



Since 2004

# ***INTEGRATED DISEASE SURVEILLANCE PROGRAMME***

*Protecting people, saving lives*

## **Activity Report Kashmir Division**



### **Objective:**

**Early detection and Control of Outbreaks**

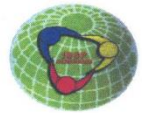




सत्यमेव जयते  
भारत सरकार

## राष्ट्रीय रोग नियंत्रण केन्द्र

स्वास्थ्य सेवा महानिदेशालय, स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
22, शामनाथ मार्ग, दिल्ली-110054  
Government of India



**Dr S. VENKATESH**

DNB, MD, DPH, MPH (Harvard), FAMS, FIPHA

**DIRECTOR**

**NATIONAL CENTRE FOR DISEASE CONTROL**

[Formerly known as National Institute of Communicable Diseases (NICD)]

Directorate General of Health Services

Ministry of Health & Family Welfare, Govt. of India

22, Sham Nath Marg, Delhi-110054

Direct.: 011-23913148,

23922132, 23944035

Fax : 011-23922677

Email: dirmicd@nic.in;

dirmicd@gmail.com

Website: www.ncdc.gov.in

www.idsp.nic.in


### MESSAGE

I am delighted to know that Integrated Disease Surveillance Programme (IDSP) is bringing out first activity report since its inception in the year 2004 under the leadership of state surveillance officer (SSO) *Dr. SM Kadri*. The work of IDSP has been commendable during these years. It gives me pleasure to focus on few points which are as under:

- The percentage of reporting from Reporting units (RUs) from all the 12 districts of Kashmir division has increased for past three years from **78 per cent** in 2013 to **91.6 per cent** in 2015
- The outbreaks have been controlled and prompt action taken in time due to early awareness to the community by giving health education as during September 2014 floods of Kashmir, because of awareness no outbreak of Acute diarrhoeal disease (ADD) was reported during floods. The number of outbreaks have declined **57 in the year 2013 to 43 in the year 2015**
- IDSP Kashmir has done impressive work during Outbreak of Influenza A H1N1 in 2015 where daily surveillance was going for Acute respiratory infections (ARI) in all districts of Kashmir division. A total of 24 laboratory confirmed cases were treated at district level by district surveillance units (DSUs) of IDSP. Awareness regarding the disease was given to the community both in print (Posters, pamphlets) and electronic media and as well on social media and districts were in a state of preparedness to tackle any case (Logistics in the form of PPE, Triple layer masks, N95 masks, Oseltamivir, Vaccine) was kept at DSUs of each district.
- Control Room was established at State surveillance unit (SSU) to monitor the situation in case of any disaster
- Awareness about various disease like Influenza A H1N1, MERS COV, Ebola Viral disease (EVD) was given to Hajj pilgrims at Srinagar International Airport by DSU Srinagar at the time of leaving and while coming back from Saudi Arabia.
- The new concept of infographics initiated by Dr. Kadri, State Surveillance Officer has great potential for enhancing awareness regarding common outbreaks.

Wishing IDSP team of Kashmir Division success



  
(Dr. S. Venkatesh)

# Table of Contents

|    |  |
|----|--|
| 5  | List of Abbreviations                                |
| 6  | Introduction   |
| 7  | Structure and Management                             |
| 8  | Surveillance System                                  |
| 9  | Surveillance and Screening Camps                     |
| 10 | Advisories Issued to Stakeholders and General Public |
| 11 | Reporting  |
| 13 | Diseases Covered under IDSP for investigation        |
| 13 | Major Outbreaks Investigated                         |
| 16 | Media Scan   |
| 16 | Disease Control Room                                 |
| 17 | Research and Surveys                                 |
| 18 | Infographics   |

# List of Abbreviations

|      |   |
|------|---|
| ANM  | Auxiliary Nurse Mid -wife                 |
| ASHA | Accredited Social Health Activist         |
| AWW  | Anganwadi Worker                          |
| CSU  | Central Surveillance Unit                 |
| DSU  | District Surveillance Unit                |
| EMR  | Emergency Medical Relief                  |
| IDSP | Integrated Disease Surveillance Programme |
| MO   | Medical Officer                           |
| MPW  | Multipurpose Worker                       |
| NHM  | National Health Mission                   |
| NRHM | National Rural Health Mission             |
| PHC  | Primary Health Centre                     |
| SSU  | State Surveillance Unit                   |
| ADD  | Acute Diarrhoeal Diseases                 |
| ARI  | Acute Respiratory Infection               |
| VPD  | Vaccine Preventable Diseases              |
| RRT  | Rapid Response Team                       |
| WBD  | Water Borne Disease                       |



# Introduction

**IDSP** is a Decentralized District-based System of weekly surveillance for communicable Diseases so that timely and effective Public Health actions can be initiated in response to the incidence of disease outbreaks in the urban and rural Areas. Started in Jammu & Kashmir during FY 2006-2007 under NSPCD (National Surveillance Programme for Communicable Diseases).

## Core Objectives:

- To detect early warning signals of impending outbreaks.
- To Integrate, Co-ordinate and Decentralize surveillance activities
- To establish system for quality Data collection, Reporting, Analysis and Feedback using IT.
- To improve Laboratory Support for disease surveillance.

## Responsibilities:

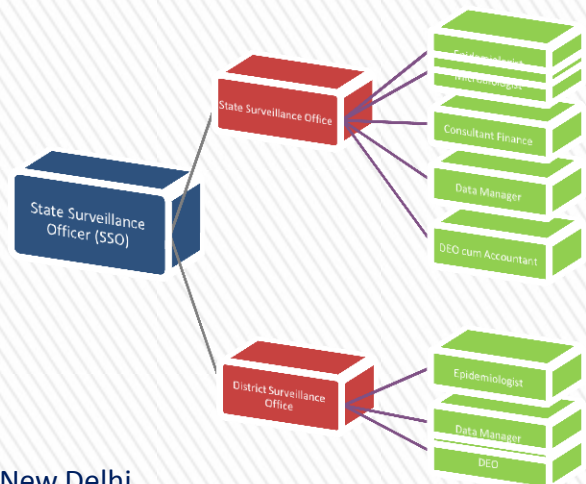
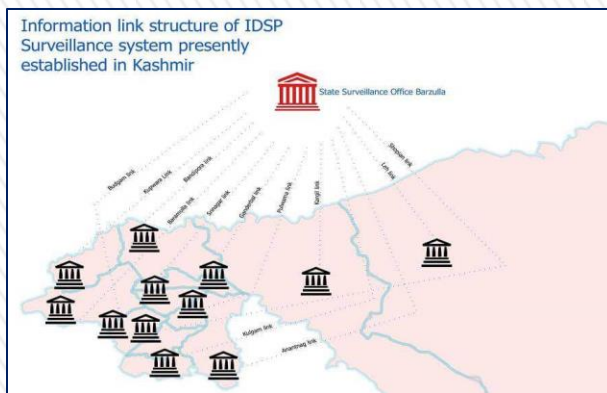
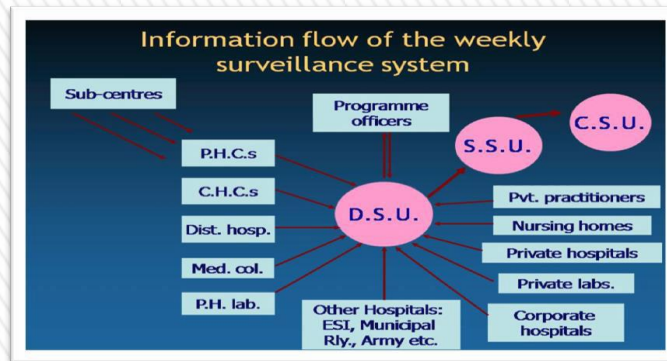
- Strengthening of Epidemiological capabilities at State and
- District level by training of District RRT and Health personnel at the periphery.
- Modernization and Computerization of State & District Epidemiology cell.
- Strengthening of State / District Laboratories.
- Improving Sub-District Mobility and Communication

## Expected Outcome:

- Early Detection of Outbreaks.
- Early Institution of Containment Measures.
- Reduction in Morbidity & Mortality.
- Minimize Economic loss.

