

M-035
9/5/15

Government of West Bengal
Directorate of Health Services(IBD Branch)
Swasthya Bhavan. 3rd.floor, 'A' wing.
29-GN Block, Sector -V, Salt Lake City,
Kolkata - 700091.

No/ HIB/M/54-6-2013/165

Date: 07th May,2015

CIRCULAR

This year unprecedented early rains in our state, may create mosquito-genic condition and if proper and adequate preventive measures are not undertaken in time, may result in out breaks of vector borne diseases like Malaria, Dengue, Chikungunya and Japanese Encephalitis. Already more number of Dengue lab positive Cases have been reported in comparison to last year and sporadic JE cases have also been reported from northern districts of our State. It is quite obvious that ambient environmental conditions in both urban and rural areas will increase the risk of epidemic situation in length and breadth in our state unless we undertake immediate preventive & timely containment measures as & when needed. Unplanned developmental activities are changing the environmental / ecological conditions, especially in urban & peri urban areas, so that VBDs are rapidly spreading to new places. All the CMOHs and Dy. CMOHs-II of the districts are requested to regularly review the situation of the entire vector borne diseases and initiate measures to prevent and cut the transmission chain of these epidemic prone diseases in a coordinated way with Department of PHE, P&RD, Schools, and ULBs. The following measures shall have to be taken up on top-most priority to prevent any untoward outbreak situation and deaths:

- 1) BMOH & all the Medical officers of Health centers should be instructed to inform the Dy. CMOH-II by phone in any increase of fever / malaria cases or deaths in their areas. They are requested to strengthen the linkages with IDSP to observe any increase in cases and unusual increase in cases / deaths for reporting. Initial RDT negative fever cases with clinical suspicion must be retested with RDT with a gap period subsequently.
- 2) The Superintendents of District Hospital, Sub-Divisional Hospital ,State Geenral Hospitals are to take special care to ensure availability of logistics ,drugs for case management of these VBDs & also to ensure that necessary samples are collected & transported for confirmation of diseases like Dengue, Chikungunya, JE where & when necessary (if testing service not available) . Malaria to be excluded in every fever cases admitted by performing RDT during odd hours & Holidays. Superintendents should ensure the immediate communication of any Malaria/Dengue/AES/JE diagnosed cases to the Dy.CMOH-II as for all these communicable diseases some epidemiological public health measures needs to be taken.
- 3) Dy. CMOHs-II should analyze IDSP weekly data, Monthly Epidemiological situation submitted by the blocks to observe any undue increase in cases or mortality due to malaria and to send information to the state. SSHs are very significant for their regular / timely reporting system. Dy.CMOH-II to please visit the Labs & take initiative to ensure steady availability of test kits for Dengue,Chikungunya & JE.

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- 4) Steps should be taken to improve surveillance by ensuring functional microscopy at block level and ensuring availability of RDT at SC level for case management. Migratory people returning with fever & or having fever within 3 weeks must be strongly suspected for malaria & RDT to be used for diagnosis & complete treatment should be instituted instantly.
 - 5) Effective surveillance (epidemiological and entomological) is the corner stone for minimizing the risk of transmission of both Dengue and Chikungunya. Transmission of both the diseases may be effectively prevented by different locally suitable vector control measures. Special emphasis should be given for community awareness and source reduction.
 - 6) Close liaison should be kept with the ULBs where H-t-H survey for prevention and control of Dengue and other Vector Borne Diseases are implemented. Ward wise and Team wise report should be analyzed for focused attention by ACMOHs & Dy.CMOH-II.
 - 7) To improve the case Management and reduce Case Fatality Ratio, the National Guidelines on Clinical Management,2014 for Dengue should be adhered to which is available on www.nvbdc.gov.in. The soft copy of the Guideline will be handed over to all the Dy.CMOH-II on 08.05.2015 meeting at Swasthya Bhaban. CMOH of the districts should ensure that the guideline reaches all the Superintendents & are being implemented.
 - 8) IPC/IEC/BCC activities to be intensified through regular monitoring. Transmission mostly occurs in houses, schools, work places, so community participation is required for health education. Public awareness is essential regarding the elimination of sources for vector breeding. Best utilize the guidelines & fund support provided for 'Observation of World Malaria Day', 'Anti Malaria Month Observation' & 'Anti Dengue Month Observation'.
 - 9) Districts which have observed any increase in malaria case / death, should send the report weekly / daily regarding epidemiological situation and action being taken to the state. Investigation of all death cases must be performed carefully & to be submitted within 07(Seven days) in format along with a special format sent from the state NVBDCP Cell. The Death Audit to be carried out by officers not below the rank of ACMOH.
 - 10) Provision of required logistics & quick transportation facility should be kept ready.
 - 11) All efforts should be made to ensure that all Medical Officer, LTs and other health personnel are sensitized, trained. District should take steps for refresher training for MT(Lab) where necessary.
 - 12) Behavioral changes needs to be taken up to overcome the problem of improper water storage, rain fed waste containers causing the proliferation of vector breeding.

- 13) Sufficient buffer stock of antimalarials and other essential drugs, technical Malathion, DDT with Fogging Machine and Spray pump in working condition should be kept ready to meet any upsurge in the transmission. Regular supervision of routine IRS activity is essential.
- 14) CMOHs to take personal initiative & monitor the recently approved activity for holding village level monthly meeting-cum-service camp at selected hard to reach & malaria case load villages in connection with prevention & management of VBDS during 2015 in the districts of Bankura, Bishnupur HD, Purulia, Paschim Medinipur, Jhargram HD, Malda & Mursidabad covering 962 villages for the period from May to October, 15.

Taking relevant steps in time will be able to prevent epidemic situation and keep our state free from fulminating epidemics, untoward sufferings & deaths of any vector borne disease.

[Signature]
 Director of Health Services
 West Bengal.

No/ HIB/M/54-6-2013/165/1 (155)

Date: 07th May, 2015

Copy forwarded for information and necessary action to :

- 1) The Secretary (PHP) & MD, NHM , West Bengal, Swasthya Bhaban, Kolkata-91
- 2) The Director, State Urban Development Agency (SUDA), Salt Lake City, Kolkata, 700098.
- 3) The Chief Municipal Health Officer, KMC.
- 4) The Chief Health Officer, K MUHO.
- 5) The Dy. Secy(PHP), Swasthya Bhavan.
- 6) The Dy. Director of Health Services (Malaria), West Bengal.
- 6-30) The Chief Medical Officer of Health,.....District.
- 31-33) The Zonal Malaria Officer, Presidency/Burdwan and Jalpaiguri Division
- 34-58) The Dy. CMOH-II,.....District.
- 59-74) The Superintendent.....District Hospital.
- 75-154) The Superintendent.....SDH/SGH/Decentralized Hospitals.
- ✓ 155) The IT Coordinator, Swasthya Bhaban for Web Posting

[Signature]
 07/05/2015
 Jt. Director of Health Services (PH&CD)
 West Bengal.