

IN THE HIGH COURT OF KARNATAKA AT BENGALURU

DATED THIS THE 13TH DAY OF FEBRUARY, 2025

PRESENT

THE HON'BLE MR. N.V. ANJARIA, CHIEF JUSTICE

AND

THE HON'BLE MR. JUSTICE K V ARAVIND

WRIT PETITION NO. 18593 OF 2024 (GM-RES-PIL)



BETWEEN:

1 . HIGH COURT OF KARNATAKA
BENGALURU
REP. BY THE REGISTRAR GENERAL

... PETITIONER

(BY SRI K.N. PHANINDRA, SENIOR ADVOCATE
AS AMICUS CURIAE AND
SRI S. SRIRANGA, SENIOR ADVOCATE ALONG WITH
SMT. ASHWINI N. RAVINDRA, ADVOCATE)

AND:

1 . STATE OF KARNATAKA
VIDHAN SOUDHA
BENGALURU - 560001
REP. BY CHIEF SECRETARY

2 . STATE OF KARNATAKA
DEPARTMENT OF HEALTH
AND FAMILY WELFARE
VIDHANA SOUDHA
AMBEDKAR VEEDHI
BENGALURU
KARNATAKA - 560 001
REP. BY ITS SECRETARY

3 . BRUHAT BENGALURU
MAHANAGARA PALIKE
CORPORATION CIRCLE

N.R. SQUARE
BENGALURU
REP. BY ITS COMMISSIONER

... RESPONDENTS

(SMT. NILOUFER AKBAR, ADDITIONAL GOVERNMENT ADVOCATE
FOR RESPONDENT NOS.1 & 2,
SRI S.H. PRASHANTH, ADVOCATE FOR RESPONDENT No.3)

THIS WRIT PETITION IS FILED UNDER ARTICLE 226 OF THE CONSTITUTION OF INDIA, PRAYING TO ISSUE A WRIT OF MANDAMUS OR ANY OTHER APPROPRIATE WRIT, ORDER/S OR DIRECTION/S TO RESPONDENTS TO TAKE ALL PREVENTIVE AND REMEDIAL MEASURES TO CHECK SPREAD OF VECTOR DISEASES LIKE DENGUE IN THE CITY OF BENGALURU IN OTHER DISTRICTS OF THE STATE, INCLUDING THE RURAL AREAS & ETC.

THIS WRIT PETITION HAVING BEEN HEARD AND RESERVED FOR JUDGMENT, COMING ON FOR PRONOUNCEMENT THIS DAY, JUDGMENT WAS PRONOUNCED AS UNDER:

CORAM: HON'BLE THE CHIEF JUSTICE MR. JUSTICE
N.V. ANJARIA
and
HON'BLE MR. JUSTICE K.V. ARAVIND

CAV JUDGMENT

(PER: HON'BLE THE CHIEF JUSTICE
MR. JUSTICE N.V. ANJARIA)

'Letters to the Editor' in the newspapers, even in the age of electronic and social media, continue to be a fond mode and a forceful medium for common citizen to express views, opinions and grievances on the issues and affairs in the society. 'Letters to the Editor' is platform whereby a citizen enjoys right to expression of views, and thus participate in the current affairs.

1.1 'Letters to the Editor' are the pulse of the society. Considered as barometer, reflected therein, are the true affairs prevalent in the society, perceived by intimate eyes of a common man. The views expressed by a common citizen by writing a letter to the Editor always matter.

1.2 The Constitutional Courts have exercised public interest jurisdiction to espouse the public causes in the various spheres of the political and societal affairs by taking notice, many a times, of news items in the newspaper. The history of public interest litigation is traced to a postcard written by a common man which was treated by the court as public interest petition. Cases, however, are rare where the Letter to the Editor has commanded the attention of the Court, becoming instrumental in initiating the public interest proceedings.

2. In the first half of the year 2024, the State of Karnataka and its different parts particularly, the rural areas faced a serious threat of the disease 'dengue'. The disease was on spread with alarming speed amidst the disturbing reports coming from all quarters and the news indicating persons of even young age succumbing to the dengue in the City of Bengaluru, parts of the State of Karnataka, both in urban and rural areas. A Letter to the Editor written by a

common citizen and published in the news Daily 'Deccan Herald' dated 09.07.2024 touched the conscience of the Court.