# Structure and Management

## Administrative Structure



Central Surveillance Unit (CSU), New Delhi

State Surveillance Unit (SSU), Barzulla, Srinagar

- Kashmir Division has one State Surveillance Unit
- Two Sentinel Surveillance units one each at GMC Srinagar and Sheri Kashmir Institute of Medical Sciences (SKIMS)
- District Surveillance Unit (DSU)
- One DSU in each of the twelve (12) districts

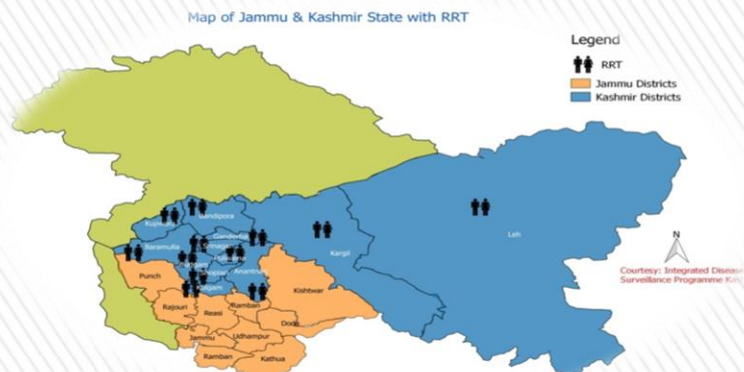
## Stakeholders

Employees working under ISDP  
Medical Staff at District Hospitals  
Medical Staff at PHC, NTPHC, Dispensaries  
ASHA workers at sub centers  
SKIMS Soura , Srinagar, Kashmir

Government Medical College, Srinagar, Kashmir  
PHE Department  
University of Kashmir  
Private Health Institutions

# Surveillance System

## Establishment of Rapid Response Team at each District Surveillance Unit

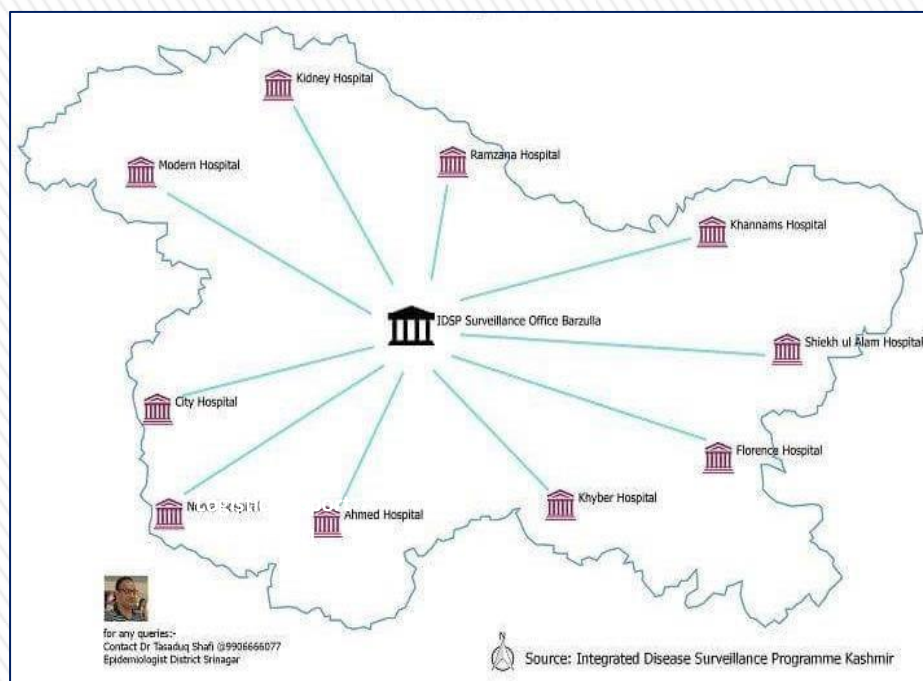


State Surveillance Office- Epidemiologist, Microbiologist, Data Manager, Data Entry Operator and Financial Consultant

District Surveillance Unit- Epidemiologist, Data Manager, Data Entry Operator (12 Kashmir Districts)

## Inclusion Initiative

Including Private Hospitals and Nursing Homes in Surveillance





# Surveillance and Screening Camps

Passive surveillance of Hajj Pilgrims at Srinagar International Airport for MERS CoV and H1N1. **HELP-DESK** for MERS COv Hajj Pilgrims at Srinagar International Airport.

*As per the directions received from EMR, the Information in terms of IEC material with helpline numbers were given to Hajj pilgrims*



▼ Leper Colony Srinagar - Screening of Hepatitis B and C in 2014



◀ Screening at Takiya Magam - Hepatitis C in 2014.

▲ Screening for MERS-CoV and H1N1, HAJJ Pilgrims - 2015



► Sagam Anantnag - Hepatitis B and C in 2014 and still continuing



▼ Screening for MERS-CoV HAJJ Pilgrims - 2014



▲ Epidemiological Investigation of cases of Chicken Pox at District Ganderbal in 2015



▲ Rapid Response Team (RRT) interacting with Health workers during September 2014 Floods



▲ Screening of H1N1 Dhobwan Kupwara in 2013



▼ Central surveillance team NCDC with IDSP RRT in field at bypass channapora Srinagar during floods 2014

▲ Imparting Health Education during the surveillance of Hepatitis in heerpora Shopian 2015





# General Public

Issued Public Health Advisories to all districts on H1N1, Floods, Hepatitis, Measles, Acute diarrhoeal Diseases ARI, Cholera, Chicken Pox, Ebola viral disease, MERS-CoV from time to time.

# H1N1

**بخار کے علامات**

**بخار، کھانسی، گلے میں خراش، ڈکام، سر درد،**  
**ماز پیشی و جوڑوں میں درد اور سانس لینے میں تکلیف**  
**اے آپ آج اور اپنے خاندان کو H1N1 بخار سے محفوظ رکھیں**









**ایمانی**

اگر آپ کو بخار، کھانسی، گلے میں خراش، ڈکام، سر درد، ماز پیشی و جوڑوں میں درد اور سانس لینے میں تکلیف ہو تو فوراً طبی مشورہ لیں۔

اگر آپ کو بخار، کھانسی، گلے میں خراش، ڈکام، سر درد، ماز پیشی و جوڑوں میں درد اور سانس لینے میں تکلیف ہو تو فوراً طبی مشورہ لیں۔

اگر آپ کو بخار، کھانسی، گلے میں خراش، ڈکام، سر درد، ماز پیشی و جوڑوں میں درد اور سانس لینے میں تکلیف ہو تو فوراً طبی مشورہ لیں۔

**نہ ایمانی**

اگر آپ کو بخار، کھانسی، گلے میں خراش، ڈکام، سر درد، ماز پیشی و جوڑوں میں درد اور سانس لینے میں تکلیف ہو تو فوراً طبی مشورہ لیں۔

اگر آپ کو بخار، کھانسی، گلے میں خراش، ڈکام، سر درد، ماز پیشی و جوڑوں میں درد اور سانس لینے میں تکلیف ہو تو فوراً طبی مشورہ لیں۔

اگر آپ کو بخار، کھانسی، گلے میں خراش، ڈکام، سر درد، ماز پیشی و جوڑوں میں درد اور سانس لینے میں تکلیف ہو تو فوراً طبی مشورہ لیں۔

**ڈائریکٹوریٹ آف ہیلتھ سروسز کشمیر**

فون: 2444330، 2444331، 2444332، 2444333، 2444334، 2444335، 2444336، 2444337، 2444338، 2444339، 2444340، 2444341، 2444342، 2444343، 2444344، 2444345، 2444346، 2444347، 2444348، 2444349، 2444350، 2444351، 2444352، 2444353، 2444354، 2444355، 2444356، 2444357، 2444358، 2444359، 2444360، 2444361، 2444362، 2444363، 2444364، 2444365، 2444366، 2444367، 2444368، 2444369، 2444370، 2444371، 2444372، 2444373، 2444374، 2444375، 2444376، 2444377، 2444378، 2444379، 2444380، 2444381، 2444382، 2444383، 2444384، 2444385، 2444386، 2444387، 2444388، 2444389، 2444390، 2444391، 2444392، 2444393، 2444394، 2444395، 2444396، 2444397، 2444398، 2444399، 2444400، 2444401، 2444402، 2444403، 2444404، 2444405، 2444406، 2444407، 2444408، 2444409، 2444410، 2444411، 2444412، 2444413، 2444414، 2444415، 2444416، 2444417، 2444418، 2444419، 2444420، 2444421، 2444422، 2444423، 2444424، 2444425، 2444426، 2444427، 2444428، 2444429، 2444430، 2444431، 2444432، 2444433، 2444434، 2444435، 2444436، 2444437، 2444438، 2444439، 2444440، 2444441، 2444442، 2444443، 2444444، 2444445، 2444446، 2444447، 2444448، 2444449، 2444450، 2444451، 2444452، 2444453، 2444454، 2444455، 2444456، 2444457، 2444458، 2444459، 2444460، 2444461، 2444462، 2444463، 2444464، 2444465، 2444466، 2444467، 2444468، 2444469، 2444470، 2444471، 2444472، 2444473، 2444474، 2444475، 2444476، 2444477، 2444478، 2444479، 2444480، 2444481، 2444482، 2444483، 2444484، 2444485، 2444486، 2444487، 2444488، 2444489، 2444490، 2444491، 2444492، 2444493، 2444494، 2444495، 2444496، 2444497، 2444498، 2444499، 2444500، 2444501، 2444502، 2444503، 2444504، 2444505، 2444506، 2444507، 2444508، 2444509، 2444510، 2444511، 2444512، 2444513، 2444514، 2444515، 2444516، 2444517، 2444518، 2444519، 2444520، 2444521، 2444522، 2444523، 2444524، 2444525، 2444526، 2444527، 2444528، 2444529، 2444530، 2444531، 2444532، 2444533، 2444534، 2444535، 2444536، 2444537، 2444538، 2444539، 2444540، 2444541، 2444542، 2444543، 2444544، 2444545، 2444546، 2444547، 2444548، 2444549، 2444550، 2444551، 2444552، 2444553، 2444554، 2444555، 2444556، 2444557، 2444558، 2444559، 2444560، 2444561، 2444562، 2444563، 2444564، 2444565، 2444566، 2444567، 2444568، 2444569، 2444570، 2444571، 2444572، 2444573، 2444574، 2444575، 2444576، 2444577، 2444578، 2444579، 2444580، 2444581، 2444582، 2444583، 2444584، 2444585، 2444586، 2444587، 2444588، 2444589، 2444590، 2444591، 2444592، 2444593، 2444594، 2444595، 2444596، 2444597، 2444598، 2444599، 2444600، 2444601، 2444602، 2444603، 2444604، 2444605، 2444606، 2444607، 2444608، 2444609، 2444610، 2444611، 2444612، 2444613، 2444614، 2444615، 2444616، 2444617، 2444618، 2444619، 2444620، 2444621، 2444622، 2444623، 2444624، 2444625، 2444626، 2444627، 2444628، 2444629، 2444630، 2444631، 2444632، 2444633، 2444634، 2444635، 2444636، 2444637، 2444638، 2444639، 2444640، 2444641، 2444642، 2444643، 2444644، 2444645، 2444646، 2444647، 2444648، 2444649، 2444650، 2444651، 2444652، 2444653، 2444654، 2444655، 2444656، 2444657، 2444658، 2444659، 2444660، 2444661، 2444662، 2444663، 2444664، 2444665، 2444666، 2444667، 2444668، 2444669، 2444670، 2444671، 2444672، 2444673، 2444674، 2444675، 2444676، 2444677، 2444678، 2444679، 2444680، 2444681، 2444682، 2444683، 2444684، 2444685، 2444686، 2444687، 2444688، 2444689، 244469

