



**GOVERNMENT OF KERALA**

**Abstract**

Health & Family Welfare Department - Management of Monkeypox - State Level Committees - Constituted - Orders issued.

**HEALTH & FAMILY WELFARE (F) DEPARTMENT**

G.O.(Rt)No.1903/2022/H&FWD Dated,Thiruvananthapuram, 03-08-2022

**ORDER**

Since the reporting of first case of Monkeypox in India, reported from Kerala on July 14 2022, Government of Kerala is making all possible efforts to contain its outbreak and prevent further spread. Surveillance against COVID - 19 and other communicable diseases also needs to continue.

2. In order to manage the Monkeypox outbreak along with the surveillance against COVID -19 and other communicable diseases, Government are pleased to restructure the existing State COVID Control Room with the following State Level Committees. The existing control rooms at the districts, with similar committees, shall be accordingly restructured to reflect the mandates in the accompanying ToR (included in annexure).

<b>Sl. No</b>	<b>State Level Committee</b>	<b>Nodal Officers</b>	<b>Members</b>
1.	Surveillance	1. Addl. Director (PH) & SSO 2. HOD, Dept of Community Medicine & State PEID Cell Coordinator, GMC TVM 3. Director, State PH Lab	1. Dr Vidya K R, Deputy DHS 2. Dr Anil V Asst DHS 3. Dr Binoy S Babu, Asst. DHS 4. Sobhana M G, ADNS 5. Dr Lakshmi G G, State Epidemiologist 6. Dr Sindhu Sreedharan, JAMO

			<ol style="list-style-type: none"> <li>7. Betty Christopher, Microbiologist, IDSP</li> <li>8. Athira Sugathan, Entomologist IDSP</li> <li>9. Jose, Data Manager, IDSP</li> <li>10. Athira, Consultant NVBDCP</li> <li>11. Veterinary Consultant -IDSP</li> <li>12. Maya, DEO, IDSP</li> <li>13. Deepa DEO, NLEP</li> <li>14. Health Inspector, ORT</li> <li>15. Statistics Team</li> </ol>
<p>2.</p>	<p>Infrastructure &amp; Human Resource Management</p>	<ol style="list-style-type: none"> <li>1. Dr. Chithra S., Joint Secretary (Health)</li> <li>2. Addl. Director (Planning)</li> <li>3. Joint.DME (Medical)</li> </ol>	<ol style="list-style-type: none"> <li>1. Dr Zinia Nujum, Associate Professor, Dept. of Community Medicine, GMC Kollam</li> <li>2. Dr Bijoy Joint Director SHA</li> <li>3. Mr Suresh K, State Admin &amp; HR Manager</li> <li>4. Dr H Veena Saroji, Asst. Director (Planning)</li> <li>5. Dr Prathap Chandran, SMO - WHO</li> </ol>

			<p>6. Dr Divya V S, SINO Training</p> <p>7. Dr Lavanya, JAMO KSIHFW</p> <p>8. Dr Navajeevan, JC (Ophthal)</p> <p>9. Mr Raymond, Clerk Higher Grade, DHS</p> <p>10. Mr Nithin B G, Consultant -Admin, NHM</p>
3.	Material Management	<p>1. Managing Director, KMSCL</p> <p>2. Addl. DHS (Medical)</p> <p>3. General Manager, KMSCL</p>	<p>1. Drugs controller</p> <p>2. Deputy DHS (Medical)</p> <p>3. Dr Bipin Gopal, State Nodal Officer (NCD)</p> <p>4. Dr Mathew, Consultant (H&amp;WC)</p> <p>5. Consultant Biomedical</p> <p>6. Aswathy, Biomedical Engineer</p> <p>7. Anzal, Junior Consultant, Plan Campaign</p> <p>8. Deepak D, Junior Consultant, H&amp;WC</p> <p>9. Mr Raymond, Clerk Higher Grade, DHS</p>
4.	Capacity	<p>1. Dr Reena K J, Addl Director (A&amp;T)</p>	<p>1. Dr Zinia Nujum Associate Professor,</p>

