



COVID-19 (nCorona) Virus Outbreak Control and Prevention State Cell

Health & Family Welfare Department

Government of Kerala

Terms of Reference for the State level Committees

NO-48/31/F2/H&FWD- 18th Jan 2022.

WHO has declared COVID pandemic and since then the Department of Health and Family Welfare has constituted various management structures at the State and District level for managing specific areas. These management units have been functioning from Jan 2020 onwards. During the past two years the members of these various committees have gain experience, knowledge to respond to requirements as per the situation of the pandemic.

The country and state is entering into the third wave due to variant of concern OMICRON, it is important to reinvigorate the State level and district level structures, specific terms of reference for the functioning and the experience gained of the last two years put to practice.

All officers in the State shall strictly follow these guidelines concerning COVID-19 management.

- The committees shall supervise all the activities done across the State in their corresponding domains.
- Representatives from each committee shall be present in the review meetings and other meetings wherever suggested by authorities.
- All Committees and members shall work in liaison with corresponding teams in the districts and compile the activities to prepare activity reports
- The respective Committees may co-opt the persons necessary to compile the reports and support the districts according to the needs.
- They shall ensure that the specific activities are conducted, data collated and presented in a particular format as per the requirements.
- The Committee members shall visit the districts to assess the situation and provide supportive supervision to strengthen the interventions.

- They shall develop quality control and quality assurance systems to provide technical feedback to the field as well as at the State level so as to take appropriate initiatives.
- Technical support for the committees shall be provided by the IT wing of NHM and eHealth PMU.

The designated teams and members are attached as an **Annexure**.

According to the Terms of reference mentioned below, the following teams shall work independently with the teams at the district level.

State-level Committees

1. Surveillance
 - a. Hospital Surveillance
 - b. Field Surveillance
 - c. Lab Surveillance
 - d. Mortality Surveillance
2. Infrastructure and Human Resource Management
 - a. Medical Colleges
 - b. Institutions under DHS
 - c. Private Hospitals
 - d. Field Hospitals - CFLTC, CSLTC, DCC
3. Material Management, Transportation and Oxygen Monitoring
4. Vaccine Management
5. Post-Covid Management
6. Capacity Building and knowledge management
7. Telemedicine
8. Psychosocial Support
9. State Control Room Management & Documentation
10. Data Management and IT support
11. IEC/BCC and Media Surveillance
12. Call Center Management & Public Relations

State Control Room – Mandates

- Control room access is authorised only to those engaged in control room activities.
- Identity proof is mandatory
- Team members of different committees have to work in their assigned areas.
- Critical appraisal of group activity will be done in the review meetings.
- The implementation status of the decisions taken will be monitored.
- Action taken reports by the corresponding committees will be sought and should be submitted in a time-bound manner
- The State Control Room Management & Documentation committee will operate a single-window communication system for direct communication with all districts
- All committees shall communicate with the control room via dedicated email IDs created specifically for the concerned committee.
- All communications shall be well documented.
- The advances in information technology are to be well utilised for communication
- Communication to the media will be done only through the IEC/BCC & Media Surveillance Committee
- All committees at the State and district shall ensure dissemination of information among themselves regarding the daily scenario on a day-to-day basis.
- All committees shall ensure that an adequate number of members are present at the state and district levels in their respective committees.
- The committees may, with prior permission, undertake visits to the districts for Monitoring and supportive supervision, and the expenses for the same shall be submitted to NHM for reimbursement. The detailed reports regarding their visit shall be submitted to DHS, SMD and the Principal secretary.
- The data freezing point for all committees at the State and district is set at 12 pm. All daily reports shall be prepared as of the freezing time and submitted to the State Control Room before 1 pm on all days.
- All committees must maintain a database of all records collected from various sources and the reports generated based on these records. The database shall be shared with the data management team, who will host the databases on secure servers, which other committees can access.
- All committees must submit their fortnightly assessment of the situation/scenario of the activities under their responsibility to the State Control Room. All committees should analyse the data collected and

prepare daily and monthly reports, reflecting the observations and way forward for value additions to the services provided. They are also expected to include the challenges faced at the field level with solutions /recommendations for addressing the same.

- A COVID media bulletin and Vaccination bulletin shall be prepared daily and published on official websites. In addition, the Public Health and NCD divisions shall also publish weekly bulletins on Communicable diseases and non-communicable diseases, respectively.

Responsibilities of State level Committees

State Control Room Management & Documentation Team

- Shall document the activities done by the State and District Control Rooms based on reports submitted by the individual committees and districts
- Shall act as a single-window for all communications between the State Control Room and District Control Rooms
- Shall compile activity reports by individual committees and prepare activity reports for the State.
- Shall prepare timely reports and presentations in consultation with individual committees for review meetings.
- Ensure proper communication of all decisions to districts and public health institutions for the implementation of the decisions made in meetings
- Act as a nodal point for coordinating control room activities and liaison with other committees of the Control Room
- Shall ensure proper communication to various committees in the control room regarding information related to meetings, guidelines, and SOPs
- Shall ensure communication to concerned committees for website and social media updation.
- Shall coordinate with District Control Rooms and act as a Communication channel for the State Control Room.

Surveillance Team

The surveillance team shall have four sub-committees

Sub Committee	Activities
Hospital surveillance	<ul style="list-style-type: none"> • The hospital Surveillance team collects, compiles, and analyses daily data of covid positive patients (New admissions /Referred/Discharged/Death) at Covid Hospitals/ CFLTC /CSLTC/DCC and Private Hospitals.

