









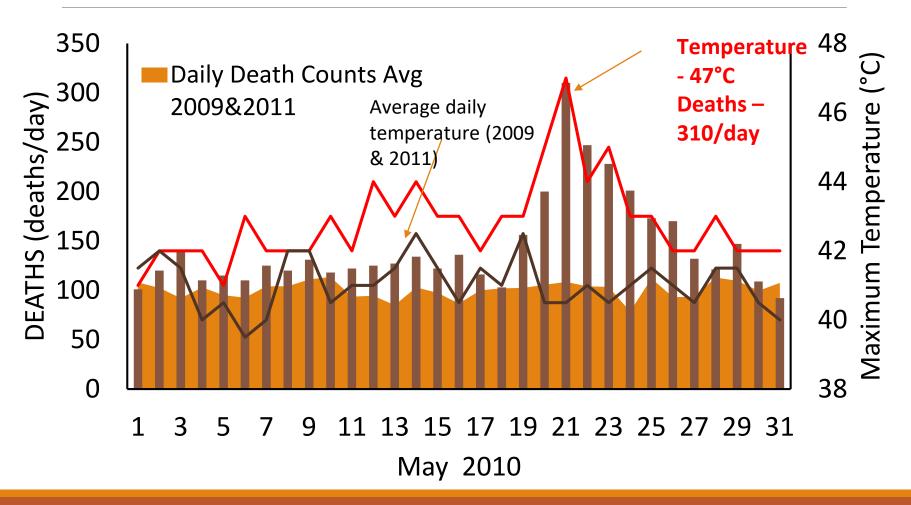




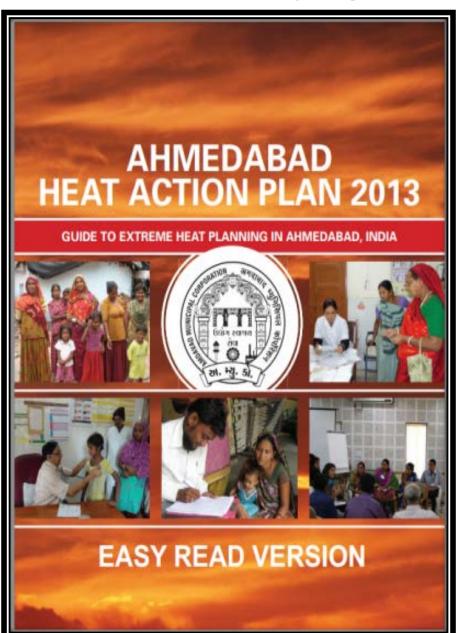
Heat Action Plan for Ahmedabad city: Development and lessons

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2010 Ahmedabad heat wave: May 20-27th – excess deaths 800 in one week and 1344 excess deaths in May 2010.



PIlot AHMEDABAD HEAT ACTION PLAN in 2013



Key steps in developing HAP

- City government engagement
- Background data & analysis weather and mortality / health
- Understanding city and vulnerable groups
- Early warning system and setting thresholds
- Feasible interventions and detailing them
- Writing the plan and disseminating
- Implementing and monitoring the impact
- Revising the plan and scaling it up

HAP COMPONENTS





CAPACITY
BUILDING OF
MEDICAL
PROFESSIONALS

REDUCING HEAT EXPOSURE AND PROMOTING ADAPTIVE MEASURES

Alert residents of predicted high and extreme temperatures & formally communication channels to alert governmental agencies

EARLY WARNING

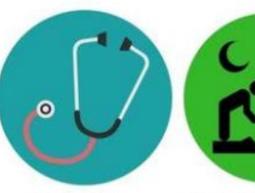
SYSTEM & INTER

AGENCY EMERGENCY

RESPONSE PLAN

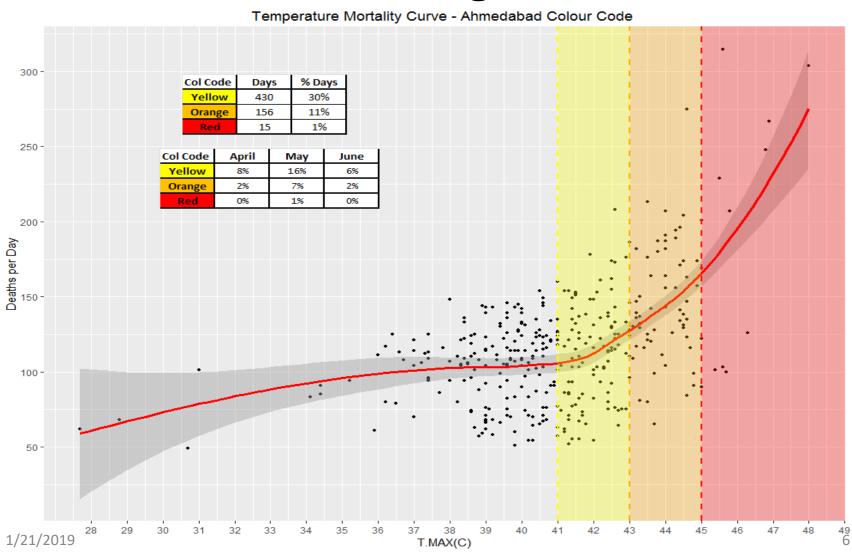
Communicate the risks of heat waves and implement practices to prevent heat-related deaths and illnesses

