

# PANSKURA MUNICIPALITY

P.O.- Panskura  
Dist.- Purba Medinipur Pin.- 721139

পাঁশকুড়া পৌরসভা

পোঃ - পাঁশকুড়া :: জেলা - পূর্ব মেদিনীপুর।

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Memo No. :- PM/PHC/252/2009/

743

Date :-

Memo No. :

To  
The Director, SUDA,  
Health Wing, ILGUS Bhavan,  
H-C Block, Sector-iii, Bidhannagar,  
Calcutta - 700091, W.B.

Date: 2/18/09

informed  
Dr Samanta  
about-28.8

Sub. - Updating knowledge and capacity building of medical professionals of Urban  
Local Bodies on STD/HIV/AIDS.

&

Sensitization training on Swine Flu.

Ref :- Your No. SUDA - Health/ 531/09/276/277 Dated:-17.08.09.



Dear Sir,

In reference to the above I am to inform you that Dr. Sisir Kumar Samanta. Health Officer of this Municipality will attend the training programme. Details training programme are given below :-

Date	Venue	Subject	Time
27.08.09	Conference Hall of WBSAPCS. Swasthya Bhavan, GN-29, Sector-V, Salt Lake City, 7000091	STD/HIV/AIDS	11 AM - 3 PM
27.08.09	Do	Swine Flu	3 PM - 5 PM
28.08.09	Conference Hall of SUDA, ILGUS Bhavan, HC Block, Sector -III, Salt Lake City.	Swine Flu	3 PM - 5 PM

Yours faithfully

Aghan

Chairman

Panskura Municipality.

Memo No. :- PM/PHC/252/2009/ 743 (1)/09

Date :- 2/18/09

Copy forwarded for information and necessary action to :-

1. Sri Ashutosh Chakraborty, Vice-Chairman, Panskura Municipality.
2. Smt. Maya Rani Das, President, Public Health Standing Committee, Panskura Municipality.
3. Dr. Sisir Kr. Samanta, Health Officer, Panskura Municipality, He is requested to attend the above Training Programme positively.

Yours faithfully

Aghan

Chairman

Panskura Municipality.

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING  
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. ....**SUDA-Health/531/09/277**Date .....**17.08.2009****From : Director, SUDA****To : Dr. A. Kar  
DHS, DHFW  
Swasthya Bhawan  
GN - 29, Sector - V  
Salt Lake City  
Kolkata - 700 091.****Sub. : Sensitization training of Health Officer (HO), Asstt. Health Officer (AHO)  
& Medical Officer (MO) of Urban Local Bodies on Swine Flu.****Sir,**

It has been learnt that a few cases of Swine Flu have been detected in the state of West Bengal and people are getting panicky about it. It is therefore felt that Health Officer, Asstt. Health Officer & Medical Officer of the ULBs of West Bengal who are involved in Urban Health matters may be sensitized on control & prevention of Swine Flu.

In this regard, representative of SUDA had a talk with Dr. A. Bhattacharjee, Nodal Officer, Swine Flu on 12.08.2009. The sensitization training on Swine Flu be conducted by the Nodal Officer, Swine Flu, DHFW as detailed below:

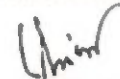
<b>Date</b>	<b>Venue</b>	<b>Time</b>
27.08.09	Conference Hall of WBSAPCS, Swasthya Bhavan, GN-29, Sector-V, Salt Lake City, 700 091	3 - 5 p.m
28.08.09	Conference Hall of SUDA, ILGUS Bhavan, HC Block, Sector- III, Salt Lak City, 700 091	3 - 5 p.m

No. of participants per batch will be approximately 45, totaling about 90 participants for 2 (two) days.

You are requested kindly to take necessary action in this regard. Necessary circular / guideline on Swine Flu may also be handed over to the participants so that they can take further necessary action at ULB level.

Thanking you.

