PANDEMIC PREPARDNESS PLAN 2026

THQH PERUMBAVOOR

PERUMBAVOOR MUNICIPALITY

MESSAGE FROM PRESIDENT/CHAIR LSGI

THE **THQH PERUMBAVOOR**, UNDER THE GUIDANCE OF THE **PERUMBAVOOR MUNICIPALITY** OF ERNAKULAM, IS COMMITTED TO STRENGTHENING OUR PANDEMIC PREPAREDNESS EFFORTS AT THE LOCAL LEVEL. PUBLIC HEALTH AND THE WELL-BEING OF OUR COMMUNITY ARE OUR TOP PRIORITIES, AND NOW MORE THAN EVER, IT IS IMPORTANT THAT WE WORK TOGETHER TO FACE ANY HEALTH CHALLENGES THAT MAY ARISE.

COMMUNITY PARTICIPATION PLAYS A CRUCIAL ROLE IN PREVENTING THE SPREAD OF DISEASES BY FOLLOWING SAFETY PROTOCOLS, STAYING INFORMED, AND SUPPORTING HEALTH INITIATIVES, WE CAN HELP PROTECT OUR FAMILIES AND NEIGHBORS. IT IS IMPORTANT THAT EVERY INDIVIDUAL, ALONG WITH HEALTH WORKERS, LOCAL LEADERS, AND EDUCATIONAL INSTITUTIONS, ADHERE TO THE GUIDELINES PROVIDED BY THE MUNICIPALITY.

THE PERUMBAVOOR MUNCIPALITY IS DEDICATED TO COLLABORATING WITH LOCAL HEALTH OFFICIALS AND AUTHORITIES TO ENSURE WE ARE READY TO RESPOND TO FUTURE HEALTH THREATS. WE CALL ON ALL STAKEHOLDERS TO ACTIVELY ENGAGE IN THIS EFFORT, AS OUR SUCCESS DEPENDS ON EVERYONE DOING THEIR PART.

TOGETHER, WE CAN BUILD A RESILIENT AND HEALTHY COMMUNITY, READY TO FACE ANY CHALLENGES AHEAD. LET US CONTINUE TO WORK IN UNITY AND STRENGTH TO PROTECT OUR COMMUNITY'S HEALTH.

K.N. SANGEETHA

CHAIRPERSON

PERUMBAVOOR MUNICIPALITY

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

പ്രിയപ്പെട്ടവരെ,

ആരോഗ്യകരമായ ഒരു സമൂഹം കെട്ടിപ്പടുക്കുന്നതിനായുള്ള നമ്മുടെ പോരാട്ടത്തിൽ 'മുന്നൊരുക്കം' എന്നത് ഏറ്റവും പ്രധാനപ്പെട്ട ഒന്നാണ്. ഭാവിയിൽ ഉണ്ടായേക്കാവുന്ന പകർച്ചവ്യാധികളെയും ആരോഗ്യ അടിയന്തരാവസ്ഥകളെയും ശാസ്ത്രീയമായും ഫലപ്രദമായും നേരിടുന്നതിനായി നാം ഒരു 'പാൻഡെമിക് പ്രിപ്പയർഡ്നസ് പ്ലാൻ' തയ്യാറാക്കിയിരിക്കുകയാണ്.

ഏതൊരു വെല്ലുവിളിയെയും നേരിടാൻ നമ്മെ പ്രാപ്തരാക്കുന്നത് നമ്മുടെ ഒരുമയും ജാഗ്രതയുമാണ്. ഈ പ്രതിരോധ പദ്ധതിയുടെ വിജയത്തിനായി എല്ലാവരുടെയും സഹകരണം അഭ്യർത്ഥിക്കുന്നു.

ആരോഗ്യമുള്ള നാടിനായി നമുക്ക് കൈകോർക്കാം.

സ്നേഹാദരങ്ങളോടെ,

അനിതാദേവി എസ്.ആർ .
ചെയർപേഴ്സൺ
ആരോഗ്യകാര്യ സ്റ്റാന്റിംഗ് കമ്മിറ്റി
പെരുമ്പാവൂർ മുനിസിപ്പാലിറ്റി

MESSAGE BY SUPERINTENDENT

As the Superintendent in Charge of the THQH Perumbavoor, it is my duty to present this Pandemic Preparedness and Response Plan for the Perumbavoor Municipality. Public health emergencies do not give advance notice; however, they do reward those who are prepared. The lessons of the recent past have demonstrated that the success of a pandemic response is decided not just in the consultation rooms of our hospitals, but in the streets, households, and administrative offices of our local government.

This document serves as our definitive blueprint for safeguarding the lives and livelihoods of our citizens.

DR.P.S. ROSAMMA
SUPERINTENDENT
TALUK HOSPITAL PERUMBAVOOR

EXECUTIVE SUMMARY

THQH functions as the primary public healthcare institution serving the population of Perumbavoor Municipality. The THQH 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 THQH 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.

THQH Perumbavoor works in close coordination with the Municipality, 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 THQH 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, THQH PERUMBAVOOR stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Perumbavoor Municipality.