Training focus on primary medical officers and other paramedical staff, and community health staff Access to potable drinking water and cooling spaces during extreme heat days & promote adaptive measures.





Temperature Mortality scatter plot and fitted Curve – Setting the Thresholds



Intervention – 1 Early Warning System & Inter-Agency Emergency Response Plan



Five days City weather forecast (Maximum temperature forecast) for Ahmedabad

Maximum Temperature forecast	Maximum temperature in deg Celsius	Probability of occurrences	High Temperature Warning
Dayl (Valid from time of origin to 0830 Hrs. IST of 10/05/2016)	43	Most likely	
Day2(Valid from 0830 Hrs. IST of 10/05/2016 to 0830 Hrs. IST of 11/05/2016)	43	Most likely	
Day3(Valid from 0830 Hrs. IST of 11/05/2016 to 0830 Hrs. IST of 12/05/2016)	43	Very likely	
Day4(Valid from 0830 Hrs. IST of 12/05/2016 to 0830 Hrs. IST of 13/05/2016)	44	Likely	
Day5(Valid from 0830 Hrs. IST of 13/05 /2016 to 0830 Hrs. IST of 14/05/2016)	44	Likely	

Legend: Probability of occurrences Levels:

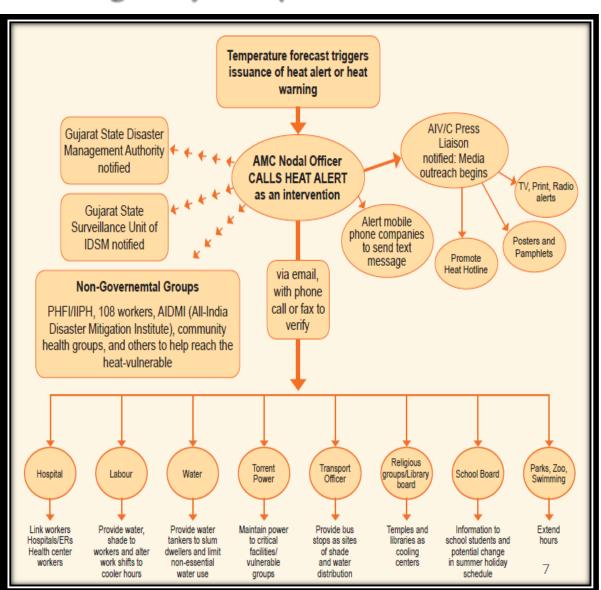
Unlikely: less than 25 % Yellow: 41.1-43 deg Celsius