# H1N1 FLU SYMPTOMS

**FEVER, COUGH, SORE THROAT, RUNNING NOSE,  
HEADACHE, MUSCLE AND JOINT PAIN  
AND DIFFICULTY IN BREATHING**

**PROTECT YOURSELF AND YOUR FAMILY FROM H1N1 FLU**

**Do's**

- ✓ Cover your mouth and nose with a handkerchief when you cough/sneeze.
- ✓ Wash your hands often with soap & water or use an alcohol based hand wash.
- ✓ Avoid touching your eyes, nose/mouth unnecessarily.
- ✓ Avoid contact with people who have flu-like symptoms.
- ✓ Stay at home and take plenty of rest if you have fever, cough/sneezing.
- ✓ Visit your doctor for clearing your throat and for H1N1 treatment if you have the flu symptoms.
- ✓ Stay at home and take plenty of rest if you have fever, cough/sneezing.
- ✓ Visit your doctor for clearing your throat and for H1N1 treatment if you have the flu symptoms.
- ✓ Stay at home and take plenty of rest if you have fever, cough/sneezing.
- ✓ Visit your doctor for clearing your throat and for H1N1 treatment if you have the flu symptoms.

**Don'ts**

- ✗ Don't drink handkerchief/saliva socially.
- ✗ Don't offer touching treatment.
- ✗ Don't cough and sneeze openly.

**DIRECTORATE OF HEALTH SERVICES KASHMIR**  
**Division of Community and Public Health**  
**Helpline Numbers: 0194-2440283/2430581/ 9419010363**

**It is recommended to give (2) regular**  
**or (4) seasonal flu shots to be included in pre-  
 admission checklist.**

**It is recommended to make sure the contents of the vaccine are double checked and administered in pre-admission checklist only.**  
**Communicable diseases are under OHS/DAE for 10 days.**

**COMMUNITY SPREAD- MONITORING Guidelines**

**25. Monitoring and reporting of communicable diseases**  
 OHS/DAE has to ensure that all communicable diseases confirmed OHS/DAE, it has to ensure that, once reported the disease, a threat data is necessary by group?

**Application**

**Threat data approach**

1. It covers influenza like illness at all health facilities.
2. Communicable Diseases, and Communicable Diseases and TB, and Communicable Diseases and TB, and Communicable Diseases and TB.
3. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
4. Communicable diseases in group school and social contact management.
5. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
6. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
7. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
8. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
9. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
10. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
11. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
12. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
13. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
14. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
15. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
16. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
17. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
18. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
19. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
20. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
21. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
22. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
23. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
24. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.
25. It is treatment with Quarantine indicated for Category 1 and Category 2 for patient management.

**JOINT SCHOOLS/EDUCATIONAL INSTITUTE**

1. **Annually** to be linked to ensure a work or school/college/educational institution.
2. **Screening of each student in the class by** a teacher/parent/health worker.
3. **Screening of each student in the class by** a teacher/parent/health worker.
4. **Screening of each student in the class by** a teacher/parent/health worker.
5. **Screening of each student in the class by** a teacher/parent/health worker.
6. **Screening of each student in the class by** a teacher/parent/health worker.
7. **Screening of each student in the class by** a teacher/parent/health worker.
8. **Screening of each student in the class by** a teacher/parent/health worker.
9. **Screening of each student in the class by** a teacher/parent/health worker.
10. **Screening of each student in the class by** a teacher/parent/health worker.
11. **Screening of each student in the class by** a teacher/parent/health worker.
12. **Screening of each student in the class by** a teacher/parent/health worker.
13. **Screening of each student in the class by** a teacher/parent/health worker.
14. **Screening of each student in the class by** a teacher/parent/health worker.
15. **Screening of each student in the class by** a teacher/parent/health worker.
16. **Screening of each student in the class by** a teacher/parent/health worker.
17. **Screening of each student in the class by** a teacher/parent/health worker.
18. **Screening of each student in the class by** a teacher/parent/health worker.
19. **Screening of each student in the class by** a teacher/parent/health worker.
20. **Screening of each student in the class by** a teacher/parent/health worker.
21. **Screening of each student in the class by** a teacher/parent/health worker.
22. **Screening of each student in the class by** a teacher/parent/health worker.
23. **Screening of each student in the class by** a teacher/parent/health worker.
24. **Screening of each student in the class by** a teacher/parent/health worker.
25. **Screening of each student in the class by** a teacher/parent/health worker.

**Directorate of Health Services, Kashmir**

**Influenza A H1N1**

**Division of Epidemiology & Public Health**


**For Any Additional Information Please Contact on Following Mobile Number:**

**Dr. A. HUSSAIN, MOBILE: 98190 11111**

[illegible]

|  |   |
|--|---|
| <p><b>Health Advisory for Prevention and control of Measles</b><br/> <b>infectious disease surveillance mechanism (IDSM)</b><br/>         Directorate of Health Services, Government of Karnataka<br/>         www.karnatakahealth.gov.in</p>  |    |
| <p><b>HEALTH AND ITS PREVENTION</b><br/> <b>Information for parents and caretakers</b></p>   | <p>For further queries, you may text or dial the following numbers:-</p> <ul style="list-style-type: none"> <li>☎ State reproductive health cell no. 9606000000</li> </ul>  |
| <p><b>What is Measles?</b></p> <p>Measles is a highly contagious disease (affecting lung and breathing system) that spreads from one person to another through the air. It is caused by a virus. Measles is a leading cause of death among children in India. It is preventable by a vaccine called measles vaccine.</p>   | <p><b>What is at risk of getting Measles?</b></p> <p>The following are at risk of getting Measles:-</p> <ul style="list-style-type: none"> <li>☐ Young children who are not vaccinated or are not up to date with their immunisation.</li> <li>☐ Unimmunized pregnant women are at high risk of getting Measles and their babies are born with Measles.</li> <li>☐ Some women receive a mumps, measles and rubella vaccine (MMR) during their pregnancy. If a woman receives this vaccine, her unborn children have been protected from MMR or other diseases.</li> </ul>   |
| <p><b>What are the symptoms of Measles?</b></p> <p>Measles is a virus and it is normally spread through direct contact and through the air. Measles is a hot illness and a rash is seen in most of children.</p>   | <p><b>How is Measles prevented?</b></p> <p>Measles can be prevented by:-</p> <ul style="list-style-type: none"> <li>☐ Measles vaccine vaccination for all children, starting from 9 months of age.</li> <li>☐ Measles vaccine vaccination for all children, starting from 15 months of age.</li> <li>☐ Measles vaccine vaccination for all children, starting from 4 years of age.</li> </ul>   |
| <p><b>How does Measles spread?</b></p> <ul style="list-style-type: none"> <li>☐ You can catch Measles from being infected by someone who has a Measles rash.</li> <li>☐ You can catch Measles easily by just talking to someone who has Measles.</li> <li>☐ Measles spreads through the air.</li> <li>☐ Measles spreads through direct contact with the skin, breathing, coughing and sneezing.</li> </ul> | <p>Measles is highly contagious and remains infectious for up to 2 weeks after the rash begins.</p>   |
| <p><b>What are the complications of Measles?</b></p> <p>Measles can lead to many complications. Some of the complications of Measles are:-</p> <ul style="list-style-type: none"> <li>☐ Brain and eye complications</li> <li>☐ Deafness</li> <li>☐ Death in some cases</li> <li>☐ Rash of the skin</li> <li>☐ Swelling of the throat</li> <li>☐ Swelling of the lungs</li> </ul>                           | <p><b>Is there a treatment for Measles?</b></p> <p>No specific treatment for Measles is available. The following treatment for Measles is available:-</p> <ul style="list-style-type: none"> <li>☐ Supportive care which includes good nutrition and hydration.</li> <li>☐ Measles vaccine vaccination for all children, starting from 9 months of age.</li> <li>☐ All children diagnosed with Measles should receive two doses of a Measles vaccine.</li> <li>☐ Measles and Measles complications have no cure and can be fatal.</li> <li>☐ Measles and Measles complications can be prevented by getting vaccinated.</li> </ul> |
| <p><b>What are the complications of Measles?</b></p> <p>The most common complications include:-</p> <ul style="list-style-type: none"> <li>☐ Brain and eye complications</li> <li>☐ Deafness</li> <li>☐ Death in some cases</li> <li>☐ Rash of the skin</li> <li>☐ Swelling of the throat</li> <li>☐ Swelling of the lungs</li> </ul>  | <p><b>Source :- Public Health for Karnataka</b><br/>         Directorate of Health Services, Government of Karnataka<br/>         www.karnatakahealth.gov.in</p>  |