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**

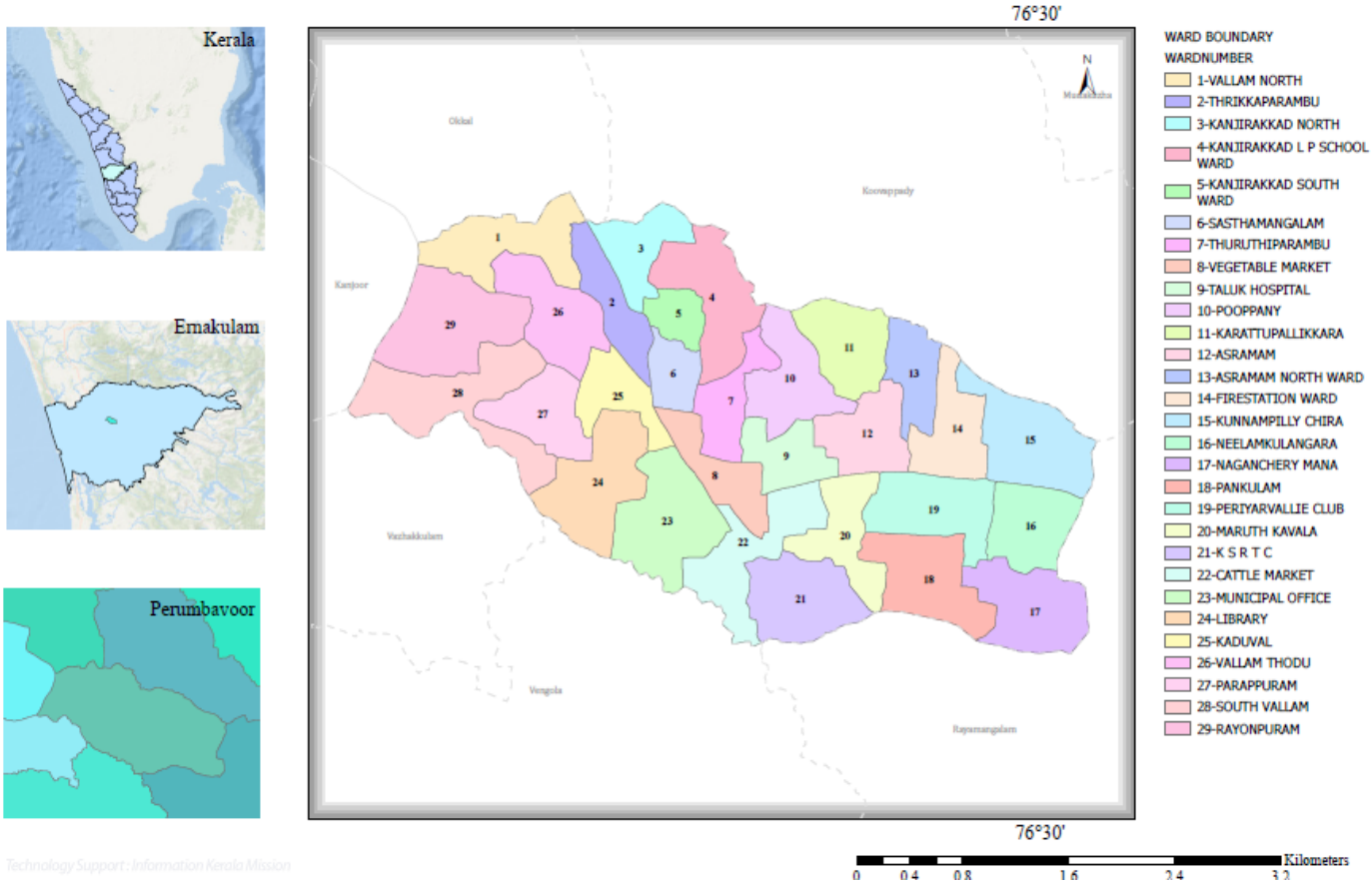
INTRODUCTION

Perumbavoor is a major industrial and commercial hub in the Ernakulam district of Kerala, strategically located about 32 km northeast of Kochi city center. It serves as the headquarters of the Kunnathunad Taluk and is a vital link between the urban sprawl of Kochi and the rural eastern parts of the district. Perumbavoor is widely known as the “Plywood Town of Kerala. The town is unique for its large population of migrant workers.

LSGD AT A GLANCE

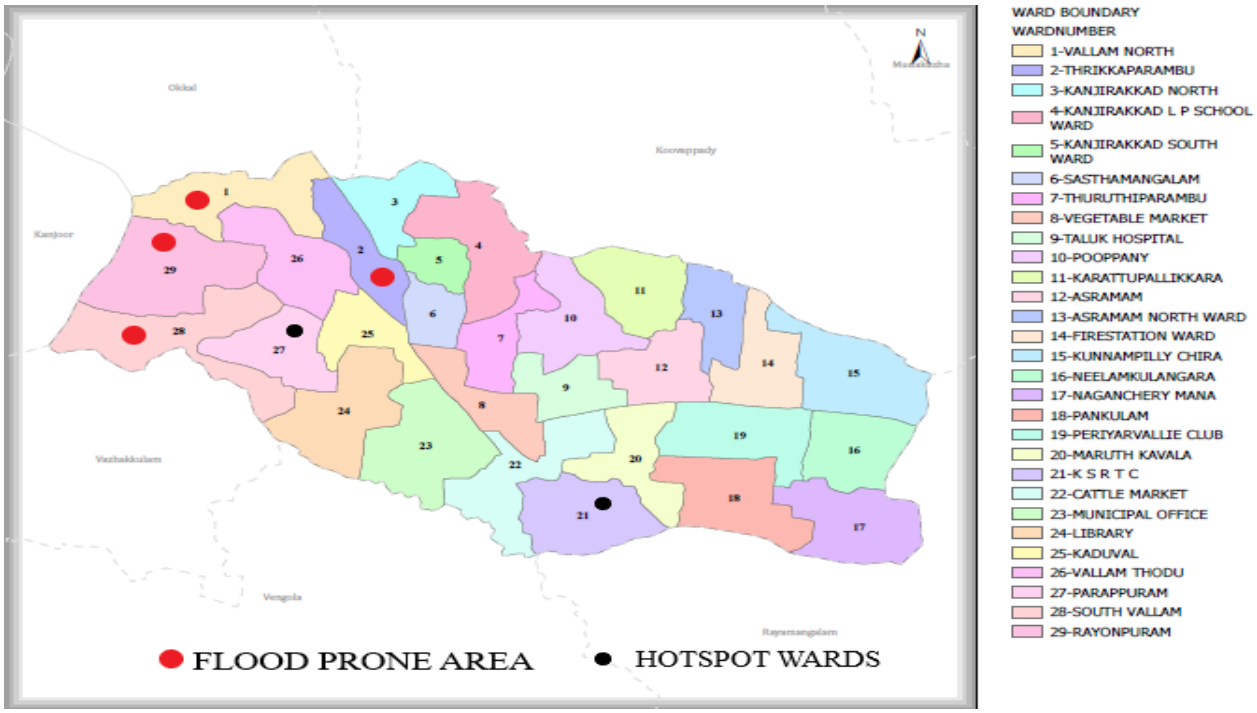
Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosppvt/govt.
29	8425	31282	1688	5768	2	13	6

AREA MAP OF PERUMBAVOOR



ROAD MAPPING

FLOOD PRONE AND HOTSPOT WARDS



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

PERUMABVOOR MUNCIPALITY is situated in the Ernakulam district, Kerala. The geographical landscape of the Municipality is predominantly low-lying, characterized by major roads and a dense network of rivers and canals. This unique terrain plays a significant role in shaping the local microclimate and poses distinct challenges to transportation, emergency response, and service delivery, particularly during monsoon seasons and flood events.