	<ul style="list-style-type: none"> ● Vaccination status of daily hospital admitted patients (first/second dose) ● Ensure that Daily Line lists are maintained at institutional levels to capture new admission details, referral, death, SARI/ILI. Cases, Mucormycosis /MISC cases etc. ● The data from medical colleges should be collected and compiled by the State PEID cell, and the nodal officer should ensure that daily reports are sent in time to the Hospital Surveillance team. ● The surveillance of patients admitted at Private hospitals shall be done with the help of SHA. They should ensure that the Private Hospitals are giving data promptly. ● A representative from the Urban PHC Management team (NUHM) should ensure that daily hospital Surveillance data from their respective areas are sent to the hospital surveillance team. ● The team should also coordinate with the infrastructure team, who are collecting infrastructure data and daily bed occupancy status. ● The teams should also oversee the hospital data from the Covid Jagratha portal and triangulate the data for analysis.
Field Surveillance	<ul style="list-style-type: none"> ● The field Surveillance team should monitor all Surveillance activities at the field level. ● The following data should be collected daily and timely reports to be sent for further analysis <ul style="list-style-type: none"> ● Positive Line List ● Contact tracing Line list ● Line List of Persons under quarantine ● Health Care Workers Positive List ● Mucormycosis ● MIS – C ● WGS related containment activities ● Cluster Surveillance ● Travel Surveillance ● Special Surveillance <ul style="list-style-type: none"> - (Tribal, coastal, urban slums) - Migrants

Lab Surveillance	<ul style="list-style-type: none"> • Support and supervise Lab Surveillance activities at the State /District level; plan and Supervise testing Strategies for the State. • Daily reporting from LDMS portal for declaration of positive cases • Daily consolidation of district summaries, analysis, and reporting • Weekly trend analysis of Positivity rate and testing rate done. • Average trend analysis of positivity rate, testing rate and RT PCR testing rate will be done. • Whole Genome Sequencing (WGS) reports • Monitor and support the districts for attaining Testing Targets • Analysis of Lab Surveillance data and preparing relevant reports. • Coordination of various Testing activities at the State Level
Mortality Surveillance	<ul style="list-style-type: none"> • Daily death reporting • Verification of Medical bulletin (death reports) for preparing daily bulletin at the state level • Death portal monitoring
	<ul style="list-style-type: none"> • Death audit • Collecting and verifying Medical Bulletin/DIR from Districts timely • Maintaining Mortality Line List • Timely analysis of mortality data and report to higher authorities and necessary feedback to districts • Preparing Death Audit reports for submitting to Govt
	<ul style="list-style-type: none"> • Monthly fact sheet on surveillance All the relevant reports must be collected from the 4 teams and consolidated by the end of every week and weekly/fortnightly/monthly reports and fact sheets to be prepared • Monitoring of portals related to surveillance

- Supportive data are required for analysis from the infrastructure team, control room and Post COVID and vaccination team. Bidirectional data sharing should be done daily for the same.

- All the required data must be collected promptly by all teams, daily/weekly/monthly analysis to be done, and reports to be submitted in time.
- The team leaders must ensure that all reports sent by their team are complete and submitted as and when directed by higher authorities.
- The State Epidemiologist and EIS officer shall oversee those reports submitted in time by all teams; compile and analyse the reports of various teams for final submission to Govt.
- The State PEID cell coordinator should ensure that reports from all regional PEID cells are sent to the Surveillance team on time.
- The Public Health experts from Medical College will be supporting all teams for doing analysis and writing reports. They will also submit analysis reports on early warning signals, predictions and preparing protocols for scientific studies.
- All these teams shall have corresponding structures at the district level to collect, compile and analyse data.

Infrastructure and Human Resource management Team

Dedicated infrastructure teams have been constituted at the State and district levels for infrastructure monitoring and management. Four designated teams collect data from the following hospitals

- Hospitals under the Directorate of Health Services
- Medical colleges
- Private hospitals
- Field hospitals like CFLTCs, CSLTCs and DCCs.

A team headed by the Additional Director, planning, shall report the infrastructure data about the institutions under the Directorate of Health Services. The infrastructure data on medical colleges will be reported by a team headed by the Joint Director (Medical Education). A team led by the Joint Director; State Health Agency shall report the data from private hospitals. The data from field hospitals like CFLTCs, CSLTCs and DCCs are managed by a team headed by the Joint Secretary, Health Dept. The data collected by each team shall be compiled and validated at both district and state levels. All these teams shall have corresponding structures at the district level to collect, compile and analyse infrastructure-related data.

In addition, the District Programme Management Support Units (DPMSU) shall also monitor the real-time occupancy status in all hospitals in their concerned districts and, based on the occupancy, decide upon

activating additional field hospitals or identifying additional ICU beds and ventilators. The DPMSU should also have call centres to respond to patient care and hospitalisation queries and an ambulance network to ensure hassle-free transport of COVID patients.

The teams shall collect the total available infrastructure details like Total beds, Oxygen beds, ICU beds and Ventilator data on a weekly basis and the occupancy details across each of the above categories on a daily basis. Occupancy trends shall also be monitored at the state and district level.

The HR deployment to the facilities happens at the district level; when the need arises, the State provides additional support to the districts. The team should have a thorough knowledge of all districts HR distribution. According to the needs, they shall communicate with the districts regarding the optimum redistribution policies. They manage the HR details of the isolation facilities, and the state-level decisions are taken from the control room. The HR data of isolation facilities/nodal centres are compiled daily and ensure no HR shortage in any category.

