



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



GUIDELINE FOR FRONTLINE HEALTH WORKERS

LEVERAGING COMMUNITY PLATFORMS FOR ENHANCING ZONOTIC DISEASE AWARENESS



**National Rabies Control Program
Centre for One Health
National Centre for Disease Control
Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India**



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Abbreviations:

AB-HWC	Ayushman Bharat – Health and Wellness Centre
AMRUT	Atal Mission for Rejuvenation and Urban Transformation
ANM	Auxiliary Nurse and Midwife
ARV	Anti-Rabies Vaccine
ASHA	Accredited Social Health Activist
AWC	Angan Wadi Centre
AWW	Angan Wadi Worker
CHO	Community Health Officer
DPM	Dog Population Management
HWC- PHC	Health and Wellness Centre – Primary Health Centre
HWC-SC	Health and Wellness Centre – Sub Health Centre
ICDS	Integrated Child Development Services
IHIP	Integrated Health Information Platform
JAS	Jan Arogya Samiti
LHV	Lady Health Visitor
MAS	Mahila Arogya Samiti
MDV	Mass Dog Vaccination
MPHW	Multi-Purpose Health Worker
NAC	National Advisory Council
NHM	National Health Mission
NYK	Nehru Yuva Kendra
PEP	Post-exposure prophylaxis
PHED	Public Health Engineering Department
PWD	Public Works Department
RWA	Residents Welfare Association
S form	Suspected cases form
SBM	Swachh Bharat Mission
SHC	Sub Health Centre
UHND	Urban Health Nutrition Day
UHC	Urban Health and Wellness Centre
UPHC	Urban Primary Health Centre
VHND	Village Health Nutrition Day
VHNSC	Village Health Sanitation and Nutrition Committee



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MESSAGE

In the fight against zoonotic diseases, technical expertise and surveillance systems are only one part of the solution. The lessons from past epidemics, including those caused by diseases like Nipah virus and avian influenza, underscore a powerful truth i.e., without public understanding and participation, even the most robust health systems will be overwhelmed. The daily interactions between humans, domestic animals, and wildlife create pathways for pathogen transmission that can only be effectively managed through informed and responsible community action.

This "Guidelines for Frontline Health Worker for Leveraging Community Platforms for Enhancing Zoonotic Disease Awareness," recognizes this fundamental truth. It is a critical resource designed specifically for our frontline health workers, who are the trusted link between our health system and the public. This document moves beyond a top-down approach to health communication. It provides our frontline workers with practical, community-centered strategies to build trust, share vital information, and foster a culture of vigilance. By guiding them on how to utilize and adapt to existing platforms be it a Mahila Arogya Samiti (MAS), Jan Arogya Samiti (JAS), school assembly, or a religious gathering we are empowering them to meet people where they are. This ensures that health messages are not only received but are also understood and adopted in a way that is culturally sensitive and relevant to daily life.

The guideline is a comprehensive toolkit, offering actionable steps for developing targeted communication plans, using simple and accessible language, and encouraging two-way dialogue. It teaches frontline workers to listen to community concerns, address misinformation, and, most importantly, empower community members to become active participants in their own health and safety. When communities are equipped with knowledge, they become our eyes and ears on the ground, enabling early reporting and coordinated action. This guideline is an investment in human capital, creating a network of informed citizens who are crucial partners in the fight against emerging and re-emerging zoonotic diseases.

(Sunita Sharma)



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Message

Zoonotic diseases continue to pose a persistent risk to human and animal health in India, particularly in rural and peri-urban communities where close interactions between people, animals, and the environment are part of daily life. Preventing and controlling zoonotic diseases requires not only strong surveillance and clinical systems but also empowered communities that are aware, vigilant, and engaged in collective action.

Frontline health workers are the cornerstone of this community-level engagement. Their close connect with people and their role in health promotion, disease prevention, and early reporting make them vital agents of change. Recognizing this, the *Guideline for Frontline Health Workers on Leveraging Community Platforms for Enhancing Zoonotic Disease Awareness* has been developed by the National Centre for Disease Control (NCDC). This document provides practical strategies for frontline workers to utilize existing community platforms such as Village Health Sanitation and Nutrition Committees (VHSNCs), Jan Arogya Samitis (JAS), self-help groups for generating awareness, fostering dialogue, and encouraging preventive behaviours.

The guideline highlights simple, culturally sensitive, and participatory approaches that can be integrated into routine community meetings and health promotion activities, thereby strengthening trust between communities and the health system. It also stresses the importance of timely reporting of animal bites and unusual health events as a first step in preventing larger outbreaks.

I am confident that this guideline will be a valuable resource in empowering our frontline health workforce to act as catalysts for change. With their active involvement and the support of community institutions, we can foster a culture of prevention and resilience, thereby reducing the burden of zoonotic diseases in the country.

I extend my gratitude to all experts and partners involved in developing this document and call upon all frontline workers, community leaders, and health authorities to operationalize these strategies to build healthier, safer, and more informed communities.

Prof. (Dr.) Ranjan Das



Antibiotic resistance Containment Stewardship: Our Role, Our Responsibility
Judicious Use of Antibiotic: Key to Contain Antibiotic Resistance



From the Desk of Programme Officer

The success of any public health intervention hinges on the active participation and informed behaviour of the community. While top-down strategies for disease control are crucial, they are often insufficient without a parallel effort to educate and empower the public. Zoonotic diseases require a grassroots approach, as individual actions such as managing pets, handling livestock, or interacting with wildlife directly impact the chain of transmission. This guideline is designed to be a practical manual for frontline health workers, empowering them to become effective communicators and community mobilizers.

Frontline health workers are the most trusted messengers within their communities. This document provides them with practical strategies to utilize existing community platforms, such as Village Health Sanitation and Nutrition Committees (VHSNCs), Jan Arogya Samitis (JAS), self-help groups, schools, religious gatherings, and community centres, to disseminate critical information. It moves beyond simple awareness campaigns, focusing on building a deep understanding of zoonotic disease risks, prevention measures, and early reporting systems. The goal is to transform passive community members into active partners in health surveillance, encouraging them to report unusual animal deaths, sick pets, or signs of illness in their families and neighbours.

Ultimately, this guideline seeks to create a sustainable model for community-based health education. It outlines how to tailor messaging to different audiences, use accessible language, and leverage local customs and social structures to maximize impact. By equipping frontline workers with these skills, we can bridge the gap between scientific knowledge and community practice. The result is a more resilient and informed public, capable of taking proactive steps to protect themselves and their communities from the threats posed by zoonotic diseases. This is an investment in human capital that is fundamental to building a healthier and safer world.

I am delighted to present these guidelines as a key resource to empower our frontline workers. By applying the approaches detailed herein, we can create informed, vigilant, and resilient communities that play an active role in preventing zoonotic diseases. I call upon all health workers, community leaders, and local governance bodies to work hand in hand to make community-driven zoonotic disease control a reality.

Together, with community engagement at the heart of our efforts, we can significantly reduce the burden of zoonoses and secure a healthier and safer future for all.



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About the document

Zoonotic diseases are infections transmitted between animals and humans, accounting for over 60% of all emerging infectious diseases globally¹. In India, zoonotic diseases such as rabies, brucellosis, leptospirosis, anthrax, avian influenza, scrub typhus, Japanese encephalitis, and Kyasanur Forest Disease (KFD) contribute significantly to morbidity, mortality, and economic losses. The burden is amplified by factors such as high livestock density, close human–animal interactions, rapid urbanization, climate change, and limited awareness at the community level.

Effective prevention and control of zoonotic diseases require coordinated action across sectors, guided by the “One Health” approach. Leveraging existing community structures and platforms is central to preventing zoonotic diseases, disseminating knowledge, and promoting essential practices. Strengthening local awareness and community engagement can substantially reduce the burden of zoonotic diseases in India, supporting national goals for control and elimination.

Frontline health workers play a critical role in the prevention and control of zoonotic diseases. Their close engagement with communities makes them vital for early detection, awareness generation, and promotion of preventive practices. Effective action requires coordinated efforts across sectors guided by the “One Health” approach, but it is the frontline health workers who serve as the first point of contact and trusted resource at the community level.

This guideline document has been developed specifically for **frontline health workers**. It provides practical direction on how to leverage existing community structures and platforms such as Mahila Arogya Samiti (MAS), Jan Arogya Samiti (JAS), Gram Kalyan Samiti/Village Welfare Committee or Village Development Committee, Village Health Sanitation and Nutrition Committee (VHSNC), Village Health Nutrition Days (VHNDs), and Urban Health Nutrition Days (UHNDs) to spread awareness on zoonotic diseases.

The guidelines aim to empower frontline workers to:

- Disseminate accurate knowledge on zoonotic diseases.
- Promote essential preventive practices.
- Engage and mobilize communities for collective action.
- Support national goals for zoonotic disease control and elimination.

By adopting a bottom-up approach, these guidelines recognize the pivotal role of frontline health workers as a bridge between communities and the health system, and as key agents for fostering awareness, community participation, and sustainable preventive action.

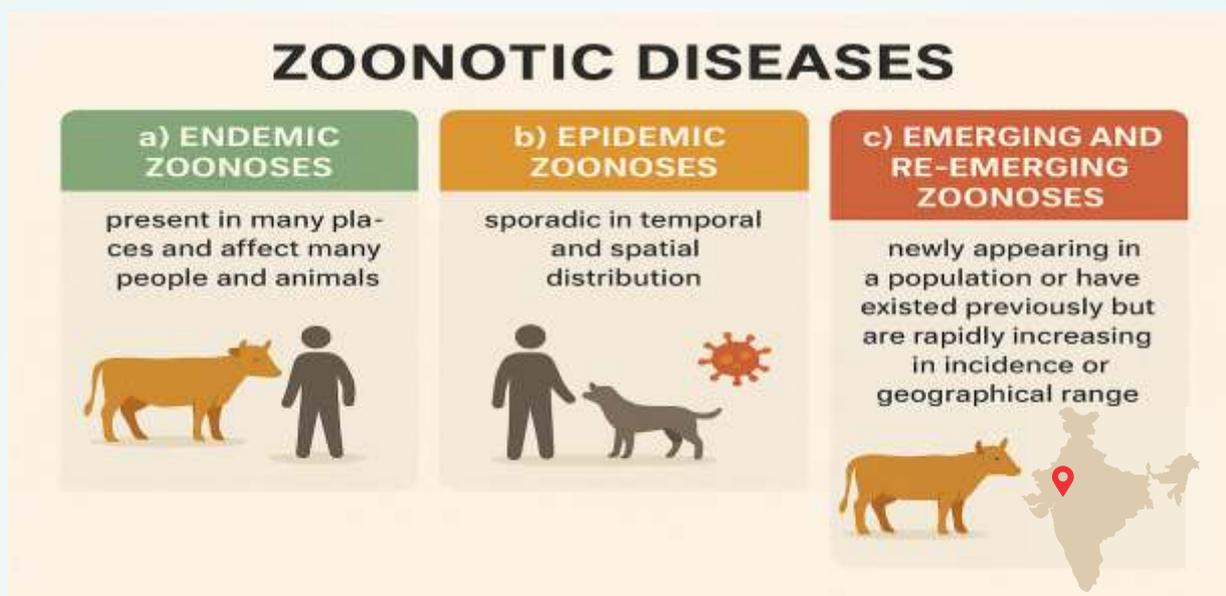
¹ <https://www.emro.who.int/about-who/rc61/zoonotic-diseases.html#:~:text=Zoonoses%20are%20defined%20as%20those,Eastern%20Mediterranean%20Region%20of%20WHO>



Background

Zoonotic diseases, defined as infections naturally transmitted between animals and humans, represent a critical challenge for public health and socio-economic development worldwide.

Zoonotic diseases are commonly classified into three classes as follows:



Burden of Zoonoses

²Globally, more than 60% of emerging infectious diseases (EIDs) are zoonotic in origin, and approximately 75% of new or re-emerging pathogens affecting humans have been linked to animals. In India, the burden of zoonotic diseases is particularly high due to the country's diverse ecological systems, dense population, significant dependence on agriculture and animal husbandry, and frequent close interactions between humans, domestic animals, and wildlife.³

Diseases such as rabies, brucellosis, anthrax, avian influenza, leptospirosis, scrub typhus, Japanese encephalitis, and Kyasanur Forest Disease (KFD) not only cause substantial morbidity and mortality but also lead to productivity losses, economic hardship, and disruption of livelihoods, particularly among vulnerable populations dependent on livestock and agriculture.⁴ The COVID-19 pandemic further underscored the urgency of strengthening zoonotic disease prevention and preparedness by addressing the interconnectedness of human, animal, and environmental health.

² <https://www.who.int/news-room/fact-sheets/detail/zoonoses#:~:text=Key%20facts,Ebola%20virus%20disease%20and%20salmonellosis.>

³ <https://ncdc.mohfw.gov.in/wp-content/uploads/2024/02/Zoonotic-Diseases-of-Public-Health-Importance.pdf#:~:text=The%20arboviral%20and%20zoonotic%20diseases%20are%20a,forest%2C%20agriculture%2C%20climate%20change%2C%20and%20health%20sectors.>

⁴ <https://www.iihmrdelhi.edu.in/uploads/articles/pdf/Zoonotic%20Diseases%20in%20India%20%20Sanjiv%20Kumar,%20Sumant%20Swain,%20Preetha%20G%20S,%20B.%20S.%20Singh,%20Divya%20Aggarwal1589367631.pdf>



Zoonotic diseases by the numbers



60%
OF EXISTING
HUMAN
INFECTIOUS
DISEASES ARE
ZOOBOTIC



75%
OF EMERGING INFECTIOUS
DISEASES OF HUMANS
(INCLUDING EBOLA, HIV,
AND INFLUENZA) HAVE
AN ANIMAL ORIGIN



80%
OF AGENTS WITH
POTENTIAL
BIOTERRORIST
USE ARE
ZOOBOTIC
PATHOGENS



5 NEW HUMAN DISEASES APPEAR
EVERY YEAR. THREE ARE OF
ANIMAL ORIGIN

Source: <https://www.who.int/en/for-the-media/on/health>

The Government of India has taken significant steps to address these challenges through initiatives such as the National Rabies Control Programme, Programme for Prevention & Control of Leptospirosis, and National One Health Programme for Prevention & Control of Zoonoses. These programmes highlight the importance of multisectoral collaboration and integration of human, animal, and environmental health systems.

However, the effectiveness of national programmes ultimately depends on community-level awareness, participation, and ownership. Many zoonotic diseases are influenced by local behaviors, cultural practices, livelihood patterns, and daily interactions with animals. Lack of awareness, myths and misconceptions, stigma, and inadequate access to information often delay early reporting, prevention, and treatment. This gap highlights the pressing need to leverage existing community platforms to strengthen zoonotic disease awareness and prevention at the grassroots.

India has a rich network of community institutions and social platforms such as Panchayati Raj Institutions (PRIs), Village Health, Sanitation and Nutrition Committees (VHSNCs), Mahila Arogya Samitis, self-help groups (SHGs), farmer producer organizations (FPOs), cooperatives, youth clubs, and school-based health education groups. These platforms have demonstrated



their effectiveness in improving maternal and child health, nutrition, sanitation, vaccination coverage, and disaster response. By strategically engaging these trusted community platforms for zoonotic disease awareness and prevention, it is possible to ensure equitable outreach, culturally appropriate health communication, and sustainable behavioural change.



Introduction

The Guidelines on Leveraging Community Platforms for Zoonotic Disease Awareness have been developed to support frontline workers in systematically engaging communities as partners in zoonotic disease prevention and control. The guidelines are aligned with the One Health framework and the Government of India's broader vision of strengthening preparedness for emerging infectious diseases and building resilient health systems.

These guidelines are premised on the understanding that communities are not passive beneficiaries but active stakeholders with the ability to influence behaviours, shape local practices, and contribute to early warning systems. Effective prevention and control of zoonotic diseases require not only biomedical interventions but also social mobilization, behavioural change communication (BCC), and community-led surveillance.

Objectives of the Guidelines

1. Strengthen community awareness of priority zoonotic diseases, their modes of transmission, prevention strategies, and available health services.
2. Promote safe practices at the household, farm, and community level, including responsible pet ownership, safe animal handling, biosecurity measures, and uptake of vaccination for animals and humans where applicable.
3. Enhance community-based surveillance and early reporting by fostering linkages between communities, frontline workers (ASHAs, ANMs, AWWs, veterinary field staff), and local governance structures.
4. To counter myths and misinformation on zoonotic diseases through evidence-based community awareness and behavior-change communication
5. Facilitate intersectoral convergence by linking health, veterinary, agriculture, wildlife, and environmental sectors with community platforms for coordinated response.
6. Build community resilience against zoonotic disease threats by embedding One Health awareness into existing community structures and strengthening trust in health and veterinary systems.

Scope of the Guidelines

These guidelines provide practical strategies for frontline health workers for:

- Engaging diverse community platforms (PRIs, SHGs, FPOs, schools, religious and cultural groups).
- Developing and disseminating culturally appropriate communication materials.
- Establishing effective linkages between communities and formal surveillance and health systems.
- Capacity building of community leaders and frontline workers.
- Promoting community-led monitoring and feedback mechanisms.



As a frontline health worker, after going through these guidelines you will be able to:

- Explain the importance of zoonotic diseases and their impact on community health and livelihoods.
- Recognize priority zoonotic diseases and their modes of transmission.
- Deliver IEC and BCC messages to address myths, misconceptions, and stigma.
- Engage effectively with PRIs, SHGs, FPOs, schools, youth clubs, and other community platforms.
- Connect and coordinate with veterinary staff, agriculture officers, and environmental stakeholders.
- Mobilize schools, youth, and local leaders for awareness and prevention drives.
- Support early reporting and strengthen community-based surveillance.
- Promote safe practices in households, farms, and communities to reduce risk.
- Encourage responsible pet ownership and uptake of vaccinations for both humans and animals.
- Facilitate community-led monitoring and provide feedback into health and veterinary systems.



Chapter 1: Mahila Arogya Samiti, Jan Arogya Samiti, and VHSNC: Structures for Community Engagement

This chapter highlights the key community-based structures established under the National Health Mission (NHM) to strengthen local health governance, promote community participation, and ensure that health services are responsive to the needs of the population. The Mahila Arogya Samiti (MAS), Jan Arogya Samiti (JAS), and Village Health, Sanitation and Nutrition Committee (VHSNC) are institutional platforms designed to engage citizens at different levels, from slums and urban wards, and from rural areas to health facilities and villages.

These committees play a pivotal role in mobilizing communities, promoting health awareness, supporting preventive practices, and monitoring service delivery. By involving women's groups, local leaders, health workers, and volunteers, they ensure that health programmes are inclusive, participatory, and accountable. Each structure functions with defined roles, membership, and untied funds, enabling communities to take collective action on issues such as health, nutrition, water, sanitation, and zoonotic disease prevention.

The chapter details the purpose, scope, and functioning of each committee, emphasizing their potential to serve as critical entry points for zoonotic disease awareness and prevention initiatives. By leveraging these existing community platforms, national and state programmes can strengthen grassroots engagement, foster behavioral change, and enhance community-based surveillance.

Together, the MAS, JAS, and VHSNC exemplify how community engagement structures can transform health programmes into locally owned and sustained actions, ensuring that policies have a meaningful impact on the household and community level.

A. Community Structures:

Basis / Subject	MAS	JAS	VHSNC	Gram Kalyan Samiti / VWC	Self Help Groups (SHGs)	PRI Platforms (Gram Sabha / ULBs)	Youth Clubs	School Health Committees
Key Element	NUHM	NHM	NHM	State-specific (NHM-aligned)	NHM / NGO-supported	PRI Act / NHM	RKSK / NYKS / NSS	School Health Programme / NHM
Level of Structure	Urban slum/ward	Facility level	Village level	Village level	Village / Urban community	Village / Ward level	Village / Urban (Adolescent groups)	School level
Purpose	Collective action on health, nutrition, and sanitation	Community oversight of health facilities	Address health and social determinants	Promote community ownership in health	Mobilize women for health, nutrition, livelihood	Governance, planning, and health-related	Engage youth in health promotion, leadership	Promote health education, hygiene, and disease prevention



Basis / Subject	MAS	JAS	VHSNC	Gram Kalyan Samiti / VWC	Self Help Groups (SHGs)	PRI Platforms (Gram Sabha / ULBs)	Youth Clubs	School Health Committees
					d	decision-making	, and awareness	among students
Number of Members	15–20	15–20	15	10–15	Varies (10–20)	All adult residents / elected reps	10–20 youth members	5–10 teachers, students, health workers
Untied Fund	₹10,000/year	₹50,000 SHC ₹1,75,000 PHC	₹10,000/year	₹10,000–₹20,000/year	Varies by scheme (NRLM, NGO)	Budgeted under local governance schemes	No fixed fund; supported via RKSK, NYKS, NSS	No fixed fund; supported via NHM or school grants

B. Mahila Arogya Samitis (MAS)

The Mahila Arogya Samiti (MAS) is a crucial component of the National Health Mission, aiming to foster robust community engagement in every aspect of healthcare service, from planning and execution to monitoring. MAS regularly organizes community meetings to engage with the residents, understand their unique needs, and gather feedback on the effectiveness of their initiatives. This participatory approach ensures that the healthcare and empowerment programs align with the community's specific requirements.



