Status on Prevention & Control of Dengue in the ULBs

For prevention and control of Dengue, State Government has taken several initiatives in the Urban areas of west Bengal like:

- The Hon'ble MIC, UD & MA hold State level sensitization programme with all ULBs at Mahanayak Mancha in collaboration with Health & Family Welfare Department on 23.02.2017.
 Thereafter issued DO letter to all the ULBs.
- Secretary, UD & MA issued instructions to prevent & control vector borne diseases.
- Training organized at SUDA for Nodal Officer of 90 ULBs for preparation of micro-plan for house to house activity. Training imparted by Health & Family Welfare Dept.
- Detailed Operational Guideline for smooth implementation of house to house activities in the selected 90 ULBs for Prevention and Control of Dengue / Chikunguniya provided by Health Department issued to all ULBs.
- Training imparted to Nodal Officers of ULBs for VBD at SUDA.
- Issued letter to all ULBs by Director, SUDA relating to design of IEC materials forwarded by Health Department for use before monsoon – Prevention & control of vector borne diseases and also supervised/monitored the same.
- Guideline for choice and procurement of insecticide for vector control forwarded by the Health
 Dept. issued to the ULBs
- Instruction issued to ULBs for cleanliness drive during 10th May to 24th May, 2017 and intensively supervised/monitored by the officials of UD & MA Department and its Support Organizations.
- More than 50,000 Ward-wise awareness Programme done by the ULBs. Leaflets distributed,
 banners, posters & hoardings, audio visual clippings are being used by the ULBs.
- House to house activity started in 90 ULBs w.e.f. May, 2017 as fortnightly activity. 2nd round for November, 2017 started w.e.f. 28.11.2017.
- 490 no. of Medical Officer; 2,517 no. of Supervisor and 24,316 no. of Volunteer are involved in House to House activity.
- As per instruction of UD & MA Department, the ULBs convened dissemination meeting on the findings of House to House Survey in presence of District Health Officials, Councillors and Others.
- Officials of SUDA regularly visits the ULBs for monitoring activity regarding control of Dengue

 total 315 nos. of visit have been undertaken.
- Officers in the rank of Special Secretary, Joint Secretary and Deputy Secretary deputed for monitoring and supervising the ULBs regarding Dengue prevention activities w.e.f. 01.11.17.
 Total 76 nos of visits have been undertaken.
- The Secretary is holding regular review meeting with the Officials and the ULBs.
- Review meeting with the ULBs at SUDA is also being organized separately in every month. Till
 date total 12 nos meeting have been organized.



Fund released to ULBs, SJDA & Jaigaon Dev. Authority for -

Funding by Health & Family Welfare FW Dept.		Funding by UD & MA Dept.	
Particulars	Amount (Rs. in Lakh)	Particulars	Amount (Rs. in Lakh)
House to House Activity	1419.07	Procurement of larvicide	520.84
		IEC	105.02
		Elisa Machine (23 nos.) with Kit	128.20
		Spray Machine (505 nos.)	, 20.20
		Fogging Machine (173 nos.)	71.98
		Blood Cell Counter (04 nos.)	10.87
		Cleanliness Programme	3146.24
TOTAL	1419.07	TOTAL	4003.35



Advocate, High Court, Calcutta

Chamber: 7B, Kiran Sankar Roy Road,

1st Floor, Kolkata - 700 001

Fax

: 033-2248 7131

Phone E-mail

: 033-2262 8154, M: 9831173455 : subhasis chakraborty2002@yahoo.com

s4chakrabortys@rediffmail.com

Residence: 46, Sree Ram Dhang Road,

Salkia, Howrah - 711 106

PIL

To

02.11.2017

- The Govt. Pleader, 1, High Court, Calcutta.
- The Secretary, 2.

Minister of Health, Govt. of West Bengal,

"Nabana", 325, Sarat Chatterjee Road,

P.S. Shibpur, Howrah-711 102

The Secretary, 3.

Dept. of Municipal Affairs, Govt. of West Bengal,

Poura-Prasahan, Block-DD/1, Sector-1, Salt Lake City,

Bidhan Nagar. Kolkata -700 064.

The Additional Chief Secretary (Additional Charge), . 4.

Dept. of Panchayat and Rural Development,

Govt. of West Bengal, Joint Administrative Building,

7th Floor, Block-HC, Wing -B, Plot No.7, Salt Lake City,

Sector-III, Kolkata -700 106.