Responsibilities

- The hospital Surveillance team collects, compiles and analyses the data of covid positive patients admitted at Covid Hospitals/CFLTC/CSLTC/DCC and Private Hospitals.
- The list of positive patients to be prepared in such a way that LSGI wise information shall be made available to LSGI, District and State.
- Daily Line list must be maintained to capture details of new admission, referral, death, SARI/ILI. Cases, Mucormycosis cases etc.
- The data from medical colleges should be collected and compiled by the State PEID cell, and a representative team member from Medical College should ensure that daily reports are sent timely to the Hospital Surveillance team.
- The surveillance of patients admitted at Private hospitals shall be done with the help of SHA. They should ensure that the Private Hospitals are giving data promptly.
- A representative from the Urban PHC Management team (NUHM) should ensure that daily hospital Surveillance data from their respective areas are sent to the hospital surveillance team.
- The team should also coordinate with the infrastructure team, who are collecting infrastructure data and daily bed occupancy status.
- The teams should also oversee the hospital data from the Covid Jagratha portal and triangulate the data for analysis.

Monitoring & Evaluation

The reporting time for data is set as 12 pm to the State team for all data related to infrastructure and HR. The bed strength and occupancy data are collected from all peripheral health care institutions and compiled at the district level. This data is validated, errors rectified and reported to the Infrastructure Team at the state level, who cross-check the data before sending it to the State Control room. The State Control room compiles the data, and any discrepancies or mismatches are rectified before submitting it.

Data validation

The data collected concerning infrastructure contains details of basic facilities available such as Normal beds/rooms, non-ICU beds with oxygen supply, ICUs, and ventilators. The concerned teams verify the data collected from all verticals such as institutions under the DHS, DME, private sector, and field hospitals and are vetted for discrepancies. Any such discrepancies noted will be corrected by the respective teams. This is done on a day-to-day basis and after the data freezing time daily at 11 am. The verification /validation will be undertaken first by the nodal officer at the district and medical colleges. It is verified first for allocation of an adequate number of beds per the surge plan and Government order. After ensuring this, the district nodal officer communicates the data to the State. Once again, the infrastructure team goes through the data and is finally sent to the State control room, which compiles it.

In addition to this, the data collected and compiled at the state control room from the four verticals such as institutions from field hospitals, DHS, DME and private sector are sent back to district programme management and supporting unit, district control room, district collectors and state war room for identification and reporting of disparities from their end too. This system ensures that the data collected and used for planning purposes serves the same.

Data Reporting

The compiled data, after validation, is reported to all the stakeholders. The data is also included in the presentations for the review meetings conducted by the Hon. Chief Minister and Chief Secretary.

The nodal officer of the district team shall be a deputy DMO or a Junior Administrative Medical Officer (JAMO).

Apart from this, the Monitoring and feedback from district control rooms are taken in the meeting conducted by the state control room, which escalates any sensitive issues to the concerned teams. Any change in the state and national level guidelines is communicated to the districts in these meetings and the usual communication channels such as email and WhatsApp.

The State team should conduct meetings regularly with the district teams to ensure validation and give essential feedback to the districts.

The State Infrastructure and HR Management Team, State Control Room, Joint Secretary (health), Joint DME, Director of Health Services and State Mission Director (NHM) shall also meet online regularly to analyse the scenario. The necessary directions for solving the identified issues are given and are ultimately communicated to the districts.

Surge plans

Based on the projection of cases, all districts should prepare surge plans for the entire district and separate plans for all the major hospitals in the district.

District and State control rooms also closely monitor the occupancy trends of all healthcare facilities across the State. If the occupancy crosses the threshold, additional beds are identified per the surge plan to accommodate any surge in cases.

Material management, Transportation and Oxygen Monitoring Team

Material management should be done at the institution level using all possible resources under the control of the Hospital Superintendents/Medical officers in charge. However, there might be a higher degree of needs arising in certain situations. The State has a mechanism of supporting these institutions according to the arising needs. The districts' requirements and activities should be compiled and coordinated with the state team/KMSCL. The state team is expected to compile the daily activities and challenges in control cell meetings, including the following details.

The primary responsibilities of the Material management, Transportation and Oxygen Monitoring team are:

- Prepare the list of items required at the hospital for providing health care
- Monitor inventory position institutions wise
- Ensure supply chain management of healthcare and other items requirement

IEC/BCC and Media surveillance team

- Preparation of IEC materials related to the preventive and promotive activities at the field level to manage COVID-19 spread, decrease the general public's anxiety, and disseminate factual information regarding the disease.
- The team should coordinate the IEC/BCC activities at the State Level and Support the District teams.
- Dissemination of information through all possible communication channels like PRD, television and radio channels and social media
- Timely updating official websites with IEC materials, guidelines, bulletins, and other published reports.
- Preparation of daily reports for media
- Arrangements of press conferences as per directions
- Print, visual, and social media surveillance with the support of the State and District team.
- Collecting information regarding demand and supply of logistics, Human resources etc., circulating in media and addressing the needs by bridging the gaps after validating the information. The received information shall also be shared with the Call Center Management & Public Relations team for timely redressal.
- Surveillance of issues regarding COVID -19 circulating in the media.
- Surveillance of all media sources for misinformation or fake news and take timely steps to prevent further disseminating such information. Legal action shall also be taken against persons deliberately spreading such information.
- Validation of the information collected from the media for adverse outcomes and executing timely preventive and control measures.
- Reply queries to the general public regarding health-related events and information through phone numbers circulated at the state level.
- District level compilation of media surveillance data

Call Center Management & Public Relations

Control room call centres should be set up in the State and districts. The call centre shall have laptops, mobiles/ landline telephone facility. Each Call Center Operator is assigned both a telephone and a computer. One outgoing mobile facility shall also be available for answering pending calls. Two WhatsApp numbers should also be made available. Depending on the configuration of the call centre, each workstation shall have the following items:

- Headset for hands-free answering.