Yours faithfully,

  
**Director, SUDA**  
Contd. to P-2.

**SUDA-Health/531/09/ 277/1(1)**

**Dt. .. 17.08.2009**

**CC**

Shri S.K. Sen, Project Director, WBSAPCS – with the request to make the Conference Hall available on 27<sup>th</sup> August, 2009 from 3 to 5 p.m. for training of HO & MOs on Swine Flu.

|  
**Director, SUDA**

**SUDA-Health/531/09/277 /2(1)**

**Dt. .. 17.08.2009**

**CC**

Dr. A. Bhattacharjee, Nodal Officer, Swine Flu, DHFW

|  
**Director, SUDA**

**SUDA-Health/531/09/ 277 /3 (23)**

**Dt. .. 17.08.2009**

**CC**

Chairman, *Bhatpara*... Municipality – with the request to direct HO, AHO & MO of your ULB to participate in the sensitization training programme on Swine Flu as per enclosed list.

|  
**Director, SUDA**

Enclo. :

**Participants of the following ULBs are to attend sensitization training on Swine Flu at Conference Hall of WBSAPCS, Swasthya Bhawan on 27<sup>th</sup> August, 2009 during 3 p.m. to 5 p.m.**

1	Ashokenagar Kalyangarh Municipality
2	Baduria Municipality
3	Bongaon Municipality
4	Basirhat Municipality
5	Habra Municipality
6	Taki Municipality
7	Baruipur Municipality
8	Diamond Harbour Municipality
9	Joynagar Mazilpur Municipality
10	Arambag Municipality
11	Tarakeshwar Municipality
12	Bally Municipality
13	Birnagar Municipality
14	Chakdah Municipality
15	Cooper's Camp Notified Area Authority
16	Nabadwip Municipality
17	Ranaghat Municipality
18	Taherpur Notified Area Authority
19	Panskura Municipality
20	Tamluk Municipality
21	Chandrakona Municipality
22	Jhargram Municipality
23	Memari Municipality

**Enclo. :**

**Participants of the following ULBs are to attend sensitization training on Swine Flu at Conference Hall of SUDA, ILGUS Bhavan on 28<sup>th</sup> August, 2009 during 3 p.m. to 5 p.m.**

1	Baidyabati Municipality
2	Bansberia Municipality
3	Bhadreswar Municipality
4	Chamdpani Municipality
5	Hooghly- Chinsurah Municipality
6	Konnahar Municipality
7	Rishra Municipality
8	Serampur Municipality
9	Uttarpara Kotrung Municipality
10	Howrah Municipal Corporation
11	Uluberia Municipality
12	Gayeshpur Municipality
13	Kalyani Municipality
14	Baranagar Municipality
15	Barasat Municipality
16	Barrackpore Municipality
17	DumDum Municipality
✓ 18	Bhatpara Municipality
19	Bidhnnagar Municipality
20	Garulia Municipality
21	Halisahar Municipality
22	Khardah Municipality
23	Madhyamgram Municipality
24	Titagarh Municipality
25	North Barrackpore Municipality
26	Kamarhati Municipality
27	Naihati Municipality
28	New Barrackpore Municipality
29	North DumDum Municipality
30	BudgeBudge Municipality
31	RajpurSonarpur Municipality
32	Maheshtala Municipality
33	Pujali Municipality

# **H1N1 Influenza: a pandemic threat 2009**

**Public Health Branch (Directorate of Health Services),  
Dept. of H & FW, Govt. of West Bengal**

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**Important Contact Numbers:**

Public Health Branch (Directorate of Health Services), Dept. of H & FW, Govt. of West Bengal: 033-2357-1192, 033-2333-0180/ 181/ 182/ 183/ 184/ 185. Fax: 033-2357-7391

Outbreak Monitoring Cell (Control Room, NICD): 011-23921401

EMR Control room (Ministry of Health and family Welfare, Govt. of India): 011- 23061469

**Important Websites:**

[www.wbhealth.gov.in](http://www.wbhealth.gov.in) , [www.mohfw.nic.in](http://www.mohfw.nic.in) , [www.nicd.nic.in](http://www.nicd.nic.in), [www.who.int](http://www.who.int)