Likely: 25 to 50 % Orange: 43.1-44.9 deg Celsius

Very likely: 50 to 75 % Red: ≥45.0 deg Celsius

Most likely: 75 to 100 %

For Director In-charge 1/21/2019 Meteorological Centre



Intervention — 2 Public Awareness & Community Outreach





Community Outreach







Intervention – 3

Building Capacity of medical community

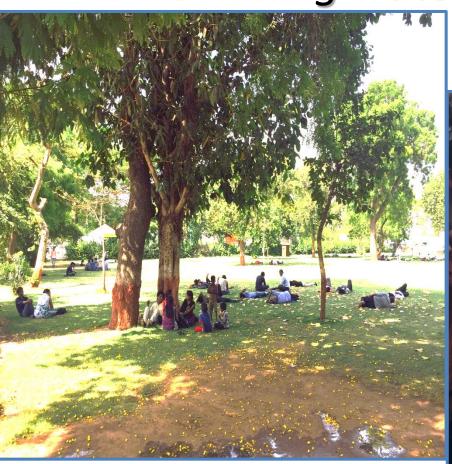


Case Definitions

HeatIllness-Typical Presentations

Clinical Entity	Age Range	Sotting	Cardinal Symptoms	Cardinal Signs	PertinentNegatives	Prognosis
Heatrash	All, but frequently children	Hot environment; +/- insulating clothing or swaddling	Itchy rash with small red bumps at pores in setting of heat exposure; bumps can sometimes be filled with clear or white fluid	Diffuse maculopapular rash, occasionally pustular, at hair follicles; pruritic	Not focally distributed like a contact dermatitis; not confluent patchy; not petechial	Full recovery with elimination of exposure and supportive care
Heat cramps	All	Hot environment, typically with exertion, +/- insulating clothing	Painful spasms of large and frequently used muscle groups	Uncomfortable appearance, may have difficulty fully extending affected limbs/joints	No contaminated wounds/tetanus exposure; no seizure activity	Full recovery with elimination of exposure and supportive care
Heat exhaustion	All	Hot environment; +/- exertion; +/- insulating clothing or swaddling	Feeling overheated, lightheaded, exhausted and weak, unsteady, nauseated, sweaty and thirsty, inability to continue activities	Sweaty/diaphoretic; flushed skin; hot skin; normal core temperature; +/- dazed, +/- generalized weakness, slight disorientiation	No coincidental signs and symptoms of infection; no focal weakness; no aphasia/dysarthria; no overdose history	Full recovery with elimination of exposure and supportive care; progression if continued exposure
Heat syncope	Typically adults	Hot environment; +/- exertion; +/- insulating clothing or swaddling	Feeling hot and weak; lightheadedness followed by brief loss of consciousness	Brief, generalized loss of consciousness in hot setting, short period of disorientation if any	No seizure activity, no loss of bowel or bladder continence, no focal weakness, no aphasia/dysarthria	Full recovery with elimination of exposure and supportive care; progression if continued exposure
Heat stroke	All	Hot environment; +/- exertion; +/- insulating clothing or swaddling	Severe overheating; profound weakness; disorientation, obtundation, seizures, or other altered mental status	Flushed, dry skin (not always), core temp >40°C; altered mental status with disorientation, possibly delirium, coma, seizures; tachycardia; +/- hypotension	No coincidental signs and symptoms of infection; no focal weakness; no aphasia/dysarthria; no overdose history	25-50% mortality even with aggressive care; significant morbidity if survive

Intervention – 4 Reducing Heat Exposure & Promoting Adaptive Measures – Drinking water, cooling centers





Reducing Heat Exposure: cool roof initiative 2017

- Goal 3,000 low income households to get roof paining – cool roof
 - Strong political support: Initiative was inaugurated by the Mayor by paining of the slum roofs

 Public city through advertisements done for cool roof.





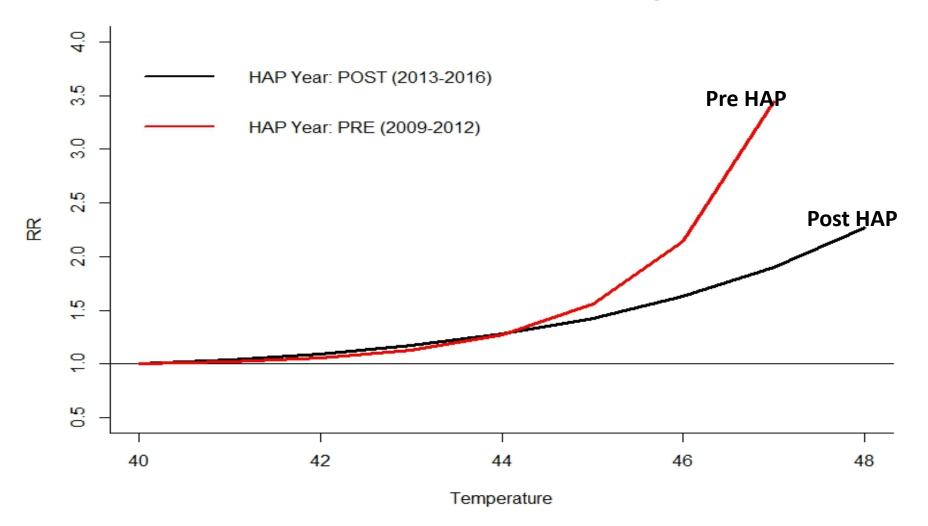
Impact of Heat Action Plan

Reduction in all cause of mortality during heat waves

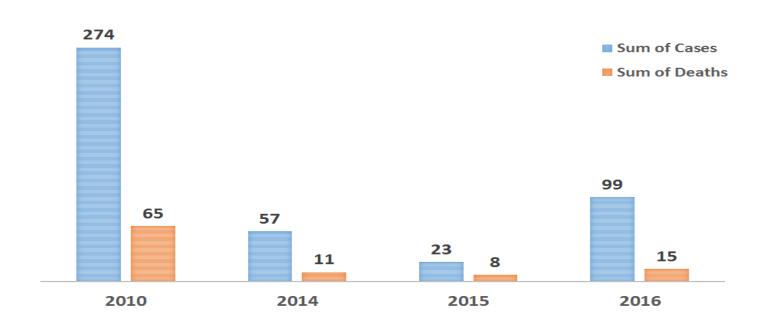
 Decrease in heatstroke cases and deaths in sentinel hospitals in the city