Structure of MAS: The Mahila Arogya Samiti (MAS) is composed of a varied group of individual women committed to enhancing the health and empowerment of society. It covers approximately 50-100 households in slums and slums like settlements. This group comprises healthcare professionals, community health workers, social workers, and enthusiastic volunteers. Facilitated by the ASHA, which acts as the Member Secretary, they work together to create and execute healthcare initiatives, deliver medical care, coordinate awareness initiatives, and deliver assistance and education to women within their local communities.

The office bearers of MAS consist of: President/ Chairperson: The president is usually the leader or chairperson of the committee, responsible for coordinating activities, presiding over meetings, and representing the committee externally.



Member Secretary: ASHA will be the member secretary and convenor of the MAS. The secretary is responsible for scheduling a meeting, encouraging the Samiti to focus on community health constraints, maintaining records, planning for UHND, and ensuring utilization of unspent funds.

Other members: Members will actively contribute to Samiti’s planned activities, including organizing health camps, providing health education, raising awareness, and fulfilling individual assignments assigned by the committee.



C. Jan Arogya Samiti (JAS):

JAS is an Institutional platform of SHC/PHC-level AB-AAMs, for community participation in its management, governance, and ensuring accountability, with respect to the provision of healthcare services and amenities. The objectives of JAS are to support the AAM teams, mentor the VHSNC platforms for introducing community-level interventions, and facilitate the health promotional activities taking wider social and environmental determinants of health.



Broadly, JAS is comprised of the Chairperson, Co-chair, Member secretary & other members representing health facilities, members, and school or other relevant stakeholders of the



community. It is mandatory to have at least 50% women representation and one-third from vulnerable groups.

	JAS (AAM-SC Level)	JAS (AAM-PHC Level)	JAS (UAAM)*	JAS (UPHC)*
Chairperson	The Sarpanch of the Gram Panchayat	Zila Panchayat /Janpad Panchayat member	Councilor/Parshad of the Ward in which UAAM is located	Councilor/ Parshad of the Ward in which UPHC is located
Co-Chair	The Medical Officer of the concerned PHC	Block Medical Officer / Taluka Health Office	Medical Officer of the Urban PHC, with whom UAAM is mapped	
Member Secretary	Community Health Officer (CHO) of the AAM.	Medical Officer In-charge of PHC level AB-AAM	Medical Officer of UAAM	Medical Officer of the Urban PHC
Other Members	Sarpanches of the other GPs of the AB-HWC area. President of VHSNCs, All ASHAs, MPHWS (Male & Female) of all, Women Self Help Groups, School Health Ambassadors, Peer Educator	Senior Staff nurse / LHV / ANM, Sector Supervisor (DWCD), Block level officer (PHED), Block level officer of PWD, Block level representative from NYK/Youth volunteers, 2 Civil society representatives	<ul style="list-style-type: none"> • Officer in charge of the ward from Urban Local Body, AMRUT, SBM, and other stakeholder departments • Public Health Manager of the area • Head of the Primary/Secondary School of the area • Chairpersons of the MAS in the area. • Senior-most Anganwadi Worker. • Sahiya Sathi (s) of the area – (One rotational) • 1-2 representatives from RWA/Civil Society. 	<ul style="list-style-type: none"> • City Manager-Municipal Corporation/ Council/ NAC. • City Urban Planning Manager/District Urban Health Manager • Medical Officers of UHWCs in the catchment area of UPHC. • Officer in charge of the ward from Urban Local Body, AMRUT, SBM, and other stakeholder departments. • Head of the Primary/Secondary School of the area. • Sanitation Officer of the ward/zone from ULB. • Public Health Manager • Supervisor of ICDS. • Chairpersons (1-2) of the MAS in the area • 1-2 representatives from RWA/Civil Society
<ul style="list-style-type: none"> • The Constitution of JAS may differ from State to State. 				





D. Village Health, Sanitation, and Nutrition Committee:

The Village Health, Sanitation, and Nutrition Committee (VHSNC) is a crucial grassroots-level institution in India that plays a significant role in promoting healthcare, sanitation, and nutrition in rural areas. These committees are established as part of the National Rural Health Mission (NRHM), subsumed under the National Health Mission (NHM).

1. Formation and Composition:

- VHSNCs are formed at the village level and consist of elected representatives, community leaders, and key stakeholders.
- The committee typically includes members such as the village sarpanch (head), ASHA worker, ANM, Anganwadi worker, schoolteachers, and local volunteers.

2. Functions and Responsibilities:

- Promoting healthcare awareness and practices in the community.
- Mobilizing community resources and participation in health and sanitation programs.
- Monitoring and improving the functioning of Anganwadi centers.
- Identifying and addressing health and nutrition-related issues in the village.
- Ensuring the proper implementation of government health and nutrition programs.

3. Meetings and Decision-Making:

- VHSNCs hold regular meetings to discuss health, sanitation, and nutrition-related issues in the village.
- They prioritize and plan activities based on the specific needs of the community.
- Decisions are made collectively, with an emphasis on community participation and consensus-building.

4. Monitoring and Reporting:

- VHSNCs are responsible for monitoring the implementation of various health and nutrition schemes at the grassroots level.



- They report the progress and challenges to higher authorities, helping in the evaluation and improvement of programs.

5. **Health Education and Awareness:**

- These committees organize health camps, awareness drives, and educational sessions to spread knowledge about health, hygiene, and nutrition.

6. **Community Empowerment:**

- VHSNCs empower communities by involving them in decision-making processes and fostering a sense of ownership over health and nutrition initiatives.

E. Village Health Nutrition Day (VHND):

The VHND serves as a centralized hub where individuals in rural areas can conveniently access the services of various healthcare professionals, including the Community Health Officer, ANM, Male Health Worker, and Anganwadi Worker (AWW). This VHND session takes place once a month, either at the Anganwadi Centre (AWC) or at a predetermined location.

The VHND plays a pivotal role in facilitating discussions on critical health topics and is particularly important for the participation of Panchayati Raj Institution (PRI) members, especially women, pregnant women, mothers of children under two, adolescent girls, and the broader community. It serves as a bridge between the community and the healthcare system.

ASHAs, AWWs, and other healthcare workers actively mobilize villagers, with a special focus on women and children, encouraging them to gather at the nearest AWC. This gathering provides a unique opportunity for villagers to engage in open dialogues with healthcare professionals, enabling them to access fundamental services and information. Additionally, attendees gain insight into preventative and promotional healthcare practices, ultimately motivating them to seek appropriate healthcare services.

The convenience of VHND being held close to their homes eliminates the need for villagers to spend time and money on travel, ensuring healthcare services are available at their doorstep.



Key Service Delivery:

- Immunization of children and Antenatal Women
- Provides antenatal care to pregnant women and counselling.
- Contraceptive services to eligible couples.
- Basic level of curative care for minor illness with referral.
- Reproductive Tract Infection and Sexually Transmitted Infection
- Gender
- Nutrition
- Sanitation
- Communicable diseases
- AYUSH
- Health promotion activities



F. Urban Health and Nutrition Day (UHND):

Urban Health and Nutrition Days (UHNDs) will occur monthly, ensuring close collaboration between Anganwadi workers, ASHA, and ANM personnel to deliver essential services directly to the urban slum community. If Anganwadi centers are unavailable, ANM staff will work with ASHA to identify a communal location for UHNDs, with the services mirroring those provided during VHNDs.

G. Gram Kalyan Samiti / Village Welfare Committee (GKS/VWC)

The Gram Kalyan Samiti (GKS) or Village Welfare Committee (VWC) is a vital community-level platform under the National Health Mission (NHM), particularly active in several states like Odisha, Chhattisgarh, and Madhya Pradesh. It plays a pivotal role in promoting community ownership of health initiatives, ensuring that health services are responsive to local needs, and facilitating inter-sectoral convergence at the village level.

GKS/VWC serves as a bridge between the community and the health system, enabling participatory planning, implementation, and monitoring of health and sanitation programs. It is especially relevant for zoonotic disease prevention, as it can mobilize local stakeholders, coordinate with veterinary and environmental sectors, and support awareness campaigns.

Structure of GKS/VWC

The GKS/VWC typically comprises 10–15 members, representing a cross-section of the village community. Members include:

- ASHA (Accredited Social Health Activist)
- ANM (Auxiliary Nurse Midwife)
- Anganwadi Worker
- PRI Members (e.g., Sarpanch or Ward Member)
- School Teachers
- Local Youth or SHG Representatives
- Veterinary or Livestock Workers (where available)

The ASHA often acts as the Member Secretary, while a PRI member or respected community leader serves as the Chairperson.

Roles and Responsibilities

- Health Planning: Identify local health issues, including zoonotic risks, and prepare village health action plans.
- Awareness Generation: Organize IEC/BCC activities on hygiene, sanitation, animal-human interface, and disease prevention.
- Convergence: Coordinate with departments like Animal Husbandry, Education, and Rural Development for integrated action.
- Monitoring: Track health indicators, service delivery, and community feedback.
- Fund Utilization: Manage untied funds (₹10,000–₹20,000 annually) for health-related activities, including sanitation drives, awareness camps, and minor infrastructure support.

Major Activities of GKS/VWC

- Conducting village health and sanitation days (VHNDs)
- Organizing awareness campaigns on zoonotic diseases like rabies, brucellosis, leptospirosis, and avian influenza



- Supporting vaccination drives for livestock and pets
- Promoting safe waste disposal and clean water practices
- Facilitating referral and reporting of suspected zoonotic cases
- Engaging schools and SHGs in health education

H. Self Help Groups (SHGs)

Self-Help Groups (SHGs) are grassroots-level collectives of women, primarily formed to promote financial inclusion, livelihood generation, and social empowerment. Under the National Rural Livelihoods Mission (NRLM) and State Urban Livelihood Missions (SULM), SHGs have evolved into powerful platforms for community mobilization, especially in rural and peri-urban areas. Their strong social networks and regular meetings make them ideal partners for health promotion, including zoonotic disease prevention and control.

SHGs can be sensitized and trained to act as community educators, mobilizers, and surveillance agents, particularly in areas where human-animal interactions are common. Their involvement ensures that health messages reach deep into the community, especially among women and marginalized groups.

Structure of SHGs

An SHG typically consists of 10–20 women from similar socio-economic backgrounds. These women meet regularly to:

- Save money collectively
- Access microcredit
- Discuss social and health issues
- Plan community-based activities

SHGs are often federated into Village Organizations (VOs) and Cluster Level Federations (CLFs), which can be leveraged for scaling up health interventions.

Office Bearers of SHGs

- **President / Chairperson:** Leads the group, facilitates meetings, and represents the SHG in external forums.
- **Secretary:** Maintains records, coordinates with government schemes, and ensures follow-up on group decisions.
- **Treasurer:** Manages group savings, loans, and financial transactions.

These roles are often rotated to build leadership skills among all members.

Major Activities of SHGs

- **Health Awareness:** Conducting sessions on hygiene, nutrition, maternal and child health, and zoonotic diseases.
- **Behavior Change Communication (BCC):** Promoting safe animal handling, waste disposal, and food hygiene practices.
- **Livelihood Linkages:** Supporting income-generating activities like poultry, goat rearing, and dairy with a One Health lens.
- **Community Surveillance:** Reporting unusual illness or animal deaths to frontline workers or veterinary staff.
- **IEC Campaigns:** Disseminating messages through folk media, wall paintings, and community events.



- Convergence: Collaborating with ASHAs, ANMs, veterinary workers, and PRI members for integrated health action.

I. PRI Platforms (Gram Sabha / Urban Local Bodies)

Panchayati Raj Institutions (PRIs) in rural areas and **Urban Local Bodies (ULBs)** in urban settings are constitutionally mandated governance structures responsible for local planning, implementation, and monitoring of development programs, including health and sanitation. These platforms are crucial for **community-level decision-making**, resource allocation, and inter-sectoral coordination.

Frontline health workers can leverage these platforms to integrate zoonotic disease prevention and control into local development agendas, sanitation drives, and health campaigns. Their authority and reach make them ideal for mobilizing communities, endorsing health messages, and ensuring accountability.

Structure of PRI Platforms

- Gram Sabha: Comprises all adult residents of a village. It is the most inclusive and participatory body under the PRI system.
- Gram Panchayat / Ward Committees: Elected representatives, including Sarpanch, Ward Members, and Standing Committee members.
- Urban Local Bodies (ULBs): Include Municipal Corporations, Municipal Councils, and Nagar Panchayats, with elected councilors and mayors.

These platforms often work in coordination with frontline workers like ASHAs, ANMs, and Anganwadi Workers, and can convene meetings to address health-related issues.

Office Bearers of PRI Platforms

- Sarpanch / Mayor / Chairperson: Leads the local body, presides over meetings, and represents the community in higher-level forums.
- Ward Members / Councilors: Represent specific areas and are responsible for local development and grievance redressal.
- Standing Committees: Focused on health, sanitation, education, and other sectors.

Major Activities of PRI Platforms

- Village Health Planning: Approving and monitoring Village Health Action Plans (VHAPs).
- Sanitation Drives: Organizing cleanliness campaigns, waste management, and vector control activities.
- Zoonotic Disease Awareness: Supporting IEC/BCC campaigns on rabies, avian flu, brucellosis, etc.
- Resource Allocation: Budgeting for health-related infrastructure and awareness activities.
- Convergence Meetings: Facilitating coordination between health, veterinary, education, and rural development departments.
- Community Mobilization: Engaging residents in health camps, vaccination drives, and outbreak response.



J. Youth Clubs

Youth Clubs are vibrant community platforms formed under schemes like Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS), and Rashtriya Kishor Swasthya Karyakram (RKSK). These clubs aim to foster leadership, civic responsibility, and health awareness among adolescents and young adults.

They are instrumental in peer-led health promotion, especially in areas with high human-animal interaction. Youth Clubs can be mobilized for zoonotic disease awareness, outbreak response, and community surveillance.

Structure:

- Typically, 10–20 members aged 15–29.
- Includes students, volunteers, and local youth leaders.
- Often linked to schools, colleges, or community centers.

Office Bearers:

- President / Leader: Coordinates activities and represents the club.
- Secretary: Maintains records and liaises with local authorities.
- Members: Participate in campaigns, awareness drives, and community outreach.

Major Activities:

- Organizing zoonotic disease awareness sessions using creative media (street plays, posters, social media).
- Supporting vaccination and sanitation campaigns.
- Promoting safe animal handling, waste disposal, and hygiene.
- Assisting in surveillance and reporting of unusual health events.

K. School Health Committees

School Health Committees are part of the School Health Programme under Ayushman Bharat and NHM. These committees promote health education, hygiene, and early detection of health issues among school children.

They are ideal for integrating zoonotic disease education into school activities and curricula, especially in rural and peri-urban areas.

Structure:

- 5–10 members, including the school principal, teachers, student leaders, and health workers (ASHA, ANM).
- Linked to local health and education departments.

Office Bearers:

- Chairperson: Usually the school principal.
- Coordinator: A designated teacher or health worker.
- Student Leaders: Help in peer education and organizing events.

Major Activities:

- Conducting health talks and awareness sessions on zoonotic diseases.
- Promoting handwashing, food safety, and animal hygiene.
- Organizing health check-ups, deworming, and vaccination drives.
- Reporting animal bites or unusual illnesses to health authorities.

L. Pashu Sakhis / Pashu Mitras

Pashu Sakhis and Pashu Mitras are trained community-based livestock service providers under State Rural Livelihood Missions (SRLMs) and supported by organizations like The Goat



Trust and Animal Husbandry Departments. They are selected from Self Help Groups and trained to deliver doorstep animal health services and promote best practices in livestock management.

Structure:

- Typically serve 1–2 Gram Panchayats.
- Selected by the community and trained through residential and field-based modules.
- Operate as peer educators, service providers, and entrepreneurs.

Major Roles and Responsibilities:

- Extension Services: Promote improved livestock management practices (feeding, shelter, hygiene).
- Preventive Care: Administer vaccinations, deworming, and first aid for small livestock.
- Monitoring: Track livestock health and report unusual morbidity/mortality.
- Demonstration: Showcase best practices in their own households to encourage adoption.
- Input Supply: Provide feed, supplements, and basic veterinary tools locally.

Role in Zoonotic Disease Awareness:

- Educate farmers on zoonotic risks (e.g., brucellosis, anthrax, avian influenza).
- Promote safe handling of animals, carcasses, and animal waste.
- Support community-level surveillance and early reporting of outbreaks.
- Collaborate with veterinary and health departments during awareness drives and vaccination campaigns

M. Swachh SATHIs

Swachh SATHIs are grassroots sanitation motivators under the Swachh Bharat Mission (SBM). They are trained to promote behavioral change in sanitation and hygiene practices and are often drawn from SHGs, youth groups, or local volunteers.

Structure:

- Operate at the village or ward level.
- Linked to Gram Panchayats and SBM functionaries.
- Work in coordination with ASHAs, ANMs, and PRI members.

Major Roles and Responsibilities:

- Sanitation Promotion: Lead cleanliness drives, promote toilet usage, and discourage open defecation.
- IEC Activities: Conduct door-to-door campaigns, murals, rallies, and community events.
- Community Engagement: Facilitate discussions on hygiene, water safety, and waste disposal.
- Support Health Workers: Assist in outbreak response and health education efforts.

Role in Zoonotic Disease Awareness:

- Promote environmental hygiene to reduce vector-borne and zoonotic risks.
- Educate on safe disposal of animal waste and carcasses.
- Mobilize communities for cleanliness campaigns linked to zoonotic disease prevention.
- Disseminate IEC materials on zoonoses through community events and media



N. Jal SATHIs

Jal SATHIs are community volunteers engaged in water governance and hygiene promotion, especially under initiatives like Odisha's Jal Sathi programme and Jal Shakti Abhiyan. They act as a bridge between citizens and water supply authorities.

Structure:

- Selected from SHGs or youth groups.
- Trained in water quality monitoring, billing, and grievance redressal.
- Operate in urban and rural areas, especially in water-stressed regions.

Major Roles and Responsibilities:

- **Water Quality Monitoring:** Conduct field tests and promote safe water practices.
- **Community Interface:** Address complaints, educate on water conservation.
- **Behavioral Change:** Promote handwashing, safe storage, and hygiene practices.
- **Support Schemes:** Facilitate access to water supply schemes and sanitation services.

Role in Zoonotic Disease Awareness:

- Educate on waterborne zoonoses (e.g., leptospirosis, cryptosporidiosis).
- Promote safe drinking water and clean water storage practices.
- Collaborate with health workers to integrate water safety messages into zoonotic disease campaigns.

Mobilize communities during seasonal outbreaks linked to water contamination



Chapter 2- Guidelines for One Health Nodal Officers: State-Level Activities on Zoonotic Disease Awareness

Introduction

Zoonotic diseases, which are transmitted between animals and humans, represent a significant public health challenge in India. The role of the One Health Nodal Officer at the state level is pivotal in coordinating efforts across sectors, human health, animal health, and environmental health to promote awareness, build capacity, and ensure effective communication strategies for zoonotic disease prevention and management. This chapter outlines the key activities that should be undertaken at the state level to enhance awareness and preparedness in communities.

Objectives of State-Level Activities

1. To ensure that zoonotic disease awareness is integrated into community health programs and local governance structures.
2. To enhance the capacity of community committees in identifying, preventing, and responding to zoonotic diseases.
3. To provide accessible and accurate information to communities through structured training and educational materials.
4. To define clear roles and responsibilities for stakeholders in disseminating awareness and promoting preventive practices.
5. To ensure that health services, including diagnostics and treatment, are well-utilized through timely reporting and consultation.
6. To establish structured inter-sectoral collaboration mechanisms with the Animal Husbandry, Forest, and Panchayati Raj Departments for coordinated surveillance, information-sharing, joint outbreak response, and community-level interventions
7. To create community feedback mechanisms through village-level meetings, frontline worker reporting.

State Level Activities include:

1. Issuing a Notification

The State Health Department plays a central role in setting the framework for zoonotic disease awareness activities. An official notification should be issued by the competent authority, mandating the inclusion of zoonotic disease awareness topics in the training or orientation programs of various committees and community structures. This directive ensures uniformity across districts and reinforces the accountability of local officials to implement awareness initiatives.

