities:

- Review disease surveillance data (human + animal)
- Conduct ward-wise risk assessment and vulnerability mapping
- Approve quarantine/isolation centre locations
- Coordinate with district for resources (PPE, oxygen, ambulances)
- Periodically review health system surge capacity, including beds, oxygen, human resources, and ambulances.
- Approve and monitor risk communication and community engagement strategies, including rumour management.
- Ensure protection and service continuity for vulnerable groups (elderly, persons with disabilities, dialysis patients, coastal populations).
- Conduct quarterly mock drills
- Monitor equity measures for vulnerable groups

Meeting Schedule:

Quarterly (normal times) | Weekly (outbreak alert) | Daily (pandemic phase)

Pandemic Response Workforce

To ensure a coordinated and timely response during a pandemic, a dedicated Pandemic Response Workforce shall be constituted at the LSG level. The workforce will function under the overall supervision of the One Health Committee and in close coordination with the health authorities. Team-based deployment will enable efficient surveillance, case management, quarantine and isolation management, logistics support, and risk communication. Each team shall have a clearly designated team leader, defined roles, and an identified pool of personnel to allow rapid activation, rotation of duties, and continuity of services during prolonged emergencies.

Total Response Workforce Available: 300 persons

Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing Team	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Quarantine & Isolation Team	LSGD staff, Volunteers	Facility management	JHI
Psychosocial support	NIL	NIL	NIL
Logistics & supply chain Team	LSGD staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member
Communication Team	Ward members, Kudumbashree, Youth clubs, AWW workers and other self-help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC, educational institutional buses	-	-
Media Surveillance	-	-	-
Intersectoral coordination and convergence	ALL WARD MEMBERS, IMPLEMENT OFFICERS, ASHAS, JHI, JPHN, MLSP	CD & NATIONAL PROGRAMME	JHI
Collaborative surveillance	JHI, JPHN, MLSP, ASHAS	CD, NCD, NATIONAL PROGRAMME	MO I/C

All teams shall be activated immediately upon outbreak alert or pandemic declaration and shall report daily to the LSG Incident Commander/Medical Officer, with consolidated reporting to the Block PHC. Duty rosters and alternate personnel shall be maintained to ensure uninterrupted services during staff shortages or prolonged response periods. Team composition and numbers may be revised based on the magnitude of the outbreak and availability of human resources

Activities and Measures before and during Pandemic

PHASE 1 - Alert / Preparation

Surveillance and Reporting-Enhanced syndromic surveillance:

1. **Data sources for surveillance:**
2. **Event-based triggers (to be monitored and reported):**
3. **Zoonotic and animal health surveillance**
4. Logistics and Stock Preparedness

- Identify and empanel local vendors and define emergency procurement mechanisms in accordance with existing LSGD and Health Department norms.
- Prepare and maintain an essential logistics checklist covering medical supplies, consumables, and support equipment.
- Pre-identify secure storage locations for emergency stocks and ensure maintenance of stock registers with regular updating.
- Finalise emergency transport arrangements, including availability of vehicles and identified drivers for rapid deployment during alerts.
- Designate a Nodal Officer for Logistics to enable prompt decision-making, coordination, and communication during emergencies.
- Conduct rapid stock verification and ensure availability of minimum buffer stock, including:
    - PPE kits – 0 numbers
    - Pulse oximeters – 3 numbers
    - Hand sanitizers – 1.2 litres
    - Masks, gloves, disinfectants – adequate quantity

Identify critical gaps in logistics and immediately communicate requirements to the Block and District authorities for timely replenishment and support. Monitor expiry dates and stock rotation.

➢ Identification of Quarantine and Isolation Facilities

- Identify and list suitable buildings for quarantine and isolation (schools, hostels, community halls, etc.).
- Categorise cases as per the severity and allocate to appropriate facilities (for instance, severe cases to classrooms, mild cases to an assembly hall in case of a school).
- Facility readiness checklist needed (beds, toilets, ventilation) etc.
- Find an alternate site if the primary sites are not available or not in use.
- Identify facility managers and support staff
- Prepare basic SOPs for:
  - Admission and discharge
  - Food, water, sanitation
  - Infection prevention and waste disposal (ANNEXURE 3)
- Ensure availability of basic amenities: water, sanitation, electricity, ventilation, and waste disposal. Prepare a rapid activation plan for these facilities if case numbers increase.