- Reference materials (issued upon activation of call centre operations).
- Item to be used to request assistance from the supervisor (Paper and pen/pencil, register etc.)
- All phone/computer banks are set up close to power, telephone, and data sockets/ports.
- Call Center Supervisors are to utilise a sign-in/sign-out sheet to keep track of Call Center Operators.

DISHA continues to be the primary service provider but should constantly liaison with DPMSU and individual teams. The call centre management team should function as a help desk and address the queries received at the state control room by obtaining responses from the individual teams and the feedback regarding these queries to be sent back to the district to address various issues. An analysis of the common queries from the public has to be made, and recommendations shall be given to the concerned teams based on the type of queries received.

Mandates For Call Center

- Maintenance of discipline
- Time management
- Call centres should be operational 24*7
- Documentation of all the activities happening in the call centre
- Daily consolidation report at 4.30 pm.
- Establishing a call centre with sufficient connectivity
- Linkage with DISHA system
- To respond to queries regarding logistics, vaccination, treatment, complaints, or administrative issues related to the health department.
- Daily maintenance of second and third level call referral.

Public Relations

The committee shall create a dedicated email ID for handling queries from the public or other stakeholders in all matters related to COVID-19 like Testing, Treatment, Vaccination, complaints, or other general queries. All such queries received in the State Control Room shall be forwarded to this email ID. They shall also coordinate with the IEC/BCC & Media Surveillance team in this regard. The committee shall discuss the matter with the concerned team and ensure that the matter is handled professionally. In case of complaints/requests for help received from the public or in case of urgent matters, the committee shall also contact the sender through telephone and provide the necessary support. The committee's responsibility is to ensure that all such queries are responded to promptly.

Psychosocial Support Team

The psychosocial support team coordinates the Psychosocial Support (PSS) Teams at the district level under Mental Health Program. Mental Health Personnel, including Psychiatrists, Psychiatric Social Workers, Clinical Psychologists, social workers, and counsellors, are working in the entire State under DMHPs. They give Reassurance calls to all persons in quarantine/isolation, provide Helpline numbers and counselling services in case of any psychological issues like stress, anxiety, depression, or insomnia. Follow up calls are also given to ensure recovery. Social needs like food, medicine, medical consultations, other essential items are intimated to concerned Panchayat / ICDS. Two Helpline numbers are arranged in each district in addition to the DISHA Helpline for the entire State. In addition to this, during the lockdown period, psychosocial support calls are made to the vulnerable population, including mentally ill persons, children with special needs, guest workers, and the elderly living alone. Psychological support is also being provided to Health Personnel working in Corona Control activities. 'Ottaykalla Oppamundu' is extended to schoolchildren to address the psychosocial issues they face during the covid pandemic.

The daily report of psychosocial support has the following data sets

1. PSS for Positive cases
 - a. Daily data
 - b. Till date data
2. PSS for Quarantine
 - a. Daily data
 - b. Till date data
3. PSS Targeted Services (Mentally Ill persons, Children with Special Needs, Elderly living alone, Guest Laborers)
4. Psychological Support Calls to Health Personnel
5. Post-Covid calls
6. Helpline calls
7. Stress Management Training to Health Personnel
8. Jeevaraksha – Suicide Prevention Training
9. PSS for Children
 - a. Daily data
 - b. Till date data

Psychosocial Support calls made are cross-checked regularly at the district level by the DMHP team to assess the quality of calls and ensure the genuineness of the data.

The data is collected from districts as google sheets. District wise daily data is verified and consolidated in the concerned DMHPs under the psychiatrist and project officer's supervision. Again, this data is verified by the District Nodal Officer, Mental Health Programme and updated in the google sheet provided by 11.30 am every day. The data from the districts are verified and consolidated by the State Nodal Officer, MHP and sent to the State Control Room by 1 pm every day. Thus, there is a three-tier verification process for the Psychosocial Support data.

Data analysis is also done similarly at the district and state level, based on which meetings are held regularly in districts and at the state level with Nodal Officers of all districts and appropriate corrective measures and newer interventions.

Capacity Building & Knowledge Management Team

Capacity building is defined as promoting an environment that increases the potential of individuals, organisations, and communities to receive and possess knowledge and skills and become qualified in planning, developing, implementing, and sustaining health-related activities according to changing or emerging needs.

A skilled workforce of health professionals is required to maintain the quality of treatment; however, online training is still in its early stages of development, and more work will be required to make it successful.

Training may close, if not erase, the gap by providing participants with information and skills and motivating them to develop and improve their talents.

The phrase "Training Needs Assessment" (TNA) refers to the process of assessing whether or not a training need exists and, if so, what training is necessary to fill the gap. The difference between the current and intended statuses may suggest issues, which might be converted into a training need.

The state team is in charge of creating training materials based on the daily needs addressed. A panel of experts should approve these training materials and share them with all parties involved through the control room email id.

- Act as Knowledge management back up for both public and private HCW and Conduct state-level training sessions and demonstration sessions

- Do Competency mapping of required skills in all categories of HCW in private and public institutions and arrange corrective sessions and skill development sessions accordingly.
- Knowledge management backup for call centres, regular training and hand holding
- Knowledge management backup, training and handholding of Telemedicine team
- Management and development of learning management system modules (COVID/Non-COVID)
- Designing and creation of instant/Planned curriculum for training needs (COVID and related non-COVID)
- Development of learning modules and designing of learning experiences for COVID related training
- Development of COVID specific and related learning materials suitable for rapid learning
- Helping/Conduct COVID-19 related capacity building sessions for other departments.
- Learning media development (Audiovisual aids, booklets, online modules, etc.)
- Training needs assessment and training effectiveness analysis as and when required
- Public education Materials - Materials, modules, curriculum, etc. in health care behaviour and basic techniques
- Liaison with districts/SIHFWS/SHSRC/Medical Colleges and hand holding them
- Monitoring the district level training/SIHFWS/Medical colleges, including both Govt and private sector
- Data consolidation of covid related training & non covid training
- Regular data analysis and providing inputs to states, districts, and institutions.