The Municipality is administratively divided into multiple wards, with a population largely dependent on daily wage activities. Major Industrial centre—especially timber and wood processing—form the backbone of the local economy. In recent years, tourism-related activities and service-sector employment have also shown faster growth. The area hosts a diverse workforce, including a notable presence of migrant labourers, particularly in construction, agriculture, and allied sectors.

From a public health and disaster management perspective, Perumbavoor LSGI has historically been vulnerable to seasonal flooding, waterborne diseases, and vector-borne illnesses such as Dengue and Leptospirosis. The severe floods experienced during recent years, including the 2018 flood disaster, significantly impacted life, livelihoods, and infrastructure within the Municipality. These recurring emergencies have underscored the importance of strengthening local preparedness, response mechanisms, and inter-departmental coordination.

In this context, the development of a localized and data-driven Auxiliary Infrastructure is essential to support effective planning, timely emergency response, and sustainable development initiatives. Such mapping enables the Municipality to identify critical resources, improve accessibility during disasters, and enhance overall resilience of the community.

Table 1: Background of LSGD

Description	Details
Name of LSGI	PERUMBAVOOR
Type (GP/Municipality / Corporation etc.)	MUNICIPALITY
Block	KOOVAPPADY
District	ERNAKULAM
Number of wards	29

Table 1: Background of LSGD	
Description	**Details**
Total area (sq. km)	13.605 SQ.KM
Population (Projected)	31282
Population density	116.29 PERSONS/SQ.KM
Terrain (coastal/low-lying/backwaters/foothills, etc.)	NIL
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	16
Number of educational institutions	13
Factories / small-scale industries	95
Flood-prone wards	3
Landslide-prone wards	NIL
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1
Auditoriums/Marriage halls/convention centres/community halls	7
MUNICIPALITY TOWN HALL, THANKAMALIKA	-
APPOOS AUDITORIUM, INDRADHANUS	-
KALLUNGAL AUDITORIUM, EMS TOWN HALL	-
SEEMA AUDITORIUM	-

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		31282
Male		16218
Female		15064
Transgender		0
Children under 5		1167
Adolescent		2144
Elderly (>60)		4954
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		41
BPL family		2117
Tribal communities		NIL
Migration	Immigrant	1372
	Emigrant	316
Socio-economically deprived		NIL
Fisherfolk		NIL
SC Community		689
ST Community		442

Clinical Vulnerability

Certain population groups need 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	208
Lactating mothers	173
Bedbound patients	112
Patients under palliative care other than bedbound	144
Patients on Haemodialysis	37
Patients on CAPD	17
Cancer patients (currently on treatment)	82
Haemophilic patients	NIL
Mentally challenged	63
Differently abled	235
Diabetic patients	2814
Hypertensive patients	3428
TB patients	7

Major Festivals & Events specific to the LSGI

Sl. No.	Name of festival	Month detailing the periodicity
1	PERUMBAVOOR SASTHA TEMPLE FESTIVAL	APRIL
2	IRINGOLE KAVE FESTIVAL	MARCH

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	TALUK HOSPITAL PERUMBAVOOR	THQH	2972631	216	NIL	12	NIL	1
2	GOVT HOMEO	CLINIC	2530322	0	0	0	0	0
Private Healthcare Facilities								
1	SANJOE HOSPITAL	HOSPITAL	7560951595	250	20	150	5	1
2	VATHIYAYATH HOSPITAL	HOSPITAL	9562311122	165	12	62	0	1
3	SN MISSION	HOSPITSL	9656712488	20	0	0	0	0
4	MVJM	HOSPITAL	9947325123	7	0	0	0	0
AYUSH Healthcare Facilities								
1	GOVT AYURVEDA	CLINIC	25918421	12	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.

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	J.J DENTAL CLINIC	YES	CLINIC	NIL	PERUMBAVOOR	9895361721	YES	NO
2	LUKE EYE CLINIC	YES	SPECIALITY	EYE	PERUMBAVOOR	7034081000	YES	NO

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	0	0	0	0
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

Item	Govt	Private	AYUSH	Total
Hospital beds	216	530	12	758
Oxygen-generating systems(Y/N)	N	Y	N	Y
Oxygen-supported beds (Numbers)	12	112	0	124
Ventilator-supported beds	0	5	0	5
ICU beds	0	32	0	32
Burns units	0	0	0	0
Blood centres	1	2	0	3
BLS ambulances	0	1	0	1
ALS ambulances	0	0	0	0
Dialysis facilities	1	1	0	2
Dispensaries	2	8	1	11
Medical store	0	10	4	14
Industrial establishments (**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	22	0	22

Oxygen & Diagnostic Capacity

Monitoring **oxygen and diagnostic capacity** is a critical component of public health preparedness, ensuring that the LSGI 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							
THQH PBVR	N	Y	Y	N	Y	N	Y
GOVT HOMEO	N	N	N	N	N	N	N
GOVT AYURVEDA	N	N	N	N	N	N	N
Private healthcare Facilities							
SANJEO HOSPITAL	Y	Y	Y	Y	Y	Y	N