2. Orientation or Training for Community Committees

Community structures serve as the first line of defense in disease prevention and response. Therefore, structured orientation or training programs must be conducted for members of the following committees:

- Mahila Arogya Samiti (MAS)
- Jan Arogya Samiti (JAS)
- Gram Kalyan Samiti (GKS)



- Youth Clubs
- Self-Help Groups (SHGs)
- School Health Committees
- Village Health, Sanitation and Nutrition Committees (VHSNC)

Training Content

The training should be tailored to local contexts while covering the following core areas:

1. What are zoonotic diseases?
 - Definition, importance, and examples relevant to the community.
2. Transmission and Spread of Zoonotic Diseases
 - How diseases are transmitted from animals to humans and vice versa.
 - Role of vectors, environment, and unsafe animal handling.
3. Animals that Can Transmit Zoonotic Diseases
 - Common domestic and wild animals are involved in transmission.
 - Safe handling and interaction practices.
4. High-Risk Groups
 - Children, the elderly, immuno-compromised individuals, farmers, animal handlers, and field workers.
5. Prevention and First Aid Measures
 - Wash wounds thoroughly with soap and clean water.
 - Avoid contact with sick or dead animals.
 - Report unusual animal behavior or disease symptoms.
6. Importance of Early Medical Consultation
 - Recognizing early symptoms.
 - Seeking timely medical care to prevent complications.

3. Role Definition for Committee Members

Each community committee plays a distinct role in raising awareness and supporting disease prevention efforts. Clearly defining responsibilities helps streamline activities and improve accountability.

Suggested roles include:

- **MAS and SHGs:** Organize awareness drive and home visits; identify vulnerable populations; support reporting of disease cases.
- **JAS and GKS:** Coordinate inter-departmental efforts; ensure that IEC materials reach all community members.
- **Youth Clubs:** Lead peer-to-peer education sessions; promote hygiene and animal care practices.
- **School Health Committees:** Conduct awareness programs for children and teachers; integrate zoonotic disease topics into health curricula.
- **VHSNC:** Monitor outbreaks at the village level; assist in early reporting and facilitate access to health services.



Table 1 Suggested Key Roles of Community Structure

Committee / Group	Key Roles	Reporting & Coordination Responsibility
MAS & Self-Help Groups (SHGs)	<ul style="list-style-type: none"> Conduct awareness drives and home visits Identify vulnerable households and high-risk practices Support early reporting of suspected human/animal cases 	<ul style="list-style-type: none"> Report on suspected human or animal illness, sudden animal deaths, or high-risk practices to VHSNC/ASHA Coordinate with the Veterinary Extension Officer for animal-related events Share community concerns and behaviour-change barriers with JAS for wider dissemination
JAS Kalyan Samiti (JKS)	<ul style="list-style-type: none"> Facilitate inter-departmental coordination at the village level Ensure IEC materials reach all community groups 	<ul style="list-style-type: none"> Consolidate updates from MAS, SHGs, schools, and youth groups. Escalate alerts to PHC, Block Health Team, and Block Animal Husbandry Office Disseminate government advisories and feedback to all community groups
Youth Clubs	<ul style="list-style-type: none"> Lead peer-to-peer education sessions Promote hygiene, safe animal handling, and waste disposal 	<ul style="list-style-type: none"> Report misinformation, behaviour-change barriers, or unusual events to MAS/SHGs and VHSNC Share observations from community events with School Health Committees for reinforcement among students
School Health Committees	<ul style="list-style-type: none"> Conduct awareness sessions for students and teachers. Integrate zoonotic disease topics into school health activities 	<ul style="list-style-type: none"> Report increases in absenteeism or suspected illness among children to VHSNC/PHC Provide feedback from school activities to JAS to improve communication plans
Village Health, Sanitation & Nutrition Committee (VHSNC)	<ul style="list-style-type: none"> Monitor suspected disease events at the village level Facilitate access to health and veterinary services Maintain village surveillance records 	<ul style="list-style-type: none"> Serves as the primary escalation point. Verifies alerts from MAS/SHGs, youth clubs, and schools. Reports confirmed/suspected events to: PHC Medical Officer, Block Health Team, Block Animal Husbandry Officer. Mobilizes community volunteers during response
Veterinary Extension Officer	<ul style="list-style-type: none"> Monitor animal health events, sudden deaths, unusual symptoms Provide technical support for livestock vaccination and safe animal handling 	<ul style="list-style-type: none"> Receives community-level reports from VHSNC, SHGs, MAS Investigates animal health alerts and reports to Block Animal Husbandry Officer Coordinates joint action with PHC/Block Health Team Shares advisories with livestock-owning households

The roles should be clearly communicated through manuals, job aids, and periodic feedback sessions to ensure all stakeholders are aligned.

3. Provision of IEC Materials



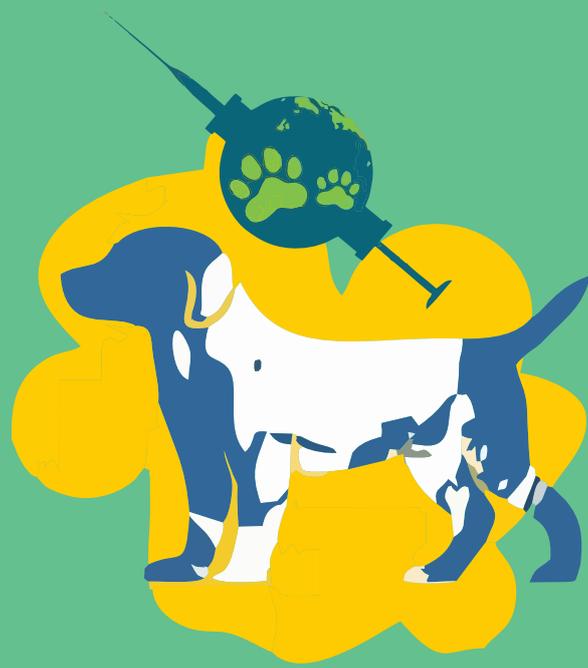
Information, Education, and Communication (IEC) materials are essential tools for spreading awareness effectively. The state should ensure that districts are supplied with appropriate IEC materials tailored to local needs.

These materials may include:

- Pamphlets explaining zoonotic diseases, symptoms, and prevention methods.
- Posters with visual aids demonstrate first aid techniques and safe animal handling.
- Digital content for sharing through mobile messaging, social media, and community radio.
- Booklets for health workers containing step-by-step reporting procedures.

Distribution channels should be clearly mapped out to ensure materials reach remote areas, and feedback mechanisms should be in place to assess their effectiveness and update content as needed.





RABIES

RABIES

Chapter 3- Guidelines for leveraging community structures for enhancing rabies awareness

Background:

Rabies is a vaccine-preventable viral zoonotic disease. It is endemic in India and accounts for 36% of total global rabies deaths. According to the WHO, poor awareness about the disease and its management leads to more than 55000 deaths each year, mostly in Africa and Asia.⁵ In India, awareness about the first aid measures after an animal bite is insufficient. According to a study, only 38% of victims of animal bites reported washing wounds with soap and water after being bitten.⁶

About 30-60% of reported rabies cases and deaths in India occur in children under the age of 15 years, as bites that occur in children often go unrecognized and unreported.

Rationale:

Rabies is a neglected zoonotic disease, and its elimination requires strong community-level awareness and prevention. In India, frontline workers such as ASHAs and ANMs are trusted community contacts and can effectively spread correct information using existing platforms like MAS, JAS, VHSNC, Youth Clubs, and School Health Committees. Leveraging these structures helps promote early wound washing, timely vaccination, and correct practices after dog bites. Strengthening community understanding and participation is essential to reducing deaths and progress toward the elimination of rabies by 2030.

State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), GKS, Youth Club, SHGs, School Health Committee, and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:

- a. What is Rabies?
- b. Transmission and Spread of Rabies
- c. Animals That Can Transmit Rabies
- d. High-Risk Groups. First Aid for Rabies (Wound Washing)
- f. Importance of Immediate Medical Consultation
- g. Availability of Free Rabies Vaccines in Government Health Facilities
- h. Emphasis on completion of post-exposure prophylaxis treatment
- i. Myths and Misconceptions about Rabies – identifying misinformation, common local beliefs, how to respond to false claims, and how to promote correct scientific messages in the community

⁵ <https://www.who.int/india/health-topics/rabies>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10305982/>





Roles of Community-Based Structures in Rabies Awareness:

Leveraging MAS, JAS, GKS, Youth Club, SHGs, School Health Committee, and VHSNC for rabies prevention and control involves the following key roles:

- 1. Area Mapping for Rabies Risk Assessment:**

- Collaborate with health departments and stakeholders to categorize areas into high, medium, and low risk for rabies. This mapping helps prioritize Mass Dog Vaccination (MDV) and Dog Population Management (DPM) efforts.



- 2. Solid Waste Management Monitoring:**

- Identify and monitor problem areas of waste collection points to prevent the congregation of stray dogs, reducing the risk of transmission of rabies.

- 3. Animal Carcass Disposal Monitoring:**

- Keep an eye on the disposal of animal carcasses to prevent scavenging by wild animals, reducing interactions between wildlife and domestic animals.

- 4. Reporting Animal Bites and Rabies Cases:**

- Share information about animal bites and rabies cases with local animal husbandry and health departments for prompt action.

- 5. Dog Registration:**

- Encourage and guide community members to register domestic and pet dogs in compliance with municipal laws.

- 6. Support Dog Population Enumeration:**

- Coordinate with relevant departments to enumerate the dog population in the community.

- 7. Home Visits for Education and Support:**

- Conduct home visits along with healthcare professionals to provide information, address concerns, and offer support to patients and their families affected by rabies.

- 8. Identification of Risk Hotspots:**



- Assist authorities or veterinary departments in identifying hotspots with frequent dog bites.
- 9. Public Awareness Generation:**
 - Use platforms such as self-help groups, women's organizations, schools, festivals, and religious gatherings to disseminate information about rabies, wound management, and vaccination services.
 - 10. Facilitate Decision-Making:**
 - Assist village leaders and stakeholders in local government/councils in making informed decisions about rabies control measures.
 - 11. Utilize VHSNC/VHND/UHND:**
 - Raise awareness about rabies, wound management, and the presence of stray dogs in the community during VHSNC/ UHND.
 - 12. Promote Dog Registration:**
 - Encourage residents to register their domestic and pet dogs in compliance with municipal laws, providing guidance and assistance.
 - 13. Motivate Post-Exposure Prophylaxis (PEP):**
 - Emphasize the urgency of seeking PEP after a dog bite and highlight the high success rate of PEP in preventing rabies. Share real-life success stories to motivate prompt medical attention.
 - 14. Support Check-Post/Quarantine Centers:**
 - Identify suitable locations for check-posts/quarantine centers to prevent the entry of unvaccinated or diseased animals that may introduce rabies.
 - 15. Restrict Livestock Movement:**
 - Help restrict the movement of livestock into forest and protected areas with the support of the local community.
 - 16. Door-to-Door Campaigns:**
 - Organize door-to-door campaigns to distribute educational materials and provide information about upcoming anti-rabies vaccination clinics, emphasizing the importance of vaccinating pets and stray animals.

Role of Primary Health Care Team in Rabies Awareness:

Role of MPW (M/F) and ASHA:

- Guiding individuals bitten by dogs or other animals, advising them to thoroughly wash the wound with clean water for a fifteen-minute duration.
- Mobilizing the community to ensure that individuals who have experienced dog bites or bites from other animals receive the appropriate Anti-Rabies Vaccination (ARV) at a nearby healthcare facility.
- Conducting follow-up checks to ensure that individuals complete the recommended ARV vaccination doses.
- Raising awareness about rabies, its transmission, offering information on first aid, dispelling myths, and sharing factual information about the disease.
- Referring cases involving animal exposure to the appropriate authorities or healthcare providers.
- Observing and participating in activities related to World Rabies Day.



CHO's responsibilities include:

1. CHO needs to prepare a list of active community-based platforms in his/ her catchment area with the support of ASHAs.
2. Creating awareness about rabies and post-exposure prophylaxis among different identified community platforms.
3. Providing guidance to individuals bitten by dogs or animals, emphasizing wound washing of the bite site, and referring them to the nearest primary healthcare center for anti-rabies vaccine administration.
4. Convene quarterly review meetings with MAS, SHGs, JAS/GKS, School Health Committees, Youth Clubs, and VHSNCs.
5. Track progress of rabies awareness activities, identify gaps, and document action taken.
6. Promoting collaboration with the Veterinary and Education Departments to achieve inter-sectoral convergence.
7. Educating teachers about dog bites and rabies prevention.
8. Arranging health promotion sessions as part of wellness activities.
9. Orienting JAS members on rabies prevention.



Sample messages for awareness generation on Rabies

1. रेबीज क्या है:

- रेबीज एक जानलेवा बीमारी है जो कुत्तों या अन्य जानवरों के काटने से होती है।

2. अगर कोई कुत्ता या जानवर काटे तो क्या करना चाहिए:

- 15 मिनट तक स्वच्छ पानी या साबून से चोट को धोएं।
- नजदीकी स्वास्थ्य केंद्र पर जाकर डॉक्टर की सलाह ले।
- रेबीज का टीका लगवाने के लिए सरकारी स्वास्थ्य केंद्र पर जाये वहा रेबीज के टीके और उपचार मुफ्त में किया जाता है ।

3. चोट पर मिर्च, नींबू या किसी और चीज़ का इस्तेमाल न करें:

- कृपया चोट/ घाव स्थान पर मिर्च, नींबू या किसी और चीज़ का इस्तेमाल न करें।

4. टीकाकरण समय सारणी:

- डॉक्टर के सुझाए गए पूरे टीकाकरण समय सारणी का पालन करें। सम्पूर्ण टीकाकरण रेबीज से बचने के लिए महत्वपूर्ण है।

5. पर्यावरण स्वच्छ रखें:

- अपने आसपास कूड़ा कचरा न डालें और न जमा होने दें, अपने परिसर को स्वच्छ रखें।

6. पालतू कुत्ते के लिए:

- अगर आपके पास पालतू कुत्ता है, तो उसे नियमित रेबीज का टीका लगवाएं।

आओ साथ मिलकर रेबीज से लड़े और समाज में रेबीज के बारे में जागरूकता फैलाये।





Prevent Rabies, Vaccinate To Save Lives



After Dog Bite or Scratches or Licks

STEP 1 Wound Management for Category I, II & III

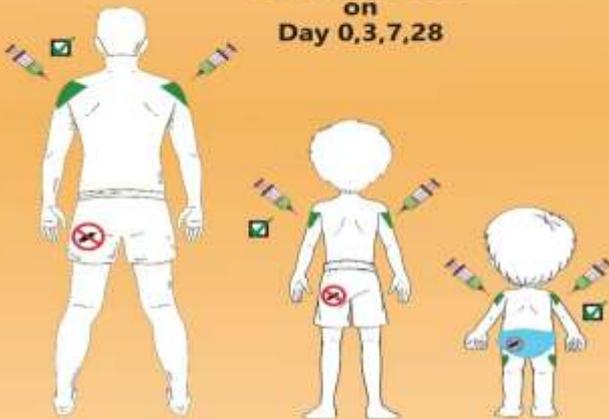


- Wash all wounds under running water with soap for upto 15 minutes.
- Apply Antiseptic

STEP 2 Vaccinate for Category II & III

Intradermal Route

0.1 ml at 2 Sites
on
Day 0,3,7,28

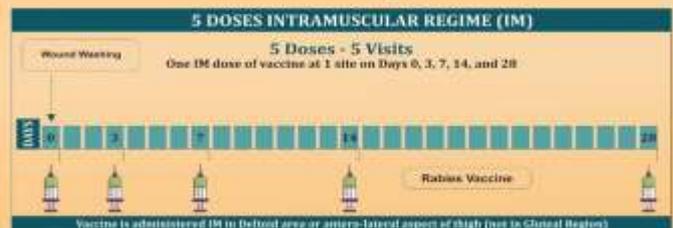
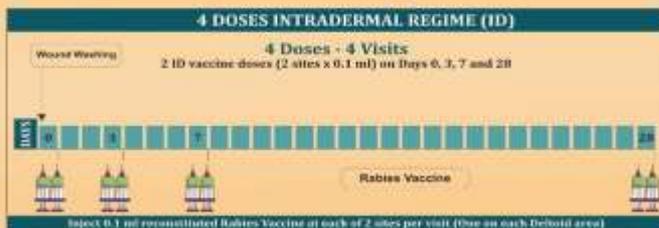


Intramuscular Route

1 vial at 1 Site
on
Day 0,3,7,14,28



Do not inject Rabies Vaccine in Gluteal Region

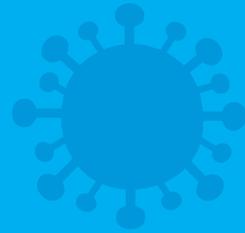
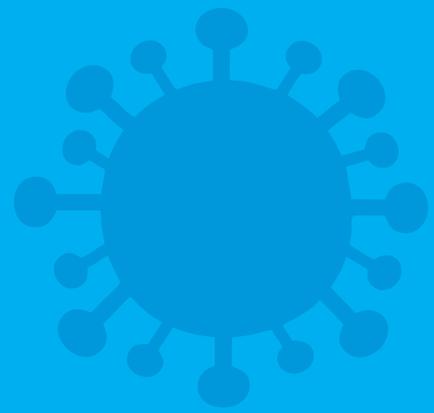


Step 3: Infiltrate (RIG) in Category III

Infiltrate Rabies Immunoglobulin in **all** wounds.

Source- National Rabies Control Programme, link- <https://rabiesfreeindia.mohfw.gov.in/iec>





LEPTOSPIROSIS



Chapter 4- Guidelines for leveraging community structures for enhancing Leptospirosis awareness

Background:

Leptospirosis is a bacterial zoonotic disease caused by *Leptospira* species, transmitted through direct or indirect contact with the urine of infected animals (commonly rodents, cattle, dogs, and pigs). Human infection often occurs through skin abrasions or mucous membranes when exposed to contaminated water or soil. Outbreaks are frequently associated with heavy rainfall, flooding, poor sanitation, and occupational exposure (farmers, sewage workers, fishermen, animal handlers).

Globally, leptospirosis is an important but underrecognized public health problem, with an estimated global incidence of 1.03 million cases and 58,900 deaths annually⁷. India is considered a hotspot for leptospirosis, a disease that leads to significant morbidity and mortality, though it is often underestimated and underdiagnosed. Despite being known for decades, public concern over the disease has not developed fully because awareness remains low.

Rationale:

Leptospirosis remains a neglected tropical disease despite its significant public health and economic burden. It is often underdiagnosed due to its nonspecific clinical presentation, which mimics other febrile illnesses (dengue, malaria, scrub typhus). Prevention largely depends on community-level awareness, use of protective measures, safe occupational practices, and timely health-seeking behavior.

Grassroots healthcare workers such as ASHAs, ANMs, MPWs, and CHOs are vital for connecting communities with health systems. Through existing community structures (MAS, JAS, VHSNC, VHND, UHND, GKS, Youth Clubs, SHGs, etc.), these workers can disseminate simple but lifesaving information on avoiding high-risk exposures, protective clothing, rodent control, water hygiene, and early care-seeking. Leveraging these structures ensures local ownership, cultural acceptability, and sustainability of prevention efforts. Promoting awareness about modes of transmission, occupational risks, preventive strategies, and availability of treatment can significantly reduce leptospirosis morbidity and mortality.

State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), GKS, PRI/ULB, Youth Clubs, School Health Committee, Jal Sathi, Swachh Sathi, Pashu Mitra/ Pashu Sakhis, and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:

- a. What is Leptospirosis?
- b. Transmission and Spread of Leptospirosis
- c. Animals That Can Transmit Leptospirosis
- d. High-Risk Groups (farmers, sewage workers, animal handlers, flood-affected populations)
- e. Symptoms and early warning signs.

⁷ <https://pmc.ncbi.nlm.nih.gov/articles/PMC4574773/>



- Provide families with information about upcoming screening programmes, availability of free diagnostic and treatment services at government health facilities, and community awareness events.
- Use these campaigns as an opportunity to identify symptomatic individuals early and refer them promptly to the nearest health facility.



Role of Primary Health Care Team in Leptospirosis Awareness:

Role of MPW (M/F) and ASHA:

1. Promotion of Protective Measures

- Advise community members, especially farmers, sewage workers, fishermen, and daily wage laborers, to use footwear, gloves, and protective clothing while working in fields, cleaning drains, handling livestock, or during flood situations.
- Demonstrate simple methods to avoid direct contact with stagnant or contaminated water.

2. Early Health-Seeking Behaviour

- Educate community members that any fever following exposure to water or soil during floods, farming, or sewage work may be leptospirosis and requires immediate medical consultation.
- Mobilize suspected individuals to seek care at the nearest sub-centre, PHC, or government health facility.