Telemedicine Team

Disasters and pandemics provide unique challenges to healthcare delivery. Though telemedicine cannot address all of them, it is ideally suited for circumstances where medical practitioners can evaluate and manage patients. A telemedicine visit may be performed during such outbreaks without exposing personnel to viruses/infections. Telemedicine can help reduce the spread of infectious illnesses, lowering the dangers to both health care personnel and patients. Using telemedicine, unnecessary and avoidable exposure of persons involved in healthcare delivery may be minimised, and

patients may be screened remotely. It can give instant access to medical practitioners who may not be present in person. Furthermore, it provides additional working hands to give physical treatment at the relevant health institutes.

The state team is in charge of telemedicine services in the State and shall draft necessary action plan to ensure and sustain the service delivery

- Identify the Health care needs of people timely; those can be met via the involvement of digital platforms and design amicable solutions via the available platforms clubbing the service providers.
- Real-time troubleshooting in coordination with the technical team to ensure seamless service delivery
- Identification, training, and onboarding new practitioners to the e-Sanjeevani telemedicine platform, liaison with district and institutional teams, and ensure quality service delivery.
- Communication with all stakeholders and service providers for timely troubleshooting and ensuring service delivery to the general public.
- Give regular input to all stakeholders regarding the trend of needs as reflected in the platform / DISHA feedback
- Analyse the quality of service delivery and adopt measures to improve the quality.
- Ensure demand-based service delivery with maximum efficiency.
- Augment the IEC regarding the platform and ensure service sustainability through the platform.
- Provide data for the higher-level review meetings
- Ensure the availability of doctors in any of the platforms and support these service deliveries by handholding both public and private sectors, including all service providers

Data management

The main objective of the Data management committee is to act as a single point for collection, collation and dissemination of all data related to COVID-19 at the state level. The data management committee should host all data related to COVID-19 like daily, weekly, or monthly reports of other committees, fact sheets etc. Thus, collected data should be hosted online to secure all other committees within the state control room. They shall also analyse the reports submitted by different committees and give timely feedback

Technical expertise from the eHealth team may be sought for data collection and management by all committees. The eHealth team shall be involved in

these activities and give appropriate technical help for hassle-free data management.

The data management team shall

- Collect reports generated by all the committees and upload them in secure cloud storage for easy access to all other committees. The reports thus uploaded shall be organised date and committee wise so that specific reports can be easily retrieved.
- Shall examine all reports generated by other committees and give critical feedback regarding data quality, data formats or other issues regarding the reports being generated.
- The data management team shall also collect and compile other relevant data, which can complement the data generated by the committees, from other health system structures like IDSP, NHM etc.
- Shall prepare summary reports based on the entire datasets received from all other committees
- Shall share data necessary for updating dashboards and portals maintained by the State.

Portal Management

- The primary responsibility of the portal management team is to ensure that all data being published through official dashboards/portals of the Govt. of Kerala reflects accurate and up to date data
- The portal management team shall work with the Data management team to collect, compile and analyse data from the different committees and share the same with the nodal officers of the corresponding dashboards.
- The portal management team shall also monitor all dashboards/portals of the State and Central governments and ensure that the data in these portals are up to date. Any data discrepancy in these portals shall be intimated to the admin of the dashboard and steps taken to update the dashboard.
- The major portals to be monitored by the team shall include the COVID Jagratha portal, GoK Dashboard, COVID-19 India portal, ICMR portal, LDMS portal, S3 portal.

Vaccine Management Team

- The team should regularly coordinate with all districts on the requirement of vaccine, its utilisation, supply chain and other logistics
- The team should regularly coordinate with vaccine manufacturers to ensure timely supply of vaccines to KMSCL and private hospitals
- The team should also coordinate with private hospitals and ensure that the doses contracted and supplied are informed to the concerned officers in State/Central governments.
- The team shall ensure those private hospitals who have received vaccines publish the same and start sessions as per guidelines without delay.
- The team should plan to scale up vaccination coverage through available stocks and anticipated supplies.
- The team should have regular meetings with RCHOs and Private hospitals to address any outstanding issues in vaccination.
- Submit regular reports on the progress of vaccination to the principal secretary (Health), SMD – NHM and DHS
- Any other matter informed to the team by the DHS and SMD-NHM.

Post-Covid Management & Coordination Team

- Preparation and periodic updation of post covid operational guidelines
- Ensuring an adequate number of post-covid clinics is being established in the districts both in the public and private sectors.
- Ensuring training and capacity building of healthcare workers on post covid management in collaboration with Training Division
- Coordinate, Monitor and Review post covid related activities in the districts
- Ensuring necessary analysis of the post covid related data and providing feedback to district teams and higher authorities
- Ensuring necessary IECs is being disseminated on post covid service provisions
- Ensuring provisions of teleconsultations are being used for post covid management
- Assessing the infrastructure requirement for post-covid service delivery and initiating steps for correction of deficiencies in coordination with concerned teams
- Coordinating with the private health care facilities to ensure post covid services in their institutions and for availing post covid related data from private facilities to assess the actual situation regarding post covid health issues and service delivery.