| Anesthetic Agent         | Age                  | Children   | Adults                                  |
|--------------------------|----------------------|--|---|
| Thiopental (Pentothal)   | Treatment (2-3 days) | <p>If younger than 1 yr old:<br/> 3 mg/kg/once daily</p> <p>If 1 yr or older, dose varies by child's weight:<br/> 10 kg or less, the dose is 20 mg once daily<br/> &gt;10 to 20 kg, the dose is 30 mg once daily<br/> &gt;20 to 40 kg, the dose is 40 mg once daily<br/> &gt;40 kg, the dose is 75 mg once daily</p>   | 75 mg once daily                        |
|                          |                      | <p>If child is younger than 3 months old, use of thiopental for chemoprevention is not recommended because situation is considered critical due to limited data in this age group.</p> <p>If child is 3 months or older and younger than 1 yr old:<br/> 3 mg/kg/once daily</p> <p>If 1 yr or older, dose varies by child's weight:<br/> 10 kg or less, the dose is 20 mg once daily<br/> &gt;10 to 20 kg, the dose is 30 mg once daily<br/> &gt;20 to 40 kg, the dose is 40 mg once daily<br/> &gt;40 kg, the dose is 75 mg once daily</p> | 75 mg once daily                        |
| Zaxozonolone (Retrocort) | Treatment (2-3 days) | 10 mg (two 5-mg inhalation) twice daily<br>FOA approved and recommended for use in children 5 years or older   | 10 mg (two 5-mg inhalation) twice daily |
|                          |                      | Chemoprevention (2-3 days)<br>10 mg (two 5-mg inhalation) once daily<br>FOA approved for and recommended for use in children 5 years or older  | 10 mg (two 5-mg inhalation) once daily  |



**Health Authority for Prevention of Epidemic prone diseases**  
Directorate of Public Health, Government of Karnataka  
[www.karnatakahealth.gov.in](http://www.karnatakahealth.gov.in)

In order to prevent the outbreak of epidemic prone diseases (Dysentery, Dysentery, Typhoid fever, Cholera, Dengue & ARI) and to avoid the following measures:

- Soil drinking water** – Boil the water for 1 min (Boiling will be preferable for 20 min). Boiled water is not good for long term consumption. It is not safe to get the water from the tank immediately after the water is contained in the water container.
- The storage containers** of drinking water must be thoroughly washed every day. It is not add any other water to the water in the container or to get the water from the container while drinking.
- Washing of hands** with water and before eating and after eating, wearing shoes. This is important component of personal hygiene to preventing water borne diseases.
- Use soap** and **defecation** and defecation in order to prevent the contamination of water sources. Use latrine and defecate in the latrine. Do not defecate in the open field.
- Use food materials** such as fresh vegetables must be washed and cooked thoroughly before eating.
- Use of water** in the water to be done (3-5 litres). It should be allowed to be dissolved in 20-25 ml of water and use 30-40 ml (concentrate) 2-3 times of a day. Water is less available in the dry season.
- Use of water** in the form of distilled water, or water, or water in the form of distilled water.
- Preparation of ORS** (Oral rehydration solution) – Prepare the preparation of ORS every 1000 g of prepared water and 100 g of sugar and 10 g of salt and 10 g of bicarbonate.
- Use of water** in the form of distilled water, or water, or water in the form of distilled water. This can avoid water (distilled water is not good for long term consumption) water to be consumed with the salt and sugar. Water washed diseases include – Cholera, Enterocolitis, and so on. It is not safe and water diseases, avoid prolonged contact with food water and water in the water of the water and water and water.

**Shared to Public Services by Directorate of Public Health, Government of Karnataka**

**File No: Numbers:**  
**9914-2460203**

**PROTECT yourself, PROTECT your family, PROTECT your community**  
**Ebola Virus**

**Disease Surveillance Center**  
**Directorate of Health Services, Kashmir**  
**Part 1 : Surveillance for Ebola Virus Disease (EVD)**  
**Entry point Screening**

**Personal Details**

A. Date of Arrival: \_\_\_\_\_

B. Name of Passenger: \_\_\_\_\_

C. Age: \_\_\_\_\_ Sex : M F

D. Passport Number: \_\_\_\_\_

E. Flight Number: \_\_\_\_\_

F. Seat Number: \_\_\_\_\_

G. Country of Origin: \_\_\_\_\_

H. Countries Visited during the last 21 Days (3 Weeks)

\_\_\_\_\_

I. Any present complaints of

Fever ☐ Bleeding from Nose/Gums ☐ Skin rash ☐  
Headache ☐ Sore throat ☐ Intense weakness ☐  
Vomiting ☐ Diarrhoea ☐ Muscle/ Joint pain ☐

J. Destination: \_\_\_\_\_

K. Contact Number: \_\_\_\_\_

L. Email: \_\_\_\_\_

**Signature of the passenger** **Signature of Surveillance Officer**

**PROTECT yourself, PROTECT your family, PROTECT your community**  
From  
**EbolaVirus**

---

**For the Passenger**  
**Part 2 : Instructions for the passenger**

We thank all the passengers for their cooperation and help in curbing spread of Ebola viral disease in the world

If you are coming from **Countries Guinea, Liberia, Sierra Leone and Nigeria** and develop symptoms (Fever, Bleeding from Nose/Gums, Skin rash, Headache, Sore throat, Diarrhoea, weakness, Vomiting, Diarrhoea, Muscle/ Joint pain) within 2-21 days of your arrival, contact immediately any of the following numbers to which you receive appropriate health care.

**Emergency Contact Numbers :**



|                                    |                                     |
|------------------------------------|-------------------------------------|
| <b>Dr. Mohan Akshay 9842807953</b> | <b>Dr. Narayan Kumar 9428270293</b> |
| <b>Dr. Suresh 9842722799</b>       | <b>Dr. D. Sriniva 9436085313</b>    |

In the event health official, suspect the presence of the Ebola viral disease, you will be required to undergo hospitalisation in a special ward for (Respiratory Investigations) and health observation. In that case you are again to fully cooperate with health officials. Your immediate contacts will also be screened.

**Suspected (clinical) cases :**  
Any person if or depressed who has or had fever with acute clinical symptoms and signs of hemorrhage, such as bleeding of the gums, nose-bleeds, conjunctival injection, red spots on the body, bloody stools and/or melena (black liquid stools), or vomiting blood (haematemesis) with the history of travel to the affected area.



**For further queries / information please feel free to contact**

|   |                          |
|---|--------------------------|
| <b>Dr SK Kadi</b><br><b>Emergencyologist</b><br><b>9431901583</b> | <b>Dr Rehanna Kanner</b> |
|---|--------------------------|

## Directorate of Health Services, Kashmir

Division of Epidemiology and Public Health

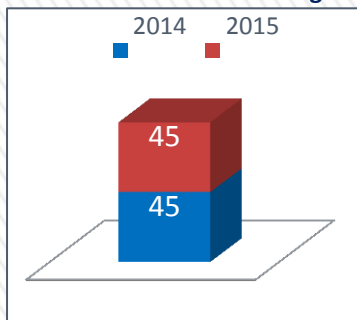
### Influenza A H1N1 and Schools/Educational Institutes

1. Morning assembly to be limited to once a week or preferably less, until outbreak is over.
2. Screening of each student in the class by class teachers for symptoms of Influenza A H1N1
3. Home isolation for teachers and other employees if they develop flu like symptoms
4. No Medical certificate to be insisted on from preventive absentees
5. Promote frequent hand wash with soap and water
6. Teachers and students to observe strict cough and sneeze etiquette
7. Regular cleaning of floors with floor disinfectants (Lysoil)
8. Closure of schools not recommended. Contact District Epidemiologist/District health officer
9. Hotels should not be closed but monitor the health of staff and students.

