



### Water Rorne Diseases

Jt. Director of Health Services (Malaria, Filaria & Waterporne Diseases) Pune-1

# **Epidemic Control Programme**

## Aims & Objectives: -

- To prevent & control outbreaks of water borne diseases.
- Give feedback to districts about outbreaks in their area.
- Water quality monitoring.
- TCL powder quality monitoring.
- To reduce morbidity & mortality due to water

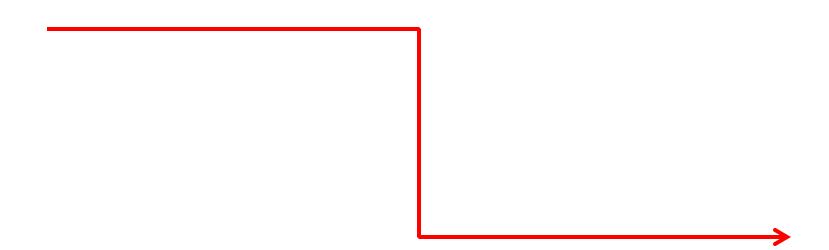
# Other Programmes

- YAWS Elimination Programme In Chandrapur & Gadchiroli districts. No case in state since 2000.
- Guinea Worm Elimination Programme No case in state since 1991. WHO declared India Guinea Free in Feb 2000.

### Other Activities -

- Influenza A H1N1 Prevention & Control
- Lentosnirosis Prevention & Control

## WBD Outbreaks – Last 3 Years



# **Year wise Comparison of Waterborne Outbreaks**

**Disease** 

**Gastro** 

Diarrhoea

Cholera

Viral

**Hepatitis** 

**Typhoid** 

6 Leptospirosis

**State Total** 

Α

D

Α

D

Α

D

2014 Up to 29.05.14

Α

D



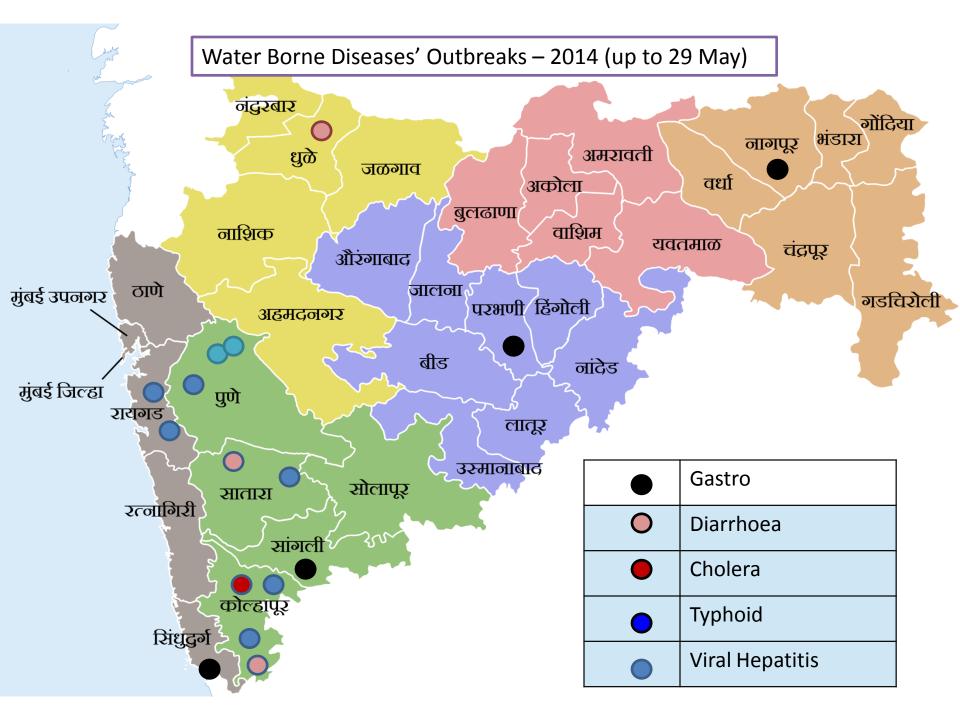
Sr.

No



## Division wise WBD Outbreaks 2013

Sr No	Name of Health Circle	Total WBD outbreaks in 2013	Total Deaths due to WBD outbreaks
1	Thane	26	13
2	Nashik	28	5
3	Pune	7	1
4	Kolhapur	19	3
5	A'bad	5	2
6	Latur	5	1
7	Akola	3	0
8	Nagpur	14	6
	Total	107	31



## Division wise WBD Outbreaks

Up to 29 May 2014

Sr No	Name of Health Circle	Total WBD outbreaks	Total Deaths due to WBD outbreaks
1	Thane	2	0
2	Nashik	1	0
3	Pune	3	1
4	Kolhapur	8	1
5	A'bad	1	0
6	Latur	0	0
7	Akola	0	0
8	Nagpur	1	0
	Total	16	2

