

**22.06.2021, 5:15 pm**

**Minutes of the daily meeting of the Covid LSGD war room held online.**

HODs, Covid war room members, Mission Heads and senior field officers of LSGD participated in the meeting.

Decisions taken based on the discussion on the War Room Bulletin and on the concerned issues raised are the following:

1. Dr Vijayakumar may be invited to the war room as member and asked to present concept note for the process of data collection and further action in the next war room meeting.
2. A new template needs to be prepared regarding hospital admissions. No. of patients identified by ward samitis as having taken hospital admission (current and cumulative). Out of which, the number of people went to ICU and Ventilator separately. Households where more than one person had to be hospitalized may be separately recorded – how many households and how many members altogether for such households.  
Check if the numbers shown in the Keezhvillam Panchayat are accurate or show any error.(110 for govt and 16 for pvt). The error in the data of Ranni Pazhavangadi panchayat should also be rectified.
3. The LSGs with 15 or more hospital admissions from govt. And private hospitals together are identified and listed separately.

District	LSG	Hospital admission
Thiruvananthapuram (12)	1. Andoorkonam	32
	2. Athiyannoor	15
	3. Azhoor	23
	4. Balaramapuram	16

	5. Cherunniyoor	36
	6. Karakulam	38
	7. Kadinamkulam	39
	8. Karodu	25
	<b>9. Keezhvillam</b>	<b>126</b>
	10.Kottukal	17
	11.Malayinkil	23
	12.Vilappil	50
Kollam (6)	13.Adichanalloor	34
	14.Kottamkara	20
	15.Mayyanad	15
	16.Poothakkulam	20
	17.Yeroor	16
	18.Thevalakkara	22
Pathanamthitta (5)	19.Chenneerkara	30
	20.Koipuram	17
	21.Ranni Angadi	33
	22.Ranni pazhavangadi	<b>1720</b>

	23.Seethathode	65
Alappuzha (17)	24.Arattupuzha	58
	25.Bharanikkavu	28
	26.Chennampalli Puram	21
	27.Cheppad	57
	28.Kodamthuruth	35
	29.Mararikulam North	34
	30.Mararikulam south	19
	31.Mavelikara Thamarakulam	23
	32.Mavelikara thekkekara	21
	33.Mulakuzha	36
	34.Muthukulam	28
	35.Pulincunnu	40
	36.Pandanad	18
	37.Thrikkunnapuzha	23
	38.Thuravoor	16
	39.Purakkad	27

	40.Thaiikkattussery	34
Kottayam (6)	41.Kooroppada	42
	42.Kurichy	71
	43.Madappally	34
	44.Mundakayam	48
	45.Ramapuram	21
	46.Uzhavoor	25
Idukki (3)	47.Chakkupallam	17
	48.Vazhathope	24
	49.Vellathooval	16
Ernakulam (3)	50.Karumalloor	33
	51.Kumbalangi	35
	52.Vengola	32
Thrissur (5)	53.Eriyad	16
	54.Koratty	30
	55.Melur	15
	56.Muriyad	15
	57.Perinjanam	25

Palakkad (12)	58.Alathur	19
	59.Ambalapara	25
	60.Erimayur	34
	61.Kizhakkanchery	29
	62.Kollankode	16
	63.Kongad	18
	64.Koppam	27
	65.Kottopadam	20
	66.Lakkidi- perur	84
	67.Nenmara	35
	68.Sreekrishnapuram	16
	69.Vadakkanchery	24
Malappuram (6)	70.Chungathara	23
	71.Edappal	18
	72.Kalikavu	16
	73.Othukkungal	17
	74.Pookkottur	26
	75.Thenjipalam	17

	76.Vazhikadavu	15
Kozhikode (4)	77.Moodadi	16
	78.Olavanna	35
	79.Peruvayal	15
	80.Ulliyeri	15
Wayanad (2)	81.Muttil	15
	82.Nenmeni	19

Kannur and Kasargod DDP should make sure that the updated information is provided by Thursday latest. These will be examined separately.

4. The situation of ULBs with admissions above 25 and at HQ ULBs with 50 and above are as below:

District	ULB	Hospital admission
Thiruvananthapuram	1. Trivandrum Corporation	<b>694</b>
	2. Neyyattinkara	42
Kollam	3. Karunagappally	35
Kollam	4. Kollam	<b>435</b>
Kottayam	5. Changanassery	<b>884</b>
Ernakulam	6. Kochi	<b>239</b>
	7. Kalamassery	38

	8. Muvattupuzha	46
	9. Thrikkakara	71
Thrissur	10.Thrissur	<b>155</b>
Palakkad	11.Ottappalam	53
Kozhikode	12.Kozhikode	<b>306</b>

The updated figures of Trivandrum city and corrected figures for Changanassery municipality should be taken with the help of ward level samitis. Re examine the number of patients in ICU in cities in Ernakulam.

5. The concerned DDPs and RJDs should give special attention to the following LSGs in the A category where the TPR had increased significantly and the active case load remained large:

Alappuzha-Cherthala

Pattanakkad

Mannanchery

Mulakuzha

Arattupuzha

Punnapra North

Chettikulangara

Ernakulam- Chengamanad

Idukki- Kanthalloor

Kasaragod- Pallikkara

Kannur- Thalassery – the increase in active caseload despite dip in TPR was a matter of concern and needed to be examined closely.

Kottayam - Vaikom - Correction needed to the active caseload figures

Thrissur - Kadangode

Mattathur

Parappukkara  
Engandiyur  
Madakkathara

Palakkad- Kapoor

Pathanamthitta- Adoor

Wayanad - Mananthavady Municipality

6. TPR has increased in Mulakuzha, Punnapra- North, Mannanchery and a set of other panchayats. ACS reiterated the concern that Alappuzha district was showing a large number of cases with upward variation in TPR. It is the second time that Alappuzha marks highest in terms of LSGs with low TPR showing increasing trend and high caseload. Therefore there was no room for complacency on the basis of an all overall good TPR for the district.
7. Trivandrum corporation has the largest number of cases – hence it is important to bring this down by strengthening the ward level committees – how active the committees were in the wards that reported active cases needed to be crosschecked. Mapping of the cases of hospitalization required ward wise would also help focus the community surveillance. Ensuring isolation and pucca quarantine of persons in critical wards was paramount, for which drive to remove positive patients to safe DCCs and CFLTCs needed to be done.
8. The Thiruvananthapuram Corporation Secretary has to provide report on the information gaps faced in identifying positive cases in the city– ie information with regard to the number of cases reported in a day(22<sup>nd</sup> or 23<sup>rd</sup> of June), the number of cases with address details, cases with incomplete addresses, number of cases with incomplete addresses that could be located. This could be given ward wise.
9. TPR analysis on 22.06.21 draws attention to Kasargod, Malappuram, Ernakulam, Thrissur and Palakkad districts with more number of LSGs with high TPR. Find out whether the high TPR identified is a pattern, if so ensure



interventions are strong in these LSGs. If it is seen as an aberration, the LSGs may still be watched for a couple of days to note the trend.

Next meeting to be on Friday.

Sarada Muraleedharan

ACS LSGD

23.6.21