2.1 It was a Letter to the Editor written by one Vijaykumar H.K of Raichur titled "Take immediate action to curb the spread of dengue". The said Letter to the Editor had the following contents,

"LETTERS TO THE EDITOR

Take immediate action to curb the spread of dengue

The Karnataka government must declare a medical emergency in response to a dengue outbreak that has already claimed many lives. Immediate action is imperative, including the establishment of a task force led by experts to address escalating cases across districts. Comprehensive mosquito control strategies and awareness campaigns, particularly targeting schools and colleges, are needed to curb the spread of the diseases. The sluggish response from the health department has worsened the crisis, and hospitals are beginning to feel overwhelmed by severe cases. A transparent data collection system is essential, along with urging residents to collaborate with health workers to eliminate mosquito breeding sites and prevent stagnant water. Overall, there is a pressing need for decisive government action to effectively contain the outbreak and address the challenges posed by dengue in Karnataka.

Vijaykumar H K, Raichur"

2.3 What was stated stood substantiated by factual details available from the authentic sources including several news items. The 'Deccan Herald' dated 07.07.2024 itself reported about death of an 11 year old boy collapsing at temple, who died subsequently while on ventilator. It was a death due to dengue. The 'Times of India' dated 09.07.2024 carried report "Tech Hub Mahadevapura Drives Dengue Surge, Logs 27% of the Cases". There was also a news item in the same newspaper that the Bruhat Bengaluru Mahanagara Palike admitted the gaps in monitoring the cases.

2.4 It was reported that 197 deaths had occurred in the State including one death in Mysuru and since January 2024 and that there have been 7326 cases of dengue; seven deaths had resulted. Another newspaper 'The Hindu' dated 09.07.2024 carried the news item "Despite BBMP Claims, Water Stagnation Seen in Many Spots" which reflected serious chances of further spread of the disease.

3. Taking cognizance and relying on the aforementioned Letter to the Editor, this Court invoked jurisdiction under Article 226 of the Constitution and in exercise of *suo motu* powers directed that the aforesaid Letter to the Editor shall be treated as public interest litigation.

3.1 In the order dated 10.07.2024 taking *suo motu* cognizance, as above, following was *inter alia* observed,

"Right to health is a necessary concomitant right flowing from Article 21 of the Constitution. There also springs therefrom right to live in healthy environment. A citizen is entitled to claim his fundamental right, right to be free from dangers and perilous effects of any disease or pandemic on the way to spread in the society. There is a right to be treated with expert medicinal facilities and effective infrastructure, especially during the times while negotiating the threats from the disease."

3.2 The respondent-State Authorities and the Bruhat Bengaluru Mahanagara Palike (BBMP) were directed to furnish the details in respect of the following aspects,

- (a) The preventive and remedial measures taken to check the spread of Dengue in the City of Bengaluru, in other Districts of the State, including the rural areas.
- (b) The steps taken to provide the medical facilities in the City of Bengaluru, in other Districts of the State, including the rural areas.
- (c) Details of availability of infrastructure.
- (d) Steps and programmes undertaken for creating public awareness.
- (e) Steps taken to control the mosquito breeding.

3.3 Pursuant to the aforesaid order dated 10.07.2024, the Registrar General of this Court formally caused registration of *suo motu* public interest writ petition. It was pleaded that the uneven and unpredictable monsoon and worsening climate conditions had resulted into rapid growth of vectors. It had led to disease like dengue and chikungunya. It was stated that in Karnataka the concerns were raised, the cases had crossed 7,000-mark in terms of the number and in the City of Bengaluru only, there reported were 1,900 positive cases of dengue, very high in the entire State. It was pleaded that one of the reasons for outbreak of the disease was total lack of accountability.

3.4 Notices of the court were served on the authorities. The court appointed learned Senior Advocate Mr. K.N. Phanindra as *amicus curiae* to assist the Court.