Diagnostics facility mapping at the LSGI level

Item	Govt	Private	AYUSH	Total
General labs	1	14	0	15
Microbiology labs	1	3	0	4
RT-PCR labs	1	0	0	1
USG units	0	2	0	2
CT/MRI units	0	3	0	3
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	DIANOVA MEDICAL LABORATORY	PRIVATE	JUBNA SUDHIQUE, DIANOVA MEDICAL LABORATORY, LIBRARY ROAD, PBVR	9745266987	NO	NO
2	HRD LAB	PRIVATE	ANITTA MARIYAM MATHEW, HRD LAB, NEAR GOVT HOSPITAL PBVR	9061385800	NO	NO
3	SANJOE HOSPITAL PBVR	PRIVATE	SR. LINCE MARIA, SANJOE HOSPITAL PBVR, A M ROAD PBVR	7560951595	YES	NO
4	METROPOLIS HEALTH CARE	PRIVATE	DR. RAMESHKUMAR PALLIYELIMALI BUILDING	9447044923	NO	NO
5	SEVANA DIAGNOSTIC CENTRE	PRIVATE	SULFIKER ALI N NEAR GOVT HOSPITAL, PBVR	9497742212	NO	NO
6	POLY CLINICAL LABORATORY	PRIVATE	MURALI G POLYCLINICAL LAB, NEAR GOVT HOSPITAL	9895352279	NO	NO
7	HUDA DIAGNOSTIC CENTRE	PRIVATE	MUHAMMED ISSA, UBI ROAD, PBVR	9388886900	NO	NO
8	VATHIYAYATH HOSPITAL	PIVATE	V M MUSTHAFA SYJU	9447704335	YES	NO
9	DDIC SCAN AND DIAGNOSTICS	PRIVATE	DR. AJMAL K N	9896552320	NO	NO
10	NAVEEN LAB	PRIVATE	CLARAMMA GEORGE	9895810813	NO	NO
11	DDRC AGILUS PATHLAB LIMITED	PRIVATE	REMYA, BEENA CLASSIC TOWERS, MUNICIPAL ROAD, PBVR	9496005202	NO	NO

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes /No)	NABL / Govt Approved (Yes/ No)
12	MED TECH DIAGNOSTIC CENTRE	PRIVATE	SINIMOLE K S PARAPURAM, PBVR	9562698981	N	N

Social and Community Infrastructure for surge plan

This table serves as our **logistics and shelter inventory.** By mapping these locations, quickly we can identify where to house displaced citizens, where to set up temporary medical clinics, and how to manage the deceased with dignity during a crisis.

Category	**Total Count**	**Ward**	**Est. Capacity (Persons)**	**Contact details**
Educational Institutions				
Anganwadi's	24	-	269	9497683412
Schools	13	-	5518	-
Colleges	1	-	1238	-
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	0
Nursing colleges (Govt/Private)	0	0	0	0
Dental colleges (Govt/Private)	0	0	0	0
Paramedical institutes (Govt/Private)	0	0	0	0
Community Gathering Spaces				
Community halls	2	-	NA	-
Auditoriums	7	-	NA	-

Religious buildings	4	-	NA	-
Vulnerable Group Support Facility				
Destitute homes	0	0	0	0
Elderly homes	1	5	16	9898013649
LSGD owned other buildings	1	10	22	7558099543
Mass Fatality Management (MFM) Infrastructure				
Mortuary	1	9	5	04842523138
Crematorium	0	0	0	0

*Refer annexure 1 for contact details

Human resources

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

Medical & Clinical Personnel

(**Annexure in 1**)

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	20	32	52
Doctors – AYUSH	3	3	6
Doctors – Veterinary	1	0	1
Doctors – Dental	1	4	5
Nursing officers	8	23	31
Lab technicians	5	21	26
Optometrist	1	14	15
Pharmacists	5	72	77
Psychologists	0	5	5
Counsellors	1	13	14

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	1	1
HI (Health Inspectors)	0	1	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1

Cadre	Health services	Municipal common services	Total
JPHN (Jr Public Health Nurses)	3	2	5
JHI (Jr Health Inspectors)	1	3	4
MLSP (Mid-Level Service Providers)	0	0	0
Palliative Nurses	2	0	2
RBSK Nurses	1	0	1
PRO	1	0	1
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	29
AWW (Anganwadi Workers)	24
Emergency Medical Volunteers (Trained)	0
Kudumbashree	1165
MNREGS	6246
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	220
Retired Police Officers	322

Cadre	Number
NCC/NSS Volunteers	166
Red Cross volunteers	45
One Health Community Volunteers	0
One Health Community Mentors	0

Community Organizations

Category	Total Count
NGOs	16
Religious based organizations	6
Foreign based organizations	0
Sports Club/youth clubs	22
Kudumbashree SHGs	107
Ayalkootams	150
Political organizations	7
Residential organizations	22

Administrative & Emergency Services

Category	Total Count	Contact details
Police Stations	1	048425914141
Fire & Rescue Stations	1	2523123
Water Pumping Points	2	-
Public Distribution System (PDS)	9	-

Information regarding resources

Means of transportation	Total Count
JCB	14
Crane	8
Heavy Trucks	52
Tractor	2
Ambulances	16
Mobile mortuaries	10
Boats	0
Taxi service	23

Note: For specific details regarding vehicle owners and contact information, please refer to **Annexure [I]**.

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 in high-risk areas.

Animal & Bird Population.

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	1360	29
	Pet Animals (Dogs/Cats)	1315	29
	Stray Dog Population	146	6
	Pig Farms (Number of heads)	4(216)	3
	Small Units (Sheep / Goats – clustered)	0	0
Bird Population	Poultry Units (Birds)	32	7,21
	Poultry- (FOWL)	0	0
	Wild/Migratory Birds (Observed)	31	29
	Crow Mortality Events (Reported)	0	0

Veterinary Infrastructure

Facility Type	Name of Facility	Ownership Govt / Pvt	Location (Ward No)	Contact number
Veterinary Dispensary	GOVT VETERINARY HOSPITAL	GOVT	22	8590206441
Veterinary Hospital / Polyclinic	0	-	-	-
Private Veterinary Clinics	0	-	-	-
Mobile / Emergency Vet Service (incl. night services)	0	-	-	-
Pet Homes / Animal Shelters	0	-	-	-
Slaughterhouse-linked Veterinary Inspection Unit	0	-	-	-

Veterinary Doctors & Workforce

Early detection, diagnosis, reporting, and reaction to animal illness epidemics depend on the availability and accessibility of qualified veterinary specialists. By identifying unusual animal morbidity or mortality promptly, collecting samples promptly, and coordinating efficiently with human health and LSGI systems—especially during zoonotic outbreaks and pandemic-prone situations—a clearly defined veterinary workforce enhances One Health surveillance.

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	GOVT	8590206441
Private Veterinary Doctors			
Livestock Inspectors	2	GOVT	9633477835
Para-veterinary Staff / Attenders	2	GOVT	-
Contract / On-call Veterinary Support (if any)	-	-	-

High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease surveillance in Perumbavoor Municipality include *wetland–livestock–human contact zones, backyard poultry farms, cattle sheds near water bodies, fish markets, and areas of high human–animal interaction such as community slaughter points and migratory bird congregation sites*. These are the primary surveillance sites where zoonotic spillover risks are elevated.