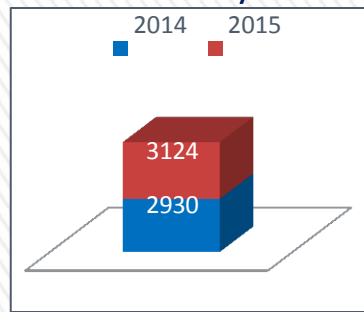
[illegible]

# Reporting

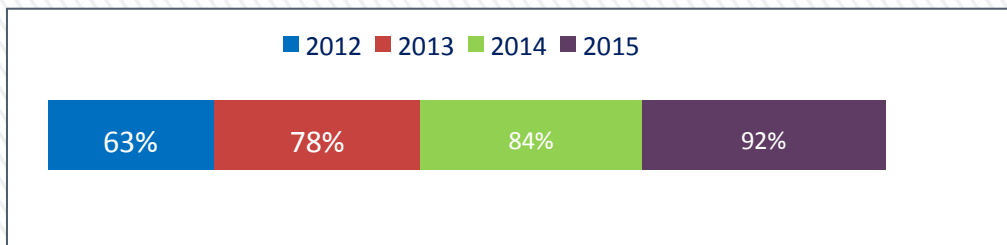
Number of outbreaks managed



Number of Laboratory Tests



Percentage reporting on Web Portal (<http://www.idsp.nic.in>)

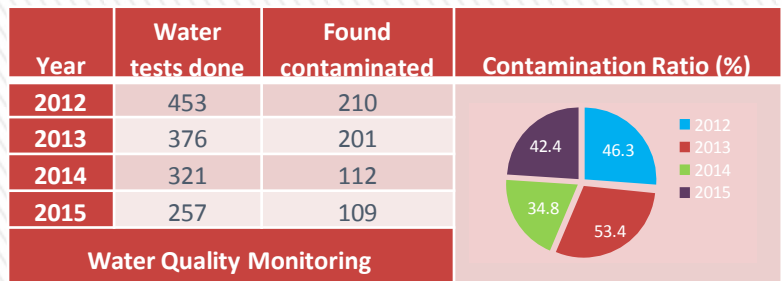


## Annual progress in reporting of surveillance data on portal

Under IDSP, the ICT-enabled system was set up during 2009-10 which allowed surveillance data to be recorded and published on the portal. Progress in reporting was achieved by keeping reporting at par with the bench mark of >80% for the last two years.

Outbreaks investigated

| Year | Number |
|------|--------|
| 2009 | 0      |
| 2010 | 2      |
| 2011 | 23     |
| 2012 | 54     |
| 2013 | 57     |
| 2014 | 45     |
| 2015 | 45     |



Laboratory tests done at Provincial & District Priority Laboratories

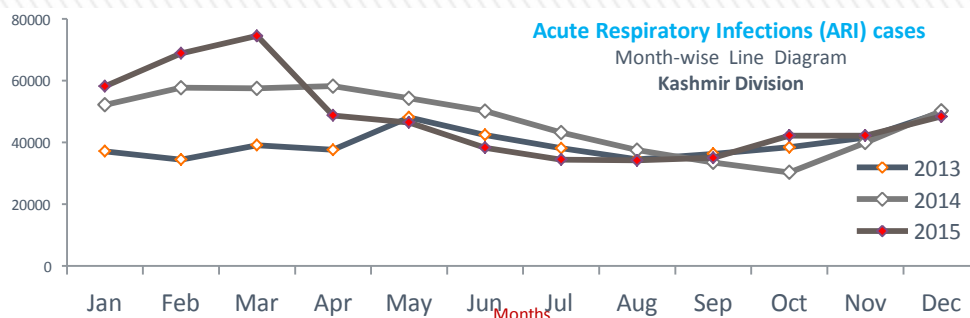
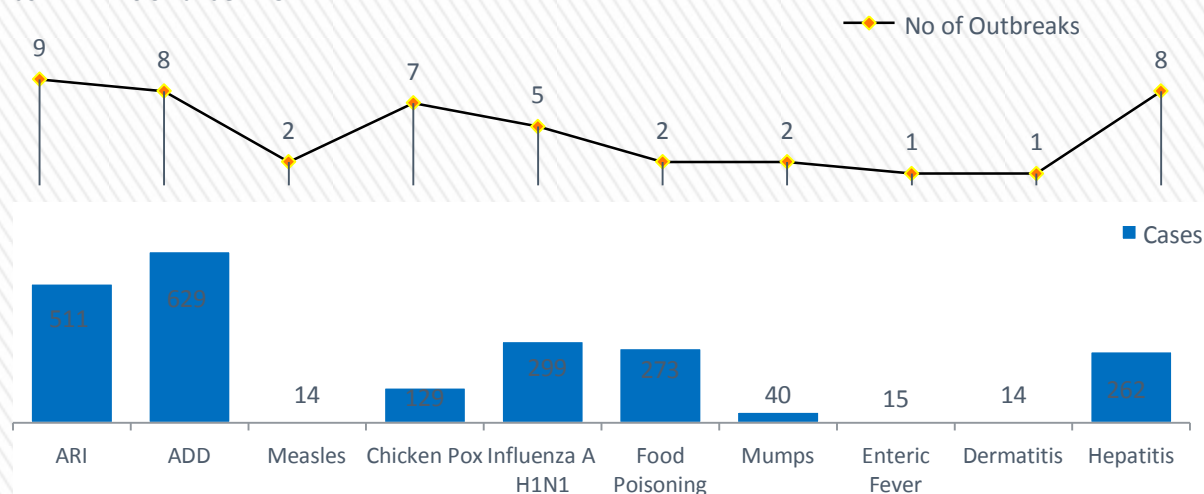
| Year | No of tests |
|------|-------------|
| 2011 | 460         |
| 2012 | 1457        |
| 2013 | 3042        |
| 2014 | 2930        |
| 2015 | 3124        |

# Annual progress in reporting of surveillance data on portal (continued)

## Districts Functional under IDSP

| Year | Districts Functional  |
|------|---|
| 2005 | Leh, Kupwara  |
| 2006 | --do---   |
| 2007 | Baramulla, Budgam, Anantnag, Pulwama,Leh ,Kargil  |
| 2008 | --do---   |
| 2009 | --do---   |
| 2010 | --do---   |
| 2011 | Budgam, Pulwama, Anantnag, Kupwara, Leh Kargil, Srinagar, Ganderbal.                                  |
| 2012 | Budgam, Pulwama, Anantnag, Kupwara, Leh,Kargil, Srinagar,Ganderbal,Shopian,Bandipora,Baramulla,Kulgam |
| 2013 | --do---   |
| 2014 | --do---   |
| 2015 | --do---   |

**Progress:** All 12 districts are functional under IDSP till date. The surveillance data from health institutions are collected as S-P-L forms and uploaded on national portal from 12 districts of Kashmir Division under IDSP



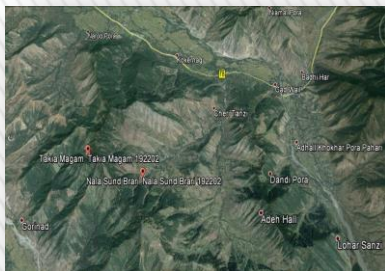


## Diseases Covered under IDSP for investigation

- |                                    |                            |
|------------------------------------|----------------------------|
| ✓ Acute Diarrhoeal Disease         | ✓ Meningococcal Meningitis |
| ✓ Bacillary Dysentery              | ✓ Typhoid Fever            |
| ✓ Viral Hepatitis                  | ✓ Diphtheria               |
| ✓ Enteric Fever                    | ✓ Cholera                  |
| ✓ Malaria                          | ✓ Shigella Dysentery       |
| ✓ Dengue /DHF /DSS                 | ✓ Viral Hepatitis-A        |
| ✓ Chikungunya                      | ✓ Viral Hepatitis-E        |
| ✓ Meningitis                       | ✓ Malaria                  |
| ✓ Measles                          | ✓ Dengue/DHF/DSS           |
| ✓ Diphtheria                       | ✓ Chikungunya              |
| ✓ Chicken pox                      | ✓ JE                       |
| ✓ Fever of Unknown origin (PUO)    | ✓ Other (Specify) ANTI-HCV |
| ✓ Acute Respiratory Infection(ARI) | ✓ Other (Specify) HBSAG    |
| ✓ Influenza like illness (ILI)     |                            |
| ✓ Pneumonia                        |                            |

## Major Outbreaks investigated

1. **Hepatitis C** in Village Takaya Magam, Block Larnoo District Anantnag.  
*Unsafe injection practices as main reason for the outbreak*



Map of village



RRT in affected place



Treatment at JLN Hospital

Takiya Magam is a remote village nestled in the Himalayas about 2km from the tourist resort of Kokernag in District Anantnag of South Kashmir.

1. Population:2600
2. Total patients screened:2474
3. Positive for HCV:765
4. Positive for HbsAg:13
5. Genotype: 3a
6. Proposal formulated and forwarded to GoI on 4<sup>th</sup> April 2013.
7. Total cost per patient is 1.22 lakh
8. State Govt approved the proposal for treatment in the year 2014-15.
9. State Govt. approved the procurement of anti HCV drugs from M/S Fullford India Ltd in collaboration with JKMSCL.
10. Total No of patients enrolled for treatment 763
11. 205 patients were taken in first batch for treatment at two identified hospitals (DH Anantnag & JLN Hospital Srinagar)
12. Till date 01-07-2015, the treatment of patients is undergoing at the two identified hospitals.

# Major Outbreaks investigated (continued)

## 2. Sagam, District Anantnag - Hepatitis B & C

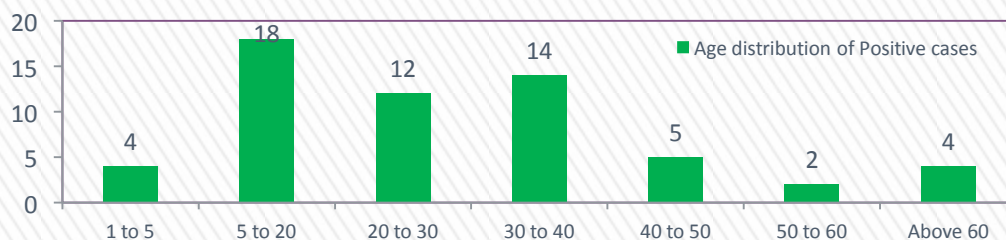


Population: **4819**  
 Total patients screened: **421**  
 Positive for HCV: **75**  
 Positive for HbsAg: **8**  
 Genotype: Awaited  
 Proposal formulated and forwarded to State Government.