4. In the response-affidavit filed by the Chief Commissioner, Bruhat Bengaluru Mahanagara Palike (BBMP), it was stated that the 'dengue' was reported to be the most swiftly spreading mosquito borne disease and that it has increase in thirty folds during the last 5 decades. It was stated that due to the overall global warming, the rise has accelerated. The second reason stated was that India is a tropical country, therefore she has been

experiencing definitive increase in the number of dengue cases. Thirdly, it was stated that in the year 2024-25, there was a moderate intermittent pre-monsoon and monsoon rainfall activating. The rainfall of such nature gave rise to the humidity in the atmosphere leading to stagnation of water creating vulnerable conditions for mosquitoes breeding.

4.1 Having identified the above 3 causes for spread of the dengue, BBMP highlighted the steps taken by it to encounter the disease. It was stated that it was ensured by online platform called 'Integrated Health Information Platform' that all hospitals report dengue cases immediately. It was stated that the system helped in detecting the cases at an early stage at large number because of which it could be possible to bring down the mortality rate by extending immediate treatment, both curative and preventive.

4.2 As regards the instance of 11 year old boy Master Gagan whose death was reported in the newspaper, it was admitted by BBMP that he was dengue positive and other risk factors aggravated resulting into a fatal case. It was stated that the Dengue Advisory Committee comprising of public health experts activated itself by doing proper surveillance, patient management, vector control and educative awareness. It was claimed that case

fatality rate of 0.05% was below critical threshold of 0.5% indicating effective case management. It was further claimed that BBMP had adequate facilities for detection of dengue both at grassroots and institutional levels with infrastructure such as diagnostic laboratories, treatment facilities and other resources for vector control.

4.2.1 The BBMP highlighted that as on 19.07.2024, there were 5794 cases whereas in the corresponding period of 2023, the number was 2921. 95 dengue patients were hospitalized and there were 1493 active cases as on 19.07.2024, which was within one week from the date of *suo motu* order passed by this Court. The BBMP attributed the increase in the dengue cases to 2 factors, namely, the prolonged dry spell following intermittent rains from February to May, 2024 and secondly, the water shortage resulting into increased water storage by the inhabitants.

4.3 The fact was admitted that the dengue is basically a mosquito borne disease. It transmitted through the infective bites of *Aedes* mosquitoes. It was admitted that there was no specific treatment or vaccine available for dengue. Therefore, the primary method to control the dengue was by focusing on the reduction of the population of *Aedes* mosquitoes. These mosquitoes find their

breed and birth in water stored in containers, in solid waste discarded around human habitation and in the accumulated water in the rainy season. These mosquitoes, it was stated, breed also in the natural objects such as tree holes, leaf axils of various plants, bamboo shoot holes, etc.

4.3.1 For mosquito control and breeding check, the following measures were highlighted,

(i) It was stated that staff of 1200 persons, deployed in the vulnerable pockets and areas to detect the mosquitoes was increased to 3161 by availing further staff including services from students of nursing and paramedical institutes.

(ii) Number of houses were surveyed in different zones. The total houses surveyed was 24,90,995.

(iii) The strategies were adopted for the source reduction which included house-to-house visits by Accredited Social Health Activist (ASHA) and health staff, inspection of containers for mosquito breeding and the application of larvicidal chemicals where larva breeding is detected.

(iv) The health staff was directed to inspect the containers which may favour mosquitoes breeding.

- (v) Advisories were issued to the households to permit application of larvicides and instructing community people to keep the containers clean and empty.
- (vi) The staff was made active to take care that the water filled in containers do not become source even if the householders show reluctance or give inadequate response.
- (vii) Circulars and advisories were issued to indicate the standard and methodology to be adopted for reducing the mosquitoes' sources and to keep the surrounding habitats free from solid waste and manage them for prevention of water collection.
- (viii) In the source reduction service, those individuals who were suspected to be prone to dengue fever were advised to visit nearest Government Healthcare Centre and to avail the treatment.
- (ix) The laboratories were activated to collect the blood samples to be tested based on clinical symptoms of the persons concerned.
- (x) Non-specific testing kits were made available at the clinic and Healthcare Centres.
- (xi) 228 Namma clinics and 144 Urban Primary Health Centres were made fully equipped and functional.

(xii) Hot spots were detected and clinical management was rigorously extended to such areas by spraying/ fogging to knock infective *Aedes* mosquitoes.