*Prepared for training programme on H<sub>1</sub>N<sub>1</sub> Influenza for District and Sub-district level programme officers of Health & Family Welfare Department, Government of West Bengal, July, 2009.*

## **Introduction**

Influenza (Flu) pandemics are caused by new influenza viruses that have recently adapted to humans and resemble major natural disasters both in terms of recurrence and magnitude. The influenza virus, known to be circulating as a pathogen in the human population since at least the 16th century, is notable for its unique ability to cause recurrent epidemics and global pandemics. Genetic reassortments in the influenza virus cause fast and unpredictable antigenic changes in important immune targets leading to recurrent epidemics of febrile respiratory disease every 1 to 3 years consistently necessitated the development of new vaccines. Each century has seen some pandemics rapidly progressing to all parts of the world due to emergence of a novel virus to which the overall population holds no immunity.

## **Swine flu in pigs**

Swine Influenza (swine flu) is a respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Swine flu viruses cause high levels of illness and low death rates in pigs. Swine influenza viruses usually circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks in humans. The classical swine flu virus (an influenza type A H1N1 virus) was first isolated from a pig in 1930. H3N2 influenza viruses began circulating among pigs from 1998. The H3N2 viruses initially were introduced into the pig population from humans. Like all influenza viruses, swine flu viruses change constantly. Pigs can be infected by avian influenza, human influenza viruses as well as swine influenza viruses and hence the pigs are known to be a mixing vessel. When influenza viruses from different species infect pigs, the viruses can re-assort (i.e. swap genes) and new viruses, a mix of swine, human and/or avian influenza viruses - can emerge leading to development of new novel strain for which human beings do not have no immunity. There are four main influenza type A virus subtypes that have been isolated in pigs: H1N1, H1N2, H3N1 and H3N2. However, most of the recently isolated influenza viruses from pigs have been H1N1 viruses.

Swine flu virus spreads mostly through close contact among pigs and possibly from contaminated objects moving between infected and uninfected pigs. Symptoms of swine flu in pigs can include sudden onset of fever, depression, coughing (barking), discharge from the nose or eyes, sneezing, breathing difficulties, eye redness or inflammation, and going off feed.

## **Swine Flu in Human**

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in persons having direct exposure to pigs. In addition, there have been sporadic cases of one person spreading swine flu to others. Occasional human swine influenza virus infection occurs every one to two years in the U.S., but from December 2005 through February 2009, 12 cases of human infection with swine influenza have been reported.

## **Swine flu outbreak**

Recently, human cases of swine influenza A (H1N1) virus infection have been recently reported in several countries. This is a novel influenza A virus that has not been identified in people before, and human-to-human transmission of the virus appears to be ongoing and thus represents a real pandemic threat. WHO has upgraded the phasing of pandemic influenza from Phase -3 to Phase - 5. Influenza type A viruses are divided into subtypes and named on the basis of two proteins on the surface of the virus: hemagglutinin (HA) and neuraminidase (NA). There are 16 known HA subtypes and 9 known NA subtypes. Many different combinations of HA and NA proteins are possible. For example, an "H1N1" virus has an HA 1 protein and an NA 1 protein. Only some influenza A subtypes (i.e., H1N1, H1N2, and H3N2) are currently in general circulation among people. Other subtypes are found most commonly in other animal species.

## **Current Situation**

The current situation regarding the outbreak of swine influenza A(H1N1) is evolving rapidly. As on 13 August 2009, 167 countries have officially reported 1,82,166 confirmed cases of swine influenza A/H1N1 infection including 1,799 deaths.

In WHO SEARO region 13,172 cases are reported. As on 24 August 2009, India reported 2,909 confirmed cases with 63 deaths. West Bengal reported 84 cases but no deaths till 25 August 2009.