Principal Secretary

Annexure : Committee Members

Sl. No	Committee	Nodal Officers	Members
1	Surveillance	<ol style="list-style-type: none"> 1. Dr V Meenakshy, Addl. Director (PH) & SSO 2. Dr Anuja, HOD, Dept of Community Medicine & State PEID Cell Coordinator, GMCH, TVM 	
2	Infrastructure & Human Resource Management	<ol style="list-style-type: none"> 1. Dr Sriram V, Joint Secretary (Health) 	<ol style="list-style-type: none"> 1. Dr Roy Spl Officer DME 2. Dr Shinu K S Dy Director i/c Addl. Director (Medical) 3. Dr C K Jagadeeshan, Dy Director i/c Additional Director (Planning) 4. Dr Bijoy Joint Director SHA 5. Mr. Suresh K, State Admin & HR Manager 6. Dr H Veena Saraji Asst. Director (Planning) 7. Dr Shilpa, SNO (M&E) 8. Dr Mathew, Consultant HWC 9. Dr Amjith Kutty, SQAO 10. Dr Suja JAMO, DHS 11. Dr Navajeevan Junior Consultant 12. Dr Vimal, SHA 13. Dr George Philip, NUHM 14. Mr. Raymond, Clerk Higher Grade, DHS

Sl. No	Committee	Nodal Officers	Members
A	Hospital Surveillance Committee	<p>1. Dr Bipin Gopal</p> <p>2. Dr Asha K P Asso Professor Community Medicine, Head State PEID Cell</p> <p>3. Dr Prathap Chandran, SMO – NPSP, WHO (Private hospital surveillance)</p>	<p>1. Dr Rontgen Saigal, eHealth</p> <p>2. Dr Deepu Surendran, MO STDC</p> <p>3. Dr Vipin K Ravi, JAMO (DHS)</p> <p>4. Dr Bijoy Joint Director SHA (Private hospital surveillance)</p> <p>5. Dr. Ramees Raja, Sr. Resident, Comm. Medicine, GMCH, TVM</p>
3	Material Management Transportation & Oxygen Monitoring	<p>1. Dr Thomas Jt DME (MCH side management)</p> <p>2. Dr Shinu KS, Dy Director i/c Addl Director (Medical)</p> <p>3. General Manager, KMSCL</p> <p>4. Mr. Madhu (Team Leader - Transport Team)</p> <p>5. Dr. Manu (Team Leader – Oxygen Monitoring)</p>	<p>1. Drugs controller</p> <p>2. Consultant Biomedical waste management</p> <p>3. Aswathy, Biomedical Engineer</p> <p>4. State Oxygen Monitoring unit</p> <p>5. Dr Neena rani, DD NPCB- Oxygen monitoring</p> <p>6. Dr Anoj</p>
4	Vaccine Management	<p>1. Dr Preettha P P, Addl. Director (FW)</p>	<p>1. Dr Sandeep K, Deputy DHS FW</p> <p>2. Dr Rosin - Consultant, UNDP</p> <p>3. Dr Bijoy E, Joint Director SHA</p> <p>4. Dr Prathap Chandran, SMO, WHO</p> <p>5. Dr Anoj S, State Consultant-AEFI</p> <p>6. Dr Preeja, JAMO FW</p> <p>7. Mr Jayan, State Cold Chain Officer</p> <p>8. Ms Ajitha SOFW Store</p> <p>9. Ms Suja C R (Communication Officer)</p>

Sl. No	Committee	Nodal Officers	Members
5	Post-COVID Management	1. Dr Bipin K Gopal, State Nodal Officer NCD 1. Dr Reena K J, Additional Director (A&T) 2. Dr Jithesh V, Executive Director, SHSRC 3. Dr Divya V S, State Nodal Officer, Training 4. Dr Bijoy, Joint Director, State Health Agency	1. Dr Abdul Azeez Manager Accounts & compliance SHA, 2. Dr Manu M S, JC - STDC 3. Dr Rontgen Saigal, eHealth 4. Dr Ajan M J, JAMO DHS 5. Dr Branch Immanuel CVHO, IHCI 6. Mrs Suja Mass media officer 1. Dr. Aravind, HOD, Infectious disease 2. Dr. Sheeja Sugunan, Intensivist, SAT Hospital (Paediatrics) 3. Dr Zinia Nujum Associate Professor, Department of Community Medicine Government medical college Kollam 4. Dr Prasanna, Principal, KSIHFW 5. Dr Swapna, Asst DHS, KSIHFW 6. Dr Lavanya, JAMO, KSIHFW 7. Dr Sumi, JAMO, KSIHFW 8. Mr Nitheesh S Nursing Officer Coastal Speciality Hospital Vailiyathura 9. Mr Sreejith M G, Nursing officer Gr1 CDH Pulayanarkotta 10. Mrs Sreelatha N, Nursing officer Gr1 CDH Pulayanarkotta
6	Capacity Building & Knowledge Management		

Sl. No	Committee	Nodal Officers	Members
7	Telemedicine	<ol style="list-style-type: none"> 1. Dr Divya V S, State Nodal Officer, Telemedicine 2. Dr Thomas Mathew, Joint DME 	<ol style="list-style-type: none"> 11. Mrs. Shaharbanath A Senior Nursing Officer MHC Peroorkada 12. Ms Athira Ram - IT Programmer, NHM 13. Mrs. Anjali Krishnan RA SHSRC 14. Latheef Manager SHA
8	Psychosocial Support	<ol style="list-style-type: none"> 1. Dr Kiran P S Consultant, Mental Health Programme 	<ol style="list-style-type: none"> 1. Dr Suja JAMO (DHS) 2. Dr Rontgen eHealth 3. Mr. Vinod eHealth 4. Mr Sreejith M G, Nursing officer GrI CDH Pulayanarkotta 5. Mr Nithesh S Nursing Officer Coastal Speciality Hospital Valiyathura 6. Mrs Nikitha JC 7. Mrs Reshma JC MIS 8. Mrs Akhila Floor manager DISHA 9. Mr Vivek, SHA
9	State Control Room Management & Documentation	<ol style="list-style-type: none"> 1. Dr Ajan M J, JAMO, DHS 	<ol style="list-style-type: none"> 1. Dr Unnikrishnan Psychiatrist 2. Dr Vinod MD, Psychiatric Social Worker 3. Hari Vijay, Clinical Psychologist 4. Minta Elizabeth, Project Officer
			<ol style="list-style-type: none"> 1. Dr Mahesh N, Assistant Surgeon, CHC Perumkadavila, TVM 2. Dr Lakshmi GG, State Epidemiologist 3. Dr Manu M S, Junior Consultant - STDC 4. Dr Rontgen Saigal, Domain Expert, eHealth PMU