Dear Sir,

N.P.No 26784 (W) of 2017 Deborshi Chatrabony State of West Bengal & Drs.

Enclosed please find a copy of an application under Article 226 of the Constitution of India (Public Interest Litigation) which is self-explanatory.

Subhasis Chakraborty

Advocate, High Court, Calcutta

Chamber: 7B, Kiran Sankar Roy Road,

1st Floor, Kolkata - 700 001

Fax : 033-2248 7131

Phone : 033-2262 8154, M : 9831173455

E-mail : subhasis_chakraborty2002@yahoo.com

s4chakrabortys@rediffmail.com

Residence: 46, Sree Ram Dhang Road,

Salkia, Howrah - 711 106

Due to extreme urgency the above mentioned matter was mentioned today before the Hon'ble Acting Chief Justice and the Hon'ble Mr. Justice Arigit Banerjee and their Lordships were pleased to direct that the matter may appear on 3rd November 2017 subject to business of the Hon'ble Court.

You are therefore requested to be present at the time of hearing.

Yours faithfully,

(SUBHASIS CHAKRABORTY)

Skalersborshy

ADVOCATE

Enclo: As above

District : Calcutta,

IN THE HIGH COURT AT CALCUTTA CONSTITUTIONAL WRIT JURISDICTION APPELLATE SIDE.

In the matter of:

W. P. No. (W) of 2015.

- And -

In the matter of:

An application under Article 226 of the

Constitution of India.

-And-

In the matter of Public Interest Litigation

- And -

In the matter of:

Sri Deborshi Chakraborty.

... Petitioner

- Versus -

State of West Bengal & Anr

...Respondents

Points of Law

I) WHETHER, each and every people of the State of West Bengal are paying

Municipal Taxes which implies protection against mosquitoes and other insect

bites, which is also one of the benefit the Citizens of a civilized society are

entitled to.

- 24. This Public Interest Litigation is being moved for a direction upon the Respondent

 Authorities to make Dengue awareness programme compulsory in each village and

 municipal ward in the State.
- 25. This Public Interest Litigation is being moved for a direction upon the Respondent Authorities to take steps for ensuring the availability of blood and platelets in adequate quantity by the State Government for the treatment of Dengue patients in emergency cases and for necessary direction upon all NGOs to extend support to the State Govt. for securing such blood and platelets.
- 26. This Public Interest Litigation is being moved for a direction upon the Respondent Authorities to make the common people at large not to create panic and to make voluntary donations to the State Govt. to fight against this epidemic.
- 27. This Public Interest Litigation is being moved for a direction upon the Respondent Authorities to make an appeal to the public to pour at least a glass of hot water on the open drain available in front of the residence.
- 28. This Public Interest Litigation is being moved for a direction upon the Respondent Authorities to provide for appropriate blood testing facilities as per the norms of the National Vector Borne Diseases Control Programme in the villages affected by Dengue epidemic, by sending equipped mobile vans to the remote rural areas, particularly in North 24 Parganas.

- 29. Your petitioner state that each and every people of the State of West Bengal are paying Municipal Taxes which implies protection against mosquitoes and other insect bites, which are also one of the benefits, the Citizens of a civilized society are entitled to.
- 30. It is submitted that every death is shocking and loss to the country. The terminology is not the criteria, but aetiology is important. Death caused by "unknown fever" should be treated as a shame to the society as it is expected that the Doctors and laboratories should be able to identify the cause and not to brand it as unknown, which will certainly cause panic.
- 31. It is further stated that the mosquito does not have a chance to select a particular person having a particular political colour. The State machinery should not suffer from having the perverse satisfaction that the death rate of some other State is comparatively higher than the State of West Bengal. It is respectfully submitted that the number of death is not scoring runs. Every single death should be avoided.
- 32. It is submitted that as per the data made available in the website of the National Vector Borne Diseases Control Programme, out of the 129166 cases of Dengue reported in the entire country in 2016, i.e. last year, 22865 cases were from the state of West Bengal, which was the highest number among all Indian states. It is further submitted that out of the total of 245 deaths caused by Dengue in 2016 across India, 45 was from West Bengal, once again the highest number among all Indian states. The State authorities do

30

America - ff1

No.7-165/2016/NVBDCP/DEN Government of India Ministry of Health and Family Welfare

> Nirman Bhawan, New Delhi Dated the 9th June, 2016

Notification of Dengue Cases

Dengue has become a major public health concern in country accounting for substantial morbidity and mortality. As there is no specific drug and commercially available vaccine, prevention is the only strategy for Dengue. Therefore, early reporting of Dengue cases is necessary for implementing preventive measures before it spreads further in an epidemic proportion.