➢ Risk Communication and Community Preparedness

- Disseminate **e**arly warning messages on symptoms, preventive measures, and reporting mechanisms. Display IEC materials both in English and the local language in public places and ensure ward-level awareness.
- Sensitize elected representatives and community leaders on preparedness measures.
- Establish a rumour tracking and misinformation response mechanism to identify, verify, and promptly counter false or misleading information.
- Engage trusted local persons (ward members, ASHA workers, religious leaders, teachers, community volunteers) to communicate official public health messages and reinforce correct practices.
- Develop and deploy targeted IEC materials for:
  - Schools and educational institutions
  - Markets and commercial areas
  - Work sites and labour settings

- Conduct community sensitization meetings at the ward level to promote preventive behaviours, address concerns, and strengthen community participation in preparedness and response.

➢ Protection of Vulnerable Groups

Vulnerable populations require priority protection through targeted line-listing, service continuity, and delivery mechanisms.

- Prepare and regularly update **line-lists** of vulnerable populations, including:
  - Elderly persons living alone
  - Persons with disabilities
  - Pregnant women
  - Migrant workers
  - Dialysis patients

  The detailed line-lists shall be maintained as **Annexure** and updated periodically.

➢ Clinical Dependency Mapping

Develop ward-wise dependency and vulnerability maps to identify households requiring regular support during emergencies. Ensure continuity of essential health services for vulnerable groups, including

- Dialysis services (facility mapping, transport arrangements, and scheduling)
- Continuity of treatment for TB, HIV, and other chronic conditions requiring uninterrupted medication
- Mental health and psychosocial support services

Establish **delivery mechanisms** for food, essential commodities, and medicines to vulnerable households through coordinated action involving ASHAs, JPHNs, Kudumbashree, volunteers, and local administration.

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

Case detection and contact tracing activities will be carried out in coordination with the health authorities, following disease-specific SOPs and IDSP guidelines.

Field Staff Involved

- Health Inspector (HI)
- Junior Health Inspector (JHI)
- Junior Public Health Nurse (JPHN)
- ASHAs and ASHA Supervisors
- Ward-level volunteers and Kudumbashree members (as required)

2. Screening Checkpoints

Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during outbreaks. Potential locations include bus stands, market entry points, and boat jetties, based on local context and risk assessment.

Screening activities will be carried out by trained personnel such as ASHAs, ward members, and volunteers, with support from Health Department staff. Necessary equipment, including non-contact thermometers and appropriate PPE, shall be ensured prior to activation.

Location	Type (Bus stand/Jetty/ Market/Railway)	Staff Deployed (ASHAs/Volunteers)	Screening Method	Reporting authority
Bus stand	Transport hub	One JHI One ASHA One health Mentors	1. Swab Collection. 2. Blood smears collection (RDT) 3. Thermal Scanners	Surveillance Nodal Officer in control room

Marke t entry	Market	One JHI One ASHA Male healt h volunteers	1. Swab Collection. 2. Blood smears collection (RDT) 3. Thermal Scanners	Surveillance Nodal Officer i n control room
Boat jetty	Water transport	One JHI One ASHA Male healt h volunteers	1. Swab Collection. 2. Blood smears collection (RDT) 3. Thermal Scanners	Surveillance Nodal Officer i n control room

Standard Screening Protocol

```
1. TEMPERATURE CHECK        2. VISUAL SYMPTOMS       3. TRAVEL HISTORY
   (Non-contact)              (Cough/Fever/Breathless)  (Last 14 days)

         ↓                          ↓                        ↓

4. QUICK RISK ASSESSMENT     5. ACTION TAKEN
   High Risk → Test/Quarantine   Normal → Allowed
   Suspect → PHC Referral        IEC + Mask provided
```

The screening protocol shall include temperature screening, observation for visible symptoms, and inquiry regarding recent travel or exposure history. Individuals identified as suspects during screening shall be immediately referred to the nearest PHC/FHC for further evaluation, testing, and appropriate action as per prevailing guidelines.

3. Pandemic Control Room

The Pandemic Control Room (PCR) serves as the central nerve centre for real-time coordination, data aggregation, decision support, and communication during outbreaks. It consolidates information from all LSGD teams, health facilities and community sources to enable rapid response decisions.

Control Room Infrastructure and Location

Primary Location: THIRUVANIYOOR Panchayath Office.

Backup Location: Community Hall in THIRUVANIYOOR G.P.