# **Timeliness of Reporting**

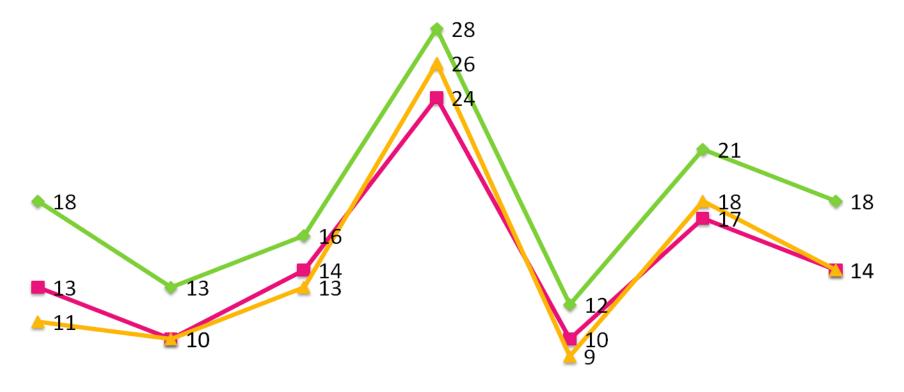
#### **WBD Outbreaks**

Timely Reported OB one each from Pune & Kolhapur

# Districts With Highest & Lowest Water Contamination (April 2014)

Low Water Contamination			Top Water Co	ontamination
Sr. No.	District	% Water Contamination	District	% Water Contamination
1	Nagpur	4	Latur	27
2	Pune	5	Jalna	26
3	Wardha	5	Nanded	25
4	Satara	5	Aurangabad	23
5	Chandrapur	6	Akola	22

### Division Wise % Water Contamination





# Districts With Highest & Lowest Substandard TCL 2013-14

Best Five Worst Five				
Destrive				
Sr. No.	District	% Sub standard TCL	District	% Sub standard TCL
1	Aurangabad, Hingoli,Latur,Gadc hiroli,Gondia,Sola pur,Ratnagiri	0	Sindhudurg	50
2	Satara,Chandrapur	1	Nanded	32
3	Sangli, Raigad	2	Nandurbar	18
4	Kolhapur	3	Akola,Parbhani, Ahmednagar,Pune	14
5	Jalgaon,Wardha	4	Washim,	12

## Districts With Maximum & Minimum Red Cards

Best Performer			Worst Performer		
Sr No	Districts	% Grampanachayat with Red Card	Districts	% Grampanachayat with Red Card	
1	Ratnagiri,Solapur,S angli, Nagpur,	0	Akola	13.65	
2	Amravati,Buldhana	0.12	Thane	8.37	
3	Wardha	0.19	Gadchiroli	5.57	
4	Sindhudurg	0.23	Gondia	3.78	
5	Jalgaon	0.26	Osmanabad	3.38	

State Average – 1.87%

# Leptospirosis: Last 5 Years' Situation

Leptospirosis 2013

Sr No	District	Cases	Deaths
1	Thane	14	1
2	Raigad	16	3
3	Ratnagiri	101	3
4	ВМС	233	3
5	Thane Corp.	24	7
6	M Bhayander	1	0
7	Thane Circle	389	17
8	Pune	1	1
9	Pune Circle	1	1
10	Sindhudurg	51	1
11	Kolhpur Circle	51	1
12	Wardha	2	1
13	Gadchiroli	10	0
14	Nagpur Circle	12	1
15	State Total	453	20

## Leptospirosis

Up to May 2014

Sr No	District	Cases	Deaths
1	Thane	1	0
2	Ratnagiri	1	0
3	ВМС	18	0
Total	State Total	20	0

Number of samples tested are not up to mark in

- . Raigad (0),
- Ratnagiri (5) &
- · Thane (1)

as compared to Sindhudurg (560) & MCGM (2310)

## Influenza A (H1N1) Last 4 Years Information

	2010	2011	2012	2013	2014 (Up to May)
No. of patients screened	2288302	695675	746755	732161	2,67,532
No.of suspected cases given Tamiflu	332166	27759	78453	55561	7911
No. of patients found +ve	6118	42	1564	643	28
No. of deaths	669	6	135	149	7

# Influenza A H1N1 2014

Sr No	District	Cases	Deaths
1	ВМС	7	0
2	M Bhayinder Corp.	2	0
3	PMC	7	0
4	Kolhapur	3	2
5	Nashik	3	1
6	Nagpur	6	4
	State Total	28	7

## Plan of Action for 2014-15

- Identification of high risk villages.
- Special focus on villages with Red card.
- Conduction of sanitary survey.
- Preparation & implementation of newly designed Leptospirosis Prevention & Control Programme by NCDC.
- Capacity building of ASHA in identification & reporting of suspected OB.

Thanks..