(xiii) The hospitals were given additional manpower to increase resourcefulness to encounter the disease.

4.3.2 This viral disease is self-limiting in most of the cases, it was stated. The virus comprises of 4 distinct serotypes, specifically DEN1, DEN2, DEN3 and DEN4. Due to the presence of 4 separate serotypes, an individual may contract the disease up to 4 times, once by each serotype, the severity of which would depend upon individual immune system and pre-existing co-morbid conditions.

4.4 The details of the quantities of larvicides chemical used for eliminating the *Aedes* mosquitoes larve was given. According to the BBMP, it covered approximately 30 lakh houses. It was stated that on an average 65,000 houses were found with *Aedes* larvae per month. The chemical used for spraying was in adequate quantity to cover all 198 wards and that there was a proper zone-wise distribution of larvicides and space spraying chemical, it was stated. Furthermore, neem oil or n-Diethyl meta-toluamide

was distributed in the hot spot areas and per Primary Health Care budget was allocated, totally Rs.72 lakhs.

4.5 The capacity of medical doctors and ASHA workers were increased for identifying the dengue cases and managing dengue patients. The capacity of staff was enhanced and updated by providing physical equipments as well by extending virtual training. Orientation sessions were conducted for teachers. Local leaders and Resident Welfare Associations (RWAs) were motivated to guide the citizens to maintain their residential places free from mosquitoes breeding.

4.6 National guidelines on dengue case management was disseminated to all private healthcare centres. Training sessions were organized by the Indian Medical Association and the Indian Academy of Pediatrics. Zone Commissioners and officers regularly interacted to upgrade and ensure the free flow of medical facilities. The meetings were held at the level of Principal Secretary to the Government, Health and Family Welfare and the Chief Commissioner, BBMP to review the preparedness at the hospitals to ensure coordination and to remove all hurdles and further to ensure that the medical infrastructure is available adequately to treat the dengue patients.

4.6.1 It was stated that at the ministerial level also, the meetings were held with the department concerned. The Hon'ble Chief Minister himself held the meetings with the high officials and issued directions for implementation of source reduction drive and to implement mosquitoes repellent measures. The State Technical Advisory Committee comprising of experts in the public health met several times and ensured surveillance, patient management, vector mosquito control and posting the citizens with information to check and counter the disease.

4.6.2 A special source reduction drive themed "Weekly One Day-Every Friday, a dedicated day to eliminate Aedes breeding source" was commenced. A Dengue War Room was made to work 24 hours at zonal levels to monitor the trend of the disease and to take the follow up measures of detection and by ensuring timely hospitalization of the patients.

4.7 The steps taken to provide medical facilities in the City of Bengaluru were also highlighted,

(a) The Karnataka State Medical Supplies Corporation Limited ensured drug procurement and availability of adequate stock.

- (b) In the area under the BBMP jurisdiction, the health facilities were upgraded. The beds were reserved by issuing a Government Order.
- (c) Both suspect and confirmed dengue cases were managed in accordance with the National Guidelines on Dengue Fever Management, 2023.
- (d) Free treatment was provided to the patients irrespective of BPL or APL status.
- (e) As per the Government Order dated 13.03.1998, dengue was treated as 'Notifiable Disease' to ensure effective and continued Aedes mosquitoes source reduction and surveillance.
- (f) The dengue patients were closely monitored for all their medical requirements.
- (g) The blood processing and blood checking charges were capped to the benefit of common man, at large.
- (h) 228 *Namma* clinics, 148 Urban Primary Health Centres, 24 maternity hospitals, 6 referral hospitals and 2 general hospitals were fully equipped with essential drugs, medical facilities and staff who managed 3700 suspected dengue cases.

4.7.1 The details of the infrastructure made available were given,

(i) There were 317 medical doctors with BBMP for treatment of dengue patients, 234 health inspecting officers for primary care, 305 laboratory technicians and 1916 field level staff.

(ii) All private hospitals and private diagnostic laboratories were instructed to adhere to the price capping for dengue test putting the ceiling on the amount charged.

(iii) In respect of instances of over reaching and breach of the instructions actions were taken.

(iv) GPS locations of the BBMP health facilities were shared through social media.