In order to ensure early diagnosis & case management, reduce Dengue transmission, address the problems of emergency and spread of disease in newer geographical areas, it is essential to have complete information of all Dengue cases. Therefore, the healthcare providers shall notify every Dengue case to local authorities i.e. District Health Officer/Chief Medical Officer of the district concerned and Municipal Health Officer of the Municipal Corporation/Municipality concerned every week (daily during transmission period) in prescribed format.

For the purpose of case definition, a Dengue case is defined as follows:

· Probable UF/DHF:

A case compatible with clinical description of Dengue Fever* An acute febrile illness of 2-7 days duration with two or more of the following manifestations:

Headache, retro-orbital pain, myalgia, arthralgia, rash, haemorrhagic manifestations."

OR

"Non-ELISA based NS1 antiger/lgM positive"

(A positive test by RDT will be considered as probable due to poor sensitivity and specificity of currently available RDTs.)

- Confirmed Dengue Fever:

A case compatible with the clinical description of Dengue fever with at least one of the following:-

- Demonstration of Dengue virus antigen in serum samples by NS1 ,ELISA.
- Demonstration of IgM antibody titre by ELISA positive in single serum sample.
- Detection of viral nucleic acid by polymerase chain reaction (PCR).
- Isolation of the Dengue virus (Virus culture +VE) from serum, plasma, leucocytes.
- IgG seroconversion in paired sera after 2 weeks with Four fold increase of IgG titre.

8/c

Government of West Bengal

Department of Urban Development & Municipal Affairs (Municipal Branch) "NAGARAYAN", FD-I, Sector-I Salt Lake City, Kolkata

No. 339/C-12/Misc/3S-18/2017

Dated: Kolkata, 16th November 2017

From : Joint Secretary to the Govt. of West Bengal

To : The Director,

State Urban Development Agency

ILGUS Bhawan

Block-HC, Sctor-III, Salt Lake City

Kolkata 700 106

Sub : W.P. No. 26784 (W) of 2017-11-17

Deborshi Chakraborty - vs - The State of W.B. & Anr.

Sir,

With reference to the above subject matter I am directed to request you to prepare a writ up by Health Wing of SUDA on the basis of issues raised in this PIL. This may covered the steps taken by this Department to combat the menace of vector borne diseases.

The writ up may be required for preparation of instruction for Ld. State Advocate.

Thanking you.

Yours faithfully,

Joint Secretary to the Govt. of West Bengal



Chamber: 7B, Kiran Sankar Roy Road,

1st Floor, Kolkata - 700 001

Fax

: 033-2248 7131

Phone

: 033-2262 8154, M : 9831173455

E-mail

: subhasis_chakraborty2002@yahoo.com

s4chakrabortys@rediffmail.com

Residence: 46, Sree Ram Dhang Road,

Salkia, Howrah - 711 106

PIL

To

02.11.2017

The Govt. Pleader,
 High Court, Calcutta.

2. The Secretary,

Minister of Health, Govt. of West Bengal, "Nabana". 325, Sarat Chatterjee Road,

P.S. Shibpur, Howrah-711 102

3/\ The Secretary,

Dept. of Municipal Affairs, Govt. of West Bengal,

Poura-Prasahan, Block-DD/1, Sector-1, Salt Lake City,

Bidhan Nagar. Kolkata -700 064.

. 4. The Additional Chief Secretary (Additional Charge),

Dept. of Panchayat and Rural Development,

Govt. of West Bengal, Joint Administrative Building,

7th Floor, Block-HC, Wing -B, Plot No.7, Salt Lake City,

Sector-III, Kolkata -700 106.

Dear Sir,

N.P.No 26784 (H) of 2017 Deborahi Chaurabony State of west Bengal & 645.

Enclosed please find a copy of an application under Article 226 of the Constitution of India (Public Interest Litigation) which is self-explanatory.