Health System Control Room Framework

The PCR is organized into **seven functional pillars** to ensure no aspect of the response is overlooked:

1. ***Rapid Response Team (RRT)***
    - Provides immediate intervention during emergencies, clusters, and field alerts.
    - Coordinates urgent actions such as case investigation, contact tracing, isolation, and inter-facility referrals.
2. ***Data Management & Analytics Team***
    - Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
    - Analyses data trends, generates projections, and supports evidence-based decision-making for local authorities.
3. ***Human Resource Deployment Team***
    - Allocates healthcare staff efficiently based on workload and need
    - Ensures adequate and equitable workforce distribution across facilities
4. ***Laboratory Surveillance Team***
    - Oversees diagnostic testing coordination, sample transport, and timely reporting of results.
    - Monitors lab indicators (testing volume, positivity rate, turnaround time) for early detection of outbreaks
5. ***Vaccination Cell (If required)***
    - Plans and executes vaccination campaigns, including micro-planning and session scheduling.
    - Tracks coverage, identifies gaps, and coordinates corrective actions with field teams and outreach services.
6. ***Infrastructure & Patient Occupancy Team***
    - Monitors facility capacity, earmarked beds, oxygen and critical care resources across all linked facilities.
    - Ensures optimal patient distribution and referral management using updated bed-status and resource data.
    - BMWM
7. ***Communication team***
8. ***Logistics and supply chain***

9. *Transportation (interfacility & emergency transport)*
10. *Media surveillance Call centre*
11. *Management of the deceased*
12. *Intersectoral coordination and convergence*

Key Control Room Team

The Control Room Team coordinates all pandemic response activities within the LSGD and serves as the single command and communication hub during activation. It integrates information, field actions, logistics, and policy execution across all participating departments and health facilities.

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer		MO		Overall coordination, decision-making, and reporting to the district level.
Data Entry Operator	NIL	NIL	NIL	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	NIL	NIL	NIL	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	NIL	NIL	NIL	-
Technical Support *(IT/Data)*	NIL	NIL	NIL	-

SOP for alert escalation/trigger point with mapping of responsibilities.

Key Points:

- The Control Room shall be staffed with a designated In-charge, data entry personnel, and communication staff with clearly defined roles and shift arrangements.
- It shall maintain updated records on daily monitoring indicators including new cases, persons under active quarantine, and hospital bed occupancy.

- All reports and situation updates shall be shared daily with the Block and District Surveillance Unit.

- The Control Room shall act as a single point of contact for coordination with response teams, health institutions, and other departments.

- Contact details of the Control Room shall be widely communicated to field staff and stakeholders during activation.

Daily Monitoring Indicators

To ensure timely decision-making and effective response, the following key indicators shall be monitored and updated on a daily basis by the Pandemic Control Room:

1. **Epidemiological Indicators:**

   New cases reported today, Total active cases, Test Positivity Rate (TPR), Case Fatality Rate (CFR)

2. **Surveillance Indicators:**

   Persons under home quarantine, High-risk contacts identified, Fever, ILI, SARI or other symptoms (syndromic surges), Travellers (symptomatic or high-risk arrivals), Animal husbandry surveillance (zoonotic alerts, unusual animal deaths, poultry/bird flu signals), Mortality surveillance (excess deaths, unexplained fatalities, verbal autopsy reports)

3. **Logistics and Infrastructure Indicators:**

   Hospital / CFLTC beds occupied, Oxygen cylinders/concentrators available, Ambulances on standby

4. **Alert Findings**

   The following table outlines category-specific **trigger points (red flags)** from surveillance indicators and corresponding immediate actions for the Pandemic Control Room. These enable rapid response to alert findings like testing anomalies, positive cases exceeding thresholds, clusters, and WGS reports.

Category	Trigger Pop hint (Red Flag)	Immediate Action
Clusters	**Geographical or facility-based:** 5+ cases linked to one location (office, school, street).	Declare a micro-containment zone; perimeter control and active case finding.

Testing	Sudden drop in testing volume / delay in reporting / unusual testing trends	Review the sample collection process, address lab bottlenecks, deploy additional testing teams, and notify the District Lab.
Lab	Test Positivity rate increases	Increase testing sites in that ward.
Hospital	>80% Oxygen bed occupancy	Activate backup/CFLTC beds.
Travel	Cluster of cases from a single flight/train or high-risk arrival group.	Trace all passengers in adjacent seats; implement mandatory institutional quarantine.
Animal	Mass poultry/wildlife death or unusual sickness	Notify Animal Husbandry, sample the area, and dispatch RRT for environmental sampling and zoonotic check.
Mortality	Sudden spike in home deaths or brought-in-dead (BID) cases	Audit the deaths and Active Case Search drive
Additional investigations like Whole Genome Sequencing (WGS)	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict micro-containment; update clinical protocols to match variant severity.

4. Communication of Public Health Information

Channel	Responsible Person	Contact
Ward-level announcements	WARD MEMBERS	REFER ANNEXURE
Social media	WARD WHATSAPP GROUP	WARD MEMBER NUMBERS (ANNEXURE)
Local Cable TV/Radio	SECETARY	

- All messages disseminated through the Hub shall align with advisories issued by the Health Department and District authorities.