4.8 It was stated that multiple measures were taken for creating public awareness by distributing pamphlets in the household. Bengaluru Metro Rail Corporation contacted and was asked to host the dengue related audio and video messages in the metro trains. More than 2000 schools and 1 million students were made aware about the disease and about the preventive measures. Autorickshaws were asked to broadcast the message of dengue awareness across BBMP area. Social media platform was used to create awareness on the regular updates from the competent

authorities. Awareness was endeavored to be spread through print and electronic media by various means.

4.9 The Health Department staff of the BBMP used to interact with stakeholders using different mediums such as discussion, photo-session and group interaction. Awareness activities were conducted for the Resident Welfare Associations at different levels. The construction workers were sensitized. The academic partners like Indian Institute of Science and Bengaluru Science and Technology Cluster were associated to accelerate the pace of awareness activity. Health *melas* were organized.

5. As noted above, breeding of *Aedes* mosquitoes and the sources of such breeding are the root-cause for spreading of dengue. The steps towards control of mosquitoes breeding were posed to be most important areas to be pursued. In this regard, the actions taken by BBMP were mentioned in the affidavit as under,

(a) Fortnightly *Aedes* larval survey and source reduction activities are conducted in BBMP areas. Out of a total of 25,30,995 households existing in BBMP, about 24,90,995 houses are visited, and an average of 62,36,484 various kinds of containers are

inspected on a fortnightly basis. These activities are supervised by PHC and Medical Officer of health level supervisory staff.

(b) 1216 volunteers are being engaged for a period of 3 months in a phased manner to carry out source reduction activities during exigency and outbreak situations. As per the Government order these volunteers are incentivized at Rs.200 per day.

(c) Larvicide chemicals are applied to water sources found with Aedes larvae at 1 ppm concentration, on fortnightly basis considering the 10-12 days life cycle of the Aedes mosquito.

(d) A total of 668 sprayers and 594 fogging machine and 54 auto mounted power sprayers have been deployed for this activity.

(e) Larvivores fish, which feed on Aedes mosquito larvae are released into water storage containers as a biological control method. More than 50 tanks have been released with these categories of fishes.

5.1 The cases of dengue spread thus were on wane in the subsequent period. Learned Senior Advocate and *Amicus Curiae* produced chart showing the details of district-wise positives from 27th July to 5th August of 2024. The trend of the dengue in Karnataka was depicted and explained.

5.2 It could be summarized thus, (i) On 24.07.2024, the dengue positive cases were 415. (ii) On 28.07.2024, the number was reduced to 320, which was further reduced to 216 on 29.07.2024. (iii) On 30.07.2024, a surge was noticed when the number of dengue cases was considered with high at 395. (iv) On 31.07.2024, the number was in the same range which was 386. On 01.08.2024 it remained the same (at 391). (v) On 02.08.2024 and 03.08.2024, the number of cases were 361 and 337. (vi) On 04.08.2024, the number came down to 230 cases. (vii) The positive cases were finally plummeted on 05.08.2024 to become 221.

5.3 The trend showed, it was submitted before the Court, that the deadly disease was finally to decline and the situation was noticed to be getting normal.

6. Learned Senior Advocate Mr. S. Sriranga who conducted the present public interest petition on behalf of the petitioner facilitated the proceedings by supplying the details and data area-wise in the City of Bengaluru about the dengue affected cases, number of samples taken, suspected cases, number of blood samples collected, number of deaths occurred due to the disease. In the last hearing, he submitted that High Level Inter-Ministerial Meeting

was held chaired by the Union Health Secretary which assessed the situation and preparedness in nine states to focus on prevention, containment and management of dengue cases. The Committee noted that the fatality rate due to dengue was considerably reduced.

6.1 A memo dated 21.11.2024 was filed on behalf of respondent No.3 producing latest figures during the period July-2024 to November-2024 showing the zone-wise details about the dengue cases on weekly basis, which covered the details of dengue in the areas of Bommanahalli, Dasarahalli, East, Mahadevapura, R.R Nagar, South, West and Yelahanka. In the third week of July, the total number of cases were detected to be 1098 which came down considerably in November 2024 to 100. The tabular and chart details showing the details of similar zone in relation to the number of admission cases was produced to highlight that in November-2024, the number of patients admitted to hospitals remained 4 as against 72 in mid July.