### **WHO Phases of Pandemic alert**

**Phase 1** No animal influenza virus circulating among animals has been reported to cause infections in humans.

**Phase 2** An animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a specific potential pandemic threat.

**Phase 3** An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human to human transmission sufficient to sustain community-level outbreaks.

**Phase 4** Human-to-human transmission of an animal or human-animal influenza reassorting virus able to sustain 'community-level' outbreaks has been verified.

**Phase 5** The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region

**Phase 6** The **pandemic phase** is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**.

#### **Post Peak Period**

Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels

#### **Possible new wave**

Level of pandemic influenza activity in most countries with adequate surveillance rising again

#### **Post Pandemic Period**

Levels of Influenza activity have returned to levels seen for seasonal influenza in most countries with adequate surveillance.

### **Influenza Surveillance**

Surveillance is the foundation of all efforts to understand and control influenza. The monitoring of influenza disease patterns is essential for identification of high risk groups, planning of prevention and response activities for complications and for estimating the burden of disease in terms of health and economic impact.

It is important to use standardized case definitions that enable comparisons between different areas within a country and also between countries. There are two case definitions used by the influenza surveillance system:

1. **Influenza-like illness (ILI)** is defined (according to WHO criteria) as:

- Sudden onset of a fever over 38°C, AND
- Cough or sore throat, AND
- An absence of other diagnoses.

2. **Severe Acute Respiratory Infections (SARI):**

**For persons  $\geq$  5 years the definition for SARI as per the WHO protocol on rapid response:**

- Sudden onset of fever over 38°C, AND
- Cough or sore throat, AND
- Shortness of breath or difficulty in breathing, AND
- Requiring hospital admission

**For children <5 years old:**

Definition is adapted from the program for Integrated Management of Childhood Illness (IMCI):

Any child <5 years old clinically suspected of having Pneumonia or Severe/very Severe Pneumonia and requiring hospital admission.



3. **Confirmed case** of influenza is defined as any case with laboratory test results positive for influenza virus.

#### **Case definition of Swine Flu in Humans**

A **suspected case** of swine influenza A (H1N1) virus infection is defined as a person with acute febrile respiratory illness (fever  $\geq 38.0$  C) with onset.

- within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, **or**
- within 7 days of travel to areas where there are one or more confirmed swine influenza A(H1N1)cases, **or**
- resides in a community where there are one or more confirmed swine influenza cases.

A **probable case** of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness who:

- is positive for influenza A, but un-subtypable for H1 and H3 by influenza RT-PCR or reagents used to detect seasonal influenza virus infection, **or**
- is positive for influenza A by an influenza rapid test or an influenza immunofluorescence assay (IFA) plus meets criteria for a suspected case, **or**
- individual with a clinically compatible illness who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.

A **confirmed case** of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at WHO approved laboratories by one or more of the following tests:

- Real Time PCR
- Viral culture
- Four-fold rise in swine influenza A (H1N1) virus specific neutralizing antibodies.

#### **Other Definitions**

Close contact is defined within 6 feet of an ill person who is a confirmed, probable or suspected case of swine influenza A (H1N1) virus infection during the infectious period.

Acute respiratory illness is defined as illness of recent onset with least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever).

High-risk group for complications of influenza is defined as a person such as:

- resident of institutions for elderly people and the disabled;
- people with certain chronic health conditions (chronic heart or lung disease, metabolic or renal disease or immunodeficiencies);
- elderly people and very young children.

Infectious period: The infectious period for a confirmed case of swine influenza A (H1N1) virus infection is defined as 1 day prior to the onset of illness to 7 days after onset.

#### **Transmission**

- Influenza viruses can be directly transmitted from pigs to people and from people to pigs.
- Human infection with flu viruses from pigs are most likely to occur when people are in close proximity to infected pigs, such as in pig barns and livestock exhibits housing pigs at fairs.
- Human-to-human transmission of swine flu can also occur. This is thought to occur in the same way as seasonal flu which is mainly person-to-person transmission through coughing or sneezing by people infected with the influenza virus.
- Disease spreads very quickly among the population especially in crowded places.
- Cold and dry weather enables the virus to survive longer outside the body than in other conditions and, as a consequence, seasonal epidemics in temperate areas appear in winter.