Sl. No	Committee	Nodal Officers	Members
10	Data Management & IT support Portal Management	1. Mrs Prabha George, Demographer, DHS 2. Dr Shilpa, State Nodal Officer (M&E)	5. Dr Mohammed Rameez, Epidemiologist, Control Room 6. Dr Azeela Bekker, Epidemiologist, Control Room 7. Mr. Amal Mohan, Assistant programmer, IT - NHM 1. Chief Statistician 2. Mrs. Sudhamony, Chief Consultant, eHealth 3. Vinod Raj, Technical Manager, eHealth 4. Beula G S, Urban MIS Manager, 5. Athira, IT Programmer 6. Aswathy Ramachandran, JC MIS 7. Reshma UD, JC MIS
11	IEC/BCC Management & Media Surveillance	1. Dr Ramesh R, PD KSACS	1. Dr Niju G, Senior Civil Surgeon, eHealth PMU 2. K N Ajay, SMEMO-in-charge 3. Suja C R, Communication Officer, DHS 4. Dr Deepthi M U, PDA, DHS 5. Asok Kumar T K, Social Scientist, DHS 6. Haripreetha A L, Editor, DHS 7. G Sunil Kumar, Technical Expert, KSACS 8. Reshmi Madhavan, JD-IEC, KSACS 9. Sinosh K P, Senior Consultant, BCC, NHM 10. Deepu S, Consultant, RH, NHM

Sl. No	Committee	Nodal Officers	Members
12	Call Management & Public Relations Center	<ol style="list-style-type: none"> 1. Dr Amar Fettle, State Nodal Officer (AH) 2. Dr Anoj, State Consultant, AEFI 	<ol style="list-style-type: none"> 11. Shyjl K K, Junior Consultant, BCC, NHM 12. Dhanus, Training coordinator, eHealth 13. Jai G Thomas, Finance Officer 1. Anil Kumar S-HS 2. Sunil Kumar K P -HI 3. Martin Jinu, JC-NHM 4. Akhila -Floor manager of DISHA (for coordinating with Disha)

Annexure – Surveillance Sub-committees

Team	Activities	DHS	DME/Other
Field Surveillance	<ul style="list-style-type: none"> • The field Surveillance team should monitor all Surveillance activities at the field level. • The following data should be collected daily and timely reports to be sent for further analysis • Positive Line List • Contact tracing Line list • Line List of Persons under quarantine • Health Care Workers Positive List 	<p>Team leader</p> <p>Dr.Binoy.S.Babu</p> <p>Dr Vidya Deputy Director (PH)</p> <p>Members</p> <p>Dr Lakshmi G G, State Epidemiologist</p> <p>Dr Sindhu Sreedharan JAMO(PH)</p> <p>Ms.Athira Sugathan, State Entomologist (IDSP)</p> <p>Mr Jose Fernandez</p> <p>Data Manager (IDSP)</p> <p>Mrs Maya DEO(IDSP)</p>	<p>Team leader</p> <p>Dr.Asha.K.P, Assoc.Prof, Comm.Medicinè, GMCH, TVM & RPEID CELL Coordinator</p> <p>Dr Anish T S, Associate Prof, Dept of Comm. Medicine, GMCH, TVM.</p> <p>Dr Indu Prof Deptt of Comm Medicine GMCH Kollam</p> <p>Dr.Ramees Raja, Asst. Professor,</p> <p>Dept of Community Medicine, GMCH, TVM.</p> <p>Dr.Bilal, Sr.Resident, Dept of Community Medicine, GMCH, TVM.</p>

Team	Activities	DHS	DME/Other
	<ul style="list-style-type: none"> • Travel Surveillance 	<p>Team leader Dr Vidya, DD(PH)</p> <p>Members Ms Deepa DEO Mrs Nilby Antony (Statistical Assistant). Mrs Maya DEO(IDSP)</p>	<p>Team leader</p>

Team	Activities	DHS	DME/Other
	<ul style="list-style-type: none"> • Cluster Surveillance 	<p>Team leader Dr. Anil.V. Asst Director (PH)</p> <p>Members Dr Sindhu Sreedharan JAMO(PH) Mrs Prabha George, Demographer, DHS Mrs Sujatha (Senior Statistician). Mrs Niby Antony (Statistical Assistant). Mrs Maya DEO (IDSP)</p>	<p>Dr. Asha.K.P., Assoc.Prof, Comm.Medicine, GMCH, TVM & RPEID CELL Coordinator</p> <p>Dr Anish, Assoc.Prof, Dept of Comm.Medicine, GMCH, TVM.</p> <p>Dr.Ramees Raja, Asst. Professor, Dept of Community Medicine, GMCH, TVM.</p>
	<ul style="list-style-type: none"> • Special Surveillance <ul style="list-style-type: none"> ◦ Tribal, coastal, urban slums ◦ Migrants 	<p>Team leader Dr. Anil.V. Asst Director (PH)</p> <p>Members</p>	<p>Dr Indu Prof Comm Medicine MCH Kollam</p>