- Community leaders shall be sensitized to support behaviour change, reduce stigma, and counter misinformation.

- Special efforts shall be made to reach vulnerable and hard-to-reach populations using locally appropriate communication methods.

Rumour Tracking: A designated volunteer will monitor local social media/WhatsApp groups daily to identify misinformation and issue official clarifications via the Communication Hub.

5. Coordination with District/State Authorities & Other Organisations

Effective coordination with Block, District, and State authorities is essential to ensure timely reporting, technical guidance, and uninterrupted supply of essential resources during a pandemic. The LSG shall establish clear communication channels, designate responsible officers, and adhere to prescribed reporting timelines to support coordinated public health action and efficient resource mobilisation.

Key Details:

- **Nodal Officer for Reporting:** DR. SHAHANA RAIHAN
- **Contact Number:**

9846831377 Reporting Schedule and

Protocols:

To Whom	What to Report	Frequency	Nodal Person
Block PHC	Complete Situation Report (Cases, Quarantine, Beds, Screening, Deaths)	DAILY	HEALTH SUPERVISOR
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	DAILY	DSO/EPIDEMIOLOGIST
Veterinary Officer	Animal health events/Zoonotic alerts	DAILY	
State Cell	Zoonotic cross-sector events	MONTHLY	-

Supply Chain Coordination

The LSG shall coordinate closely with Block, District, and State authorities (KMSCL) to ensure uninterrupted availability of essential goods, medical supplies, and logistics during a pandemic. Supply requirements shall be assessed regularly based on case load and communicated promptly to the appropriate authorities for timely replenishment.

Key Points:

- Maintain updated contact details of District and Block nodal officers for health logistics, oxygen supply, ambulances, and essential medicines.
- Submit timely indent requests for PPE, testing kits, medicines, oxygen, and other critical supplies through prescribed channels.
- Monitor stock levels at LSGD facilities, quarantine/isolation centres, and field teams through daily stock registers and dispensing logs to prevent shortages.
- Coordinate with District authorities, Karunya/Neethi medical shops, and local purchase committees for funds allocation and emergency procurement.
- Ensure regular monitoring of dispensing registers at all facilities to track usage, expiry, and pilferage—shortages being a perennial issue requiring proactive weekly audits.
- Activate surge procurement protocols during high caseloads, leveraging local purchase powers under LSGD funds alongside state supplies.

Resource Inventory and Contacts

Resource Category	Source (District/State/Private)	Contact
PPE Kits/Masks/Gloves	KMSCL	7306993299
PPE Kits/Masks/Gloves	Local Vendors	9847123252
Oxygen Cylinders/Concentrators	KMSCL	7306993299
Medicines/Antivirals	KMSCL	7306993299
Medicines/Antivirals	Neethi Shops	9946901684
Test Kits (RTPCR/Rapid)	KMSCL	7306993299

Collaboration with NGOs, PPP, and CSR

To augment government efforts during a pandemic, the LSGD shall collaborate with NGOs, voluntary organisations, and private sector partners through public–private partnerships and Corporate Social Responsibility (CSR) initiatives, in coordination with District authorities.

Key Points:

- Engage NGOs and community-based organisations for community outreach, awareness, and support to vulnerable populations.
- Leverage CSR support for procurement of medical equipment, PPE, oxygen concentrators, food kits, and sanitation materials, as permitted.
- Ensure all collaborations align with government guidelines and are routed through approved administrative and financial procedures.
- Maintain transparency and documentation for all external support received and utilised.

Organization	Type	Support Offered	Contact Person
Youth Clubs/Student Unions	CBO	-	-

Interdepartmental Coordination

Coordination among departments during a pandemic shall be ensured through regular review meetings convened by the LSGD President. These meetings will provide a structured platform for sharing situational updates, assessing resource availability, resolving operational gaps, and taking joint decisions to ensure a coordinated and timely response.

Department	Representative	Key Role	Contact
Health (PHC)	Staff Nurse:	Case management	9897458275
Veterinary	Veterinary Surgeon:	Animal surveillance	9497874498
ICDS	Supervisor: Sindhu	Nutrition support	9747193097
Education	Head Teacher:	School coordination	

Police		Containment enforcement	
Water Authority		Water supply	
LSGD Engineering		Quarantine infrastructure	

PHASE 3 - Surge Capacity

Phase 3 is activated when there is a rapid increase in cases, high test positivity rates, or when existing health facilities and quarantine arrangements approach saturation. The focus of this phase is to expand isolation capacity, augment clinical care services, and mobilise additional resources through district and state support mechanisms.