## 3. Leper Colony - Hepatitis B and C (Lal Bazar, Zadibal district Srinagar)

Population: **295**  
 Total patients screened: **187**  
 Positive for HCV: **35**  
 Positive for HbsAg: **1**  
 Genotype: **3 for 31 positive and 1 for 4 positive**  
 Proposal formulated and forwarded to State Government.  
 Total cost per patient is 1.22 lakh making a total of Rs 42.70 lakh for 35 positive patients.

## 4. Hepatitis B - Village Kakad (Diver) Block Sogam, Kupwara

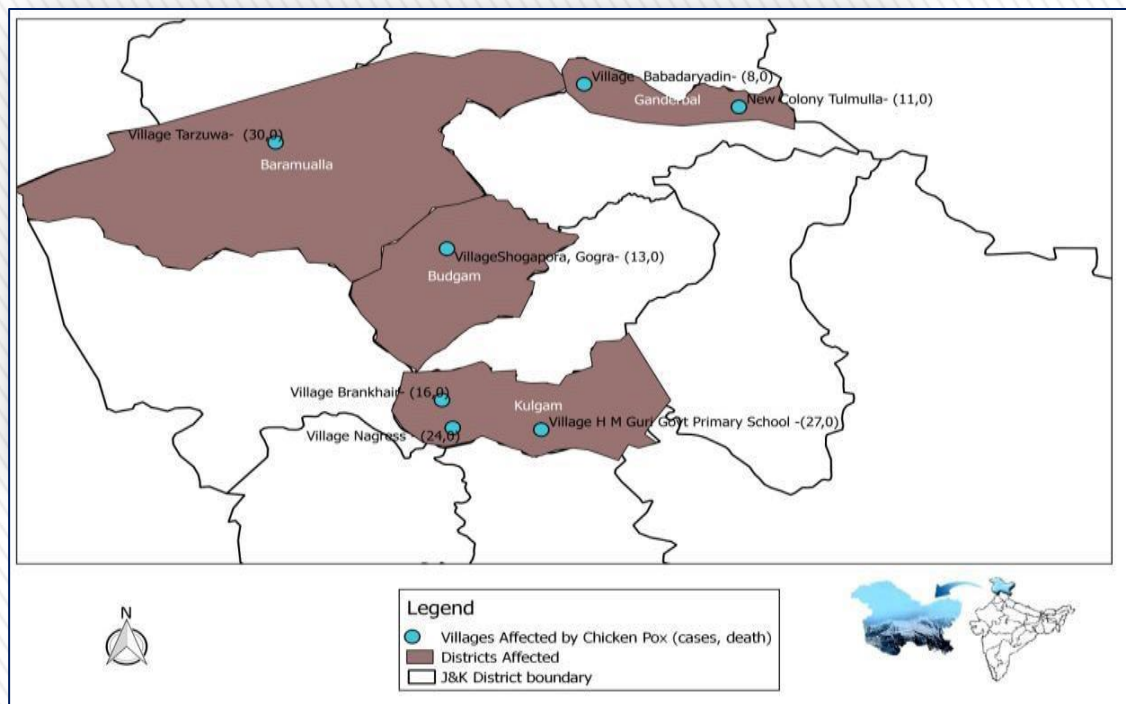


**Profile:** Village Dever is remotest place 26 kilometers from district town Kupwara, lying at the periphery of lolab valley.

1. Population: **15000**
2. Total patients Screened : **3619**
3. Positive for HBV: **59**



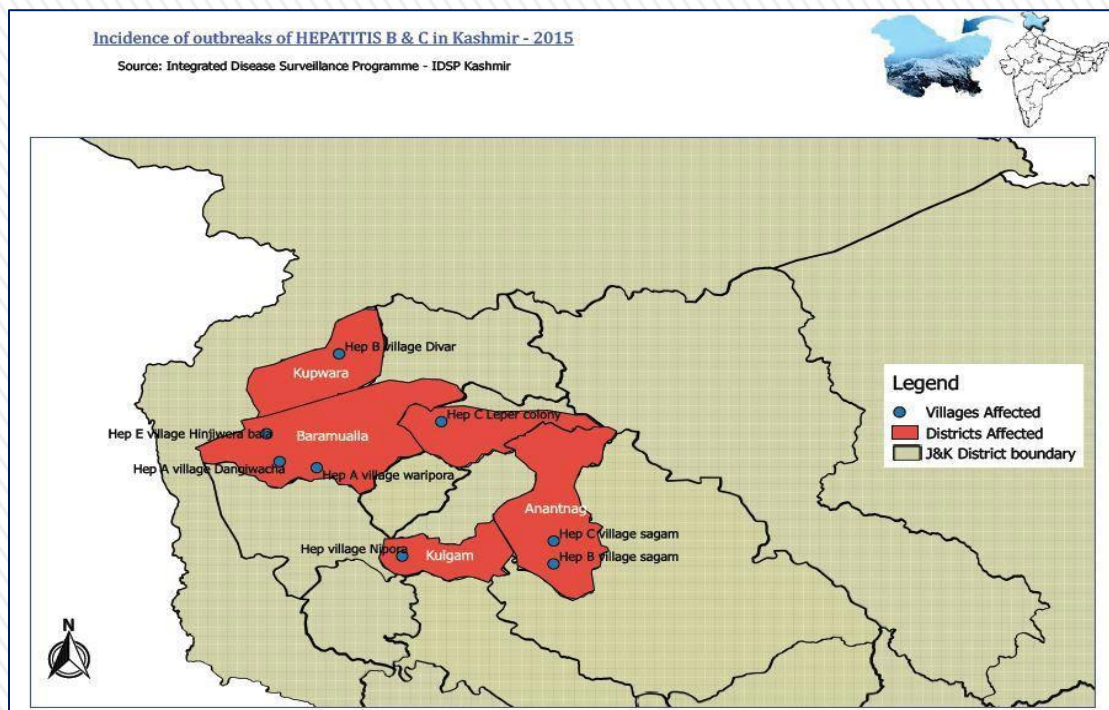
## Chicken Pox outbreaks during 2015



## Hepatitis B and C outbreaks during 2015

### Incidence of outbreaks of HEPATITIS B & C in Kashmir - 2015

Source: Integrated Disease Surveillance Programme - IDSP Kashmir



# Media Scan

Newspaper clippings during the outbreak of Influenza A H1N1 in 2015, which attracted the print media.

**Health Dept advises public on H1N1 influenza precautions**

**SWINE FLU Surge:** Sep 1: The Directorate of Health Services has issued an advisory on seasonal H1N1 influenza.

**CATEGORY A PATIENTS:** Patients with mild fever and cough and/or sore throat need monitoring and symptomatic treatment. No testing is needed and people should confine themselves at home.

**CATEGORY B PATIENTS:** Patients with high grade fever and sore throat require home isolation.

**However:** pregnant women, children less than 5 years and persons over 65 years, immune-compromised patients should be tested with Covid-19 test after consultation with a doctor. No testing is needed unless doctor says so.

**CATEGORY C:** Patients with one or more of following symptoms need hospitalization and treatment and such patients need to be tested for H1N1 virus. Symptoms: chest pain, drowsiness, fall in blood pressure, Sputum mixed with blood, children relapsing in 3-5 days, worsening of underlying chronic conditions.

**WASH USE:** Triple layer masks should be used by hospital care workers, people over 65 years with COVID, diabetes, cancer, immunocompromised disease patients. A 5-minute hand wash with soap and running water for 15-20 seconds is recommended. Use of gloves is not advised. Patients of the population should not use any masks and should wear face masks only when they visit hospitals, where chances of such contacts are more, and otherwise such masks are not needed for routine visits.

**VACCINATION:** Vaccination is recommended for all age groups from 6 months onwards, but high risk groups need to be considered like hospital care workers, pregnant women, elderly with COVID, Diabetes, Cancer and immune-compromised Patients.

**"Since H1N1 is a seasonal influenza, we are issuing this advisory in public interest. It was thought to be deemed that it is better to be prepared than to get into a panic," said Dr. Mahammad Iqbal, Epidemiologist at DHSS, GOW.**

**Swine flu claims yet another life in valley, DC Kashmir sets up helpline**

**On Sunday, H1N1 influenza claimed yet another life in the valley and the death toll climbed to six when a 28-year-old man succumbed to Swine Flu infection, an Sunday night at Sher-e-Kashmir Institute of Medical Sciences (SKIMS).** The total number of people who have tested positive for the deadly viral infection has climbed to 228.

**As many as eight patients have been admitted in the medical institute till Sunday and are undergoing treatment here.**

**To control the spread of H1N1 virus in the valley, Districtal Commissioner, Kashmir Rishi Bhatnagar, convened a meeting of officials in Srinagar on Sunday and reviewed the measures taken by the hospitals, authorities to curb the pandemic.**

**All hospitals of the valley have been kept on alert to curb the Swine Flu spread in the valley and for this purpose, necessary medications and other facilities have been kept available in all the health institutions," an official said. Besides, Isolation Units have also been established in all hospitals in the valley.**

**Swine flu virus present in community**

**It may surface every year in Kashmir: Dr Qadri**

**AT NEWS SERVICE**

**Srinagar, Feb 19:** Epidemiologist and head, regional institute of health and family welfare, Dr S M Qadri today said that H1N1 virus cannot be controlled as it is present in community now.