- People may become infected by touching/handling something contaminated with flu viruses on it and then touching their mouth or nose.
- Swine influenza viruses are not transmitted by food.
- Eating properly handled and cooked pork (at an internal temperature of  $\geq 160^{\circ}\text{F}$ ) and pork products is safe.

### Symptoms

The symptoms of swine flu in people are expected to be similar to the symptoms of regular human seasonal influenza like **fever, lethargy, lack of appetite and cough**. Some people have also reported **runny nose, sore throat, nausea, vomiting and diarrhoea**.

### Diagnosis of Swine H1N1 influenza

For diagnosis of swine influenza A infection, respiratory specimen would generally need to be collected within the first 4 to 5 days of illness (when an infected person is most likely to be shedding virus). However, some persons, especially children, may shed virus for 10 days or longer.

### Sample Collection & Laboratory Diagnosis

- Sample Collection: should be done by the treating doctor who is managing the case.
- Preferred respiratory samples: nasopharyngeal swab and throat swab
- Storage of Samples: all samples should be kept at  $2-8^{\circ}\text{C}$  until they can be placed at  $-70^{\circ}\text{C}$ .
- Transportation of Samples: Clinical samples should be transported on dry ice in triple packaging. All samples should be labeled clearly and include patient's complete information and should be sent to NIV, Pune or NICD, Delhi within 24 hours for further investigations.
- Laboratory biosafety measures should be followed for collection, storage, packaging and shipping of influenza samples.
- Available Laboratory tests:
  - Rapid Antigen Tests: not as sensitive as other available tests.
  - RT-PCR
  - Virus isolation
  - Virus Genome Sequencing
  - Four-fold rise in swine influenza A (H1N1) virus specific neutralizing antibodies.

*It is important to note that samples from all cases, once the Pandemic starts, are not required to be tested.*

### Preventive Measures

There is currently no vaccine available against human swine influenza. One has to follow proper hand hygiene and respiratory etiquettes.

#### Do's and Don'ts:

- Avoid close contact with people who are having respiratory illness.
- Sick persons should keep distance from others.
- If possible, stay at home, away from work, school, and public places when you are sick.
- Cover your mouth and nose with a tissue or handkerchief when coughing or sneezing.
- If you have no tissue or handkerchief you should not clean the nose with the hands but with the cuff of your shirt or clothes.
- Washing your hands often with soap or alcohol based hand wash will help protect from germs.
- Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.
- Persons who develop influenza-like-illness (ILI) (fever with either cough or sore throat) should be strongly encouraged to self isolate in their home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.

- Persons who experience ILI and wish to seek medical care should contact their health care providers to report illness (by telephone or other remote means) before seeking care at a clinic, physician's office, or hospital.
- Persons who have difficulty breathing or shortness of breath should seek immediate medical attention and report to the nearby hospital.
- If ill persons must go into the community (e.g., to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community.
- If a face mask is unavailable, ill persons needing to go into the community should use a handkerchief or tissues to cover any coughing and sneezing.
- Persons in home isolation and their household members should be given infection control instructions like frequent hand washing with soap and water; use of alcohol-based hand gels (containing at least 60% alcohol).
- When the ill person is within 6 feet of others at home, the ill person should wear a face mask, if available or handkerchief or tissues.
- Household contacts** who are well should:
  - o remain home at the earliest sign of illness;
  - o minimize contact in the community to the extent possible;
  - o designate a single household family member as the ill person's caregiver to minimize interactions with asymptomatic persons.
- Precautions for School children:**
  - o Schools with a confirmed or a suspected case should be considered for closure.
  - o All school or childcare related gatherings should be cancelled and encourage parents and students to avoid congregating outside of the school.
  - o Schools and childcare facilities should bar students for a time period to be evaluated on an ongoing basis depending upon epidemiological findings.
  - o Schools and childcare facilities should consult with their local or state health departments for guidance on reopening. If no additional confirmed or suspected cases are identified among students (or school-based personnel) for a period of 7 days, schools may consider reopening.
  - o Schools and childcare facilities in unaffected areas should begin to prepare for the possibility of school or childcare facility closure.
- Social Distancing Interventions:**
  - o Large gatherings linked to settings or institutions with laboratory-confirmed cases should be cancelled, for example a school event linked to a school with cases; other large gatherings in the community may not need to be cancelled at this time.
  - o Additional social distancing measures are currently not recommended.
  - o Persons with underlying medical conditions who are at high risk for complications of influenza may wish to consider avoiding large gatherings.