Conversion of Community Facilities

To manage increased case load, the LSGD shall activate additional isolation facilities by repurposing identified community infrastructure such as community halls, auditoriums, schools, hostels, or other suitable buildings.

- # Recovery and rehabilitation phase
- **Recovery**
    - Damage & impact assessment
    - Restoration of health services
    - Rehabilitation of affected population
    - Psychosocial & mental health support
    - Disease surveillance during recovery phase
    - Environmental cleanup & sanitation
    - Livelihood restoration
    - Community engagement & confidence building
    - Documentation & after-action review
    - Lessons learned & best practices
    - Health system strengthening
    - Policy revision & preparedness enhancement

CONCLUSION

The Pandemic Preparedness Plan 2026 for Thiruvaniyoor Grama Panchayath establishes a proactive, community-centered framework to effectively prevent, detect, and respond to public health emergencies. By strengthening local healthcare systems, enhancing surveillance and early warning mechanisms, and promoting coordinated action among government departments, health workers, and community stakeholders, the Panchayath is better equipped to manage future pandemics with resilience and efficiency.

The plan emphasizes awareness, timely communication, resource readiness, and inclusive support systems to protect vulnerable populations while ensuring continuity of essential services. With sustained commitment, regular monitoring, and adaptive strategies, Thiruvaniyoor Grama Panchayath can minimize health risks, reduce socio-economic disruptions, and safeguard the well-being of its residents.

Ultimately, this preparedness plan reflects a shared responsibility and collective effort toward building a safer, healthier, and more resilient community capable of facing future public health challenges with confidence.

“A prepared community is a protected community—together, we can face any pandemic with resilience and unity.”

RECOMMENDATIONS

1. **Strengthening Healthcare Infrastructure**

- Establish a primary health response unit within the Panchayat with trained staff.
- Ensure availability of basic medical supplies (masks, sanitizers, PPE kits, oxygen cylinders).
- Create tie-ups with nearby hospitals in THQH PERUMBAVOOR for emergency referral and transport.

2. Community Awareness & Education

- Conduct regular awareness campaigns on hygiene, vaccination, and preventive measures.
- Use local communication channels (community radio, WhatsApp groups, notice boards) to spread verified information.
- Train volunteers to act as health ambassadors in each ward.

3. Emergency Response & Coordination

- Form a Pandemic Preparedness Committee at Panchayat level including health workers, ward members, and NGOs.
- Develop a clear action plan for lockdowns, quarantine, and distribution of essentials.
- Maintain a database of vulnerable groups (elderly, differently-abled, chronically ill) for targeted support.

4. Supply Chain & Food Security

- Identify and support local suppliers and farmers to ensure uninterrupted food supply.
- Create community kitchens during emergencies to serve vulnerable populations.
- Stockpile essential commodities in Panchayat-run outlets for crisis periods.

5. Digital Preparedness

- Promote digital platforms for telemedicine consultations.
- Use Panchayat's website/social media for real-time updates on health advisories.
- Encourage online grievance redressal to reduce crowding in offices.

6. Training & Capacity Building

- Organize mock drills for pandemic response in schools, offices, and public spaces.
- Train Panchayat staff and volunteers in first aid, infection control, and crowd management.
- Collaborate with NGOs and health departments for capacity-building workshops.

7. Long-Term Resilience

- Integrate pandemic preparedness into the Panchayat Development Plan.
- Allocate a dedicated budget for health emergencies.
- Encourage community participation in planning and monitoring preparedness measures.

MOCKDRILL SCENARIOS

ANNEXURE - 1

1. IMPORTANT PHONE NUMBERS

1.1. Details of grama panchayat/municipality/corporation wards

Sl. No	Name of the ward	Ward number	Name of the ward member	Contact number
1	KAKKAD	1	REJI	9447609533
2	MATTAKKUZHI-VENMANI	2	BABY	9495604978
3	KOKKAPPILLY	3	ANIL	9746757103
4	CHEMMANADU SOUTH	4	SUNILKUMAR	9605115124
5	CHEMMANADU NORTH	5	PRINCY	9567551151
6	MONAPPILLY	6	GEETHA	9048966415
7	VENKIDA-MARANGATTULLY	7	JOHNCY	9961714951
8	MARANGATTULLY	8	ANI K	9497075280
9	PAZHUKKAMATTOM	9	BINCY	9947492607
10	THIRUVANIYOOR SOUTH	10	DHANYA	8606208457
11	THIRUVANIYOOR CITY	11	NANCY	9961591881
12	KANNIATTUNIRAPPU	12	VIMALA	9605488249
13	VANDIPETTA	13	REJI	8547592479
14	VENNIKKULAM	14	RAJAN	9447474720
15	MURIAMANGALAM EAST	15	BINDHU	8301913538
16	MAMALA	16	REMESHAN	9744491777