6.2 By producing the table chart, it was given out that in 27 assembly constituencies, the preventive steps were taken, which covered 198 wards. 3050 breeding spots of mosquitoes were

identified. Notices, 2039 in number, were issued to the defaulting persons and a fine of Rs.25,03,600/- was collected.

7. The reason given by the BBMP that the mosquito breeding in different ways is the major cause and concern for the spread of dengue, appears to be correct and scientific. Breeding of mosquitoes, in turn, results due to weather conditions. A research study conducted by Pune based experts of Indian Institute of Tropical Meteorology (IITM), Pune during 2004 to 2015 which used statistical tools as well as other learning methods found that temperature, rainfall and relative humidity were associated with increased dengue deaths which was on account of raise in the number of dengue cases. The study revealed that the moderate rainfall spread over the entire duration of the summer monsoon season led to increase in dengue deaths in Pune compared with heavy or extreme rainfall. (Source: Article titled "Dengue warning system predicts risk two months in advance", in 'The Hindu', February 2, 2025, Sunday).

7.1 The focal points which were highlighted in the said research after understanding weather-dengue relationship were as under,

"(a) The study looked at dengue deaths and meteorological conditions in Pune during the period 2004 to 2015.

(b) Unlike when the weekly cumulative rainfall was less than 150 mm, heavy rainfall (above 150 mm in a week) reduces dengue incidence.

(c) Heavy rainfall flushes away mosquito eggs and larvae thereby reducing dengue cases.

(d) Dengue deaths were higher during the years when the mean temperature in Pune was above 27°C.

(e) Deaths due to dengue were relatively higher when relative humidity varied between 60% and 78% during the monsoon season.

(f) Dengue cases and deaths were higher when the number of active-break days was small/

(g) Dengue deaths were lower when there was heavy rainfall in June; eggs laid the preceding year get flushed out by heavy rainfall.

(h) Based on weather-dengue associations, the dengue early warning system based on artificial intelligence/machine-learning can predict dengue outbreaks about two months in advance."

7.2 The above research findings would serve as a guide to the respondent-BBMP and all other civic bodies in the other States also, in fighting against the deadly disease dengue, for taking preventive measures in advance to not only counter the spread of disease, but keep it at a bay.

7.3 Rightly and timely measures by the Governmental authorities and the civic bodies to avail healthy and disease-free environment for the citizens is not only their statutory duty under the statute but, right to health and right to healthy climate is a concomitant right as fundamental under Article 21 of the Constitution.

8. Amongst several judgments, including in **Union of India Vs. Moolchand Kharaiti Ram Trust [(2018) 8 SCC 321]**, the Supreme Court recognized the right to health to be the part of fundamental right of Article 21 of the Constitution of India, by referring to its own judgments, observing thus,

"65. The State has to ensure the basic necessities like food, nutrition, medical assistance, hygiene, etc. and contribute to the improvement of health. Right to life includes right to health as observed in *State of Punjab v. Mohinder Singh Chawla* [(1997) 2 SCC 83]. Right to life and personal liberty under Article 21 of the Constitution also includes right of parties to be treated with dignity as observed by this Court in *Balram Prasad v. Kunal Saha* [(2014) 1 SCC 384]. Right to health i.e., right to life in a

clean, hygienic and safe environment is a right under Article 21 of the Constitution as observed in *Occupational Health & Safety Assn. v. Union of India* [(2014) 3 SCC 547]. The concept of emergency medical aid has been discussed by this Court in *Parmanand Katara v. Union of India* [(1989) 4 SCC 286]."

8.1 Ensuring right to health and healthy environment will encompass the medical facilities and preventive measures against the possible spread of any disease or pandemic.

9. In **The Registrar General Vs. Union of India** which was a *suo motu* Writ Petition No.797 of 2024, the issue highlighted and addressed was inadequate medical facilities in the State of Karnataka and rural areas. The report suggested that there was shortfall of medical staff and Primary Health Centres in the State, resulting into non-availability of adequate and affordable quality health services to the common man. While disposing of the said petition, this court issued certain directions to the State level authorities in ensuring the creation of medical infrastructure and medicare facilities to monitor the same periodically.