### **Swine Influenza A (H1N1) Virus: Bio-safety guideline for workers handling laboratory specimen**

Diagnostic laboratory work on clinical samples from patients who are suspected cases of swine influenza A (H1N1) virus infection should be conducted in a BSL2 laboratory. All sample manipulations should be done inside a bio-safety cabinet. Viral isolation on clinical specimens from patients who are suspected cases of swine influenza A (H1N1) virus infection should be performed in a BSL2 laboratory with BSL3 practices (enhanced BSL2 conditions).

#### Additional precautions include:

- Recommended Personal Protective Equipment (based on site specific risk assessment)
- Respiratory protection – fit-tested N95 respirator or higher level of protection
- Shoe covers
- Closed-front gown
- Double gloves
- Eye protection (goggles or face shields)
- Appropriate disinfectants
  - o 70% Ethanol
  - o 5% Lysol

o 10% Bleach

All personnel should self monitor for fever and other symptoms of Swine influenza. Any illness should be reported to the supervisor immediately.

For personnel who had unprotected exposure or a known breach in personal protective equipment to clinical material or live virus from a confirmed case of swine influenza A (H1N1), **antiviral chemoprophylaxis** with oseltamivir for 7 days after exposure can be considered.

### Waste disposal

All waste disposal procedures should be followed as outlined in the respective facility standard laboratory operating procedures.

### Antiviral Treatment

**Oseltamivir** is the recommended drug both for prophylaxis and treatment.

**Supportive therapy** includes:

- IV Fluids.
- Parenteral nutrition.
- Oxygen therapy/ ventilatory support.
- Antibiotics for secondary infection.
- Vasopressors for shock.
- Paracetamol or ibuprofen is prescribed for fever, myalgia and headache. Patient is advised to drink plenty of fluids. Smokers should avoid smoking. For sore throat, short course of topical decongestants, saline nasal drops, throat lozenges and steam inhalation may be beneficial.
- Salicylate / aspirin is strictly contra-indicated in any influenza patient due to its potential to cause Reye's syndrome.

The **suspected cases** would be constantly monitored for clinical / radiological evidence of lower respiratory tract infection and for hypoxia (respiratory rate, oxygen saturation, level of consciousness).

**Adult patients** should be discharged 7 days after symptoms have subsided.

**Children** should be discharged 14 days after symptoms have subsided.

The family of patients discharged earlier should be educated on personal hygiene and infection control measures at home; children should not attend school during this period.

### Antiviral Chemoprophylaxis

**Prophylaxis is given to:**

- All close contacts of suspected, probable and confirmed cases. Close contacts include household /social contacts, workplace or school contacts, fellow travelers etc.
- All health care personnel coming in contact with suspected, probable or confirmed cases
- Oseltamivir** is the drug of choice.
- Prophylaxis should be provided till 10 days after last exposure (maximum period of 6 weeks)

**Doses (by Weight):**

For weight <15kg: 30 mg (Treatment - BD for 5 days/ Prophylaxis – OD for 10 days)

15-23kg: 45 mg (Treatment - BD for 5 days/ Prophylaxis – OD for 10 days)