Advocate, High Court, Calcutta

Chamber: 7B, Kiran Sankar Roy Road,

1st Floor, Kolkata - 700 001

Fax

E-mail

: 033-2248 7131

Phone : 03

: 033-2262 8154, M : 9831173455 : subhasis_chakraborty2002@yahoo.com

s4chakrabortys@rediffmail.com

Residence: 46, Sree Ram Dhang Road,

Salkia, Howrah - 711 106

Due to extreme urgency the above mentioned matter was mentioned today before the Hon'ble Acting Chief Justice and the Hon'ble Mr. Justice Arigit Banerjee and their Lordships were pleased to direct that the matter may appear on 3rd November 2017 subject to business of the Hon'ble Court.

You are therefore requested to be present at the time of hearing.

Yours faithfully,

(SUBHASIS CHAKRABORTY)

Shakraborshy

ADVOCATE

Enclo: As above

District : Calcutta.

IN THE HIGH COURT AT CALCUTTA CONSTITUTIONAL WRIT JURISDICTION APPELLATE SIDE.

In the matter of: W. P. No. (W) of 2015.

- And -

In the matter of :

An application under Article 226 of the Constitution of India.

-And-In the matter of

Public Interest Litigation

- And -

In the matter of:

Sri Deborshi Chakraborty.

... Petitioner

- Versus -

State of West Bengal & Anr

... Respondents

Points of Law

WHETHER, each and every people of the State of West Bengal are paying Municipal Taxes which implies protection against mosquitoes and other insect bites, which is also one of the benefit the Citizens of a civilized society are entitled to.

- among all Indian states. The State authorities do not seem to have learnt any lesson from the experience of last year.
- WHETHER the common public does not have any expertise and knowledge and in the event, a private laboratory may compel a person to take certain tests which is not required, but that cannot be the fault of the person.
- VI) WHETHERthe eradication of Aedes Aegypti mosquitoes can only be done by the State machinery.
- VII) WHETHER during Puja Holidays in Bengal, the holidays went on for 13 days and all the Government offices were closed and therefore, adequate steps were not taken to remove the garbage which increased the breeding of Aedes Aegypti mosquitoes.
- VIII) WHETHER unregulated construction of buildings in the residential areas is also one of the reasons of water logging and the local administration has failed to give proper attention to the drainage and sewerage system and to monitor the sites where the construction work is going on.
- IX) WHETHER in Bangladesh during the time of epidemic of malaria, the local administration requested the common public to pour a glass of hot water in the

- 24. This Public Interest Litigation is being moved for a direction upon the Respondent Authorities to make Dengue awareness programme compulsory in each village and municipal ward in the State.
- 25. This Public Interest Litigation is being moved for a direction upon the Respondent Authorities to take steps for ensuring the availability of blood and platelets in adequate quantity by the State Government for the treatment of Dengue patients in emergency cases and for necessary direction upon all NGOs to extend support to the State Govt. for securing such blood and platelets.
- 26. This Public Interest Litigation is being moved for a direction upon the Respondent

 Authorities to make the common people at large not to create panic and to make

 voluntary donations to the State Govt. to fight against this epidemic.
- 27. This Public Interest Litigation is being moved for a direction upon the Respondent

 Authorities to make an appeal to the public to pour at least a glass of hot water on the

 open drain available in front of the residence.
- 28. This Public Interest Litigation is being moved for a direction upon the Respondent Authorities to provide for appropriate blood testing facilities as per the norms of the National Vector Borne Diseases Control Programme in the villages affected by Dengue epidemic, by sending equipped mobile vans to the remote rural areas, particularly in North 24 Parganas.

- XXIII) WHETHER the Respondent Authorities should make Dengue awareness programme compulsory in each village and municipal ward in the State and in schools also.
- XXIV) WHETHER the Respondent Authorities should take steps for ensuring adequate availability of blood and platelets in the hospitals run by State Govt. and for this purpose necessary direction upon all NGOs to extend the support to the State Govt. for securing such blood and platelets, be passed.
- XXV) WHETHER the Respondent Authorities should make the common people at large aware not to create panic and to make appeal to give donation to the State Govt. to the fight against this epidemic.
- XXVI) WHETHER the Respondent Authorities should make an appeal to the public to pour at least a glass of hot water on the open drain located in front of the residence.
- XXVII) WHETHER in any view of the extreme seriousness of the matter immediate judicial intervention is required in the instant case to secure the public health and for ends of justice on the refusal of the State of West Bengal to act.