3. Treatment Adherence and Follow-Up

- Conduct home visits for patients diagnosed with or suspected of leptospirosis to ensure that prescribed antibiotics are taken for the full duration.
- Reinforce the importance of follow-up care and monitoring of warning symptoms (such as jaundice, breathlessness, bleeding).

4. Household and Environmental Education

- Educate families on:
 - Rodent-proofing of food storage containers.
 - Safe disposal of garbage and household waste to prevent rodent breeding.
 - Avoiding bare-foot walking, particularly by children.



Sample Messages for Awareness Generation on Leptospirosis

1. लेप्टोस्पायरोसिस क्या है?

- लेप्टोस्पायरोसिस एक गंभीर बीमारी है, जो चूहों और जानवरों के मूत्र से दूषित पानी या मिट्टी के संपर्क में आने से फैलती है।
- यह बीमारी बरसात और बाढ़ के समय ज्यादा होती है।

2. बीमारी कैसे फैलती है?

- नंगे पाँव गंदे या बाढ़ के पानी में चलने से।
- खेतों, सीवर या नालों में बिना सुरक्षा के काम करने से।
- दूषित पानी या भोजन खाने-पीने से।

3. क्या सावधानी रखें?

- हमेशा जूते और सुरक्षा कपड़े पहनकर ही गीली मिट्टी या बाढ़ के पानी में जाएं।
- घर का पानी और खाना ढककर रखें, ताकि चूहे दूषित न कर सकें।
- कचरा खुले में न फेंके, सही ढंग से निस्तारण करें।

4. बीमारी के लक्षण क्या हैं?

- लगातार बुखार
- सिर दर्द और बदन दर्द
- आँखें लाल होना
- उल्टी या पीलिया (पीलापन आना)
- अगर ऐसे लक्षण दिखें और हाल ही में गंदे पानी/बाढ़ का संपर्क हुआ हो, तो तुरंत नजदीकी स्वास्थ्य केंद्र जाएं।

5. क्या करें अगर बुखार हो?

- बुखार को हल्का न समझें, तुरंत स्वास्थ्य केंद्र पर जांच करवाएं।
- समय पर दवा पूरी लें।
- घरेलू नुस्खों या झाड़-फूंक पर निर्भर न रहें।

6. समुदाय के लिए संदेश:

- बरसात और बाढ़ के मौसम में सभी लोग जूते पहनें और बच्चों को गंदे पानी में खेलने न दें।
- अपने घर और आसपास की सफाई रखें।
- जल्दी पहचान और सही इलाज से लेप्टोस्पायरोसिस से बचाव संभव है।



Protect yourself from Leptospirosis

Early reporting to health facility can prevent illness and deaths

Leptospirosis is caused by bacteria which is found in urine of rodents, cattle, pigs etc

Do not bathe, wash face or hands in dirty water

Do not enter or work in dirty water without rubber boots/gloves

If you have walked through dirty/flood water bare foot, thoroughly wash the feet with soap and water

Contact the health facility immediately if you have fever with headache, eye suffusion, calf muscle pain, chest pain

Do not litter food grains and left over food

Keep your surroundings clean and clutter free to avoid rodent infestation

Take medicines as advised by your doctor

Source: Programme guidelines for Programme for Prevention & Control of Leptospirosis (link- <https://ncdc.mohfw.gov.in/resource-library/?tab=1>)



SCRUB TYPHUS



Chapter 5- Guidelines for leveraging community structures for enhancing Scrub Typhus awareness

Background:

Scrub typhus is an acute febrile illness caused by *Orientia tsutsugamushi*, transmitted to humans through the bite of infected larval mites (chiggers). It is widely prevalent in the “tsutsugamushi triangle,” which includes India, where frequent outbreaks are reported, particularly during the monsoon and post-monsoon seasons. People living in rural, forested, or agricultural areas are at greater risk due to exposure to mite-infested vegetation.

Human infection occurs when chiggers bite exposed skin, commonly in individuals working in fields, forests, or scrubland. Scrub typhus presents with nonspecific symptoms such as fever, headache, myalgia, and lymphadenopathy, often resembling malaria, dengue, or leptospirosis. A pathognomonic eschar (black scab at the bite site) may be present but is not always observed, leading to frequent misdiagnosis. Without timely treatment, complications such as multi-organ failure, meningoencephalitis, or death may occur.

Limited diagnostic facilities, lack of awareness, and overlapping with other febrile illnesses contribute to underreporting and underestimation of the actual disease burden.

Rationale:

Scrub typhus is a neglected vector-borne disease despite its significant health and economic impact. Its nonspecific clinical presentation often delays diagnosis and treatment, increasing the risk of severe complications and mortality. Community awareness is critical for prevention, as protective behaviors such as wearing full-sleeved clothing, using insect repellents, avoiding sitting or sleeping on bare ground, and promptly seeking medical care for fever can significantly reduce transmission.

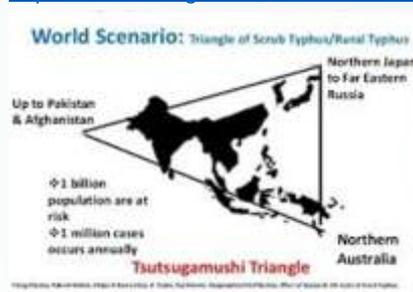
State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:

- What is Scrub Typhus?
- Transmission and spread of Scrub Typhus (bite of infected chiggers/mites in scrubland, forest, or agricultural fields).
- Risk environments and exposure factors (working in fields, forests, scrublands, sitting/sleeping on bare ground, lack of protective clothing).
- High-risk groups (farmers, forest workers, rural populations, children playing outdoors, women working in fields).



Source: IEC under NOHP-PCZ ([link-https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease/](https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease/))



Reference: <https://microbiologyinfo.com/scrub-typhus-etiology-epidemiology-symptoms-pathogenesis-diagnosis-and-treatment/>



- e) Symptoms and early warning signs (fever, headache, body pain, enlarged lymph nodes, presence of *eschar*, difficulty breathing, altered mental status).
- f) Preventive measures (wearing full-sleeved clothes, use of insect repellents, avoiding sitting/sleeping on bare ground, maintaining hygiene).
- g) Importance of early reporting and treatment (early antibiotic treatment can prevent complications and save lives).

Roles of Community-Based Structures in Scrub Typhus Awareness:

1. Area Mapping for Scrub Typhus Risk Assessment:

- Collaborate with health departments and stakeholders to categorize areas into high, medium, and low risk for scrub typhus.
- Identify villages near forests, scrublands, and agricultural fields where exposure to chigger mites is more common

2. Environmental Risk Awareness:

- Promote avoidance of high-risk areas such as overgrown bushes, scrub vegetation, and mite-infested fields.
- Encourage community efforts to clear vegetation around homes and sleeping areas.

3. Reporting of Acute Febrile Illness Cases:

- Encourage prompt reporting of fever cases, especially those with a history of working in fields or forests, to the health department.
- Emphasize the importance of early medical consultation when symptoms like *eschar*, breathlessness, or confusion appear.

4. Home Visits for Education and Support:

- Conduct home visits along with healthcare professionals to provide information and address concerns about scrub typhus.
- Educate families on protective behaviours such as wearing long-sleeved clothing, using insect repellents, and avoiding sitting or sleeping on bare ground.
- Highlight the importance of seeking medical care promptly for fever, particularly in high-risk seasons.

5. Public Awareness Generation:

- Use platforms such as self-help groups, women's organizations, schools, festivals, and religious gatherings to disseminate information about Scrub Typhus

6. Facilitate Decision-Making:

- Assist village leaders and local councils in making informed decisions about prevention activities, such as vegetation clearance drives and community clean-up campaigns.

7. Utilize VHSNC/VHND/UHND:

- Raise awareness during community meetings and health days about scrub typhus, risk factors, preventive measures, and the importance of early diagnosis and treatment.



8. Door-to-Door Campaigns:

- Conduct systematic door-to-door campaigns in high-risk villages and peri-forest areas to ensure household-level coverage.
- Distribute educational materials (pamphlets, posters, leaflets) in local languages with simple visuals on scrub typhus transmission, prevention, and treatment
- Use these campaigns as an opportunity to identify symptomatic individuals early and refer them promptly to the nearest health facility.



Reference: <https://ncdc.mohfw.gov.in/programe-for-prevention-and-control-of-leptospirosis/>

Role of Primary Health Care Team in Scrub Typhus Awareness

Role of MPW (M/F) and ASHA:

I. Promotion of Protective Measures

- Advise community members, especially farmers, forest workers, daily wage laborers, and children, to wear full-sleeved clothing, long pants, socks, and shoes while working in fields, forests, or scrub vegetation.
- Encourage the use of insect repellents on exposed body parts and clothing.
- Demonstrate simple preventive behaviors, such as avoiding sitting or sleeping directly on bare ground and clearing vegetation around households.



Source: IEC under NOHP-PCZ (link- <https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease/>)



2. Early Health-Seeking Behaviour

- Educate community members that any fever after working in fields, forests, or scrubland during the monsoon/post-monsoon seasons may be scrub typhus and requires immediate medical consultation.
- Mobilize suspected individuals to seek care promptly at the nearest sub-centre, PHC, or government health facility.

3. Treatment Adherence and Follow-Up

- Conduct home visits for patients diagnosed or suspected of scrub typhus to ensure prescribed antibiotics are taken for the full course.
- Reinforce the importance of follow-up care and monitoring of warning symptoms (such as breathlessness, confusion, persistent high fever, or organ dysfunction).

4. Household and Environmental Education

- Educate families on:
 - Clearing bushes, tall grasses, and scrub vegetation near homes and resting areas.
 - Avoid drying clothes on bushes or grass where mites may be present.
 - Using mats or elevated platforms instead of the ground for sitting or sleeping.
 - Maintain cleanliness in and around households to reduce rodent hosts that support mites.

5. Surveillance and Reporting

- Identify and report suspected scrub typhus cases on IDSP-IHIP
- Support syndromic surveillance by providing information on unusual fever clusters in villages, particularly during and after the monsoon.

6. Community Mobilization

- Use Self-Help Groups (SHGs), MAS, JAS, VHSNC, and local meetings to spread awareness messages on scrub typhus.
- Mobilize communities to participate in government screening camps, health check-ups, and awareness campaigns.

Responsibility of CHO

- Conduct health promotion sessions in villages, schools, and workplaces on scrub typhus prevention, especially for agricultural and forest workers.
- Use IEC materials and interactive methods (folk media, group discussions, village meetings) for effective outreach.
- Screen and identify suspected febrile cases in high-risk areas and refer them promptly to PHC/CHC for diagnostic confirmation and treatment.
- Ensure that frontline workers (ASHAs, MPWs, ANMs) follow up with households of suspected and confirmed cases.



- Facilitate collaboration with Agriculture, Forestry, Veterinary, Education, and Municipal Departments for integrated prevention measures (vegetation clearance, rodent control, community awareness).
- Organize awareness activities in schools (quiz, poster competitions, talks) to educate children and teachers, who can act as multipliers of information.
- Train and orient MAS, JAS, and VHSNC members on identifying high-risk practices, promoting protective measures, and assisting in community surveillance.
- During monsoon and post-monsoon seasons, lead preparedness activities such as distribution of IEC materials, household-level education, and coordination with relief teams to reduce scrub typhus risks.



Sample Messages for Awareness Generation on Scrub Typhus

1. स्क्रब टाइफस क्या है?

- स्क्रब टाइफस एक गंभीर बुखार वाली बीमारी है, जो छोटे कीड़ों (चिगर्स/माइट्स) के काटने से फैलती है।
- यह बीमारी खासकर बरसात और उसके बाद के मौसम में खेतों, जंगलों और झाड़ियों वाले इलाकों में ज्यादा होती है।

2. बीमारी कैसे फैलती है?

- खेतों, झाड़ियों, या जंगलों में काम करते समय चिगर्स के काटने से।
- घास या जमीन पर बिना कपड़े बिछाए बैठने या सोने से।
- झाड़ियों या घास में कपड़े सुखाने से।

3. क्या सावधानी रखें?

- खेत या जंगल में काम करते समय पूरे शरीर को ढकने वाले कपड़े, जूते और मोजे पहनें।
- खुली त्वचा पर मच्छर/कीट repellent (प्रतिरोधक दवा) लगाएँ।
- कभी भी सीधे जमीन पर न बैठें या न सोएं, चटाई या प्लास्टिक का उपयोग करें।
- घर और आसपास की झाड़ियों और घास की सफाई करें।

4. बीमारी के लक्षण क्या हैं?

- लगातार बुखार
- सिर दर्द और बदन दर्द
- गले या शरीर पर सूजी हुई गांठ (लिम्फ नोड्स)
- त्वचा पर काला पपड़ी जैसा घाव (eschar) कई बार यह नजर नहीं आता
- गंभीर हालत में सांस लेने में तकलीफ, मानसिक भ्रम या अंगों का खराब होना भी हो सकता है

5. क्या करें अगर बुखार हो?

- किसी भी तरह का बुखार हल्के में न लें, खासकर खेत या जंगल में काम करने के बाद।
- तुरंत नजदीकी स्वास्थ्य केंद्र पर जांच और इलाज करवाएँ।
- डॉक्टर द्वारा दी गई दवा को पूरा कोर्स करें।
- घरेलू नुस्खों या झाड़-फूंक पर भरोसा न करें।

6. समुदाय के लिए संदेश:

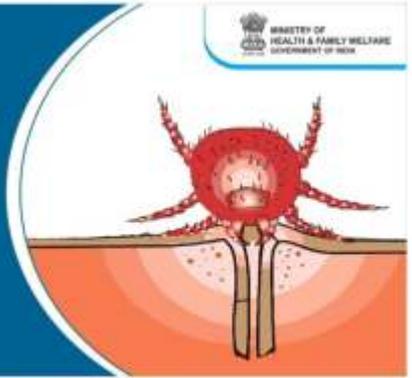
- खेतों या जंगलों में जाते समय हमेशा पूरे कपड़े और जूते पहनें।
- बच्चों को झाड़ियों या घास में खेलने से बचाएँ।
- अपने घर और आसपास साफ-सफाई रखें, झाड़ियाँ और घास काटकर रखें।



Acute febrile illness? Could it be Scrub Typhus?

Scrub typhus, a zoonotic disease caused by *Orientia tsutsugamushi*, a Rickettsial organism in human which has been reported from many states across the country.

Humans can get this disease when bitten by infected Chiggers - a larvae of a small insect called Mite from the family of *Leptotrombidium deliense*.



HOW CAN YOU INFECTED WITH SCRUB TYPHUS?

People can get this disease when they visit infected ecological niche areas called as Mite Islands where mites and their chigger (larvae) are found.



Poorly maintained kitchen gardens



Abandoned plantations



Overgrown forest clearings



Shrubby fringes of fields and forests



Grassy fields



River banks and sandy beaches



Mites are also present on the body of animals such as mice and rats.

WHO IS AT RISK FROM INFECTION



Farmers



People working in orchards & shrub areas



People visiting Mite Islands

WHEN TO SUSPECT SCRUB TYPHUS?



Fever, Chills, Headache, Body-aches, Muscle Pain



Presence of a dark, scab-like region at the site of the chigger bite also known as Eschar



Enlarged lymph nodes, and maculopapular rashes



If untreated, it leads to complications such as Interstitial Pneumonia, Meningoencephalitis, and Myocarditis



Common Site of Eschar- chest, abdomen, axilla, groin and genitalia. Sometimes on cheek, ear lobe and dorsum of the feet

Acute un-differentiated febrile illness with fever for more than 5 days?
If not Dengue, Malaria, and Typhoid, then suspects Scrub Typhus

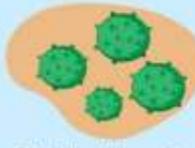
DIAGNOSIS



By serological test - Weil-Felix Test (WFT), Enzyme linked immunosorbent assay (ELISA)



By Molecular diagnosis - PCR



By isolation of the organism, *Orientia tsutsugamushi*

TREATMENT

Adults



- Doxycycline 200 mg/day in two divided doses for individuals above 45kg for duration of 7 days
- Azithromycin 500 mg in a single oral dose for 5 days

Pregnant women

- Azithromycin 500 mg in a single dose for 5 days
- Azithromycin is the drug of choice in pregnant women as doxycycline is contraindicated



Children

- Doxycycline in the dose of 4.5 mg/kg body weight/day in two divided doses for children below 45kg
- Azithromycin in the single dose of 10mg/kg body weight for 5 days

If the illness is severe, with cardiac, pulmonary, renal, and central nervous systems complications, refer to a higher centre

All presumptive & confirmed cases of Scrub Typhus should be notified to the concerned District Surveillance Officer of IDSP

PREVENTION



Wear fully covered clothes before visiting bushy, shrubby areas and undertaking any farming work



Apply mite repellents such as Diethyltoluamide to exposed skin



Apply miticidal agents such as Benzyl Benzoate on clothing and bedding



Avoid sleeping on ground and going to mite-infested terrain



Treat the ground and vegetation around house or hospital with residual insecticides



Remove of shrubs & low vegetation around the houses



Rodent Population Control



Regular cleaning of animal sheds

For more information, visit the nearest Health Centre.



www.mohfw.nic.in
www.mygov.in
www.pmindia.gov.in

mohfwindia
@MoHFW_INDIA

http://ncdc.gov.in/
@director_NCDC

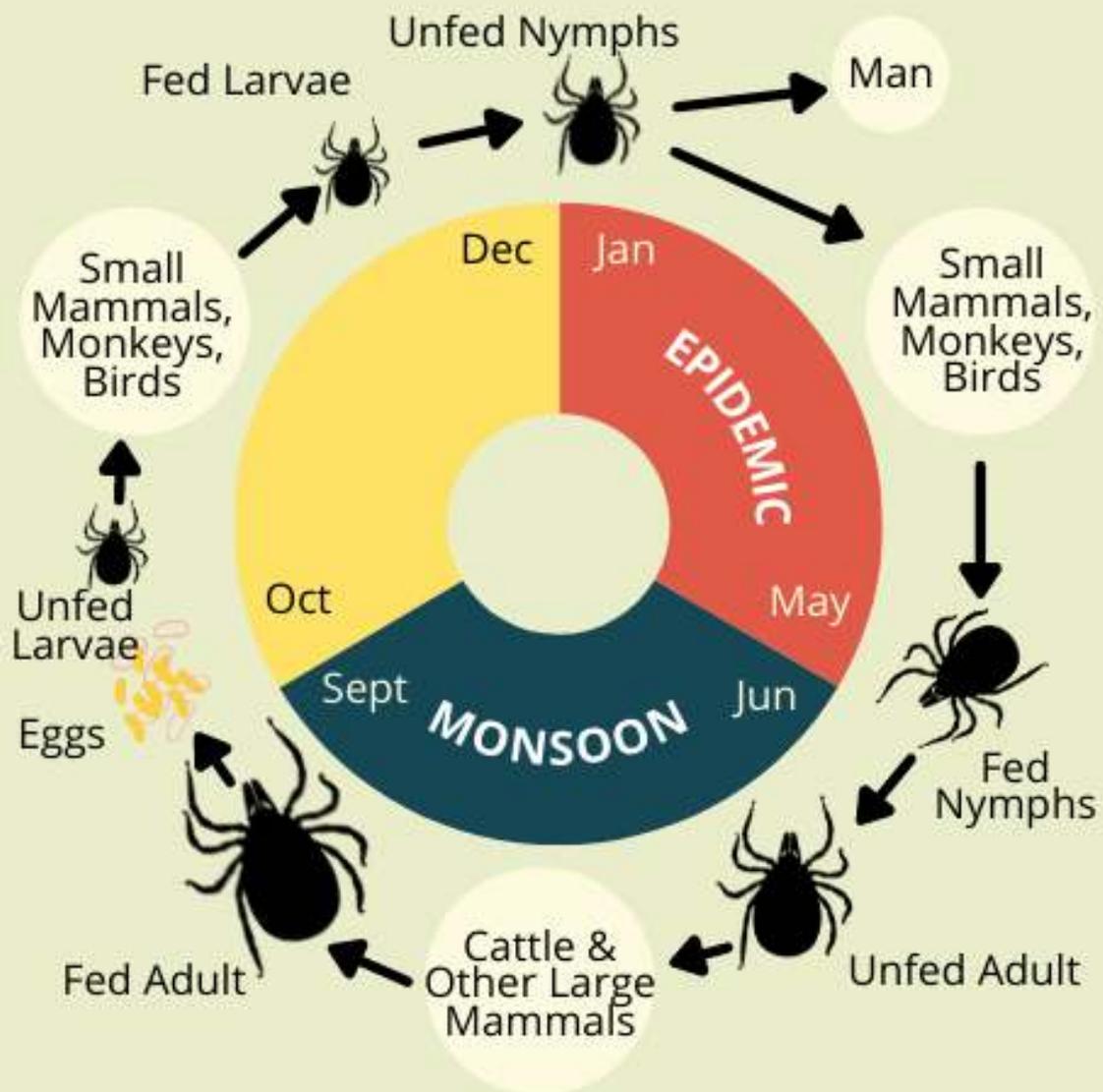


National One Health Program for Prevention & Control of Zoonoses

Source: IEC under NOHP-PCZ (link- <https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease/>)



KYASANUR FOREST DISEASE



Chapter 6- Guidelines for leveraging community structures for enhancing Kyasanur Forest Disease awareness

Background

Kyasanur Forest Disease (KFD) is a tick-borne viral hemorrhagic fever caused by the Kyasanur Forest Disease virus (KFDV), a member of the Flavivirus family. It was first identified in 1957 in the Kyasanur forest of Karnataka, India, and has since remained endemic in parts of Karnataka, Kerala, Goa, Maharashtra, and Tamil Nadu. The disease is transmitted to humans through the bite of infected *Haemaphysalis* ticks, which serve as the primary vectors. Small mammals (rodents, shrews, and monkeys) act as reservoirs and amplifying hosts, with monkey deaths often serving as sentinel events signaling viral activity in an area.