**"Only awareness and precaution can keep people away from this infection," Qadri told CNS adding that every year there are chances of outbreak of this epidemic in Kashmir valley.**

**He said since the virus is already present in community so there is no need to go for thermal screening on Srinagar airport. "Earlier every outsider was screened at airport after his entry into the state. Now this virus is already present in the community and it spreads from human to human so there is no need to go for screening tests now," he said.**

**He admitted that H1N1 virus could prove fatal for those patients who already suffer from ailments while a healthy person could feel low impact of this virus. "It is we people who have to fight against this virus and only greater immunity to resist this virus can help us to overcome the fatal effects of this virus," he said.**

**Responding to a question, Dr S M Qadri said that this virus has its own cycle and it can surface every year or any year. "The more aware the people will be, the lesser will be the risk. There is no need to panic and once we become immune to it, the virus will lose its effect," he said.**

**Meanwhile, Regional Institute of Health and Family Welfare has issued an alert and advisory for Influenza H1N1.**

**All district epidemiologists have been asked to keep a vigil on clustering of cases of Influenza like illness (ILI) and report the cases of AR on daily basis before 2.30 PM every day.**

**News Updated at : Friday, February 20, 2015**

**Health Dept advises public on H1N1 influenza precautions**

**Srinagar, Sep 1:** The Directorate of Health Services has issued an advisory on seasonal H1N1 influenza.

**CATEGORY A PATIENTS:** Patients with mild fever and cough and/or sore throat need monitoring and symptomatic treatment. No testing is needed and people should confine themselves at home.

**CATEGORY B PATIENTS:** Patients with high grade fever and sore throat require home isolation. However, pregnant women, children less than 5 years and persons over 65 years, immune-compromised patients should be tested with Covid-19 test after consultation with a doctor. No testing is needed unless doctor says so.

**CATEGORY C:** Patients with one or more of following symptoms need hospitalization and treatment and such patients need to be tested for H1N1 virus. Symptoms: chest pain, drowsiness, fall in blood pressure, Sputum mixed with blood, children relapsing in 3-5 days, worsening of underlying chronic conditions.

**WASH USE:** Triple layer masks should be used by hospital care workers, people over 65 years with COVID, diabetes, cancer, immunocompromised disease patients. A 5-minute hand wash with soap and running water for 15-20 seconds is recommended. Use of gloves is not advised. Patients of the population should not use any masks and should wear face masks only when they visit hospitals, where chances of such contacts are more, and otherwise such masks are not needed for routine visits.

**VACCINATION:** Vaccination is recommended for all age groups from 6 months onwards, but high risk groups need to be considered like hospital care workers, pregnant women, elderly with COVID, Diabetes, Cancer and immune-compromised Patients.

**"Since H1N1 is a seasonal influenza, we are issuing this advisory in public interest. It was thought to be deemed that it is better to be prepared than to get into a panic," said Dr. Mahammad Iqbal, Epidemiologist at DHSS, GOW.**

**Over the counter sale of Tamiflu threatening lives**

**ZEHRA NISSA Srinagar, Feb 15:** As the panic of contracting H1N1 gripped the Valley, there are reports of Tamiflu being sold over-the-counter to paranoid customers. Tamiflu abuse can prove fatal, according to experts.

**Tamiflu is a prescription drug, to be strictly monitored by drug controllers of the region. Experts warned of the impending threat of the use of Tamiflu without a confirmed positive test for H1N1.**

**Dr. Farooq Jan, Medical Superintendent, SKIMS, said, "Some mild symptoms have been seen in some patients and they have been administered medication. If the disease has not reached an alarming level it is treatable. The disease has to reach the Category C and only then a patient can be admitted."**

**Dr. Manoj Kumar, state nodal officer for H1N1, claimed that three persons, who had been tested positive for H1N1 so far, were from Leh, including two Army personnel.**

**He admitted that the state does not have any drugs or vaccines, especially Tamiflu tablets, in place right now because there were no serious cases of swine flu in the state.**

**"There has been no major requirement of drugs as of now. If the need arises, we will write to the Union Health Ministry for sending the drugs to the state," he said. Being a tourist state, J&K is at a high risk of swine flu epidemic.**

**Doctors have advised that symptoms like fever, chills, sore throat, running nose, fatigue can be the precursors of H1N1 influenza and should not be ignored.**

**The Tribune**

**Health dept gears up to tackle swine flu**

**Srinagar, February 16**

**The state Health Department has stepped up measures to prevent the spread of H1N1 influenza (swine flu) in the state.**

**A team of doctors has been posted at the Sheikh-ul-Alam International Airport, Srinagar, to identify H1N1 influenza cases," Dr Manoj Kumar, state nodal officer for H1N1, said.**

**He said there was only one screening centre in the Valley at the Sher-e-Kashmir Institute of Medical Sciences (SKIMS) for testing the disease.**

**The authorities admitted that several people had been tested positive for the disease, adding that the symptoms seen in them were mild and had been sent back home.**

**He said the monitoring facilities for checking the disease would be augmented in the coming days.**

**"We will have one more screening centre at the Chest Diseases Hospital, Dalgate, Srinagar, since the early symptoms of this disease include respiratory problems like breathlessness and chest pain. The centre will come up in 15 days," he said.**

**Dr. Farooq Jan, Medical Superintendent, SKIMS, said, "Some mild symptoms have been seen in some patients and they have been administered medication. If the disease has not reached an alarming level it is treatable. The disease has to reach the Category C and only then a patient can be admitted."**

**Dr. Manoj Kumar, state nodal officer for H1N1, claimed that three persons, who had been tested positive for H1N1 so far, were from Leh, including two Army personnel.**

**He admitted that the state does not have any drugs or vaccines, especially Tamiflu tablets, in place right now because there were no serious cases of swine flu in the state.**

**"There has been no major requirement of drugs as of now. If the need arises, we will write to the Union Health Ministry for sending the drugs to the state," he said. Being a tourist state, J&K is at a high risk of swine flu epidemic.**

**Doctors have advised that symptoms like fever, chills, sore throat, running nose, fatigue can be the precursors of H1N1 influenza and should not be ignored.**

## Disease Control Room

### Control Room for Influenza A H1N1

- Round the clock Influenza A H1N1 control room at RFPTC Barzulla, Srinagar started on Feb. 14, 2015
- Total number of calls received from State, different states of the Country and from abroad above 5000 calls
- Control Room Numbers : 0194- 2440238/9419010363





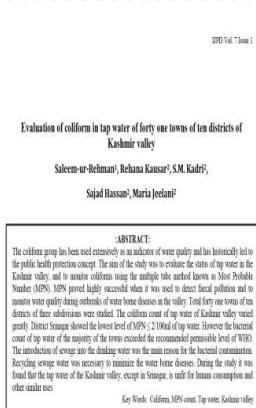
Visit of Mr. Rohit Kansal Former Divisional Commissioner Kashmir  
DC Srinagar Mr. Farooq Ahmad Lone , Director SKIMS, Dr Showkat Ahmad Zargar  
Former Principal Medical College Srinagar  
Dr. Pampori, DHS Kashmir  
Dr Saleem ur Rehman former Director Health Kashmir to Influenza A H1N1 Control room at RFPTC  
,Barzulla on 22nd Feb 2015  
Additional Director General, Dr. N.S. Dharam Shaktu, Ministry of Health and Family Welfare , GOI  
to H1N1 Control room on 1st March 2015.

## Research and Surveys

Epidemic of Hepatitis C in a remote village of Kashmir, India- Under publication  
Patient Satisfaction Survey conducted at all District hospitals of Kashmir division -2015  
(Under analysis phase )

### Planned studies for 2016

- To study the awareness of Antimicrobial resistance among health care workers (HCW) in Kashmir Division
- To study the Prevalence of tuberculosis among general population in Kashmir





# Infographics

Infographics are graphic visual representations of information, data, or knowledge intended to present information quickly and clearly. They can improve cognition by utilizing graphics to enhance the human visual system's ability to see patterns and trends. Similar pursuits are information visualization, data visualization, statistical graphics, information design, or information architecture. Infographics have evolved in recent years to be for mass communication, and thus are designed with fewer assumptions about the readers' knowledge base than other types of visualizations. Isotypes (International System of Typographic Picture Education) are an early example of infographics, conveying information quickly and easily to the masses (Reference: Wikipedia).

This concept clicked in my mind as we have frequent outbreaks of ADD, ARI, VPD, and WBD in our valley. Along with a friend of mine, Melissa A. Trapp-Petty from Walden University, USA, I started working on this project. I thought that these infographics can be printed and displayed at Health institutions and during outbreaks they may be distributed among the community.

CMOs of the districts are asked to circulate at all the BMOs of their districts and as such the information will finally reach the community at large.

### HEALTH ADVISORY: INFLUENZA

Influenza is an acute viral infection of the respiratory tract. Although the large majority of cases of influenza are a self-limiting upper respiratory infection, complications can and do occur. The influenza virus has subtypes A, B, and C. Type A and B cause true epidemics, but influenza A is known to cause pandemics (e.g. influenza A H1N1). Type C infection usually causes either a very mild respiratory illness or no symptoms at all. It does not cause epidemics. Influenza (flu) is a common contagious illness that spreads every year from October through winter. The symptoms are cough, fever/chills, sore throat, muscle aches, fatigue, headache and a runny or stuffy nose. In children it can cause diarrhea and vomiting. Most people will have only a mild illness but in some people it can cause serious disease and even death.