- 29. Your petitioner state that each and every people of the State of West Bengal are paying Municipal Taxes which implies protection against mosquitoes and other insect
- bites, which are also one of the benefits, the Citizens of a civilized society are entitled to.
- 30. It is submitted that every death is shocking and loss to the country. The terminology is not the criteria, but aetiology is important. Death caused by "unknown fever" should be treated as a shame to the society as it is expected that the Doctors and laboratories should be able to identify the cause and not to brand it as unknown, which

will certainly cause panic.

- 31. It is further stated that the mosquito does not have a chance to select a particular person having a particular political colour. The State machinery should not suffer from having the perverse satisfaction that the death rate of some other State is comparatively higher than the State of West Bengal. It is respectfully submitted that the number of death is not scoring runs. Every single death should be avoided.
- 32. It is submitted that as per the data made avaitable in the website of the National Vector Borne Diseases Control Programme, out of the 129166 cases of Dengue reported in the entire country in 2016, i.e. last year, 22865 cases were from the state of West Bengal, which was the highest number among all Indian states. It is further submitted that out of the total of 245 deaths caused by Dengue in 2016 across India, 45 was from West Bengal, once again the highest number among all Indian states. The State authorities do

states. The State authorities do not seem to have learnt any lesson from the experience of last year.

- V) FOR that the common public does not have any expertise and knowledge and in the event, a private laboratory may compel a person to take certain tests which is not required, but that cannot be the fault of the person.
- VI) FOR that the eradication of Aedes Aegypti mosquitoes can only be done by the State machinery.
- VII) FOR that during Puja Holidays in Bengal, the holidays went on for 13 days and all the Government offices were closed and therefore, adequate steps were not taken to remove the garbage which increased the breeding of Aedes Aegypti mosquitoes.
- VIII) FOR that unregulated construction of buildings in the residential areas is also one of the reasons of water logging and the local administration has failed to give proper attention to the drainage and sewerage system and to monitor the sites where the construction work is going on.
- EX) FOR that in Bangladesh during the time of epidemic of malaria, the local administration requested the common public to pour a glass of hot water in the open drain which proved to be immensely beneficial, but, in West Bengal, during recent past, instead of advising the public at large to take appropriate measures,



Amuswu- A/1

No.7-165/2016/NVBDCP/DEN Government of India Ministry of Health and Family Welfare

> Nirman Bhawan, New Delhi Dated the 9th June, 2018

Notification of Dengue Cases

Dengue has become a major public health concern in country accounting for substantial morbidity and mortality. As there is no specific drug and commercially available vaccine, prevention is the only strategy for Dengue. Therefore, early reporting of Dengue cases is necessary for implementing preventive measures before it spreads further in an epidemic proportion.

In order to ensure early diagnosis & case management, reduce Dengue transmission, address the problems of emergency and spread of disease in newer geographical areas, it is essential to have complete information of all Dengue cases. Therefore, the healthcare providers shall notify every Dengue case to local authorities i.e. District Health Officer/Chief Medical Officer of the district concerned and Municipal Health Officer of the Municipal Corporation/Municipality concerned every week (daily during transmission peniod) in prescribed format.

For the purpose of case definition, a Dengue case is defined as follows:

· Probable UF/DHF:

A case compatible with clinical description of Dengue Fever* An acute febrile lilness of 2-7 days duration with two or more of the following manifestations:

Headache, retro-orbital pain, myalgia, arthralgia, rash, haemorrhagic manifestations."

OR

"Non-ELISA based NS1 antigen/lgM positive"

(A positive test by RDT will be considered as probable due to poor sensitivity and specificity of currently available RDTs.)

· Confirmed Dengue Fever:

A case compatible with the clinical description of Dengue fever with at least one of the following:-

- Demonstration of Dengue virus antigen in serum samples by NS1 .ELISA.
- Demonstration of IgM antibody titre by ELISA positive in single serum sample.
- o Detection of viral nucleic acid by polymerase chain reaction (PCR).
- Isolation of the Dengue virus (Virus culture +VE) from serum, plasma, leucocytes.
- IgG seroconversion in paired sera after 2 weeks with Four fold increase of IgG titre.