	Building & Knowledge Management	<ol style="list-style-type: none"> <li>2. Dr Prasanna, Principal, KSIHFW</li> <li>3. Executive Director, SHSRC</li> <li>4. Dr Divya V S, State Nodal Officer, Training</li> </ol>	<p>Department of Community Medicine Government medical college Kollam</p> <ol style="list-style-type: none"> <li>2. Dr Swapna, Asst DHS, KSIHFW</li> <li>3. Dr Arun , Asst. Surgeon, FHC Karakulam</li> <li>4. Junior Consultant (Training)</li> <li>5. Deepu krishnan, MLSP, FHC, Amachal</li> <li>6. Arun. S, MLSP, CHC, Poonthura</li> <li>7. Mrs Sreelatha N, Nursing officer Gr1 CDH Pulayanarkkotta</li> <li>8. Mrs. Shaharbanath A, Senior Nursing Officer MHC Peroorkada</li> <li>9. Ms Athira Ram - IT Programmer, NHM</li> <li>10. Mrs. Anjali Krishnan, RA SHSRC</li> <li>11. Latheef ,Manager SHA</li> </ol>
5.	Telemedicine and Call centre Management	<ol style="list-style-type: none"> <li>1. Dr Divya V S, State Nodal Officer, Telemedicine</li> </ol>	<ol style="list-style-type: none"> <li>1. Dr Aiswarya, eSanjeevani State Hub</li> <li>2. Dr Anjana Krishna,</li> </ol>

		<ol style="list-style-type: none"> <li>2. Joint DME (Medical)</li> <li>3. Dr Bijoy, Joint Director, State Health Agency</li> <li>4. Dr Anoj, State Nodal Officer, AEFI</li> </ol>	<ol style="list-style-type: none"> <li>eSanjeevani State Hub</li> <li>3. Dr Reshma, eSanjeevani State Hub</li> <li>4. Mrs Nikitha JC</li> <li>5. Mrs Akhila, Assistant IT programmer NHM</li> <li>6. Mrs Reshma, JC MIS</li> <li>7. Mrs Akhila ,Floor manager DISHA</li> <li>8. Mr Vivek SHA ,Anil Kumar S-HS</li> <li>9. Sunil Kumar K P -HI</li> <li>10. Martin Jinu, JC-NHM</li> </ol>
6.	Psychosocial Support	<ol style="list-style-type: none"> <li>1. Addl. Director (Medical)</li> <li>2. Dr Kiran P S, State Nodal Officer (Mental health)</li> </ol>	<ol style="list-style-type: none"> <li>1. Deputy DHS (Medical)</li> <li>2. Dr Unnikrishnan JC (Psychiatry)</li> <li>3. Dr Vinod MD, Psychiatric Social Worker</li> <li>4. Hari Vijay, Clinical Psychologist</li> <li>5. Minta Elizabeth, Project Officer</li> </ol>
7.	IEC/BCC & Media Surveillance	<ol style="list-style-type: none"> <li>1. Dr Ramesh R, Project Director, KSACS</li> <li>2. Addl. Project Director, KSACS</li> </ol>	<ol style="list-style-type: none"> <li>1. Dr Niju G, Senior Civil Surgeon, eHealth PMU</li> <li>2. K N Ajay, SMEMO-in-charge</li> </ol>

			<ol style="list-style-type: none"> <li>3. Suja C R, Communication Officer, DHS</li> <li>4. Dr Deepthi M U, PDA, DHS</li> <li>5. Asok Kumar T K, Social Scientist, DHS</li> <li>6. G Sunil Kumar, Technical Expert, KSACS</li> <li>7. Reshmi Madhavan, JD-IEC, KSACS</li> <li>8. Sinosh K P, Senior Consultant, BCC, NHM</li> <li>9. Dr Deepu S, Consultant, RH, NHM</li> <li>10. Shyjil K K, Junior Consultant, BCC, NHM</li> <li>11. Smruthy Lekshmi, Junior Consultant, (D&amp;C)</li> <li>12. Varsha V K, Junior Consultant, (D&amp;C)</li> <li>13. Jai G Thomas, Finance Officer</li> </ol>
8.	Vaccine Management	Additional DHS (FW)	<ol style="list-style-type: none"> <li>1. Dr Sandeep K, Deputy DHS FW</li> <li>2. Dr Bijoy E, Joint Director SHA</li> <li>3. Dr Lipsy Paul, SNO</li> </ol>