#### HOW VIRUS SPREADS

- Person to person
- Just like normal, seasonal flu
- Inhaled droplets from coughing/sneezing
- Droplets on hands/surfaces

#### INCUBATION

The time from when a person is exposed to the virus to when symptoms begin is about 1 to 4 days with an average of about 2 days.

#### INFLUENZA PRECAUTIONS

- cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- wash your hands often with soap and water, especially after you cough or sneeze. Alcohol based hand cleaners are also effective. **WASH HANDS WASH HANDS.**

#### VACCINE

An inactivated vaccine against influenza is available.

- The flu virus changes every year
- vaccine is updated 3-4 times of the year
- everyone should get vaccines 6 months and older
- get vaccinated once after vaccine available (by October)
- immunity develops after two weeks

**Antiviral drugs** prescribed by a doctor can treat the flu and prevent serious complications.

#### PEOPLE MOST LIKELY TO GET COMPLICATIONS

- Older adults
- Young children
- Pregnant women
- Residents of nursing homes or other long-term care facilities
- People with chronic medical conditions
- People with weakened immune systems (like AIDS)

#### FACE MASKS NOT NECESSARY FOR GENERAL PUBLIC

Doctors' Hospital Emergency Room visitors, Triple-layer face mask double-layer surgical masks

Do not wear a face mask if you are having a respiratory illness from a suspected case of Influenza-like illness (ILI) (NHS Media (Respirator))

Directorate of Health Services Kashmir, India  
INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)  
www.facebook.com/idsp.iss  
Email: idspkashmir@outlook.com  
Helpline: +91-9419010363/91-154-24

### HEALTH ADVISORY: ZIKA VIRUS

Zika Virus Disease (ZIKV)

Is an emerging viral disease transmitted primarily through the bite of an infected mosquito (Aedes spp.) that is most active during the daytime in warm weather. This mosquito also transmits diseases like Dengue and Chikungunya in India. The World Health Organization declared it a Public Health Emergency of International Concern (PHEIC) on 1st February 2016.

#### TRANSMISSION

- Through the bite of an infected *Aedes aegypti*, *Aedes albopictus*, commonly called tiger mosquitoes.
- Through sexual contact or blood transfusion with an infected person have been reported.
- Hardly from an infected mother to newborn child near the time of delivery (during labor).
- Possibly, from an infected mother to her fetus during pregnancy.

#### REVIEW TRAVEL ADVISORIES

#### URGENT PRECAUTIONS

- Through the bite of an infected mosquito
- Through sexual contact or blood transfusion with an infected person have been reported.
- Hardly from an infected mother to newborn child near the time of delivery (during labor).
- Possibly, from an infected mother to her fetus during pregnancy.

#### FACTS

- Only one person infected with Zika shows symptoms
- Severe disease requiring hospitalization is uncommon
- Incubation period is 2-10 days

#### PRECAUTIONS

- Mosquito bite prevention: wear protective clothing, use insect repellents, sleep with mosquito bed net, empty water containers, cooler, plant pots/drip trays at least once weekly
- Practice safe sex, prohibiting sexually transmitted diseases (STDs), with infected persons
- Do not share blood with infected persons
- Same precautions as dengue fever, chikungunya, and malaria

#### SYMPTOMS

Suspected Cases: Patient with skin rash or fever in temperature (>37.2°C) with two or more of the following symptoms not explained by other medical conditions: 1. Arthralgia, 2. Non-purulent conjunctivitis or conjunctival hyperemia, 3. Headache or malaise with a history of travel to countries with indigenous transmission of Zika in last 2 weeks.

#### COMPLICATIONS

In some pregnant women infected with Zika

- Poor pregnancy outcomes: miscarriage, macrocephaly, where the baby's head circumference measures >2SDs at birth. Microcephaly is linked with cataracts, hearing loss, vision problems, delay in milestones, feeding problems, and Cerebral palsy.

#### TREATMENT

Relieve pain, fever, and any other symptoms that inconvenience the patient. To prevent dehydration, it is recommended to control the fever and drink plenty of water.

#### At this time, there are no known cases of Zika virus in Kashmir, and the probability of infection is relatively low due to the high altitude and cooler temperatures unique to Kashmir.

Department of Health Services, India  
Directorate of Health Services Kashmir, India  
www.facebook.com/idsp.iss  
Email: idspkashmir@outlook.com  
Helpline: +91-9419010363/91-154-24

Useful links:-  
[www.idsp.nic.in/resources](http://www.idsp.nic.in/resources)  
[www.facebook.com/Health](https://www.facebook.com/Health)  
Advisories  
[www.facebook.com/idsp.sso](https://www.facebook.com/idsp.sso)

### HEALTH ADVISORY FOR PREVENTION AND SPREAD OF MEASLES

Measles is a viral serious respiratory disease (affecting lungs and breathing tubes). It is very contagious; infectious and spreads through direct contact with infected person and through air. Measles remains a leading cause of death among young children (under 5 years) in many countries including India.

#### Symptoms

- Cough, runny nose
- Red, watery eyes
- Rash starting at head
- Ear infection
- Diarrhea

#### At Risk

- unvaccinated children
- unvaccinated pregnant women
- vaccinated without developed immunity
- severe cases more likely among undernourished, low vitamin A, or weakened by HIV/AIDS

#### Complications

- Blindness
- Ear Infection
- Pneumonia
- Diarrhea
- Encephalitis

#### PREVENTION - TREATMENT

##### Vaccinate ALL children

- Vaccine is safe & effective, used for >50 years
- May be incorporated with Rubella and/or Mumps vaccine
- Use 2 doses of Vitamin A supplements 24 hours apart to help prevent blindness
- Use of Vitamin A reduces the number of deaths by 50%

Directorate of Health Services Kashmir, India  
INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)  
www.facebook.com/idsp.iss  
Email: idspkashmir@outlook.com  
Helpline: +91-9419010363/91-154-24

### HEALTH ADVISORY: PREVENTION OF ACUTE DIARRHOEAL DISEASES (ADD)

Globally, more than a billion people don't have access to safe and clean drinking water. 3.5 Million people die each year globally as a result of waterborne diseases (Dysentery, Cholera, Typhoid Fever, Hepatitis A, and Parasites E).

#### Safe drinking water

Boil the water for 5 minutes (Rolling boil preferably for 20 minutes). Boiled water does not taste good due to loss of oxygen during boiling. In order to improve the taste, vigorously stir or shake the water in the container.

#### Storage containers

Drinking water containers must be thoroughly washed every day. Do not add clean and fresh water to stale or unwashed containers, as there is grave risk of water contamination while doing so.

#### Handwashing

Wash with soap and water before eating food and after using the washroom. The contact period between the soap and water should be 15-20 seconds. It is an important component of personal hygiene in preventing water borne diseases.

#### Sanitation

Avoid open defecation and urination in order to prevent contamination of water sources.

#### Finger nails

Keep finger nails short and clean at all times, it is preferable to cut them short once every week.

#### Raw Food Materials

Raw food materials such as fresh vegetables must be washed and cleaned thoroughly before cooking.

#### Chlorination

Chlorinate water using tablets (1 tablet, 0.5 mg) dissolved in 20 l of water and use after 30 min (contact time). If the temperature of the water is low, then increase the contact time.

#### ORS (Oral Rehydration Solution) Preparation

If ORS sachets are not available, it is advised to prepare Homemade ORS (To 1 lit of pre-boiled water add 8 tsp of Sugar and 1 tsp of table salt)

#### Water washed diseases

These are caused by poor hygiene (inadequate water supply). They are caused when freshwater is scarce and contaminated water comes in contact with the skin and eyes. These are scabies, Eczema, Trachoma, lice and tick borne diseases. Avoid prolonged contact with flood water and dirty water. In the event of contact, clean the parts of the body with soap and water.

Directorate of Health Services Kashmir, India  
INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)  
www.facebook.com/idsp.iss  
Email: idspkashmir@outlook.com  
Helpline: +91-9419010363/91-154-24



# Contact

## Head Office:

State Surveillance Office

Behind Bone and Joint Hospital

RFPTC Building, Barzulla, Srinagar, Kashmir 190005

Tel: +91-194-2440283

Email: [ssu.idsp@gmail.com](mailto:ssu.idsp@gmail.com)

 [www.facebook.com/idsp.sso](https://www.facebook.com/idsp.sso)



(Office Building of State Surveillance Office at Barzulla Srinagar, Kashmir)

## Acknowledgments

*State surveillance officer (SSO) Kashmir wishes to thank Director Health Services Kashmir, Mission Director NHM, and Deputy Director Schemes for their continuous support and motivation.*

*My thanks to Chief Medical officers (CMOs), Medical Superintendent, and District Health officers (DHOs) of all the districts of Kashmir division that contributed many ways in compilation of this activity report.*

*Thanks to staff at District surveillance units (DSUs) in all the districts.*

*Special thanks are extended to Staff at State surveillance unit namely Mr. Imtiyaz Amin (Data manager), Irfana Bhat (DEO) and Melissa Trapp-Petty for compilation and designing of this report.*