24-<40kg: 60 mg (Treatment - BD for 5 days/ Prophylaxis – OD for 10 days)

≥40kg: 75 mg (Treatment - BD for 5 days/ Prophylaxis – OD for 10 days)

For infants:

- < 3 months: not recommended unless situation judged critical due to limited data on use in this age group
- 3-5 months: 20 mg (Treatment - BD for 5 days/ Prophylaxis – OD for 10 days)
- 6-11 months: 25 mg (Treatment - BD for 5 days/ Prophylaxis – OD for 10 days)

**Close Contacts** of suspected, probable and confirmed cases should be advised to remain at home (voluntary home quarantine) for at least 7 days after the last contact with the case.

Monitoring of fever should be done for at least 7 days. Prompt testing and hospitalization must be done when symptoms are reported.

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. ....~~SUDA-Health~~/531/09/276

Date .....17.08.2009

**From :** Director, SUDA

**To :** Shri S.K. Sen  
Project Director, WBSAPCS  
Swasthya Bhawan  
GN - 29, Sector - V  
Salt Lake City  
Kolkata - 700 091.

**Sub. :** Updating knowledge and capacity building of Medical Professionals of Urban Local Bodies on STD / HIV / AIDS.

**Ref. :** Your communication bearing no. ACS/1M-44-09/1050 dt. 04.08.2009.

**Sir,**

With reference to your communication mentioned above, the updating programme for one day on STD / HIV / AIDS ~~are~~ scheduled in consultation with WBSAPCS at Conference Hall of WBSAPCS at Swasthya Bhawan, GN - 29, Sector - V, Salt Lake City, Kolkata - 700 091 on 27 August, 2009 during 11 a.m. to 3 p.m. No. of participants will be approximately 45 including representative of SUDA.

You are requested kindly to take necessary action in this regard. Necessary circular / guideline may also be handed over to the participants so that they can take further necessary action at ULB level.

Thanking you.

Yours faithfully,



**Director, SUDA**

Contd. to P-2.



SUDA-Health/531/09/ 276 (23)

Dt. .. 17.08.2009

CC

Chairman, ..... Municipality – with the request to direct HO, AHO & MO of your ULB to participate in the training programme For updating knowledge & capacity building. TA & working tiffin will be provided by WBSAPCS as per enclosed list.

o/c

Director, SUDA

Enclo. :

Participants of the following ULBs are to attend training on STD / HIV / AIDS  
at Conference Hall of WBSAPCS, Swasthya Bhawan on 27<sup>th</sup> August, 2009 during 11 a.m. to 3 p.m.

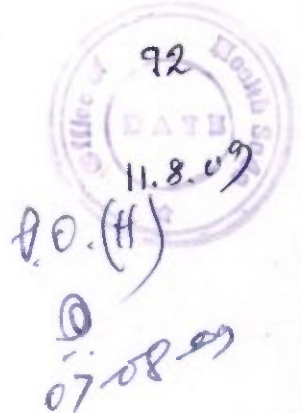
1	Ashokenagar Kalyangarh Municipality
2	Baduria Municipality
3	Bongaon Municipality
4	Basirhat Municipality
5	Habra Municipality
6	Taki Municipality
7	Baruipur Municipality
8	Diamond Harbour Municipality
9	Joynagar Mazilpur Municipality
10	Arambag Municipality
11	Tarakeshwar Municipality
12	Bally Municipality
13	Birnagar Municipality
14	Chakdah Municipality
15	Cooper's Camp Notified Area Authority
16	Nabadwip Municipality
17	Ranaghat Municipality
18	Taherpur Notified Area Authority
19	Panskura Municipality
20	Tamluk Municipality
21	Chandrakona Municipality
22	Jhargram Municipality
23	Memari Municipality

WEST BENGAL STATE AIDS PREVENTION AND CONTROL SOCIETY  
Swasthya Bhawan, 1<sup>st</sup> Floor, Wing-B  
GN-29, Sector V, Salt Lake City, Kolkata-700091  
Phone: 2357 6000, Fax: 23570122

No: ACS/IM-44-09/1650

Dated: 04.08.09

To:  
The Director  
State Urban Development Authority  
Ilgus Bhawan  
HC Block  
Salt lake, Sector III.