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	96	29
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	0	0
Slaughterhouses/ Slaughter Points	0	0
Meat/Fish Markets	18	29
Live Bird Sale Points	11	8
Cattle Markets / Weekly Animal Fairs	1	21
Pet Shops / Breeders	8	21
Animal Shelters / Pet Homes	0	0
Waste Disposal Sites near Animal Units	0	0

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	1,2,28,29	VALLOM	MED
Water bodies/wetlands	1,2	VALLOM NORTH THRIKKAPARAMB	LOW
Solid waste accumulation	-	-	-
Animal waste disposal issues	-	-	-
Rodent infestation zones	-	-	-
Industrial effluent discharge	-	-	-
Construction sites / abandoned buildings	24,21,20,27,28	PERUMBAVOOR	LOW
Poor drainage/blocked canals	-	-	-
Drinking water source contamination risk	29	VALLOM	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	-	-	-	-
Leptospirosis	MONSOON	STAGNANT WATER	NIL	STAGNANT WATER
Dengue/Chikungunya	MONSOON	PLANTATION	VALLOM SOUTH	PLANTATION
Acute Diarrheal Diseases	MONSOON	WATER&FOOD	NIL	FOOD &DRINKING WATER
Rabies	-	-	-	-
Anthrax (rare)	-	-	-	-

Vulnerability Mapping

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	1,2,28,29	VALLOM AREA	MEDIUM
Wetland-adjacent communities	--	-	-
Backyard poultry / duck rearing households	-	-	-
Livestock-rearing households	-	-	-
Slaughterhouse & meat market workers	-	-	-
Fisherfolk& fish market workers	9	PERUMBAVOOR	LOW
Sanitation workers	-	-	-
Daily wage / migrant workers	29	PLYWOOD COMPANY WORKERS, VALLOM	LOW
Elderly & chronically ill populations	-	-	-
Pregnant Women	-	-	-
Children (schools, Anganwadi's)	-	-	-
Limited access to safe water & sanitation	-	-	-

EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify priority diseases, seasonal patterns, and emerging public health threats.

Disease Burden among human beings (Last 5 Years)

Disease	2021	2022	2023	2024	2025	Trend (Increasing/Stable/Decreasing)
Dengue	42	91	102	33	27	DECREASING
Leptospirosis	5	3	4	2	1	DECREASING
Hepatitis A	6	5	9	5	3	DECREASING
Malaria	3	0	1	0	2	STABLE
Scrub Typhus	0	0	0	0	0	STABLE
Typhoid	2	0	0	1	0	STABLE
H1N1	1	2	0	1	0	STABLE
H3N2	0	0	0	0	0	STABLE
ADD	36	25	27	29	37	STABLE
Mumps	1	0	1	0	1	STABLE
Measles	0	0	0	0	0	STABLE
Hepatitis B	3	0	2	2	3	STABLE
Hepatitis C	0	0	0	0	0	STABLE
Tuberculosis	13	15	17	15	14	STABLE
Leprosy	0	0	0	0	1	STABLE
COVID-19	NA	NA	0	0	0	NA

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 Municipality 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	4	8	9	0	0	21
2	6	6	10	5	3	30
3	2	3	3	1	0	9
4	0	1	5	2	0	8
5	0	2	1	4	1	9
6	0	1	0	0	0	1
7	1	0	1	0	0	2
8	1	3	2	0	0	6
9	2	5	3	0	2	9
10	0	2	2	0	0	4
11	1	2	3	2	0	8
12	2	4	1	0	0	7
13	4	2	3	1	1	11
14	0	1	3	2	0	6
15	1	2	5	4	3	15

16	2	5	2	0	0	9
17	1	3	2	0	2	8
18	0	6	2	2	2	12
19	1	3	2	0	1	7
20	0	3	0	0	0	3
21	2	3	4	2	4	15
22	0	2	11	1	0	14
23	1	1	5	1	0	8
24	1	2	7	0	3	13
25	3	5	3	2	2	15
26	2	8	3	0	1	14
27	5	7	10	4	2	28

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	0	0	0	1	0	1
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	1	0	0	0	1
5	0	0	0	0	0	0

6	0	0	0	0	0	0
7	1	0	0	0	0	1
8	0	0	0	0	0	0
9	0	0	1	0	0	1
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	1	0	0	0	1	2
13	0	0	1	0	0	1
14	0	0	0	0	0	0
15	1	0	0	0	0	1
16	0	1	1	0	0	2
17	0	0	0	0	0	0
18	0	0	0	0	0	0
19	1	0	0	0	0	1
20	0	0	0	1	0	1
21	0	0	0	0	0	0
22	0	0	0	0	0	0
23	0	0	0	0	0	0
24	0	0	0	0	0	0
25	0	0	0	0	0	0
26	0	1	0	0	0	1
27	0	0	1	0	0	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	0	0	0	1	0	1
2	0	0	0	0	0	0
3	0	1	0	0	0	1
4	0	0	2	0	0	2
5	0	0	0	1	0	1
6	1	0	0	0	0	1
7	0	0	0	0	1	1
8	0	1	0	0	0	1
9	0	0	1	0	0	1
10	0	0	0	0	0	0
11	2	0	0	0	0	2
12	0	1	0	1	0	2
13	0	0	0	0	1	1
14	0	0	1	0	0	1
15	1	0	0	0	0	1
16	0	1	0	1	0	1
17	0	0	0	0	0	0
18	0	0	2	0	1	3

19	1	0	0	0	0	1
20	0	1	0	0	0	1
21	0	0	0	1	0	1
22	1	0	1	0	0	2
23	0	0	0	0	0	0
24	0	0	0	0	0	0
25	0	0	1	0	0	1
26	0	0	0	0	0	0
27	0	0	1	0	0	1

Transmission Trend- 2025 (Outcome Based Trend Analysis 2025)

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	29	0
Water Borne Diseases	3	0
Air Borne Diseases	24	0
Blood Borne Diseases	3	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	27	0
Malaria	2	0
Chikungunya	0	0

Water Borne Disease

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

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	14	0
Chickenpox	10	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	3	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	11	0
Leptospirosis	1	0
Avian influenza	0	0
West Nile	0	0
Anthrax	0	0