Relative Risk of Death with max temperature – Ahmedabad Pre & Post HAP

Ahmedabad - PRE & POST HAP Comparison



Heat Stroke Mortality and Morbidity before and after HAP on Selected 5 Municipal Hospitals of AMC



Engaging with Policy stakeholders Policy Papers: Issue Briefs



Available online from:

http://www.nrdc.org/international/india/extreme-heat-preparedness/

Engaging with National Disaster Management Authority (NDMA)



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Home > India > 'UP, Bihar must follow Gujarat'

'UP, Bihar must follow Gujarat'

By editor Created 11 Jun 2014 - 00:00 Vardhan slams states' action in battle against encephalitis

Bihar CM Nitish Kumar and Uttar Pradesh ruling party chief Mulayam Singh Yadav may not be publicly subscribing to Prime Minister Modi's style of functioning, the Centre has suggested the two states to subscribe the Gujarat model in dealing with menacing encephalitis, that has resulted in 500-600 deaths this year so far.



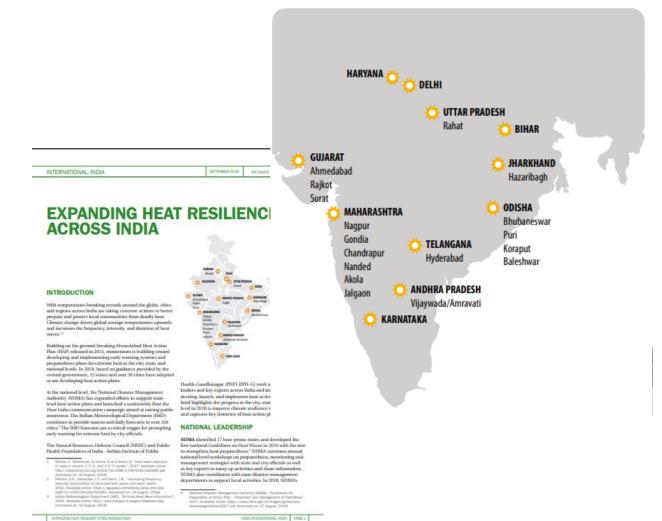
In a meeting held today Dr Harsh Vardhan asked both UP and Bihar officials to replicate the "early warning

Harsh Vardhan at a meeting to review encephalitis cases in Uttar Pradesh and Bihar

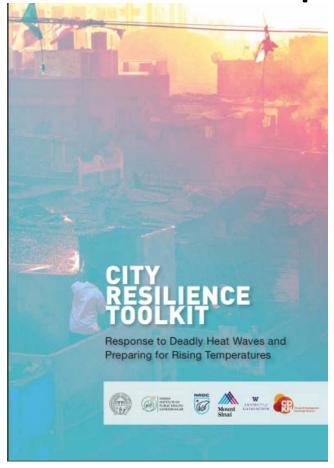
Resources Defence Council and the Indian Institute of Public Health to replicate the existing system of Ahmedabad. "The government of Public Health to replicate the existing system of Ahmedabad. "The government of Gujarat gets support from local health and environment groups to prepare local communities to the onset of extreme heat so that they can take all the necessary steps to protect themselves. My ministry will be happy to extend all possible assistance to put in place a preparedness plan," he said during a high-level meeting held Tuesday, following recent deaths of over 40 children in Bihar due to

Engaging with States governments and National authorities for Scaling up

- States with HAP
 - Haryana
 - Odhisa,
 - Telangana,
 - Andhra Pradesh,
 - Uttar Pradesh
 - Bihar
 - Karnataka
- HAP as a part of State Disaster Management Plan
 - Gujarat
 - Rajasthan



City Resilience toolkit and How to Manual- Guide for other cities and state of India to develop HAP



Key lessons on development of HAP at local level

- Involvement of Local city or district administrative and health and political leadership
- Engagement with all stakeholders: IMD for weather data, Health data for analysis, city govt for various actions.
- Facilitation by local and national institutions / experts
 universities
- Learning and adapted HAP developed in other countries / cities
- Measurement of process of implementation and Impact on mortality and morbidity















Thank You from all the partners