Sub: Implementation of plan of action

Sir,

This is with reference to the communication by Sri D.S. Negi, Director (NBO) & OSD (JNNURM) to the Principal Secretary, U&D Dept. on 12.08.08 and the subsequent meeting held with Dr. Shibani Goswami on 19.02.09 at Ilgus Bhawan in which the plan of activities for the year 2009-10 were discussed. I'd request you to kindly look into the feasibility of planned HIV initiatives so that they may be implemented as early as possible. Please let me know in case of any further support from our end. A copy of the minutes is being enclosed for your kind reference.


Encl: As stated

Yours faithfully,

  
(Susanta K. Sen)  
Project Director. 4/8

Copy forwarded for information to:

✓ Dr. Shibani Goswami, Health Expert, SUDA

  
(Susanta K. Sen)  
Project Director.



- x Contacted Superintendent on 11.8.09.
- x 1st batch of try on 25.08.09  
at Swasthya Bhava.
- x Dr. DC & Dr. Barn was asked  
to call the UAs of N. & S. 24 P  
implementing CBPHCS and  
prepare list of participants  
who are doctors only.
- x 40 participants / batch  
TA @ 300 / per participants.
- x Time 12 noon to 4.30 pm.

District training at Bundwan  
Medinipur  
UAs Dinajpur.

WEST BENGAL STATE AIDS PREVENTION AND CONTROL SOCIETY  
Swasthya Bhawan, 1<sup>st</sup> Floor, Wing-B  
GN-29, Sector V, Salt Lake City, Kolkata-700091

Memo No.: ACS/IM-4409/624


Dated: 27.04.09

**Minutes of the Consultative Meeting on Mainstreaming between WBSACS  
and Dept. of Municipal Affairs & Urban Development**

The meeting on mainstreaming between SACS and Dept. of Municipal Affairs & UD was held at Ilgus Bhawan, Kolkata on 19.02.09. The meeting was attended by Dr. Shibani Goswami of SUDA and Ms. Swapnodipa Biswas, Consultant (Mainstreaming), WBSAP&CS.

The comprehensive plan of activities for the following year were discussed as follows:

- A Core Committee to oversee the planning and implementation would be formed by the UD Dept. which will have 2 members from SACS and one PLHA.
- 3 Training sessions for the Medical Officers, Health Officers(HO)/ Assistant Health Officers (AHO) from A & B districts and other staff of the Dept. would be held during May, 09 at Ilgus Bhawan. The funding (including variable travelling allowance, refreshments, kit & contingency fund) would be provided by SACS.
- These trained HOs/AHOs would act as trainers for the district level trainings of the Honorary Health Workers (HHW) in the respective Health Administrative Units (HAUs) of the municipalities.
- Overall, there are 65 HAUs in the A & B districts which would be covered in the first phase by August, 09.
- The DICs would be contacted by SACS to include 1 positive member in each session.
- A pre and post-assessment would be conducted before and after the trainings. The fund for documentation to include MIS for processing the data.
- For the trainings, IEC materials have to be sent by SACS to the municipalities, address to be provided by SUDA. SUDA is also very keen to display posters in its municipalities and clinics. If SACS has any constraints, SUDA may also look at replicating if the matter is shared with them.
- For the district trainings, consolidated fund would be transferred in favour of "Project Officer, HHW Scheme, DFID, SUDA" who is expected to submit the UC to SACS.
- Other than trainings, it was decided to hold district meetings with all officers in order to facilitate referrals to ICTCs and other services.
- Possibility of symptomatic management of STDs through training of doctors and supply of medicines was discussed.
- It was also decided to follow up with trainings of women's groups working with the Dept. for wide dissemination of knowledge.

  
Susanta K. Sen  
Project Director