Nipah	0	0
Scrub Typhus	0	0

Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	21	1	1	0	6	29
2	30	0	0	0	4	34
3	9	1	1	0	13	24
4	8	2	1	0	5	16
5	9	1	0	0	7	17
6	1	1	0	0	2	4
7	2	1	1	0	6	10
8	6	1	0	1	7	15
9	9	1	1	0	6	17
10	4	0	0	0	7	11
11	8	2	0	0	5	15
12	7	2	2	0	2	13
13	11	1	1	0	8	21
14	6	1	0	1	5	13
15	15	1	1	0	9	26
16	9	1	2	0	4	16
17	8	0	0	0	5	13
18	12	3	0	1	7	23
19	7	1	1	0	8	17
20	3	1	1	0	5	10
21	15	1	0	0	6	22
22	14	2	0	0	8	24
23	8	0	0	0	4	12
24	13	0	0	0	6	19

25	15	1	0	0	2	18
26	14	0	1	0	5	20
27	28	1	1	0	3	33

Preparedness and Response Protocol at LSG Level

This section describes the operational framework for the LSGI once a pandemic is declared. It explains how the LSGI and health system will move from routine data collection to active response, using a One Health approach.

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	SANGEETHA K. V	Panchayat President	LSGD	Chairperson	9497020006
2	DR. ROSAMMA	Medical Officer (PHC/CHC) SUPERINTENDENT	Health Dept	Member Secretary	9539569161
3	DR. RAJI	Veterinary Officer	Animal Husbandry	Member	8590206441
4	FAYISA THASNEEM	Entomologist	Health Dept	Member	7909129818
5	RINI A B	Health Inspector/PHN	Health Dept	Surveillance	6238743160
6	RANI	ASHA Supervisor	Health Dept	Community link	9747211514
7	ANCY	ICDS Supervisor	Social Welfare	Vulnerable groups	9497683412
8	IQBAL	Police Station Officer	Police Dept	Law & order	9526495010

9	ANIE MARTIN	Ward Councillor Representative	LSGD	Community coordination	9388001230
10	SARITHA	Kudumbashree CDO	Kudumbashree	Community mobilisation	9847095556
11	NA	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	NIL	NIL	NIL
Intersectoral coordination and convergence	COUNCILLORS IN CHARGE, LHI, JHI, JPHN, ASHA workers	CD & NATIONAL PROGRAMME	HI
Collaborative surveillance	MO IN CHARGE, LHI, JHI, JPHN, ASHA	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: IHIP, IDSP, CD LINE LIST**
2. **Event-based triggers (to be monitored and reported): DISTRICT, IHIP**
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 – numbers
    - Pulse oximeters – 0 numbers
    - Hand sanitizers – 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
- 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)

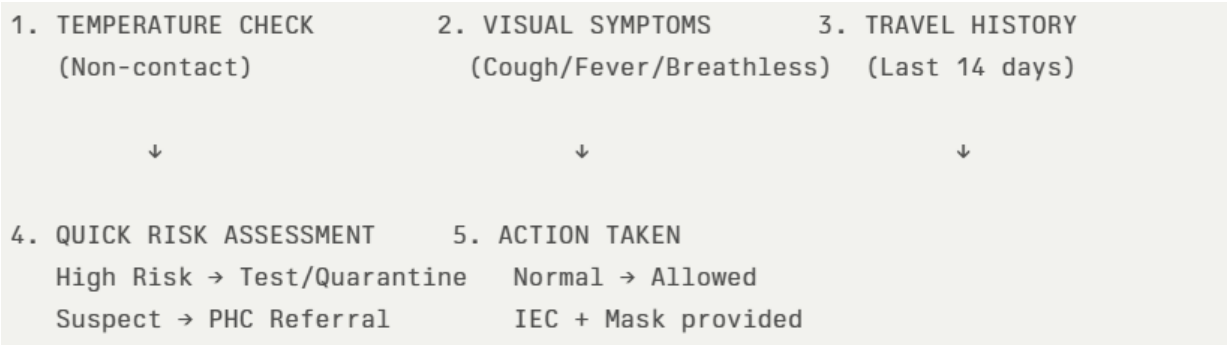
2. Screening Checkpoints

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
Market entry	Market	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room
Boat jetty	Water transport	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room

Standard Screening Protocol



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: Perumbavoor Municipality.

Backup Location: Community Hall in Perumbavoor Municipality

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	DR. ROSAMMA	SUPERIENDENT	9539569161	Overall coordination, decision-making, and reporting to the district level.
Data Entry Operator	REMYA	DATA ENTRY	6282037587	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	RANI	PRO	9747211514	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	PRAPHUL	LS	9447552819	Logistics Coordination
Technical Support *(IT/Data)*	-	-	-	-

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 Point (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

A Community Communication Hub shall be established to ensure timely, accurate, and consistent dissemination of information during a pandemic. The Hub will function under the coordination of Nodal officers of the control room and act as the nodal point for public communication, risk messaging, and community engagement. **It will support dissemination of official advisories, promote preventive behaviours, address rumours and misinformation, and ensure that messages reach all sections of the population through trusted local channels and leaders.**

Key communicators

Channel	Responsible Person	Contact
Ward-level announcements	PRADEEP JHI GR 1	9895395638
Social media	PRADEEP JHI GR 1	9895395638
Local Cable TV/Radio	RINI A B	6238743160

- 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: SUPERINTENDENT**
- **Contact Number:** 9539569161

Reporting Schedule and Protocols:

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

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	04842555009
PPE Kits/Masks/Gloves	Local Vendors	9746718573
Oxygen Cylinders/Concentrators	KMSCL	04842555009
Medicines/Antivirals	KMSCL	04842555009
Medicines/Antivirals	Neethi Shops	04842203507
Test Kits (RTPCR/Rapid)	KMSCL	04842555009

Collaboration with NGOs, PPP, and CSR

To augment government efforts during a pandemic, the LSG 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	STUDENT	9961791072

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: VIJIMOL	Case management	9497542578
Veterinary	Veterinary Surgeon: NIL	Animal surveillance	-
ICDS	Supervisor: ANCY	Nutrition support	9497683412
Education	Head Teacher:	School coordination	-
Police	IQBAL	Containment enforcement	9526495010_ _____
Water Authority	-	Water supply	04842523234
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.