Team	Activities	DHS	DME/Other
		<p>Mr. Sasi, AD(Entomology)</p> <p>Mr. Santhosh, AD(Fil)</p> <p>Ms Athira Sugathan, State Entomologist (IDSP)</p> <p>Mr.Anup, Procurement Asst, NVHCP</p> <p>Dr George Philip, NUHM</p>	<p>Dr.Ramees Asst. Professor,</p> <p>Raja, Dept of Community Medicine, GMCH, TVM.</p>
	<ul style="list-style-type: none"> Field level RRT monitoring 	<p>Team leader</p> <p>Dr Amar Fettle Member</p> <p>Dr.Mathew,</p> <p>Dr Shilpa, State Nodal Officer (M&E)</p> <p>Ms K M Seena, Senior Consultant, NHM</p> <p>Dr Deepthi M U, PDA, DHS</p>	
Lab Surveillance	<ul style="list-style-type: none"> Daily testing Support and supervise Lab Surveillance activities at the State /District level; plan and Supervise testing Strategies for the State. 	<p>Team leader</p> <p>Dr Sunija,</p> <p>Director SPHCL</p> <p>Members</p>	<p>Dr.Sidharth, SR, Community Medicine Dept, GMCH, TVM</p>

Team	Activities	DHS	DME/Other
	<ul style="list-style-type: none"> • Daily reporting from LDMS portal for declaration of positive cases • Daily consolidation of district summaries, analysis, and reporting • Weekly trend analysis of Positivity rate and testing rate done. • Average trend analysis of positivity rate, testing rate and RT PCR testing rate will be done. • Monitor and support the districts for attaining Testing Targets • Analysis of Lab Surveillance data and prepare relevant reports. • Coordination of various Testing activities at the State Level <p>COVID Variant Surveillance</p> <p>(WGS & Spike protein detection)</p> <ul style="list-style-type: none"> • Whole Genome Sequencing (WGS) reports • Spike Protein testing report 	<p>Dr Binoy S Babu, Asst Director (ORT officer)</p> <p>Dr.Lekshmi, State Epidemiologist</p> <p>Dr Smitha, SPHCL.</p> <p>Ms. Sajitha PRO, SPHCL</p> <p>Mrs. Betty Christopher,</p> <p>State Microbiologist (IDSP-SSU)</p> <p>Ms. Maya, DEO (IDSP-SSU)</p>	

Team	Activities	DHS	DME/Other
		<p>Dr Lakshmi (State Epidemiologist)</p> <p>Dr Binoy S Babu</p> <p>Ms. Maya, DEO (IDSP-SSU)</p>	
Mortality Surveillance	<ul style="list-style-type: none"> • Daily death reporting <ul style="list-style-type: none"> - Verification of Medical bulletin (death reports) for preparing daily bulletin at the state level - Death portal monitoring • Collecting and verifying Medical Bulletin/DIR from Districts timely • Death Audit • Maintaining Mortality Line List 	<p>Team leader</p> <p>Dr Sunija</p> <p>Director SPHCL.</p> <p>Members</p> <p>Dr Smitha, SPHCL.</p> <p>Ms. Sajitha PRO, SPHCL</p>	Members

Team	Activities	DHS	DME/Other
	<p>Activities</p> <ul style="list-style-type: none"> • Timely analysis of mortality data and report to higher authorities and necessary feedback to districts • Preparing Death Audit reports for submitting to Govt 	<p>Members</p> <p>Dr Sreejith, Jr.Consultant, Medicine, GH, TVM</p> <p>Dr Bennet Xylem, Consultant, Paediatrics, W&C Thycad</p> <p>Dr Renuka, MicroBiologist, SPHCL, TVM</p> <p>Dr Anil V, Asst. Director (PH).</p> <p>Dr.Binoy, Asst.Director</p> <p>Dr Lakshmi (State Epidemiologist)</p> <p>Dr Sindhu Sreedharan (JAMO (PH).</p> <p>Mrs Betty Christopher.</p> <p>Mr Jose Fernandez (Data Manager)</p> <p>Ms. Maya, DEO (IDSP-SSU)</p>	<p>Dr Aravind, hod, Inf.Disease, GMCH, TVM</p> <p>Dr.Praveen, Assoc.Prof, Dept.Of Medicine, GMCH, TVM</p> <p>Dr Sheeja Sugunan, Intensivist, SAT Hospital, TVM</p> <p>Dr Jyothy R, Assoc.Prof, Dept. of MicroBiology, GMCH, TVM</p> <p>Dr.Tony Lawrence, Assoc.Prof, Community Medicine Dept, GMCH, TVM</p>

Team	Activities	DHS	DME/Other
	<p>Activities</p> <ul style="list-style-type: none"> Monthly fact sheet on surveillance All the relevant reports must be collected from the 4 teams and consolidated by the end of every week and weekly/fortnightly/monthly reports and fact sheet to be prepared Monitoring of Surveillance related portals LDMS Portal, Death Information portal, E Jagratha. S3 portal, GOI 	<p>DHS</p> <p>Team leader Dr.V.Meenakshy</p> <p>Dr Lakshmi GG (State Epidemiologist)</p> <p>Members</p> <p>Team leaders of all 4 teams</p> <p>Dr.Binoy. S.Babu</p> <p>Dr Lakshmi GG (State Epidemiologist)</p> <p>Mr Jose Fernandez (Data Manager)</p> <p>Mrs Betty Christopher</p> <p>Ms Athira Sugathan, State Entomologist (IDSP)</p>	<p>DME/Other</p> <p>Team leader Dr.Anuja, HOD, Comm.Medicine, GMCH, TVM</p> <p>Dr Anish T S Assoc.Prof, Comm.Medicine, GMCH, TVM</p>