The illness begins suddenly with fever, headache, body pain, and conjunctival congestion, and may progress to bleeding manifestations, gastrointestinal symptoms, and, in severe cases, neurological complications. The case fatality rate ranges from 2% to 10%.



(Image source: Shah, Syed Z. et al. "Epidemiology, Pathogenesis, and Control of a Tick-Borne Disease- Kyasanur Forest Disease: Current Status and Future Directions.")

Rationale

KFD poses a significant public health challenge in affected states due to its high morbidity, potential for outbreaks, and the socio-economic impact on forest-dependent communities. Prevention is difficult, as there is no specific antiviral treatment, and protective measures primarily depend on personal and community-level precautions. Awareness generation at the community level is critical for prevention. Frontline health workers (ASHAs, ANMs, MPWs, and CHOs) play a vital role in spreading awareness, mobilizing communities for vaccination in endemic areas, and ensuring early care-seeking for suspected cases.

State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:

- What is Kyasanur Forest Disease (KFD)?
- Transmission and spread of KFD (through the bite of infected hard ticks in forested areas).
- Risk environments and exposure factors (frequent entry into forests for livelihood, collection of firewood, grazing cattle, visiting forest fringes, exposure to dead monkeys).
- High-risk groups (farmers, cattle grazers, forest workers, tribal communities, children, and women accompanying forest-goers).



- e. Symptoms and early warning signs (sudden onset of fever, severe headache, myalgia, vomiting, diarrhea, bleeding tendencies, in severe cases, neurological symptoms).
- f. Preventive measures (wearing protective clothing, use of tick repellents, avoiding sitting/resting on forest floors, limiting direct contact with dead monkeys, checking and removing ticks promptly).
- g. Importance of early reporting and treatment (early supportive treatment reduces complications and saves lives).

Roles of Community-Based Structures in KFD Awareness:

1. Area Mapping for KFD Risk Assessment:

- Collaborate with health, veterinary, and forest departments to categorize villages into high, medium, and low risk based on monkey deaths, human cases, and tick density.
- Identify settlements located near forests, plantations, and forest-fringe areas where exposure to ticks is more common.

2. Environmental Risk Awareness:

- Promote avoidance of high-risk forest patches, especially during peak tick activity seasons
- Encourage community-driven efforts to clear undergrowth, leaf litter, and tall grasses around houses and common resting areas.
- Advocate use of barriers (mosquito nets, raised sleeping platforms, plastic sheets) to reduce contact with ticks in forest areas.

3. Monkey Carcass Surveillance and Safe Disposal:

- Establish a system for immediate reporting of monkey deaths by local communities, forest watchers, and health volunteers.
- Ensure safe disposal of monkey carcasses under the supervision of forest and health officials (deep burial with lime/bleaching powder, away from water sources and human habitation).
- Prevent community handling of carcasses to reduce tick exposure and risk of spillover.
- Use carcass events as early warning signals for heightened KFD transmission risk and trigger intensified surveillance and vaccination activities in the affected area

4. Reporting of Acute Febrile Illness Cases:

- Encourage prompt reporting of fever cases, especially those with a history of working in fields or forests, to the health department.
- Emphasize the importance of early medical consultation when symptoms like bleeding, diarrhea, vomiting, or neurological symptoms appear.

5. Home Visits for Education and Support:

- Conduct home visits with healthcare teams in endemic villages.



- Educate families on protective behaviors, e.g., wearing full-sleeved clothes, using tick repellents, and avoiding contact with dead monkeys.
 - Reinforce the importance of vaccination drives in endemic villages and encourage household participation.
 - Stress the urgency of prompt treatment for fever at government facilities.
- 6. Public Awareness Generation:**
- Disseminate information through self-help groups, schools, tribal gatherings, and local festivals.
 - Use local folk media (street plays, puppet shows) and religious/community platforms to spread prevention messages.
 - Tailor messages to tribal and forest-dependent communities in local dialects.
- 7. Facilitate Decision-Making:**
- Assist village leaders and local councils in making informed decisions about prevention activities, such as vegetation clearance drives, tick control measures, safe disposal of monkeys, and community clean-up campaigns.
- 8. Utilize VHSNC/VHND/UHND:**
- Raise awareness during community meetings and health days about KFD, risk factors, preventive measures, and the importance of early diagnosis and treatment.
- 9. Door-to-Door Campaigns:**
- Conduct systematic household visits in high-risk and peri-forest areas during outbreak season.
 - Distribute pamphlets, posters, and flipbooks in local languages with clear visuals on KFD transmission, symptoms, and prevention.
 - Use these campaigns to identify symptomatic individuals early and facilitate prompt referral to the nearest health facility.

Role of Primary Health Care Team in KFD Awareness

Role of MPW (M/F) and ASHA:

1. Promotion of Protective Measures

- Advise community members, especially farmers, cattle grazers, forest workers, tribal communities, and children, to wear full-sleeve clothing, long pants, socks, and shoes while entering forests or forest-fringe areas.
- Encourage the use of tick repellents (on body and clothing) when visiting forested areas.
- Demonstrate preventive practices such as avoiding sitting or sleeping on forest floors, carrying mats, and checking for ticks after returning from forests.

2. Early Health-Seeking Behaviour



- Educate communities that any fever after visiting forests or plantations during high-risk months could be KFD and requires immediate medical consultation.
- Mobilize suspected individuals to seek care promptly at the nearest Sub-Centre, PHC, CHC
- Emphasize that early diagnosis and supportive treatment can save lives.

3. **Vaccination Awareness & Follow-Up**

- Inform communities about the availability of KFD vaccination in endemic districts and mobilize eligible individuals to participate in vaccination sessions.
- Conduct follow-up visits to ensure that all recommended doses are taken and reinforce the importance of completing the full vaccination schedule.
- Counsel families about recognizing warning symptoms such as bleeding, persistent fever, vomiting, or neurological issues.

4. **Household and Environmental Education**

- Educate families on:
 - Clearing bushes, leaves, and tall grass around homes and common resting places.
 - Avoiding direct contact with dead monkeys and immediately reporting monkey deaths to health/forest officials.
 - Using raised sleeping platforms or nets in forest-fringe areas.
 - Keeping livestock grazing areas away from dense tick-infested vegetation when possible.

5. **Surveillance and Reporting**

- Identify and report suspected KFD cases through the IDSP-IHIP system.
- Support syndromic surveillance by alerting authorities about unusual fever clusters or monkey deaths in villages near forests.
- Act as first responders in early detection and referral of suspected KFD cases.

6. **Community Mobilization**

- Use SHGs, MAS, JAS, VHSNC, tribal councils, and local gatherings to spread KFD prevention messages.
- Mobilize communities to participate in screening camps and awareness campaigns.
- Engage village elders, women leaders, and school teachers as local champions of KFD awareness.

Responsibility of CHO:

- Conduct health promotion sessions in villages, schools, and forest-dependent workplaces on KFD prevention and vaccination.
- Use IEC materials and interactive methods (folk media, village meetings, group discussions) for effective outreach.
- Screen and identify suspected febrile cases in high-risk villages and refer promptly to PHC/CHC for confirmation and management.



- Supervise ASHAs, MPWs, and ANMs in household follow-up of suspected and confirmed cases.
- Facilitate inter-departmental collaboration with Forestry, Animal Husbandry, Agriculture, Education, and Panchayati Raj for integrated prevention (vegetation clearance, tick control, awareness).
- Organize school-based awareness activities (quizzes, poster competitions, talks) to empower children as information multipliers.
- Train and orient MAS, JAS, and VHSNC members on high-risk practices, protective behaviors, and early reporting.



Sample Messages for Awareness Generation on KFD

1. KFD क्या है?

- क्यासानूर फॉरेस्ट डिजीज़ (KFD) एक गंभीर बुखार वाली बीमारी है, जो संक्रमित किलनी (Ticks) के काटने से फैलती है।
- यह बीमारी खासकर जंगलों और जंगल के किनारे रहने वाले या वहां काम करने वाले लोगों में अधिक होती है।

2. बीमारी कैसे फैलती है?

- जंगल या खेतों में काम करने या लकड़ी, चारा, पत्ते इकट्ठा करने के दौरान संक्रमित किलनी के काटने से।
- मृत बंदरों के संपर्क में आने से भी संक्रमण का खतरा बढ़ता है।
- जंगल की जमीन पर बैठने या सोने से किलनी के काटने का जोखिम अधिक होता है।

3. क्या सावधानी रखें?

- जंगल में जाते समय पूरे शरीर को ढकने वाले कपड़े, लंबे मोड़े और जूते पहनें।
- शरीर और कपड़ों पर कीट प्रतिरोधक (repellent) लगाएँ।
- जंगल या खेत में कभी भी सीधे जमीन पर न बैठें या न सोएं, चटाई/प्लास्टिक का उपयोग करें।
- मृत बंदरों को छूने से बचें और तुरंत स्वास्थ्य या वन विभाग को सूचना दें।
- घर और आसपास के खुले क्षेत्रों में झाड़ियों और घास की सफाई करें।

4. बीमारी के लक्षण क्या हैं?

- अचानक तेज बुखार
- सिरदर्द और मांसपेशियों में दर्द
- उल्टी और दस्त
- शरीर पर खून के धब्बे या खून आना
- गंभीर हालत में मानसिक भ्रम, कमजोरी और अंगों के खराब होने के लक्षण

5. क्या करें अगर बुखार हो?

- अगर आपको या परिवार के किसी सदस्य को जंगल से आने के बाद बुखार हो तो इसे हल्के में न लें।
- तुरंत नजदीकी स्वास्थ्य केंद्र पर जांच और इलाज करवाएँ।
- डॉक्टर द्वारा दी गई दवा और इलाज का पूरा कोर्स करें।
- घरेलू नुस्खों या झाड़-फूंक पर भरोसा न करें।

6. समुदाय के लिए संदेश:



- जंगल में जाने वाले सभी लोग पूरी आस्तीन के कपड़े, जूते और मोड़े पहनें।
- बच्चों को जंगल या झाड़ियों में खेलने से बचाएँ।
- मृत बंदर देखने पर तुरंत स्वास्थ्य/वन विभाग को सूचना दें।
- साफ-सफाई रखें और घर के आसपास झाड़ियों को काटकर साफ रखें।





Ministry of Health & Family Welfare
Government of India

Visiting the forest?

Beware of Kyasanur Forest Disease (KFD)



What is KFD?

It is a tick borne viral haemorrhagic fever which is commonly seen in Western Ghats region of India i.e. Karnataka, Kerala, Tamil Nadu, Maharashtra and Goa.



Who is at risk from getting KFD?



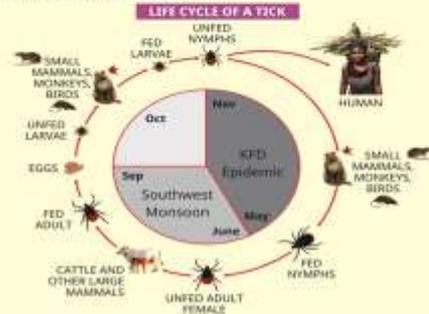
How do you get infected with KFD?

Humans can get infected when they come in contact with tick infested animals such as monkeys, rats, shrews and livestock or if they are bitten by infected ticks



How do humans contract Kyasanur forest disease

The virus is transmitted to humans through the bite of a tick or when humans come in contact with an infected animal



When does this disease occur?
Seasonal occurrence: November to May

Signs and Symptoms of KFD

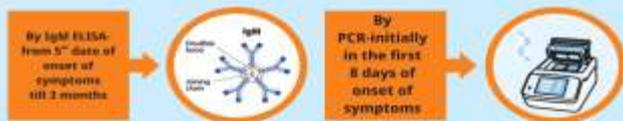


When to suspect from KFD?



First rule out common etiologies of acute febrile illness like Dengue/DHF, Typhoid, Malaria

Diagnosis of KFD



Treatment



No specific treatment is available for KFD

Prevention

Do's	Don'ts
Wear protective clothes covering the body completely	Pile up dried leaves from KFD infected areas in or near your house as it may contain deadly ticks
Apply insect repellents such as DEET or DMP oil before visiting forest/tick-infested areas	Handle dead animal without protective wears such as Gloves
After visiting the forest areas, take a bath and wash your clothes, bath with hot water and soap	Visit area where recent monkey death have been reported.
Regularly de-tick your animals & apply insect repellents on animals to prevent transportation of ticks from forests to your house	
Apply acaricides in and around animal shed	
Report monkey deaths to animal husbandary forest officials and/or health department	

SELF-PROTECTION PREVENTS KFD

If you see the symptoms of KFD, visit the nearest health centre

Notify the local authorities, in case you notice dead monkeys in your area

For more information, visit the nearest Health Centre.



www.mohfw.nic.in
www.mygov.in
www.pmindia.gov.in

YouTube: mohfwindia
Twitter: @MoHFW_INDIA

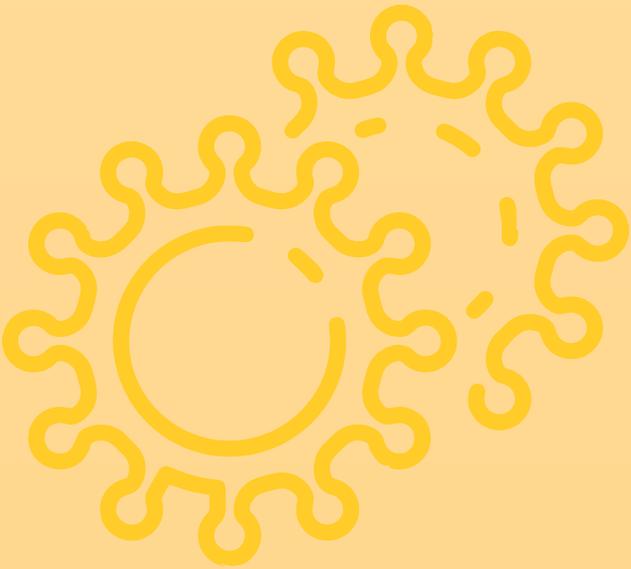
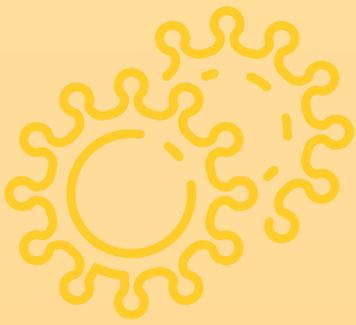
http://ncdc.gov.in/
@director_NCDC



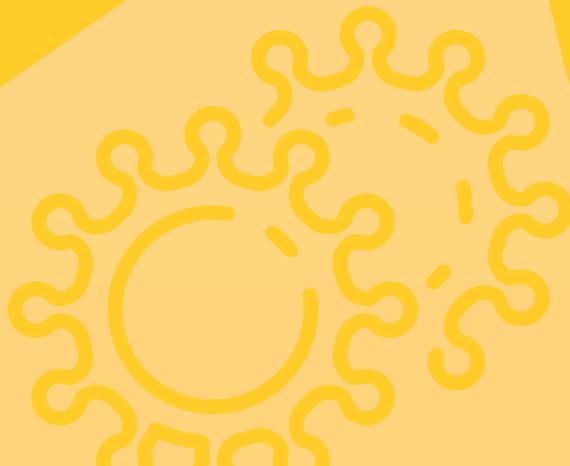
National One Health Program for Prevention & Control of Zoonoses

Source: IEC under NOHP-PCZ (link- <https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease/>)





BRUCELLOSIS



Chapter 7- Guidelines for leveraging community structures for enhancing Brucellosis awareness

Background

Brucellosis is a bacterial zoonotic disease caused by organisms of the genus *Brucella*, which primarily infect livestock such as cattle, sheep, goats, pigs, and occasionally dogs. It is transmitted to humans through direct contact with infected animals, handling of animal tissues or secretions, consumption of unpasteurized milk and dairy products, or inhalation of aerosols in occupational settings. Human-to-human transmission is extremely rare.

In India, brucellosis is widely prevalent due to the high livestock population, close human–animal interactions, and traditional practices of raw milk consumption. Farmers, veterinarians, abattoir workers, dairy workers, and laboratory personnel are at higher occupational risk.

Rationale

Brucellosis poses a dual threat to public health and livestock productivity, making it a critical One Health concern in India. The high morbidity, potential for chronic disability in humans, and the economic losses in animal husbandry highlight the urgent need for strengthened prevention and control efforts.

As there is no human vaccine, prevention strategies rely on awareness generation, safe animal handling practices, pasteurization of milk, and control of infection in livestock through vaccination, testing, and culling of infected animals. Community-level awareness, especially among at-risk groups, is essential for promoting safe food practices, early reporting of illness, and timely medical intervention.

Frontline health workers, veterinary staff, and community organizations can play a pivotal role in health education, mobilization for animal vaccination programs, and referral of suspected human cases for diagnosis and treatment.

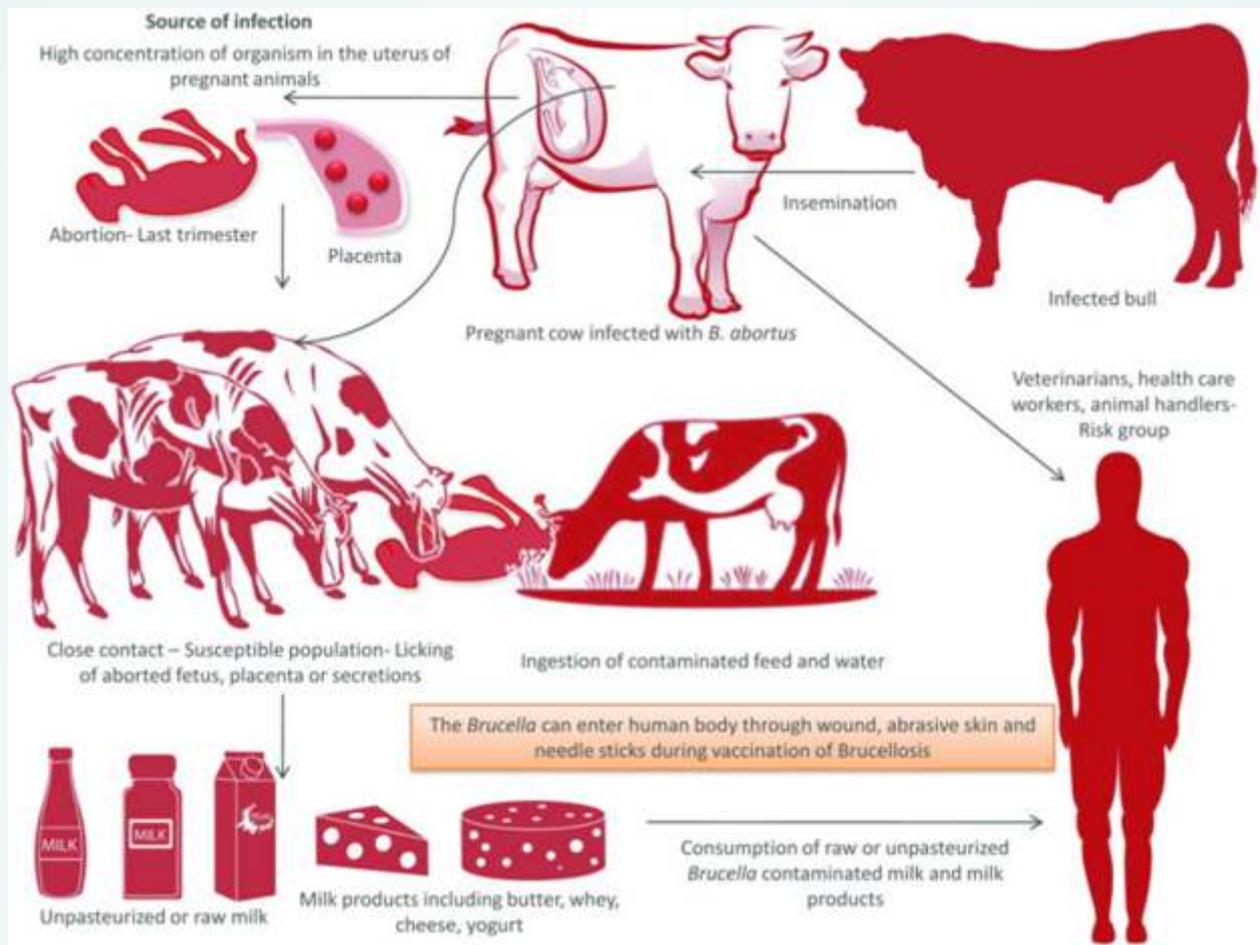
State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:

- a. What is Brucellosis?
- b. How is Brucellosis transmitted and spread?
- c. What are the risk environments and exposure factors for Brucellosis?
- d. Who are the high-risk groups for Brucellosis?
- e. What are the symptoms and early warning signs of Brucellosis?
- f. What preventive measures can protect individuals and communities from Brucellosis?
- g. Why are early reporting and treatment of Brucellosis important?