			<p>MH</p> <ol style="list-style-type: none"> <li>4. Dr Rosin - UNDP</li> <li>5. Dr Prathap Chandran, SMO, WHO</li> <li>6. Dr Anoj S, State Consultant-AEFI</li> <li>7. Dr Preeja, JAMO FW</li> <li>8. Mr. Jayan, State Cold Chain Officer</li> <li>9. Ms Ajitha, SOFW Store</li> <li>10. Ms Suja C R (Communication Officer)</li> <li>11. Renju V R, Junior Consultant, MCTS</li> </ol>
9.	Data Management	Dr Ajan M J, JAMO, DHS	<ol style="list-style-type: none"> <li>1. Dr Manu M S, Junior Consultant - STDC</li> <li>2. Dr Lakshmi GG, State Epidemiologist</li> <li>3. Dr Mahesh N, Assistant Surgeon, Aardram Mission Cell, DHS</li> <li>4. Visakh V S, Assistant Quality Assurance Officer</li> <li>5. Dr Azeela, Epidemiologist control room</li> </ol> <p><u>Technical Support:</u></p>

			6. Vinod Raj, Technical Manager, eHealth 7. Dr Rontgen Saigal, Domain Expert, eHealth 8. Chief Statistician, DHS 9. Beula G S, Urban MIS Manager 10. Data entry Operators from NHM
10.	Documentation & Monitoring	1. Dr Shilpa ,SNO M&E 2. Mrs Prabha George, Demographer	1. Haripreetha A L, Editor, DHS 2. State Mass media team 3. Statistics wing 4. Aswathy Ramachandran JC MIS 5. Reshma UD, JC MIS 6. DEO (NHM)

### 3. General guidelines applicable to all Committees:

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



- The IT wing of NHM and eHealth shall provide technical support for the committees.

The ToR of the Committees is attached as Annexure.

(By order of the Governor)  
TINKU BISWAL  
PRINCIPAL SECRETARY

To:

The State Mission Director -National Health Mission, Thiruvananthapuram.

The Managing Director, Kerala Medical Services Corporation Ltd

The Director of Health Services, Thiruvananthapuram.

The Director of Medical Education, Thiruvananthapuram.

The Director, State Public Health Lab, Thiruvananthapuram

The Director Kerala State Aids Control Society , Thiruvananthapuram

All District Medical Officers (Health)

Executive Director, State Health Agency, Thiruvananthapuram

Executive Director, SHSRC, Thiruvananthapuram

Principal KSIHFW, Thiruvananthapuram

Project Director, eHealth PMU

All concerned officers.

Principal Accountant General (A&E/Audit) Kerala.

Information & Public Relations (Web & New Media) Department

Stock File/ Office Copy to F2/217/2022-HEALTH.

Forwarded /By order

**Signed by Savitha M V**

**Date: 03-08-2022 18:38:56**

Section Officer

Copy to:

Private Secretary to the Hon'ble Chief Minister

Private Secretary to the Hon'ble Minister (Health)

Special Secretary to Chief Secretary

PA to Additional Chief Secretary (Health)

PA to Principal Secretary (Health)

### TOR for State level Committees

#### State Control Room - Mandates

- Control room access is authorised only to those engaged in control room activities.
- Identity proof is mandatory.
- Committee members of different committees should work in their assigned areas.
- Critical appraisal of group activity shall be done in the review meetings.
- The implementation status of the decisions taken shall be monitored.
- Action taken reports by the corresponding committees shall be sought and should be submitted in a time-bound manner
- The Documentation and Monitoring committee shall 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 shall be done only through a designated spokesperson or through the IEC/BCC & Media Surveillance Committee
- All committees in the State and district shall ensure the dissemination of information among themselves regarding the daily scenario on a day-to-day basis.

- All committees shall ensure that adequate members are present at the state and district levels in their respective committees.
- All committees must maintain a database of all records collected from various sources and the reports generated based on these records. They should share the data with other committees as required.
- 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 and solutions /recommendations for addressing them.
- A media bulletin shall be prepared and published on official websites.