1.2. Important offices of grama panchayat/municipality/ corporation

Sl. No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	NIL
2.	Agriculture Office	Agriculture Officer	NIL
3.	Animal Husbandry Office	Animal Husbandry Doctor	9497874498
4.	Police Station	Police Officer	NIL
5.	BSNL Office	Officer	NIL
6.	Block Office	Officer	NIL
7.	KSEB Office	Officer	NIL
8.	Fisheries Office	Officer	NIL
9.	Fire and rescue	Officer	NIL

1.3. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	THIRUVANIYOOR	04842733760
2.	Private hospitals	VENNIKULAM	9747720822
3.	Clinical laboratories	NIL	NIL
4.	Chemist/pharmacy	NIL	NIL
5.	Blood donors	NIL	NIL
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)	NIL	NIL

1.4. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt. Veterinary Hospital	AISWARYA	VENNIKULAM	9497874498

1.5. Helpline numbers

Helpline	**Phone number**
Police	9656329536
Fire and rescue	04842730556
KSEB	04842730556

1.6. Public and Private Schools Contact details

Sl. No	Name of School	Institution type	Phone number
1	ST. PHILOMINAS HS THIRUVANIYOOR	AIDED	9656871854
2	GOVT. LP SCHOOL AATTINIKARA	AIDED	8547408352
3	ST. EPHERM SEMINARY PUBLIC SCHOOL	PRIVATE	9961706789
4	GOVT. LP SCHOOL NIRAMMKAL	GOVT	8547487051
5	STELLA MARIA PUBLIC SCHOOL	PRIVATE	9447560240
6	HAGIA SOPHIA SCHOOL	PRIVATE	9495521253
7	GLOBAL SCHOOL	PRIVATE	9349176977
8	BPCL SCHOOL	GOVT	9846032275
9	GJBS LPS KANNIATTUNIRAPPU	GOVT	9847903909
10	GJBS LPS VENNIKULAM	GOVT	9947527192
11	ST. GEORGE HSS VENNIKULAM	AIDED	7907277626

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
6	SOUMYA	9744480307
1	SREELATHA	9656410764
5	SARAKUTTY	9656411799
4	REMANI	9946057121
2	ANJU	9847342216
3	PANKAJSHI	9562979939

Annexure 2: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data
1	Name of LSGD	THIRUVANIYOOR
2	District	ERNAKULAM
3	Block / Taluk	VADAVUCODE
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMAPANCHAYATH
5	Area (sq. km)	21.81 SQ.KM
6	No. of wards	18
7	GIS boundary file available	NO
8	Key contact person & phone	

B. Demography

Indicator / Field	Baseline Data
Total population	28717
Males	14159
Females	14558
Transgender population	0
Age distribution (<5, 5–14, 15–59, ≥60)	<5: 1407, 5-14: 4521, 15-59: 6241, ≥60: 16548
No. of migrant workers	712
Major occupational groups	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of elderly (≥60)	16548
2	No. of persons with disability	194
3	No. of bedridden persons	99
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	2474, 3912

5	Pregnant women (current estimate)	364
6	Children <5 years	1407
7	Tribal population (if any)	0
8	Fisherfolk / coastal vulnerable groups (if any)	0
9	Urban slums / unnotified settlements (if any)	0
10	Homeless population	0
11	Orphanages / old age homes (number & capacity)	0
12	Hostels / prisons / shelters (number & capacity)	0
13	Poverty / BPL estimate	694
14	Food insecurity hotspots	0
15	Any history of stigma/discrimination issues (Yes/No)	NO

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)	1
2	PHC/Family Health Centre details (name, location)	FHC THIRUVANIYOOR
3	Subcentres / Health & Wellness Centres (number)	5
4	Private clinics / hospitals (number)	2
5	Labs available (public/private)	5
6	Availability of ambulance services (Yes/No, number)	YES
7	Availability of isolation/quarantine facilities (Yes/No, details)	NO
8	Cold chain facilities (Yes/No, details)	YES
9	Stockpile space available (Yes/No)	NO
10	PPE / mask / sanitizer availability plan (Yes/No)	NO
11	Surveillance staff available (JHI/JPHN/ASHA count)	YES
12	Existing emergency referral pathways (Yes/No)	NO