Sources of Infection



Source:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7833053/#:~:text=Not%20only%20domestication%20of%20animals,for%20countering%20this%20important%20disease>

Roles of Community-Based Structures in Brucellosis Awareness:

1. Area Mapping for Brucellosis Risk Assessment:

- Collaborate with health, veterinary, and animal husbandry departments to categorize villages into high, medium, and low risk based on livestock density, animal abortions, and reported human cases.
- Identify settlements with high livestock–human interaction, dairy farming, and areas where raw milk consumption is common.

2. Environmental Risk Awareness:

- Promote safe livestock management practices, including proper disposal of animal waste, aborted fetuses, and placentas.
- Encourage hygienic maintenance of cattle sheds, goat pens, and dairy collection points.



- Advocate boiling/pasteurization of milk before consumption to reduce infection risk
3. **Livestock Surveillance and Safe Disposal:**
 - Establish community-based reporting systems for livestock abortions, stillbirths, and reproductive failures.
 - Ensure safe disposal of animal waste and aborted material under the supervision of veterinary and health officials (deep burial with lime/bleaching powder, away from water sources and households).
 - Prevent direct handling of aborted fetuses or placentas by unprotected individuals.
 - Use livestock abortion clusters as early warning signals for possible brucellosis transmission.
 4. **Reporting of Human Brucellosis Suspected Cases:**
 - Encourage prompt reporting of fever cases with joint pain, backache, or prolonged fatigue, especially among livestock handlers, to health facilities.
 - Emphasize early medical consultation and discourage self-medication to prevent chronic complications.
 5. **Home Visits for Education and Support:**
 - Educate families on protective behaviors such as using gloves while handling animals, avoiding raw milk, and maintaining hygiene in cattle sheds.
 - Reinforce the importance of livestock vaccination and encourage household participation.
 6. **Public Awareness Generation:**
 - Disseminate information through self-help groups, dairy cooperatives, schools, livestock fairs, and farmer gatherings.
 - Use local folk media (street plays, puppet shows) and community platforms to spread prevention messages.
 - Tailor messages to rural and tribal communities in local dialects for better understanding.
 7. **Facilitate Decision-Making:**
 - Assist village leaders and local councils in making informed decisions about prevention activities, such as community livestock vaccination drives, hygiene campaigns, and safe waste disposal practices.
 8. **Utilize VHSNC/VHND/UHND:**
 - Raise awareness during community meetings and health days about brucellosis, its transmission through livestock, risk factors, preventive measures, and the importance of early diagnosis and treatment.
 - Encourage cross-sector participation of veterinary staff during such sessions.



9. Door-to-Door Campaigns:

- Conduct systematic household visits in high-risk livestock-rearing areas.
- Distribute pamphlets, posters, and flipbooks in local languages with clear visuals on brucellosis transmission, symptoms, and prevention.
- Use these campaigns to identify symptomatic individuals early and facilitate referral to the nearest health facility.

Role of Primary Health Care Team in Brucellosis Awareness

Role of MPW (M/F) and ASHA:

- Guiding farmers, dairy workers, and livestock handlers on safe animal-handling practices, including the use of gloves and protective clothing during animal deliveries, handling aborted materials, or milking.
- Mobilizing the community to avoid consumption of raw/unboiled milk and unpasteurized dairy products; promoting boiling/pasteurization as a daily habit.
- Conducting follow-up visits in households where livestock abortions or suspected brucellosis cases are reported, ensuring families adopt safe disposal methods (deep burial with lime/bleaching powder).
- Raising awareness about brucellosis, its transmission from animals to humans, symptoms (fever, body ache, joint pain), and the importance of early medical consultation.
- Referring suspected human cases with prolonged fever, fatigue, or joint pain to the nearest healthcare facility, and alerting veterinary authorities about unusual animal abortions or reproductive losses.

Responsibility of CHO:

1. Creating awareness about brucellosis, its zoonotic nature, and the importance of safe livestock practices and early treatment.
2. Guiding community members on safe handling of animals and animal waste, and referring suspected human cases promptly to PHC/CHC for diagnosis and management.
3. Promoting collaboration with the Veterinary, Dairy, Agriculture, and Education Departments to strengthen inter-sectoral convergence for brucellosis prevention.
4. Educating teachers and schoolchildren on safe milk consumption (boiling/pasteurization) and avoiding risky animal-handling practices.
5. Orienting MAS, JAS, and VHSNC members on high-risk practices, preventive measures, and the importance of livestock vaccination and early reporting of suspected cases.



Sample Messages for Awareness Generation on Brucellosis

- ब्रुसेलोसिस क्या है?**
 - ब्रुसेलोसिस एक जीवाणु (बैक्टीरिया) से फैलने वाली बीमारी है, जो मुख्य रूप से पशुओं (गाय, भैंस, बकरी, भेड़, सूअर) से इंसानों में फैलती है।
 - यह बीमारी लंबे समय तक बुखार, थकान और जोड़ों में दर्द का कारण बनती है।
- बीमारी कैसे फैलती है?**
 - कच्चा/उबाल रहित दूध और उससे बने उत्पाद (जैसे दही, पनीर) खाने से।
 - पशुओं के गर्भपात (अबॉर्शन), प्रसव या मृत भ्रूण/आफ्टरबर्थ को हाथ से छूने पर।
 - संक्रमित पशुओं के खून, मल-मूत्र या अन्य स्रावों के सीधे संपर्क से।
 - पशुओं के शेड या डेयरी में सफाई करते समय सावधानी न बरतने पर।
- क्या सावधानी रखें?**
 - हमेशा दूध को उबालकर/पाश्चराइज करके ही पिएं।
 - पशुओं की डिलीवरी, गर्भपात या सफाई करते समय दस्ताने, मास्क और पूरे कपड़े पहनें।
 - मृत भ्रूण, प्लेसेंटा और पशुओं का मल-मूत्र सुरक्षित तरीके से (गड्ढे में चूना डालकर) दबाएँ।
 - बीमार या गर्भपात करने वाले पशुओं को स्वस्थ पशुओं से अलग रखें।
 - पशु शेड और आसपास की जगह की नियमित सफाई रखें।
- बीमारी के लक्षण क्या हैं?**
 - लंबे समय तक बुखार आना
 - शरीर और जोड़ों में दर्द
 - कमजोरी और अत्यधिक थकान
 - पसीना आना और ठंड लगना
 - गंभीर स्थिति में गठिया (Arthritis), रीढ़ की हड्डी में दर्द (Spondylitis), पुरुषों में अंडकोष में सूजन (Orchitis)
- क्या करें अगर बुखार या लक्षण हों?**
 - अगर लंबे समय तक बुखार और जोड़ों में दर्द बना रहे, तो तुरंत नज़दीकी स्वास्थ्य केंद्र पर जाएं।
 - डॉक्टर द्वारा दी गई दवा (एंटीबायोटिक) का पूरा कोर्स करें।
 - घरेलू नुस्खों या झाड़-फूंक पर भरोसा न करें।
 - समय पर इलाज से गंभीर जटिलताओं से बचा जा सकता है।
- समुदाय के लिए संदेश:**
 - कभी भी कच्चा दूध या उससे बने उत्पाद न खाएं।
 - पशुओं के गर्भपात या प्रसव के समय सुरक्षात्मक कपड़े और दस्ताने पहनें।
 - बीमार पशु या गर्भपात का तुरंत पशुपालन विभाग को सूचित करें।
 - पशु टीकाकरण कार्यक्रम में भाग लें और अपने पशुओं का समय पर टीकाकरण कराएँ।
 - साफ-सफाई रखें और पशु शेड की नियमित सफाई करें।





Ministry of
Health & Family Welfare
Government of India

Brucellosis

WHAT WE NEED TO KNOW ABOUT BRUCELLOSIS

- Brucellosis is a Zoonotic Disease that affects both humans and animals
- Also known as "Undulant fever" or "Malta fever"

- Caused by gram-negative intracellular aerobic coccobacilli
- Humans can get infection from Cattle, Buffalo, Sheep, Goats, Pigs & Dogs

Mainly four types of species in which Brucellosis found in India



Brucellosis is commonly undiagnosed & needs attention!!!

- Leads to high economic loss to dairy farmers and livestock producers
- Results in chronic debilitating illness in humans often leading to complications

How do humans get infected?

- Ingestion of raw, unpasteurized milk & its products
- Inhalation of Infectious Aerosols
- Direct Contact with infected animal's birth products
- Blood Transfusion

How do animals get infected?

- Through close contact with infected animal
- By breeding/mating with infected animal
- Contact with infected animal's birth products
- Consumption of contaminated fodder
- Nursing of young animals from an infected female animal

When to suspect Brucellosis?



H/O eating raw dairy products



H/O Occupational exposure
(Veterinarians, Dairy Farmers, Abattoir Workers, Livestock Handlers)

Fever accompanied by anorexia and back pain (undulant fever)

Headache, night sweats, rashes, poor appetite and weight loss

Leucopenia, enlargement of liver, spleen and lymph nodes

Respiratory tract complication

Joint pains and swelling

Always Rule Out Brucellosis in cases of Pyrexia of Unknown Origin associated with Joint Pains

Diagnosis

1. ELISA
2. PCR
3. Bacterial Culture (Gold standard)

Treatment

Doxycycline 100 mg BD for 6 weeks
or
Doxycycline 100 mg (6 weeks)
+ Streptomycin 1gm Day I.M (3 weeks)
OBSERVE FOR RELAPSE

How to prevent Brucellosis?

In Humans

- Do not eat or consume raw dairy products
- Always wash your hands after handling animals
- Wear protective clothing during disposal of animal waste/biological waste
- Wear protective clothing when handling reproductive tissues (delivery of animals) and during per rectal examination and Artificial Insemination of animals

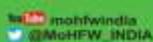
In Animals

- Separate sick animals from the healthy animals
- Mandatory Brucella vaccination of female calves
- Avoiding breeding or sick animals

For more information, visit the nearest Health Centre.



www.mohfw.nic.in
www.mygov.in
www.pmindia.gov.in



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@MoHFW_INDIA

http://ncdc.gov.in/
@director_NCDC

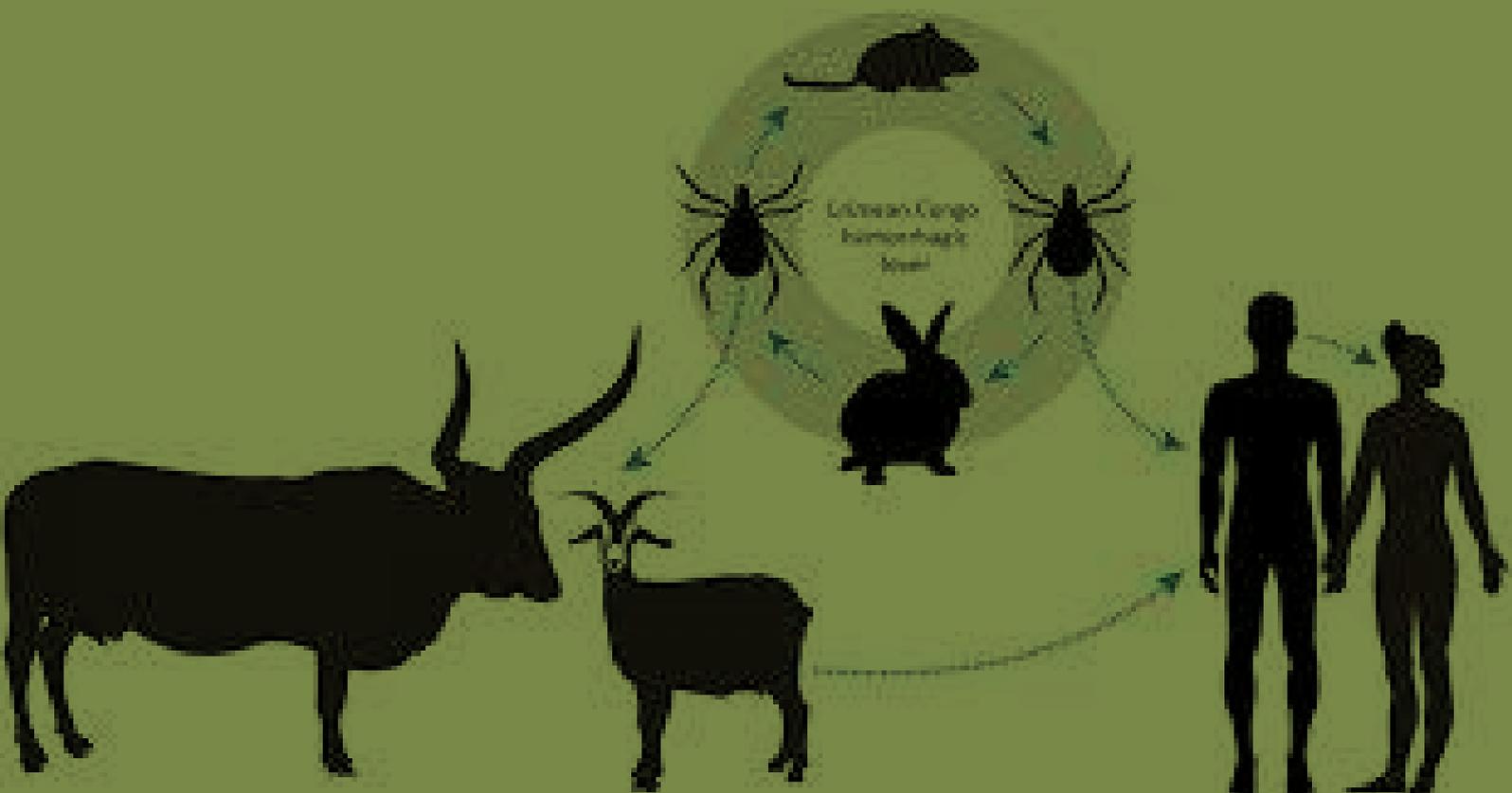


National One Health Program for Prevention & Control of Zoonoses

Source: IEC under NOHP-PCZ (link- <https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease/>)



CRIMEAN-CONGO HAEMORRHAGIC FEVER (CCHF)

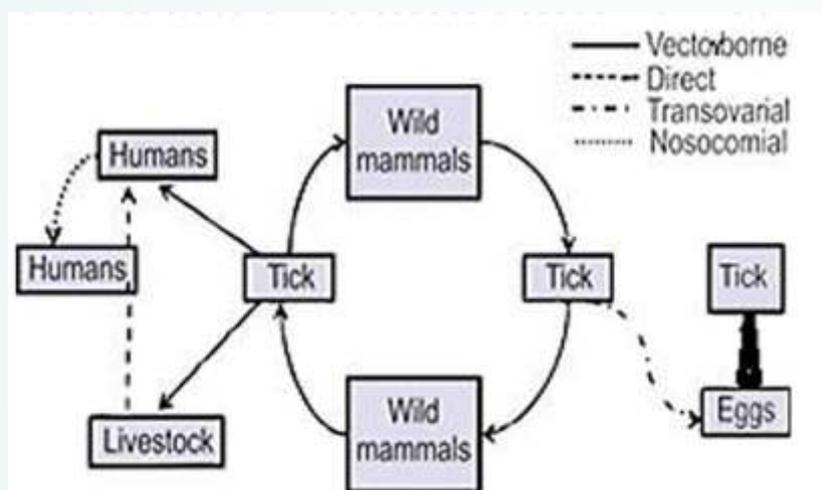


Chapter 8- Guidelines for leveraging community structures for enhancing CCHF awareness

Background

Crimean-Congo Haemorrhagic Fever (CCHF) is a severe viral zoonotic disease caused by a Nairo virus of the Bunyaviridae family. It is primarily transmitted to humans through the bite of infected *Hyalomma* ticks or by direct contact with blood, secretions, or tissues of infected livestock such as cattle, sheep, and goats. Human-to-human transmission can occur through direct contact with the blood or body fluids of infected persons, particularly in healthcare settings without adequate infection prevention and control measures.

In India, CCHF has been reported mainly from Gujarat and neighbouring states, with sporadic outbreaks linked to livestock rearing, animal trade, and agricultural practices in endemic areas. Individuals at high risk include farmers, shepherds, abattoir workers, veterinarians, and healthcare workers handling suspected cases. CCHF remains a public health challenge in India due to limited awareness, difficulties in early diagnosis (as it mimics other febrile illnesses), and risks of nosocomial spread in healthcare facilities.



Source: CCHF, CD Alert, NCDC

Rationale

CCHF represents a critical One Health challenge in India because of its zoonotic nature, high fatality, and potential for hospital-associated outbreaks. Early recognition, prompt supportive care, and strict infection prevention practices are essential to save lives and reduce transmission.

Since no vaccine is currently available for humans or animals, prevention strategies rely on reducing tick exposure, improving awareness among at-risk communities, and safe handling of livestock. Community-level awareness, especially among livestock handlers, farmers, and healthcare providers, is vital for early reporting, protective practices, and timely medical intervention.

State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:



- a. What is CCHF?
- b. How is CCHF transmitted and spread?
- c. What are the risk environments and exposure factors for CCHF?
- d. Who are the high-risk groups for CCHF?
- e. What are the symptoms and early warning signs of CCHF?
- f. What preventive measures can protect individuals and communities from CCHF?
- g. Why is early reporting and strict infection control important in CCHF?

Roles of Community-Based Structures in CCHF Awareness:

1. Area Mapping for CCHF Risk Assessment:

- Collaborate with health, veterinary, and animal husbandry departments to categorize villages into high, medium, and low risk based on livestock density, tick prevalence, and reported human cases.
- Identify settlements with high livestock–human interaction, animal grazing in tick-infested areas, and places with seasonal movement of animals.

2. Environmental Risk Awareness:

- Promote safe livestock management practices, including regular cleaning and tick control in cattle sheds, goat pens, and animal enclosures.
- Encourage proper disposal of animal waste and maintenance of hygiene at dairy collection and slaughter points.
- Advise against direct handling of animal blood or tissues without protection.

3. Livestock Surveillance and Safe Disposal:

- Establish community-based reporting systems for unusual animal deaths, tick infestations, and clusters of sick livestock.
- Ensure safe handling of livestock during birthing, slaughter, and veterinary procedures with protective gear (gloves, masks, boots).
- Discourage unprotected individuals from direct contact with animal blood, tissues, or ticks.
- Use sudden livestock illness or death events as early warning signals for possible CCHF circulation.

4. Reporting of Human CCHF Suspected Cases:

- Encourage immediate reporting of fever cases with severe headache, muscle pain, nausea, vomiting, or bleeding, especially among livestock handlers, to health facilities.

5. Home Visits for Education and Support:

- Educate families on protective behaviors such as using gloves when handling animals, avoiding direct tick contact, and using repellents.
- Emphasize boiling/pasteurization of milk and thorough cooking of meat before consumption.



- Reinforce the importance of household-level tick control measures for livestock and animal shelters.
- 6. Public Awareness Generation:**
- Disseminate information through self-help groups, dairy cooperatives, schools, livestock fairs, and farmer gatherings.
 - Use local folk media (street plays, puppet shows) and community platforms to spread prevention messages.
 - Tailor messages in local dialects for rural and tribal populations for better reach and understanding.
- 7. Facilitate Decision-Making:**
- Assist village leaders and local councils in making informed decisions about prevention activities, such as community tick control drives and hygiene campaigns.
- 8. Utilize VHSNC/VHND/UHND:**
- Raise awareness during community meetings and health days about CCHF transmission (tick bites, contact with infected livestock or human blood), risk factors, symptoms, preventive measures, and the importance of early reporting.
 - Encourage joint sessions with veterinary staff to promote One Health approaches.
- 9. Door-to-Door Campaigns:**
- Conduct systematic household visits in high-risk livestock-rearing areas.
 - Distribute pamphlets, posters, and flipbooks in local languages with clear visuals on tick protection, symptoms, and prevention.
 - Use these campaigns to identify symptomatic individuals early and facilitate safe referral.