9.1 It would be relevant to reproduce those directions,

"10. While taking note of the details given regarding the steps taken by the respondent-State to post medical personnel in adequate numbers at various hospitals and public health

centers, creation of the infrastructure for medicare in the rural area and also the details of the functional Primary Health Centres in the rural areas of the State of Karnataka, the Court is inclined to close the present public interest petition, however by issuing the following directions,

(i) Respondent No.2-Department of Health and Family Welfare, State of Karnataka, shall constitute a three member Committee headed by the Secretary, Department of Health, to continuously oversee and implement the mechanism to ensure the providence of medical facility and medical infrastructure including the medical and para-medical personnel at all levels-City, District and Rural.

(ii) The Committee as above shall every six months collect and assess the relevant details from deterrent Districts about the number of vacancies of medical staff in different categories, the need for upgrading or further extending the medical infrastructure and medical facilities including medicines to the various Government Hospitals and Primary Health Centres run by the Government.

(iii) The Committee shall gather the information about the medical staff vacancies in the Government Hospitals and Primary Health Centres and take steps for filling up the vacant posts. This exercise shall be undertaken every six months.

(iv) The Committees at the District level for the above purposes, shall be constituted under the headship of Collector/Deputy Commissioner which shall collect the details relating to the medical staff vacancies, medical infrastructure and medical facilities at district and taluka levels to provide such details to the Committee

contemplated in (i) above, every six months and shall function in aid and in coordination.

(v) The respondent No.2-State Government shall periodically and preferably every six months undertake the survey of the Primary Health Centres in the rural areas of the State for the purpose of upgradation of such centres in terms of medical facilities to be catered by them and also decide about establishing additional Primary Health Centres on need basis in the villages.

(vi) Respondent No.2-Health and Family Welfare Department shall evolve and set up a mechanism to see that there is proper co-ordination and supervision in implementing different Health Schemes of the Central Government and the State Government, as also the health related strategies.

(vii) The budgeting provision for the purpose shall be properly and adequately made and there shall be ensured purpose-serving spending of the budgetary allocations."

9.2 It was further directed that vacant posts in the different categories of the medical staff shall be filled up expeditiously and such vacancies shall be reviewed every six months. Whenever any disease or spread of pandemic poses threat to public health, the aforesaid measures directed by the court could be applied disease specific, area specific or situation specific to counter and control the disease and to continue to avail to the citizens right to health and cleaned and disease free environment.

10. The purpose of this *suo motu* public interest litigation was to activate the authority in wake of the spread of dengue, to minimize the fatality occurred because of the disease and to keep the disease away from the door steps of the common man. The measures taken by the State Government and the Bruhat Bengaluru Mahanagara Palike as highlighted above are taken note of. It is also noted, as revealed from the figures, that the dengue was on decline both in its intensity and spread. The number of patients, number of admissions and number of deaths witnessed a steep decline.

10.1 While parting it is to be observed that the respondent-State authorities and the civic authorities should not remain complacent in discharging their duties to avail the medicare facilities for the citizens, to conduct and control the spread of disease. As far as the dengue is concerned, since mosquito breeding is the primary cause, it is expected that the BBMP shall evolve a continuous mechanism to check, control breeding of mosquitoes. Any individual, any residential society or residential hub if found to be negligent towards clearing the stored water in containers, stagnant water, long accumulated water or solid waste which may result into

breeding of mosquitoes, shall be subjected to heavy fine by framing proper rules in that regard.

11. Having taken note of the steps taken and relevant aspects as above, since the dengue is noticed to be finally on decline, the present public interest proceedings are closed and the petition is disposed of with above directions and observations.

The Court records a note of appreciation for learned Senior Advocate Mr. K.N. Phanindra for acting as Amicus Curiae and effectively assisting the Court in advancing the cause of this public interest petition. Learned Amicus Curiae shall be paid a remunerative amount of Rs.55,000/- by the State.

**Sd/-
(N.V. ANJARIA)
CHIEF JUSTICE**

**Sd/-
(K.V. ARAVIND)
JUDGE**

AHB