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Bus stands / depots (number)	NA
2	Railway stations (number)	NA
3	Boat jetties / fishing harbours (number)	NA
4	Ports / airports nearby (specify distance)	NA
5	Major highways/roads passing through	NH 48
6	Border crossings (state/district)	NA
7	Major markets / weekly markets	NA
8	Tourism hubs / major event venues	NA
9	Schools/colleges with hostels (number)	1
10	Factories / large workplaces (number)	NA

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Major drinking water sources (piped / wells / borewells / springs)	WELL
2	No. of public wells	58
3	No. of households with piped water connection	312
4	Water quality testing routine (Yes/No)	YES
5	Common contamination risks (flooding, salinity, industrial waste)	INDUSRIAL WASTE
6	Open defecation free status (Yes/No)	YES
7	Solid waste management system (Yes/No)	YES
8	Bio-medical waste disposal mechanism (Yes/No)	YES
9	No. of public toilets	NO
10	Handwashing stations in public places (Yes/No)	NO

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Livestock population (cattle/goats/pigs/poultry) – estimates	2194
2	No. of dairy farms / poultry farms / pig farms	2
3	Slaughterhouses / meat shops (number)	14
4	Animal markets (Yes/No, details)	NO
5	Veterinary dispensaries (number)	1
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	NO
7	Stray dog population management measures (Yes/No)	NO
8	Rodent infestation hotspots (Yes/No)	NO
9	Wetlands / waterlogged areas prone to leptospirosis	NO
10	Bat roosting areas / caves / fruit orchards (if any)	NO
11	Human-animal interface hotspots (farms near residences)	NIL

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Flood-prone wards (list)	1,4,15,16
2	Landslide-prone wards (list)	NIL
3	Cyclone/sea surge risk (Yes/No)	NO
4	Heatwave risk zones (Yes/No)	NO
5	Waterlogging areas (list)	NO
6	Shelter homes / relief camps (number, capacity)	NIL
7	Past disaster displacement history	NA
8	Disruption to water supply/transport common (Yes/No)	YES

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Schools (number)	14
2	Anganwadi's (number)	25
3	Colleges (number)	1
4	Community halls (number)	1
5	Places of worship with large gatherings (number)	2
6	Large markets / shopping areas (number)	0
7	Warehouses / cold storages (number)	0
8	Telecom/mobile network coverage gaps (Yes/No)	YES
9	Power outage frequency (high/medium/low)	MEDIUM
10	Availability of generators in key facilities	YES

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Ward-level rapid response teams (Yes/No)	YES
2	Jagratha Samithi's / committees active (Yes/No)	YES
3	Kudumbashree presence and strength (number of units)	150/1450
4	Volunteer network (number, coverage)	17
5	Community-based surveillance mechanisms (Yes/No)	YES
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	YES
7	Rumour tracking mechanisms (Yes/No)	YES
8	Languages spoken / literacy considerations	YES
9	Vulnerable groups communication strategy available (Yes/No)	YES

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	LSG emergency plan available (Yes/No)	YES
2	Pandemic preparedness plan available (Yes/No)	YES
3	Incident Command System identified (Yes/No)	NO
4	Rapid procurement mechanism available (Yes/No)	NO
5	Emergency fund available (Yes/No, amount)	NO
6	Past outbreak response experience (Yes/No, details)	NO
7	Intersectoral coordination mechanism	YES
8	Mock drills conducted in last 12 months (Yes/No)	YES
9	Training coverage for staff/volunteers (Yes/No)	YES

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Digital reporting tools used (e.g., DHIS2, portals)	DRIVE
2	Availability of line-listing format (Yes/No)	YES
3	Contact tracing team identified (Yes/No)	YES
4	Mapping of high-risk households available (Yes/No)	YES
5	Testing sample transport mechanism (Yes/No)	NO
6	Reporting timeline adherence (good/average/poor)	AVERAGE
7	Data sharing between departments (Yes/No)	YES
8	Availability of dashboard for monitoring (Yes/No)	YES

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Key challenges perceived by LSG	NIL
2	Top 5 high-risk wards (reason)	NO
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NO
4	Recommendations for preparedness strengthening	YES

Annexure 3: SOP'S

Admission SOP (At Community Level/Primary Health Center)

Screening and Referral:

- ASHA/RRT conducts house-to-house surveillance to detect symptomatic individuals.
- Cases with mild symptoms are advised home isolation, while moderate-to-severe cases are referred to higher-level COVID Care Centre's (CCC) or hospitals.

Triage and Isolation:

- Symptomatic cases (ARI/ILI) should be immediately separated from non-ARI patients at the PHC.
- Establish dedicated, separate entry/exit points for suspect cases.

Documentation:

- Maintain a detailed register (line-listing) for all suspected/confirmed cases, including contact details and address.
- Create a patient folder with a unique ID for tracking.