Role of Primary Health Care Team in CCHF Awareness

Role of MPW (M/F) and ASHA:

- Guide farmers, dairy workers, butchers, and livestock handlers on safe practices, including the use of gloves, masks, and protective clothing while handling animals, slaughtering, or cleaning animal sheds
- Mobilize the community to adopt tick-prevention practices such as using repellents, checking animals and humans for ticks, and maintaining hygiene in animal enclosures.
- Conduct follow-up visits in households where livestock deaths, heavy tick infestations, or suspected CCHF cases are reported, ensuring families avoid direct handling of animal blood/tissues and adopt safe waste disposal methods.
- Raise awareness about CCHF, its transmission (tick bites, contact with infected animal or human blood/tissues), symptoms (fever, severe headache, muscle pain, bleeding), and the need for immediate medical attention.



- Refer suspected human cases with fever, bleeding, or sudden severe illness promptly to the nearest healthcare facility, and alert veterinary authorities about unusual animal deaths or tick infestations.

Responsibility of CHO:

1. Create awareness about CCHF as a zoonotic disease, highlighting safe livestock management, tick control, and the importance of early treatment.
2. Guide community members on safe handling of animals, tick prevention measures, and safe practices during slaughtering or animal care.
3. Refer suspected human cases of CCHF immediately to PHC/CHC for safe diagnosis and management, while ensuring infection prevention measures.
4. Promote collaboration with Veterinary, Dairy, Agriculture, and Education Departments to strengthen inter-sectoral coordination for CCHF prevention.
5. Educate teachers and schoolchildren about tick-bite prevention, safe livestock practices, and the importance of boiling/pasteurizing milk before consumption.
6. Orient MAS, JAS, and VHSNC members on CCHF risk factors, preventive measures, early reporting of suspected cases, and mobilization for community-level tick control activities.



Sample Messages for Awareness Generation on CCHF

1. CCHF क्या है?

- क्राइमियन-कांगो हेमरेजिक फीवर (CCHF) एक गंभीर और जानलेवा बीमारी है, जो संक्रमित किलनी (Ticks) के काटने या संक्रमित जानवरों और उनके खून/टिश्यू के सीधे संपर्क से फैलती है।
- यह बीमारी विशेष रूप से पशुपालन करने वाले, डेयरी और कसाईखाने में काम करने वाले, तथा ग्रामीण और पशुधन-आधारित समुदायों में अधिक पाई जाती है।

2. बीमारी कैसे फैलती है?

- संक्रमित किलनी के काटने से।
- संक्रमित पशुओं (गाय, भैंस, बकरी, भेड़) के खून, ऊतक या दूध के सीधे संपर्क में आने से।
- कच्चा/उबला न हुआ दूध और असुरक्षित डेयरी उत्पादों के सेवन से।
- गंभीर मामलों में, संक्रमित व्यक्ति के खून या शारीरिक तरल पदार्थों के संपर्क से।

3. क्या सावधानी रखें?

- पशुओं की देखभाल या खेत/चरागाह में जाते समय पूरे शरीर को ढकने वाले कपड़े, दस्ताने, लंबे मोड़े और जूते पहनें।
- शरीर और कपड़ों पर कीट प्रतिरोधक (repellent) लगाएँ।
- पशुओं की डिलीवरी, सफाई या मृत जानवर/गर्भपात की सामग्री को छूते समय दस्ताने और सुरक्षा साधन का उपयोग करें।
- दूध को हमेशा उबालकर या पाश्चराइज करके ही पिएँ।
- पशु शेड और घर के आसपास की साफ-सफाई रखें, झाड़ियों और घास की नियमित सफाई करें।

4. बीमारी के लक्षण क्या हैं?

- अचानक तेज बुखार
- सिरदर्द और मांसपेशियों में दर्द
- थकान और कमजोरी
- उल्टी या दस्त
- शरीर पर खून के धब्बे या खून आना (नाक, मसूड़ों, उल्टी या पेशाब/मल में खून)
- गंभीर हालत में अंगों के खराब होने के लक्षण और शॉक



5. क्या करें अगर बुखार या खून आने के लक्षण हों?

- अगर आपको या परिवार के किसी सदस्य को बुखार, शरीर में दर्द, या खून आने जैसे लक्षण हों तो इसे हल्के में न लें।
- तुरंत नजदीकी स्वास्थ्य केंद्र पर जांच और इलाज करवाएँ।
- डॉक्टर द्वारा दी गई दवा और इलाज का पूरा कोर्स करें।
- घरेलू नुस्खों या झाड़-फूंक पर भरोसा न करें।

6. समुदाय के लिए संदेश:

- पशुपालन और पशुधन संभालने वाले सभी लोग हमेशा सुरक्षात्मक कपड़े और जूते पहनें।
- बच्चों को किलनी वाले क्षेत्रों और पशु शेड में खेलने से बचाएँ।
- कच्चा दूध न पिएँ, हमेशा उबालकर या पाश्चराइज किया हुआ दूध ही प्रयोग करें।
- घर और पशु शेड के आसपास साफ-सफाई रखें और झाड़ियों को काटकर साफ रखें।
- किसी भी असामान्य पशु मौत या बार-बार गर्भपात की घटनाओं की सूचना तुरंत पशुपालन या स्वास्थ्य विभाग को दें।





ANTHRAX



Chapter 9- Guidelines for leveraging community structures for enhancing Anthrax awareness

Background

Anthrax is an acute zoonotic disease caused by *Bacillus anthracis*, a spore-forming bacterium that primarily affects herbivorous animals such as cattle, sheep, goats, and buffalo. Humans acquire the infection through direct or indirect contact with infected animals or their products (hides, wool, meat), handling of contaminated animal carcasses, or inhalation/ingestion of spores from the environment. Person-to-person transmission is extremely rare.

In India, anthrax has been reported from several states, particularly in tribal and rural areas of Odisha, Jharkhand, Chhattisgarh, West Bengal, Andhra Pradesh, and Telangana, where livestock rearing, open grazing, and unsafe handling of animal carcasses are common. Individuals at high risk include farmers, butchers, animal handlers, tannery workers, and tribal communities who consume meat from dead or sick animals.

Rationale

Anthrax is both a public health and livestock health challenge in India due to its zoonotic potential, occupational risks, and socio-economic consequences. Outbreaks not only threaten human health but also cause livestock losses, reduced market value of animal products, and disruption of livelihoods for farming and tribal communities.

Since human-to-human transmission does not occur and no human vaccine is available in India, prevention strategies focus on controlling anthrax in animals through vaccination, proper carcass disposal, and restricting the consumption of dead/sick animals. Awareness generation at the community level is vital for promoting protective practices, early reporting of suspected animal and human cases, and timely medical care.

State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:

- a) What is Anthrax?
- b) How is Anthrax transmitted from animals to humans?
- c) What are the risk environments and exposure factors for Anthrax (e.g., livestock handling, carcass disposal, consumption of dead animals)?
- d) Who are the high-risk groups for Anthrax (farmers, butchers, animal handlers, tribal communities)?
- e) What are the symptoms and early warning signs of Anthrax (cutaneous lesions, black eschar, gastrointestinal symptoms, sudden animal deaths)?
- f) What preventive measures can protect individuals and communities from Anthrax (safe carcass disposal, livestock vaccination, avoiding consumption of dead/sick animals, use of protective equipment)?
- g) Why is early reporting of animal deaths and suspected human cases important for Anthrax control?



Roles of Community-Based Structures in Anthrax Awareness:

1. Area Mapping for Anthrax Risk Assessment:

- Collaborate with health, veterinary, and animal husbandry departments to categorize villages into high, medium, and low risk based on livestock density, history of sudden animal deaths, and reported human cases.
- Identify settlements with high livestock–human interaction, grazing in forest or pasture areas, and communities with a history of handling or consuming dead/sick animals.

2. Environmental Risk Awareness:

- Promote safe livestock management practices, including proper disposal of animal carcasses (deep burial with lime/bleaching powder).
- Encourage hygienic maintenance of cattle sheds, goat pens, and slaughter points.
- Advise against opening carcasses of animals that die suddenly, and discourage use of their meat, hides, or skin.

3. Livestock Surveillance and Safe Disposal:

- Establish community-based reporting systems for sudden livestock deaths or clusters of sick animals.
- Ensure safe handling of livestock during birthing, slaughter, and veterinary procedures with protective gear (gloves, masks, boots).
- Prevent direct contact of unprotected individuals with animal blood, carcasses, or discharges.
- Use sudden livestock deaths as early warning signals for possible Anthrax circulation.

4. Reporting of Human Anthrax Suspected Cases:

- Encourage prompt reporting of fever cases with skin sores/black eschars, abdominal pain, or breathing difficulty, especially among livestock handlers, to health facilities.

5. Home Visits for Education and Support:

- Educate families on protective behaviors such as using gloves while handling sick or dead animals and avoiding consumption of dead livestock.
- Emphasize safe carcass disposal practices and disinfection of contaminated areas.
- Reinforce the importance of livestock vaccination against Anthrax in endemic areas.

6. Public Awareness Generation:

- Disseminate information through self-help groups, dairy cooperatives, schools, livestock fairs, and farmer gatherings.
- Use local folk media (street plays, puppet shows) and community platforms to spread prevention messages.
- Tailor messages in local dialects for rural and tribal populations for better reach and acceptance.

7. Facilitate Decision-Making:



- Assist village leaders and local councils in making informed decisions about prevention activities such as community vaccination drives, hygiene campaigns, and safe carcass disposal.
8. **Utilize VHSNC/VHND/UHND:**
- Raise awareness during community meetings and health days about Anthrax transmission (handling infected carcasses, consuming dead animals), risk factors, symptoms, preventive measures, and the importance of early reporting.
9. **Door-to-Door Campaigns:**
- Conduct systematic household visits in high-risk livestock-rearing areas.
 - Distribute pamphlets, posters, and flipbooks in local languages with clear visuals on Anthrax transmission, symptoms, and prevention.
 - Use these campaigns to identify symptomatic individuals early and facilitate timely referral to the nearest health center.

Role of Primary Health Care Team in Anthrax Awareness

Role of MPW (M/F) and ASHA:

- Guide farmers, butchers, dairy workers, and livestock handlers on safe practices such as wearing gloves, masks, and protective clothing while handling sick or dead animals, during slaughtering, or while cleaning animal sheds.
- Mobilize the community to avoid handling or consuming dead livestock and to report sudden animal deaths immediately to veterinary/health authorities.
- Conduct follow-up visits in households where livestock deaths or suspected Anthrax cases are reported, ensuring safe carcass disposal (deep burial with lime/bleaching powder) and avoidance of skin contact with animal blood, hides, or tissues.
- Raise awareness about Anthrax, its transmission (contact with infected animals, carcasses, hides, wool, or meat), symptoms (skin sores/black eschar, abdominal pain, breathing difficulty, fever), and the need for urgent medical consultation.
- Refer suspected human cases promptly to the nearest health facility and alert veterinary authorities about unusual livestock deaths or clusters of animal illness.

Responsibility of CHO:

1. Create awareness about Anthrax as a zoonotic disease, highlighting safe livestock management, the importance of vaccination in animals, and early treatment for suspected human cases.
2. Guide community members on safe handling of animals, protective measures during slaughtering, and safe carcass disposal methods.
3. Refer suspected human cases of Anthrax immediately to PHC/CHC for proper diagnosis and treatment, while ensuring infection prevention and control practices.
4. Promote collaboration with Veterinary, Dairy, Agriculture, and Education Departments to strengthen inter-sectoral coordination for Anthrax prevention.
5. Educate teachers and schoolchildren on safe livestock practices, the importance of not touching dead animals, and safe food habits (avoiding consumption of dead/sick animals).
6. Orient MAS, JAS, and VHSNC members on Anthrax risk factors, preventive measures, the importance of livestock vaccination, safe disposal of carcasses, and community-level awareness activities.



Sample Messages for Awareness Generation on Anthrax

1. एंथ्रैक्स क्या है?

- एंथ्रैक्स एक गंभीर और संक्रामक बैक्टीरियल बीमारी है, जो *Bacillus anthracis* नामक जीवाणु से होती है।
- यह मुख्यतः पशुओं (गाय, भैंस, बकरी, भेड़ आदि) को प्रभावित करती है और संक्रमित पशुओं या उनके उत्पादों के संपर्क से मनुष्यों में फैल सकती है।

2. बीमारी कैसे फैलती है?

- संक्रमित पशु या मृत पशु की खाल, ऊन, हड्डी या मांस के सीधे संपर्क से।
- संक्रमित पशु के मांस या अधपका मांस खाने से।
- संक्रमित मिट्टी या जगह पर काम करने से (विशेषकर चमड़ा, ऊन या पशु उत्पाद उद्योग में)।
- संक्रमण प्रायः त्वचा (skin anthrax), फेफड़ों (inhalation anthrax) या पाचन तंत्र (gastrointestinal anthrax) से होता है।

3. क्या सावधानी रखें?

- मृत या बीमार पशुओं को न छुएँ, और तुरंत पशुपालन या स्वास्थ्य विभाग को सूचित करें।
- पशु का मांस हमेशा अच्छी तरह पकाकर ही खाएँ।
- खाल, ऊन, हड्डी या मांस संभालते समय दस्ताने, मास्क और सुरक्षा उपकरणों का उपयोग करें।
- पशु शेड और आसपास के क्षेत्र को साफ-सुथरा रखें और मृत पशु का सुरक्षित निपटान (गहरी गड्ढे में चूना डालकर दफनाना) करें।

4. बीमारी के लक्षण क्या हैं?

- त्वचा एंथ्रैक्स: त्वचा पर दर्दरहित फोड़ा, जो बाद में काले धब्बे (black eschar) में बदल जाता है।
- फेफड़ों का एंथ्रैक्स: तेज बुखार, सांस लेने में कठिनाई, सीने में दर्द।
- पाचन तंत्र का एंथ्रैक्स: पेट दर्द, उल्टी, दस्त (कभी-कभी खून के साथ), गले में सूजन।
- सामान्य लक्षण: तेज बुखार, कमजोरी, थकान।

5. क्या करें अगर एंथ्रैक्स के लक्षण हों?

- किसी भी संदिग्ध त्वचा घाव, तेज बुखार या अचानक गंभीर बीमारी को हल्के में न लें।



- तुरंत नजदीकी स्वास्थ्य केंद्र पर जाएँ और जांच/इलाज करवाएँ।
- डॉक्टर द्वारा दी गई दवा (एंटीबायोटिक) का पूरा कोर्स करें।
- घरेलू नुस्खों या झाड़-फूंक पर भरोसा न करें।

6. समुदाय के लिए संदेश

- मृत पशुओं को न छुएँ और न ही उनका मांस खाएँ।
- किसी भी असामान्य पशु मौत की तुरंत सूचना पशुपालन या स्वास्थ्य विभाग को दें।
- पशुपालन करने वाले लोग हमेशा दस्ताने और सुरक्षा कपड़े पहनें।
- बच्चों को पशु शेड या मृत पशु के पास खेलने से रोकेँ।
- मांस और दूध हमेशा अच्छी तरह पकाकर/उबालकर ही उपयोग करें।





Ministry of Health & Family Welfare
Government of India

What is Anthrax?



Anthrax is a serious zoonotic disease in humans & animals infection caused by gram-positive, rod-shaped bacteria known as *Bacillus anthracis*.

Transmissions cycle of Anthrax

Anthrax spores are found naturally in soil and infect domestic and wild animals. Death due to anthrax leads to bleeding from all natural orifices of the animals which contaminate the environment and spreads the spores into the soil.



People at Risk



Mode of Transmission

- Through Inhalation of Spores
- Consumption of raw or under cooked meat of dead animal infected due to anthrax
- By contact with contaminated hair, wool, hides or products made from the skin of dead animals



Signs and Symptoms in Animals



Anthrax could be the probable cause of death in case of sudden death in animals

Zoonoses are commonly undiagnosed, hence underreported. As a routine practice, always elicit history of contact with livestock/wild animal.

Signs and Symptoms in Humans

The symptoms of anthrax depend on the mode of exposure.

Cutaneous Anthrax	Pulmonary Anthrax	Intestinal Anthrax
<ul style="list-style-type: none"> • Most common • Anthrax spores enter through abraded skin/wound in the body • Present as a raised, itchy bump resembling an insect bite that quickly develops into a painless sore with a black center • Swelling of the nearby lymph glands 	<ul style="list-style-type: none"> • Most severe & rare • Caused when a person is directly exposed to a large number of anthrax spores suspended in the air, and breathes them in • Presents as common cold, but can rapidly progress into severe breathing difficulties and shock. 	<ul style="list-style-type: none"> • Caused by eating contaminated meat • Present with symptoms similar to food poisoning • Gradually progress to severe abdominal pain, vomiting of blood & severe diarrhoea

Anthrax is a potential bioterrorism organism and adequate biosafety & biosecurity measures must be taken.

Diagnosis of Anthrax

Should be attempted only by well-trained laboratory personnel:

- When there is High index of suspicion of the disease
- Collection and transportation of suspected sample should be carried out under strict aseptic condition following safety precautions

Diagnostic Test

- Clinical symptoms and history of exposure
- Bacteriological identification- Gram Staining and Culture
- Serological testing - ELISA
- Molecular testing - PCR

Prevention

- Avoid grazing of livestock in dry areas
- Avoid contact with dead animals that have died of unknown causes
- Do not handle dead animals without protective clothing
- Avoid eating meat from animals dead due to unknown cause
- Do not open the carcass of dead animal suspected with anthrax
- Routine immunization with Anthrax vaccine in animals
- Wear protective clothing such as face masks, gloves, and long clothes when examining sick animals

For more information, visit the nearest Health Centre.



www.mohfw.nic.in
www.mygov.in
www.pmindia.gov.in

YouTube: mohfwindia
@MoHFW_INDIA

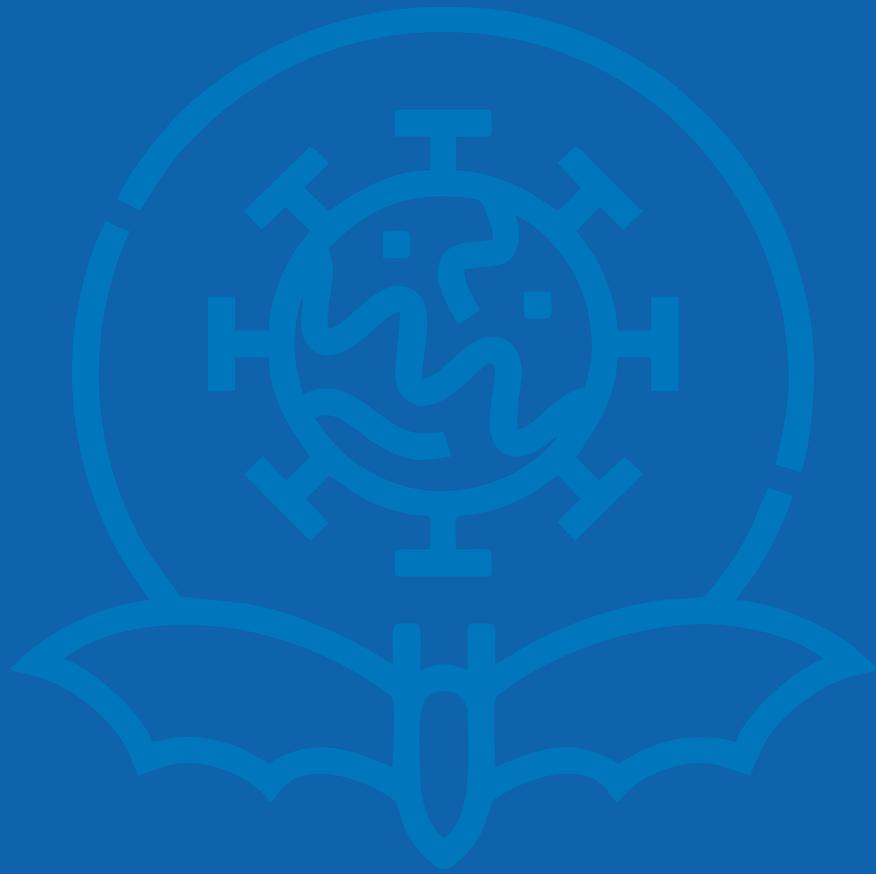
http://ncdc.gov.in/
@director_NCDC



National One Health Program for Prevention & Control of Zoonoses

Source: IEC under NOHP-PCZ (link- <https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease/>)