### **State Level Committees**

1. Surveillance
2. Infrastructure & Human Resource Management
3. Material Management
4. Capacity Building & Knowledge Management
5. Telemedicine & Call Centre Management
6. Psychosocial Support
7. IEC/BCC & Media Surveillance
8. Vaccine Management
9. Data Management
10. Documentation & Monitoring

### **Responsibilities of State level Committees**

#### **Surveillance committee**

The surveillance team shall have four sub-committees

<b>Sub Committee</b>	<b>Activities</b>
Hospital surveillance	● The hospital Surveillance team collects, compiles, and analyses daily data of Monkeypox positive

	<p>patients</p> <ul style="list-style-type: none"> <li>● Ensure daily Line lists are maintained at the institutional level to capture new admission details, referrals, death etc.</li> <li>● 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.</li> <li>● 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.</li> <li>● The team should also coordinate with the infrastructure team and ensure that daily admission/discharge details are also collected with patient level details</li> </ul>
Field Surveillance	<ul style="list-style-type: none"> <li>● The field Surveillance team should monitor all Surveillance activities at the field level.</li> <li>● They should ensure the follow up of all patients who are under quarantine or self-monitoring their symptoms</li> <li>● They should ensure tracing of all contacts of confirmed cases</li> <li>● They should ensure timely reporting of data from all districts</li> <li>● The following data should be collected daily, and timely reports to be sent for further analysis</li> <li>● Positive Line List</li> <li>● Contact tracing Line list</li> <li>● Line List of Persons under quarantine</li> </ul>
Lab Surveillance	<ul style="list-style-type: none"> <li>● Support and supervise Lab Surveillance activities at the State /District level; plan and Supervise testing Strategies for the State.</li> <li>● Daily reporting of details of positive cases</li> <li>● Daily consolidation of district summaries, analysis, and reporting</li> <li>● Analysis of Lab Surveillance data and preparing relevant reports.</li> <li>● Coordination of various testing activities at the State Level</li> </ul>

Mortality Surveillance	<ul style="list-style-type: none"> <li>● Reporting of deaths, if any</li> <li>● Conduct a detailed audit of any deaths</li> <li>● Timely analysis of mortality data and report to higher authorities and necessary feedback to districts</li> <li>● Preparing Death Audit reports for submitting to Govt</li> </ul>
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- The surveillance team shall provide supportive data required for analysis for other teams. 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 directed by higher authorities.
- The State PEID cell coordinator should ensure that reports from all regional PEID cells are sent to the Surveillance team on time.

### **Infrastructure & Human resource management committee**

The infrastructure team shall collect data from all hospitals in the Health Services department, Medical Colleges, and Private hospitals. 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 shall 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 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.

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

The team shall also monitor the current position of staff across all the hospitals in the public sector and ensure that there are no vacancies or shortages of staff. The team should have a thorough knowledge of the HR distribution in all districts. They shall also ensure proper staff rotation in all treatment facilities so that the same persons are not being posted repeatedly.

In addition, the District Programme Management Support Units (DPMSU) created as per order no 31/F2/2020/Health-28<sup>th</sup> July,2020 shall monitor the real-time occupancy status in all hospitals in their concerned districts and decide upon activating additional hospitals based on the occupancy. The DPMSUs should also have call centres to respond to patient care and hospitalisation queries and an ambulance network to ensure hassle-free transport of patients. A nodal officer should be identified who should work in close liason with the infrastructure and surveillance team at the district level.

### **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 should be collected from all peripheral health care institutions and compiled at the district level. This data should be validated, errors rectified and reported to the infrastructure team at the state level, who shall cross-check the data 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 should verify the data collected from all verticals, such as institutions under the DHS, DME and private sector hospitals and check for discrepancies. Any such discrepancies noted shall be corrected by the respective teams. This is done daily and after the data freezing time at 11 am. The verification /validation shall 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 verifies the data and submits it.

In addition to this, the data collected and compiled from the four verticals, such as institutions from field hospitals, DHS, DME and the 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. This system ensures that the data collected and used for planning purposes serves the same.

### **Surge plans**

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 Committee**

The material management committee is responsible for ensuring the availability of equipment and consumables in the State. The committee shall monitor the availability of equipment and consumables and take proactive steps in procuring any equipment or consumables needed to manage the current outbreak. 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 monitor the occupancy and requirement of consumables with the support of the infrastructure team.

The primary responsibilities of the Material management committee are:

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

### **Capacity Building & Knowledge Management Committee**

The capacity building and knowledge management committee is in charge of creating training materials based on the daily needs addressed. A panel of experts should approve these training materials and take the necessary steps for disseminating the content to districts and other channels through the IEC/BCC committee.