Safety Measures:

- Ensure the ambulance/transport vehicle is disinfected after every trip.
- Mandatory use of masks by both patients and staff

Discharge SOP (At Community Level/Primary Health Center)

Discharge Criteria:

- Patients are discharged based on medical protocols (e.g., no fever for 3 days, 10 days since symptom onset, or negative test results).

Discharge Summary:

- Provide a written summary detailing:
- Diagnosis and treatment given.
- Medication instructions.
- Mandatory further home isolation period (if required).

- Safe Transportation: Ensure safe, dedicated transport for patients leaving the isolation facility to their homes.

Post-Discharge Follow-up

- The RRT/ASHA should monitor the patient for any recurrence of symptoms.
- Final Disinfection: Deep cleaning and fumigation of the vacated room/unit.

Water Safety & supply SOP (At Community Level/Primary Health Center)

Source Protection:

- Immediately inspect and protect all public water sources (wells, borewells, taps). Ensure hand pumps are at least 20 feet away from any toilet or soak pit.

Chlorination & Testing:

- Maintain a residual chlorine level of 0.5 mg/L during the outbreak (increased from the normal 0.2 mg/L).
- The Village Water and Sanitation Committee (VWSC) must conduct daily testing using Field Test Kits (FTKs) and report results to the PHC.

Safe Handling:

- Distribute Information, Education, and Communication (IEC) materials advising households to boil water for 20 minutes and store it in narrow-necked, covered containers.

Alternative Supply:

- If a source is contaminated, the GP must provide tanker water or seal the source and provide disinfection tablets (e.g., halogen tablets)

Food Hygiene & security SOP (At Community Level/Primary Health Center)

Surveillance:

- The GP, in coordination with the Food Safety Officer (FSO), must inspect local eateries and markets.

Vendor Guidelines:

- Enforce the FSSAI "Five Keys to Safer Food": keep clean, separate raw and cooked, cook thoroughly, keep food at safe temperatures, and use safe water.
- Prohibit the sale of cut fruits or exposed food in local markets during the outbreak.

Distribution:

- For households in isolation, the GP should facilitate door-to-door delivery of dry rations or cooked meals to minimize movement.

Institutional Food:

- Ensure mid-day meal kitchens and Anganwadi's follow strict disinfection protocols.

Sanitation & Waste Management SOP (At Community Level/Primary Health Center)

Public Area Disinfection:

- Regularly disinfect public places (markets, GP office, religious sites) using 1% Sodium Hypochlorite solution.

Community Toilets:

- Clean Community Sanitary Complexes (CSCs) at least twice daily with disinfectants.
- Provide soap and running water at all public toilet entries.

Waste Management:

- Separate "hazardous/medical waste" (masks, gloves) from household waste. This should be collected in yellow bags and handed over to the PHC or designated facility.
- Prohibit open defecation strictly, especially near water bodies.

Worker Safety:

- All sanitation workers must be provided with Personal Protective Equipment (PPE), including gloves, masks, and boots.

Infection Prevention Measures (Community & Household)

Establish Task Forces:

- Form local COVID-19/Outbreak Response Task Forces at the Panchayat level, involving ASHA workers, Anganwadi workers, and Kadambas're units.

Surveillance & Screening:

- Set up fever clinics and conduct community-level screening (e.g., ILI/SARI surveillance) to isolate symptomatic individuals immediately.

Isolation Centre's:

- Establish local COVID Care Centre's (CCCs) with proper ventilation and 24/7 water supply for home-isolation-ineligible cases.

Hygiene Promotion:

- Install hand hygiene stations within 5 meters of public toilets and promote handwashing with soap and water.

Disinfection:

- Regular disinfection and fumigation of public spaces, markets, and public offices

- Protective Gear for Workers: Provide sanitation workers and front-line volunteers with face masks, gloves, eye protection, and gumboots.

Segregation at Source:

- Separate biomedical waste (used masks, gloves, wipes) from general municipal waste.
- Color-Coded Bins: Use specialized color-coded, foot-operated, and lidded bins for different types of waste.

Home Isolation Waste:

- Households with quarantined or infected persons must collect waste in double-layered, clearly marked bags (labeled "COVID-19 waste").

Safe Disposal:

Infectious Waste:

- Must be disposed of via Common Bio-medical Waste Treatment Facilities (CBMWTF).

Non-Infectious Waste:

- Collected separately and treated according to Solid Waste Management rules.

Temporary Storage:

- Ensure a designated temporary storage area exists for infectious waste before disposal.

Surface Disinfection:

- Sanitize waste collection trolleys, bins, and vehicles daily with a 1% hypochlorite solution.