Name of facility	Facility Type	No. of Buildings	Ward	Surge Capacity (Beds)	Nodal Person
GOVT. GIRLS LPS	SCHOOL	1	25	60	HEAD MASTER
GOVT. GIRLS HSS	SCHOOL	1	23	130	HEAD MASTER
GOVT. BOYS LPS	SCHOOL	1	9	45	HEAD MASTER
GOVT. BOYS HSS	SCHOOL	1	9	45	HEAD MASTER
MUNICIPALITY TOWN HALL	AUDITORIUM	1	22	50	MUNICIPAL SECRETARY
KALLUNGAL AUDITORIUM	AUDITORIUM	1	8	85	BABY (OWNER)
EMS TOWN HALL	AUDITORIUM	1	22	60	MUNICIPALITY

- **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
    - Research

CONCLUSION

This Pandemic Preparedness Plan outlines a comprehensive, decentralized, and action-oriented framework for preparedness and response at the PERUMBAVOOR Municipality level.

PERUMBAVOOR Municipality can leverage its strong healthcare infrastructure and transport access to become a model of rural pandemic preparedness. By addressing water safety, environmental health, and specialist care gaps while tapping into government schemes and research partnerships, the Panchayath can transform vulnerabilities into resilience against future pandemics.

By adopting a One Health approach and strengthening coordination between the health system, local self-government institutions, veterinary services, and community networks, the Municipality aims to ensure early detection, rapid response, and effective containment of pandemics and public health emergencies. The plan emphasizes equity, community participation, and evidence-based decision-making to protect vulnerable populations and ensure uninterrupted access to essential services during crises.

Regular updating, mock drills, and interdepartmental coordination will be critical to maintaining readiness and resilience. This document shall serve as a living operational guide, to be activated during alerts and continuously improved based on evolving risks, lessons learnt, and guidance from higher authorities.

“Prepared Today, Protected Tomorrow.”

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 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

ANNEXURE 1

1. IMPORTANT PHONE NUMBERS

Phone numbers and particulars of persons responsible for providing guidance, assistance, and support for pandemic preparedness operations may be provided here in a manner that allows easy reference at a glance. The information recorded here could be exhibited elsewhere at the time of emergencies. LSG institutions shall give special attention to collect and record the above data of persons and institutions who/which are supposed to give technical and co-ordination support to reduce the impact of pandemic.

1.1. Details of gram panchayat/municipality/corporation wards

Sl. No	Name of the ward	Ward number	Name of the ward member	Contact number
1	VALLOM NORTH	1	V P BABU	9847830631
2	THRIKKAPARAMB	2	SHARAF S	9072380027
3	KANJIRAKKAD NORTH	3	KASSIM K A	9349845660
4	KANJIRAKKAD LPS	4	SOORYA	9645438474
5	KANJIRAKKAD SOUTH	5	CHERIYAN	9447163648
6	SASTHAMANGALAM	6	SHALU SARATH	7736809264
7	THURUTHIPPARAMB	7	DR AJI C PANICKAR	9496211941
8	VEGETABLE MARKET	8	SALINI PRADEEP	9947430636
9	TALUK HOSPITAL	9	ANIE MARTIN	9388001230
10	POOPANI	10	SANGEETHA K N	9497020006
11	KARATTUPALLIKKARA	11	ATHIRA K C	9847348938
12	ASRAMAM	12	NAUSHAD	9387333159
13	ASRANMAM NORTH	13	SABEENA NISHAD	9539411162
14	FIRE STATION	14	SUHARA	9605078280
15	KUNNAMPILLYCHIRA	15	BEENA RAJAN	9447720679

16	NEELAMKULANGARA	16	ANITHA DEVI	8547323528
17	NAGANCHERIMANA	17	ELDHOSE VEENAMALI	9446490528
18	PAANKULAM	18	NEENA	9400946478
19	PERIYARWALLY CLUB	19	BIJU JOHN	9400528583
20	MARUTHUKAVALA	20	JESSY	9446588451
21	KSRTC	21	REJIMON	9846346262
22	CATTLE MARKET	22	MERCY	9387512443
23	MUNICIPAL OFFICE	23	HAIRUNNISSA	7025961775
24	LIBRARY	24	BUSHRA P S	9387278404
25	KADUVAL	25	LATHA	9447032890
26	VALLAMTHODE	26	GASALA SIRAJ	7736138892
27	PARAPURAM	27	MUHAMMED GADHAFI	9744963110
28	SOUTH VALLOM	28	M E NAJEEB	9846468688
29	RAYONPURAM	29	SHAJI KUNNATHAN	9847882229

1.2. Other important phone numbers of gram panchayat/municipality/corporation area

Sl. No.	Name	Contact number
1.	PANCHAYATH	949702006
2.	AGRICULTURE	04842590086
3.	HOMEO	2530322
4.	AYUSH	25918421
5.	VETENARY	8590206441
6.	MO ALLOPATHY	NA
7.	EXCISE DEPARTMENT	NA
8.	FOREST DEPARTMENT	NA

1.3. **Important offices of gram panchayat/municipality/ corporation**

Sl. No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8547610009
2.	Agriculture Office	Agriculture Officer	04842590086
3.	Animal Husbandry Office	Animal Husbandry Doctor	8590206441
4.	Police Station	Police Officer	9526495010
5.	BSNL Office	Officer	04842594000
6.	Block Office	Officer	04842455270
7.	KSEB Office	Officer	04842645039
8.	Fisheries Office	Officer	04802590183
9.	Fire and rescue	Officer	04842523171

1.4. **Health Services**

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	PERUMBAVOOR	04842523138
2.	Private hospitals	PERUMBAVOOR	7560951595 9747202599 9656712488 8281835129
3.	Clinical laboratories	PERUMBAVOOR	04842823138
4.	Chemist/pharmacy	PERUMBAVOOR	04842823138
5.	Blood donors	NIL	
6.	Other language experts (Bihari, Hindi, Bengali, Assamese ……)	PERUMBAVOOR	8921443275

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	GOVT.VETERINARY HOSPITAL	DR RAJI	PERUMBAVOOR	8590206441

1.6. Helpline numbers

Helpline	Phone number
Police	04842591411
Fire and rescue	04842523171
KSEB	04842645039