The committee shall have the following responsibilities

- Act as Knowledge management backup 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 and skill development sessions accordingly.

- Knowledge management backup for call centres, regular training and hand holding
- Knowledge management backup, training, and handholding of Telemedicine & Call Centre team
- Management and development of learning management system modules
- Designing and creation of instant/Planned curriculum for training needs
- Development of learning modules and designing of learning experiences for outbreak related training
- Development of Monkeypox and other outbreak specific and related learning materials suitable for rapid learning
- Help/Conduct Monkeypox and other outbreak related capacity building sessions for other departments.
- Learning media development (Audio-visual 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/SIHFW/SHSRC/Medical Colleges and handholding them
- Monitoring the district level training/SIHFW/Medical colleges, including both Govt and private sector
- Regular data analysis and providing inputs to states, districts, and institutions.

### **Telemedicine & Call Centre Management**

#### Telemedicine

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 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 for physical treatment at the relevant health institutes.

The state team is in charge of telemedicine services in the State and shall draft the 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
- Identify, train, and onboard new practitioners to the e-Sanjeevani telemedicine platform, liaison with district and institutional teams and ensure quality service delivery.
- Communicate 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 on any of the platforms and support these service deliveries by handholding both public and private sectors, including all service providers

### Call Centre Management

The State helpline DISHA shall continue to function as the primary service provider for queries from the public, but they should constantly liaison with DPMSU and individual teams. The call centre management team should also 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. Follow up calls to the district level or public, based on issued raised by respective teams shall be done by the DISHA team.

### **Psychosocial Support committee**

The psychosocial support committee shall coordinate 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 and provide Helpline numbers and counselling services in case of psychological issues like stress, anxiety, depression, or insomnia. Follow-up calls are also given to ensure recovery. Social needs like food, medicine, medical consultations, and other essential items are intimated to the concerned Panchayat/ ICDS. Two helpline numbers are arranged in each district in addition to the DISHA Helpline for the entire State. Psychological support is also provided to health personnel working in outbreak control activities. '*Ottaykkalla Oppamundu*' is extended to schoolchildren to address the psychosocial issues they faced during the pandemic.

Psychosocial Support calls 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 daily. 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.

### **IEC/BCC & Media Surveillance**

The responsibilities of the IEC/BCC & Media Surveillance committee include

- Preparation of IEC materials related to the preventive and promotive activities at the field level to manage Monkeypox 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 updation in 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.
- Collect 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 Centre Management & Public Relations team for timely redressal.
- Surveillance of public health issues circulating in the media.
- Surveillance of all media sources for misinformation or fake news and take timely steps to prevent further dissemination of such information. Legal action shall also be taken against persons deliberately spreading such information.
- Validate the information collected from the media for adverse outcomes and execute 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

### **Vaccine Management Committee**

The Vaccination committee shall continue to monitor the COVID vaccination programme in the State. The committee, with the support of STAGI and based on instructions from MOHFW, shall decide on the use of vaccines against Monkeypox.

The responsibilities of the Vaccination committee include:

- Regularly coordinate with all districts on the requirement of vaccines, their utilisation, supply chain and other logistics
- Coordinate with vaccine manufacturers to ensure timely supply of vaccines to KMSCL and private hospitals
- Coordinate with private hospitals and ensure that the doses contracted and supplied are informed to the concerned officers in State/Central governments.
- Plan for scaling 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.

## **Data Management Committee**

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 and Monkeypox outbreaks at the state level. All other committees working in the control room should share all collected data with the data management committee as soon as it is finalised. The data management committee should collect data such as line lists, reports, fact sheets etc., related to COVID and Monkeypox prepared by the other committees like daily, weekly, or monthly reports of other committees, fact sheets etc. They shall also analyse the reports submitted by different committees and give timely feedback.

The data management team shall

- Collect reports generated by all the committees and analyse them
- Examine reports generated by other committees and give critical feedback regarding data quality, data formats or other issues regarding the reports being generated.
- Collect and analyse other relevant data, which can complement the data generated by the committees, from other health system structures like IDSP, NHM etc.
- Prepare summary reports based on reports received from all other committees
- Share data necessary for updating dashboards and portals maintained by the State.

## **Documentation & Monitoring Committee**

The Documentation & Monitoring Committee

- Shall document all 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.
- Shall prepare the daily media bulletin
- 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.