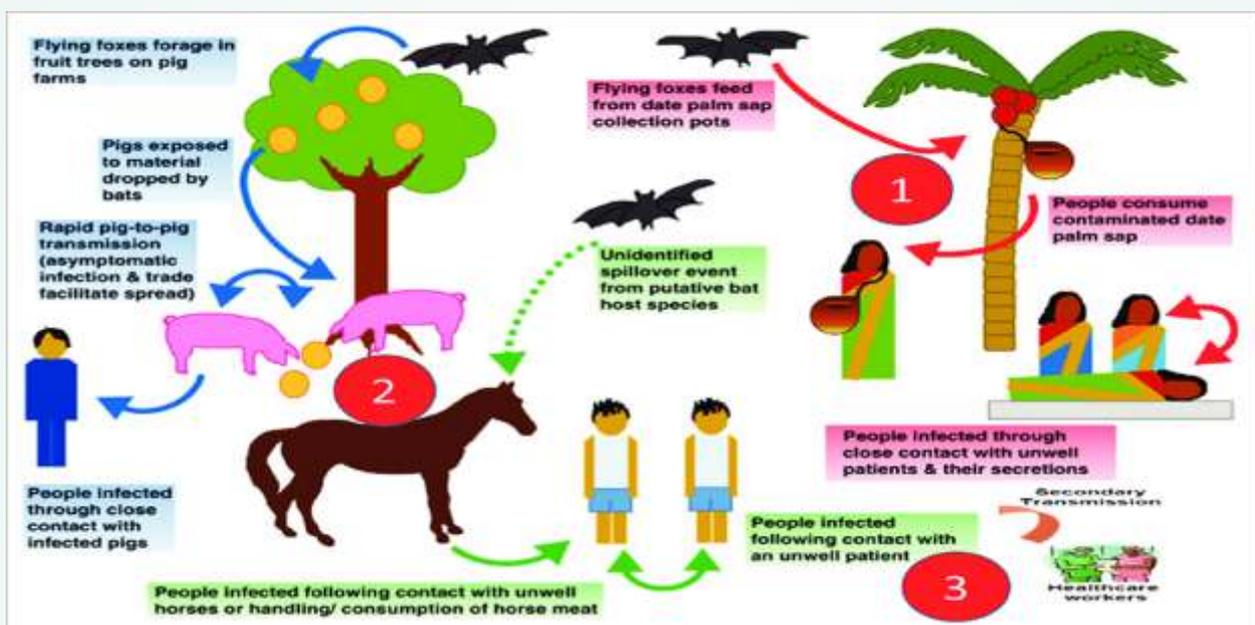
NIPAH

NIPAH

Chapter 10- Guidelines for leveraging community structures for enhancing Nipah awareness

Background:

Nipah virus (NiV) is a highly fatal zoonotic disease caused by a Henipavirus, with outbreaks reported in Malaysia and multiple times in India (West Bengal and Kerala). Fruit bats are the natural reservoir, and infection spreads through contact with bats, infected animals, contaminated fruits, or close contact with patients. Symptoms range from mild illness to severe respiratory failure and fatal encephalitis, with a case fatality rate of 40–75%. There is no licensed vaccine, and early symptoms mimic common infections, leading to delayed diagnosis and increased risk of hospital transmission. Recurrent outbreaks show the need for early detection, community awareness, and infection prevention.



Source: Chattu, Vijay Kumar & Kumar, Raman & Chattu, Soosanna Kumary & Kaja, Fnu & David, Joseph. (2018). Nipah Virus epidemic in Southern India and emphasizing 'One Health' approach to ensure global health security. *Journal of Family Medicine and Primary Care*. 7. 275-283. 10.4103/jfmpc.jfmpc_137_18.

Rationale:

Nipah virus poses a major public health threat due to its high fatality rate, ability to spread between humans, and absence of a vaccine or specific treatment. Because fruit bats, animals, and human behaviors all contribute to transmission, a One Health approach with coordination between health, veterinary, agriculture, and wildlife sectors is essential. Communities in affected regions remain vulnerable due to practices like consuming raw date palm sap and limited infection control awareness. Strengthening awareness, surveillance, rapid diagnosis, and cross-sector collaboration is critical to prevent and contain future outbreaks.



State-level activities:

Conduct specialized orientation or training programs for members of relevant committees, such as MAS (Mahila Arogya Samiti), JAS (Jan Arogya Samiti), and VHSNC (Village Health and Sanitation Committee). Focus on the following topics:

- a. What is Nipah Virus (NiV)?
- b. How is NiV transmitted and spread?
- c. What are the risk environments and exposure factors (bat roosting areas, consumption of raw date palm sap, pig farming, close contact with patients)?
- d. Who are the high-risk groups (farmers, pig handlers, fruit collectors, healthcare workers, caregivers)?
- e. What are the early symptoms and warning signs (fever, headache, respiratory illness, altered sensorium)?
- f. What preventive measures should individuals and communities adopt?

Roles of Community-Based Structures in Nipah Awareness:

1. Area Mapping for Nipah Risk Assessment:

- Collaborate with health, veterinary, and forest departments to categorize villages into high, medium, and low risk based on the presence of fruit bat colonies, pig farming, history of human Nipah cases, and high-risk food practices (consumption of raw date palm sap, partially eaten fruits).
- Identify settlements with frequent human–bat interaction, backyard pig-rearing, and communities living near orchards or bat roosting sites.

2. Environmental Risk Awareness:

- Promote safe food practices, including avoidance of raw date palm sap and fruits bitten by bats.
- Encourage covering of date palm sap collection pots and maintaining hygiene in orchards and animal sheds.
- Advise against consumption or handling of sick or dead animals (especially pigs, goats, or bats).

3. Animal Surveillance and Safe Disposal:

- Establish community-based reporting systems for unusual animal deaths (particularly pigs, goats, and bats) or clusters of sick animals.
- Ensure safe handling of livestock during care, slaughter, and veterinary procedures using protective gear (gloves, masks, boots).
- Promote safe disposal of carcasses of animals suspected of being linked with Nipah, avoiding open handling or consumption.
- Use sudden pig deaths or unusual animal mortality as early warning signals for Nipah circulation.

4. Reporting of Human Nipah Suspected Cases:



- Encourage immediate reporting of fever cases with acute respiratory distress, headache, drowsiness, or seizures, especially in individuals with contact history of sick animals or raw date palm sap consumption.
- Alert health facilities promptly about clusters of encephalitis-like illness in the community.

5. Home Visits for Education and Support:

- Educate families on protective behaviors such as avoiding raw or half-eaten fruits, preventing children from playing under bat roosting trees, and ensuring safe food practices.
- Emphasize the importance of early medical consultation if anyone develops fever with neurological or respiratory symptoms.
- Reinforce hygiene measures for caregivers, including the use of masks and gloves when caring for sick family members.

6. Public Awareness Generation:

- Disseminate information through self-help groups, farmer cooperatives, schools, and local gatherings.
- Use local folk media (street plays, puppet shows) and community platforms to spread prevention messages.
- Tailor awareness campaigns in local dialects to reach rural and tribal communities effectively.

7. Facilitate Decision-Making:

- Assist Panchayats and village leaders in taking community-level preventive actions, such as restricting the consumption /sale of raw date palm sap during outbreaks, safe carcass disposal, and awareness drives.

8. Utilize VHSNC/VHND/UHND:

- Raise awareness during community meetings and health days about Nipah transmission (fruit bats, raw sap, contact with sick animals or persons), risk factors, symptoms, and the importance of early reporting.
- Encourage joint awareness sessions with veterinary and forest staff to strengthen One Health approaches.

9. Door-to-Door Campaigns:

- Conduct systematic household visits in high-risk areas (near bat colonies or pig-rearing villages).
- Distribute pamphlets, posters, and flipbooks in local languages with simple visuals on Nipah transmission, prevention, and symptoms.
- Use these campaigns to identify suspected human cases early and ensure prompt referral to health facilities.



Role of Primary Health Care Team in Nipah Awareness

Role of MPW (M/F) and ASHA:

- Guide farmers, pig handlers, butchers, fruit collectors, and community members on safe practices such as avoiding raw date palm sap, not eating fruits bitten by bats, and using protective gear (gloves, masks) while handling sick animals.
- Mobilize the community to report sudden animal deaths (especially pigs, goats, or bats found dead) immediately to veterinary/health authorities.
- Conduct follow-up visits in households where suspected Nipah cases are reported, ensuring families avoid close contact with sick persons and follow home-based infection prevention practices.
- Raise awareness about the Nipah virus, its transmission (from bats, pigs, or infected persons), symptoms (fever, headache, breathing difficulty, confusion, seizures), and the need for urgent medical consultation.
- Refer suspected human cases promptly to the nearest health facility and alert veterinary authorities about unusual animal deaths or suspected outbreaks.

Responsibility of CHO:

1. Create awareness about Nipah as a zoonotic disease, highlighting the role of bats, safe animal husbandry, food safety practices, and early treatment for suspected human cases.
2. Guide community members on avoiding raw date palm sap, discarding fruits partially eaten by bats, and using protective measures when handling sick animals or caring for patients.
3. Refer suspected human cases of Nipah immediately to PHC/CHC for safe diagnosis and management, while ensuring strict infection prevention and control practices.
4. Promote collaboration with Veterinary, Agriculture, Forest, and Education Departments to strengthen inter-sectoral coordination for Nipah prevention.
5. Educate teachers and schoolchildren on food safety, avoiding contact with bats or sick animals, and maintaining personal hygiene (handwashing, safe eating practices).
6. Orient MAS, JAS, and VHSNC members on Nipah risk factors, preventive measures, early reporting of suspected cases, and mobilization for community awareness activities.



Sample Messages for Awareness Generation on Nipah

1. निपाह वायरस क्या है?

- निपाह वायरस (NiV) एक गंभीर और जानलेवा बीमारी है, जो जानवरों (खासकर चमगादड़ और सूअर) से मनुष्यों में फैल सकती है।
- यह बीमारी संक्रमित व्यक्ति के सीधे संपर्क से भी फैल सकती है।

2. बीमारी कैसे फैलती है?

- संक्रमित चमगादड़ों के द्वारा दूषित खजूर का कच्चा रस (Date Palm Sap) पीने से।
- सूअरों या अन्य संक्रमित जानवरों के संपर्क में आने से।
- संक्रमित मरीज के खून, लार, पेशाब, या अन्य शारीरिक तरल पदार्थ के संपर्क से।
- संक्रमित व्यक्ति की देखभाल करने या एक ही घर/अस्पताल में नजदीकी संपर्क से।

3. क्या सावधानी रखें?

- खजूर का कच्चा रस या आंशिक रूप से ढका हुआ रस बिल्कुल न पिएँ।
- गिरे हुए या चमगादड़ों द्वारा काटे गए फलों को न खाएँ।
- सूअर, बकरी, गाय आदि जानवरों की देखभाल करते समय दस्ताने, मास्क और सुरक्षात्मक कपड़े पहनें।
- बीमार व्यक्ति की देखभाल करते समय हमेशा मास्क, दस्ताने और अन्य सुरक्षा उपायों का उपयोग करें।
- बार-बार साबुन और पानी से हाथ धोएँ।
- चमगादड़ या बीमार जानवरों के पास जाने से बचें।

4. बीमारी के लक्षण क्या हैं?

- अचानक तेज बुखार
- सिरदर्द और मांसपेशियों में दर्द
- सांस लेने में कठिनाई
- थकान और कमजोरी
- मानसिक भ्रम, दौरा या बेहोशी (गंभीर स्थिति में)

5. क्या करें अगर लक्षण हों?

- यदि आपको या परिवार के किसी सदस्य को तेज बुखार, सिरदर्द, सांस लेने में परेशानी या मानसिक भ्रम जैसे लक्षण हों तो तुरंत नजदीकी स्वास्थ्य केंद्र जाएँ।
- बीमारी को छुपाएँ नहीं और न ही घरेलू नुस्खों/झाड़-फूंक पर भरोसा करें।
- समय पर जांच और इलाज से जान बच सकती है और संक्रमण फैलने से रोका जा सकता है।

6. समुदाय के लिए संदेश

- खजूर का कच्चा रस या आंशिक रूप से ढका हुआ रस न पिएँ।
- बच्चों को सूअर बाड़े या चमगादड़ वाले क्षेत्रों में खेलने से बचाएँ।



- बीमार व्यक्ति को घर पर अलग रखें और तुरंत स्वास्थ्य केंद्र ले जाएँ।
- किसी भी संदिग्ध मरीज की सूचना तुरंत स्वास्थ्य विभाग को दें।
- साफ-सफाई रखें और बार-बार हाथ धोने की आदत डालें।

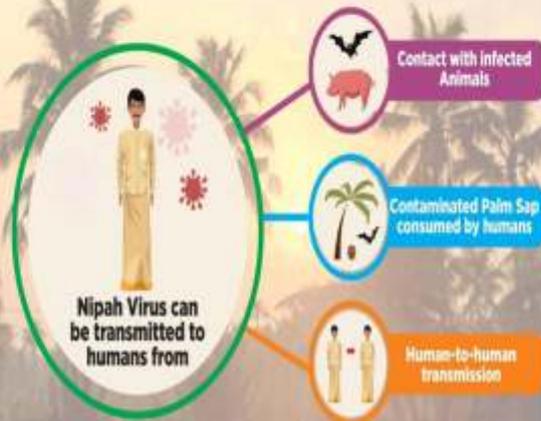


NIPAH VIRUS DISEASE

It is a zoonotic disease caused by transmission of the Nipah Virus from animals to humans.

How do you get infected with Nipah Virus?

1. Contact with infected animals bats or pigs, well water, caves.
2. Consumption of fruits, toddy, date palm sap and any other juice contaminated by body fluids of animals.
3. Close contact with Nipah Virus Disease infected individual.



Symptoms in humans?



Infection in Animals

- Nipah Virus is naturally present in some species of bats like fruit bats
- Animals such as pigs, dogs, cats, and horses can get infected with Nipah Virus
- No symptoms are commonly seen in animals but sometimes infected pigs may develop fever, difficulty in breathing, unusual barking cough, muscle spasms, trembling and twitching



How to prevent infection from Nipah Virus

Do's

- Wash fruits before consumption
- Drink chlorinated and boiled water
- Wear protective clothing whenever handling or cleaning animals & sheds
- Protect animal feed against bats & other animals
- Protect sap, juice collection sites and wells from bats
- Always wash hands with soap and water
- Follow the advice of local authorities
- Ensure personal protection while contacting infected individuals

Don'ts

- Avoid eating contaminated & half eaten fruits fallen from trees
- Avoid consumption of raw date palm juice and toddy like liquids kept in open pots
- Avoid exposure to bats and avoid visiting areas such as abandoned wells, houses, caves and mines
- Avoid contact with NIV infected person
- Avoid exposure to sick or dead animals

No preventive vaccine is available for humans or animals

For more information, visit the nearest Health Centre.



National One Health Program for Prevention & Control of Zoonoses

If you see the symptoms of Nipah Virus Disease, visit the nearest health center.

If untreated, may lead to death.



Chapter 11 - Monitoring indicators

S. No.	Inputs	Activities	Outputs	Means of Verification	Outcomes	Impacts
1	Notification from the State Health Department mandating zoonoses awareness inclusion	Issuance of an official letter directing the inclusion of zoonoses awareness (Rabies, Nipah, Anthrax, Brucellosis, KFD, CCHF, etc.) in the orientation/training of MAS, JAS, VHSNC, and ASHAs	<ol style="list-style-type: none"> Number of community platform members trained. Number of areas mapped for zoonotic disease risk assessment. Number of suspected zoonotic cases/events reported in IHIP. Number of households adopting preventive practices. 	<ul style="list-style-type: none"> Training records of community platform members. Risk maps for zoonotic hotspots. IHIP/Syndromic reporting forms. Household survey reports. 	<p>Increased community awareness about zoonotic disease transmission and prevention.</p> <p>Prompt reporting and management of suspected zoonotic events.</p> <p>Identification and mitigation of high-risk hotspots.</p>	<p>Reduced Zoonotic Disease Burden: Timely reporting, intervention, and mapping of risk areas contribute to decreased cases.</p> <p>Community Empowerment: Trained platforms actively participate in prevention and control, strengthening resilience.</p>
2	Educational materials (pamphlets, posters,	Development and dissemination of IEC materials in local languages, adapted for	Number of IEC materials developed, distributed,	<ul style="list-style-type: none"> IEC material distribution records. Photographic 	Increased knowledge retention and practice of safe	Sustained adoption of preventive practices at the household and





S. No.	Inputs	Activities	Outputs	Means of Verification	Outcomes	Impacts
	flipbooks, digital content)	each zoonosis	and displayed	documentation. • Feedback from VHSNC/SHG/community members.	behaviors.	community level.
3	Trained primary healthcare staff (MPW, ANM, CHO, MO)	Training/sensitization of primary health care staff on involving community-based platforms in zoonoses awareness, defining their supportive role	Number of healthcare staff trained; clear role matrix developed	• Training reports. • Supervision records.	Improved facilitation by health workers in guiding community-based platforms.	Strengthened integration of primary healthcare with community zoonoses prevention efforts.
4	Trained community-based platform members (MAS, JAS, VHSNC, SHGs, teachers, PRI reps)	Training sessions for community-based members on zoonotic diseases, preventive practices, reporting, and community mobilization	Number of trained members; number of community awareness events conducted	• Training attendance records. • Event reports and photos. • Meeting minutes.	Strengthened the capacity of community-based structures for local awareness and risk communication.	Grassroots-level ownership and continuity of zoonoses awareness and prevention activities.

Chapter 12: Impact Matrix: Leveraging community-based platform for Zoonotic Diseases Awareness

I. Increased Reporting of Zoonotic Events and Human Cases

- Trained community members to engage in educating households about the importance of reporting unusual animal deaths, animal bite cases, and human illnesses with zoonotic symptoms.
- Immediate first aid and safe practices (e.g., wound washing, protective handling of animals, avoiding raw milk/sap) are promoted, increasing care-seeking behavior.
- Community members share information on suspected zoonotic events promptly, leading to increased syndromic reporting in IHIP by ANM/CHO.
- Real-time data on zoonotic cases enable swift response and targeted interventions by health authorities.

II. Enhanced Zoonoses Prevention and Control Efforts

- Community platforms contribute to mapping high-risk areas (e.g., bat roosting zones, endemic livestock areas, forest fringes) for targeted interventions.
- Monitoring of animal carcass disposal, waste management, and hygienic livestock practices reduces the risk of zoonotic transmission.
- Community advocacy supports livestock vaccination, dog registration, and adoption of safe animal-handling practices.

III. Community Health and Safety

- Awareness generated by community platforms results in prompt reporting and treatment, reducing incidence and complications of zoonotic diseases.
- Timely prophylaxis, treatment, or preventive measures (such as PEP for rabies, antibiotics for leptospirosis, PPE for Nipah/CCHF exposure) are emphasized, strengthening community safety.
- Door-to-door campaigns and engagement activities foster a culture of disease prevention.
- Community-based platforms actively advocate for completion of prescribed treatment or vaccination schedules.
- Positive outcomes and local success stories motivate wider community participation in preventive actions.

IV. Effective Area Mapping and Risk Assessment

- Collaboration with health, veterinary, and forest departments enables accurate mapping of high-risk areas for zoonotic transmission.
- Prioritization of resources in these areas enhances the efficiency of interventions such as vaccination drives, awareness campaigns, and outbreak preparedness.

V. Community-Led Awareness Generation

- MAS, JAS, VHSNCs, and SHGs become key drivers of awareness on zoonotic diseases within their communities.
- IEC materials distributed by community platforms ensure widespread understanding of transmission, prevention, and available services.
- Local folk media, schools, and cultural events are used to spread practical and culturally relevant messages.

VI. Inter-Sectoral Collaboration



- Health, veterinary, forest, agriculture, and education departments collaborate through community platforms to ensure a holistic One Health approach.
- Information dissemination in schools and coordination with teachers builds a knowledgeable younger generation.

VII. Empowered Primary Healthcare Teams

- MPWs, ASHAs, and CHOs are trained to provide essential guidance on safe practices, protective measures, and referral pathways for zoonotic diseases.
- Follow-up visits, household education, and mobilization contribute to improved compliance with preventive measures and treatment schedules.

VIII. Community Participation in Special Campaigns and Days

- Community members actively participate in global and national observance days (e.g., World Rabies Day, World Zoonoses Day), reinforcing local awareness.
- Such events underscore the importance of sustained efforts in zoonotic disease prevention.

IX. Increased Accessibility and Utilization of Health Services

- Awareness campaigns by community platforms increase utilization of free diagnostic, treatment, and vaccination services available at government health facilities.
- Reduced economic and cultural barriers improve access and coverage across communities.



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"The community should emerge as active subjects rather than passive objects in context of Public Health system."