1.7. Public and Private Schools Contact details

Sl. No	Name of School	Institution type	Phone number
1	ST THERASA S LPS	AIDED	8943882477
2	GLPS KANJIRAKKAD	GOVT	9496353268
3	GOVT GIRLS LPS	GOVT	8547539645
4	GOVT GIRLS HSS	GOVT	9495689585
5	GOVT BOYS LPS	GOVT	9400559524
6	GOVT BOYS HSS	GOVT	9497791402
7	GVHSS IRINGOLE	GOVT	9445630379
8	ASRAM LPS	AIDED	9446884901
9	ASRAM HSS	AIDED	9447289834
10	VIMALA CENTRAL SCHOOL	PVT	9961893109
11	AMRITA VIDYALAYAM	PVT	9048243691
12	MECA UP SCHOOL	PVT	9496336089
13	VIDHYADEEPTHI PUBLIC SCHOOL	PVT	9947534922

14	PRAGATHY SCHOOL	PVT	8891343877
15	NOORUL ISLAM SCHOOL	PVT	9961799791

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
1	AYISHA	9747280962
2	SHEMEENA M I	9895285612
3	SUHARA	9495843034
4	RAJEENA	9495518494
5	SHEELA O V	9388347215
6	SHINY	9745271157
7	RAGINI	9744138149
8	LATHA	8089430698
9	JAYALAKSHMI	9544093353
10	SANTHA	9497196411
11	JAINI	8129840299
12	ANANDAM	8590348943
13	BIJI	9961619321
14	MINI	9605901698
15	GEETHA	8281665510
16	SUNITHA M A	7994061603
17	SHYNI	7909132096

18	MALLIKA	9142445515
19	SREEKALA	9946851257
20	SUDHA	9656529255
21	SMITHA	9946925558
22	SUDHAKUMARI	9846861109
23	SOPHIYA	9562753110
24	ANCY	7902696813

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	NA	NA
Ambulances	BINU(PRIVATE)	9020847374
Boats	NIL	NIL
Taxi service	RAJU	9947651055

Annexure 2: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data
1	Name of LSG	PERUMBAVOOR
2	District	ERNAKULAM
3	Block / Taluk	KOOVAPPADY
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	MUNICIPALITY
5	Area (sq. km)	13.605
6	No. of wards	29
7	GIS boundary file available	NO
8	Key contact person & phone	K N SANGEETHA CHAIRPERSON 9497020006

B. Demography

Indicator / Field	Baseline Data
Total population	31282
Males	16218
Females	15064
Transgender population	0
Age distribution (<5, 5–14, 15–59, ≥60)	NA
No. of households	8425
Population density (persons/sq.km)	22.99
No. of migrant workers	1688
Major occupational groups	COOLIE

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of elderly (≥60)	4954
2	No. of persons with disability	235
3	No. of bedridden persons	112

4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	6542
5	Pregnant women (current estimate)	208
6	Children <5 years	1167
7	Tribal population (if any)	NO
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)	3
12	Hostels / prisons / shelters (number & capacity)	5
13	Poverty / BPL estimate	2117
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)	5
2	PHC/Family Health Centre details (name, location)	THQH PBVR
3	Subcentres / Health & Wellness Centres (number)	4
4	Private clinics / hospitals (number)	2
5	Labs available (public/private)	13
6	Availability of ambulance services (Yes/No, number)	YES,1
7	Availability of isolation/quarantine facilities (Yes/No, details)	YES
8	Cold chain facilities (Yes/No, details)	YES
9	Stockpile space available (Yes/No)	NO

10	PPE / mask / sanitizer availability plan (Yes/No)	YES
11	Surveillance staff available (JHI/JPHN/ASHA count)	33
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)	2
2	Railway stations (number)	NO
3	Boat jetties / fishing harbours (number)	NO
4	Ports / airports nearby (specify distance)	COCHIN AIRPORT 18KM
5	Major highways/roads passing through	ALUVA MUNNAR ROAD
6	Border crossings (state/district)	NO
7	Major markets / weekly markets	1
8	Tourism hubs / major event venues	IRINGOLE KAAV
9	Schools/colleges with hostels (number)	4
10	Factories / large workplaces (number)	32

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Major drinking water sources (piped / wells / borewells / springs)	PIPE AND WELL
2	No. of public wells	17
3	No. of households with piped water connection	-
4	Water quality testing routine (Yes/No)	YES
5	Common contamination risks (flooding, salinity, industrial waste)	NIL
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	2
10	Handwashing stations in public places (Yes/No)	YES

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Livestock population (cattle/goats/pigs/poultry) – estimates	1360
2	No. of dairy farms / poultry farms / pig farms	102
3	Slaughterhouses / meat shops (number)	18
4	Animal markets (Yes/No, details)	YES
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)	NO

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Flood-prone wards (list)	1,2,28,29
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)	VALLOM THRIKKAPARAMB SOUTH VALLOM RAYONPURAM
6	Shelter homes / relief camps (number, capacity)	NIL
7	Past disaster displacement history	YES

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)	13
2	Anganwadi's (number)	24
3	Colleges (number)	1
4	Community halls (number)	3
5	Places of worship with large gatherings (number)	3
6	Large markets / shopping areas (number)	2
7	Warehouses / cold storages (number)	NIL
8	Telecom/mobile network coverage gaps (Yes/No)	NO
9	Power outage frequency (high/medium/low)	HIGH
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	Jagrathasamithis / committees active (Yes/No)	YES
3	Kudumbashree presence and strength (number of units)	107,1814
4	Volunteer network (number, coverage)	27
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	MALAYALAM

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)	NO
3	Incident Command System identified (Yes/No)	YES
4	Rapid procurement mechanism available (Yes/No)	YES
5	Emergency fund available (Yes/No, amount)	NO
6	Past outbreak response experience (Yes/No, details)	YES
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES
8	Mock drills conducted in last 12 months (Yes/No)	YES
9	Training coverage for staff/volunteers (Yes/No)	NO

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)	YES
6	Reporting timeline adherence (good/average/poor)	GOOD

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)	1,2,28,29,27,15(FLOOD AND CD)
3	Any unique local risks (industrial pollution, refugee camps, etc.)	MIGRANT CAMP RAYONPURAM
4	Recommendations for preparedness strengthening	MEETINGS AT REGULAR INTERVALS

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 frontline 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.