

IDC, IIT-BOMBAY,
COSMIC- NTU- SINGAPORE,
PRESENTS

Bloody VAMPIRES

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IDC IIT- BOMBAY

'THE BLOODY VAMPIRES'

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126340013

ANIMATION & FILM DESIGN

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APPROVAL SHEET

This Animation Project III entitled 'THE BLOODY VAMPIERS',
by Govind- Janardhanan, 126340013 is approved in for the partial
fulfillment of the Master Of Design Degree in Animation and Film Design.

Project Guide:

Chairperson:

Internal Examiner:

External Examiner:

Date:

Place:

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ABSTRACT

Taking in account, the various factors and consequences, related to the mosquito prone disease, And after a brief understanding on the research and the process of film making, I had come up with a short story emphasizing the awareness on 'Dengue'. Visually the movie is rendered in 2D-Animation.

INTRODUCTION

Mosquito prone diseases was known to human mankind since several years before and the disease is fatal, such that it had been taking away several lives every year. There have been several attempts in controlling this disease since the discovery of Malaria and Dengue, but till date there is no vaccination invented yet.

As such, preventing from mosquito bite is the only way to get rid of these disease, since they are the carriers of parasites and viruses and responsible or spreading the disease.

‘The Bloody Vampires’, is a short Animation Film, to make one aware by narrating the spread of mosquito prone diseases, the disease symptoms, precautions through the story of a small girl...

C.O.S.M.I.C- (CENTER FOR SOCIAL MEDIA INNOVATIONS FOR COMMUNITIES).

C.O.S.M.I.C(center for social media innovations for communities) is a collaborative initiative formed by NTU(Nanyang Technological University from Singapore) and NUS(National University of Singapore) and IIT(Indian Institute of Technology)-Bombay. COSMIC is focusing on social media innovations to improve the life of people live, work and play.

‘The Bloody Vampires’ is a part of this COSMIC Project which is made as a part of Awareness on Dengue fever, which will be taken to Srilanka and Indonesia.

DATA COLLECTION

DATA COLLECTION ON MALARIA:

MALARIA

Term Malaria originated from medieval Italian; mala- aria: 'bad air'. Discovery of malaria by Sir Ronald Ross in 1897. Mosquito borne infection caused by parasitic protozoan's called Plasmodium. Transmitted by Anopheles mosquito from its saliva into the person's circulatory system. In blood, parasite travels to the liver to mature and reproduce.

-There are 5 species of Plasmodium;

P.Falciparum and P.Vivax(cause death) ,

P.Ovale and P.Malariae(fatal)

P.Knowlesi (is Endemic: native to a particular place) prevalent in South East Asia causes malaria in Macaques (monkey) that cause severe infection to human beings.

-Anopheles mosquito are most active in biting during dawn and night. The approximate size of a mosquito is 4mm -9mm (millimeter) in size.

SOME FACTS:

-There is an organ at the base of the wings of mosquitoes which scrapes and makes sound. And this is the 'Buzz' sound we all hear.

-Both male and female mosquitoes buzz, they buzz to find their mates. Female buzz slower because of their large in size and males detect their buzz, as they use distinctive pitch to recognize them.

-Louis M.Roth, who studied on Yellow Fever mosquitoes during World War-II, noticed that males ignore females when they are resting, but whenever females fly by buzzing males are attracted.

-Males even wanted to mate with females whose vibrating sound are of same pitch.

-Mosquitoes buzz each other 'singing' before they mate. When they fly each other (male and female) try to match the pitch of their buzz and only if the pitch match well enough they mate.

-Each mosquitoes have over 7000 Sensory cells attached to their head that adjust the fine tuning of buzz for mating.

-D.r.Christopher Johnston discovered 100Years before that mosquitoes can hear sound through their antenna, which was named later 'Johnston Organ'.

-Female is larger in size than male.

-Mosquitoes can sense the tiny trace of smell that normal human can't smell.

-Mosquito hover around our head during evenings because they get attracted to the carbon dioxide we produce and that's the way they reach us and bite.

MALARIA PARASITE:

-Parasite mutation involves changes not only in the structure but also in antigenicity (the ability or degree of ability to react with the products of an immune response). Although many protein antigens are synthesized through the cell cycle, others are specific for particular stages of development.

-(Erythrocyte: Cells in the blood present in mammals that are disk shaped concave in both the sides, contain hemoglobin that carry oxygen to the cells and tissues and carbon di oxide back to the respiratory organs)

-Parasite maturation also results in the appearance of new structures in the erythrocyte cytoplasm and changes happen in the erythrocyte membrane.

-When malarial merozoites(parasites) enters erythrocytes, causes structural alteration of erythrocyte membrane(Pellicular complex of 2membranes and Sub pellicular microtubules).

-Merozoite inside Erythrocyte digests hemoglobin and releases heme. The parasite reduces harmful effects of heme by converting it into hemozoin. This reaction is inhibited by Chloroquine which results in parasite killing.

-Mosquito first inject parasite sporozoites into human blood. 1-Plasmodium Falciparum sporozoite develops into 40,000 merozoites per liver cells over the period of 6Days.

-During P.vivax and P.ovale infection some sporozoites also differentiate into hypnozoites that remain dormant in the liver for months to years before undergoing division and development into merozoites.

-Within 12Hours of invasion in the human blood, the parasite remodels the red blood cell, to facilitate the growth of parasite. Then infected RBC (red blood cell) bind with endothelium. This lead to injure endothelial cells by the infected RBC and disrupts blood flow causing tissue hypoxia and lactic acidosis-These mechanism led to organ specific syndrome such as 'Cerebral Malaria' and 'Placental Malaria'.

-Pregnant women are also at high risk for P.Falsiparum malaria.

-Malaria in pregnancy also increases the likelihood of poor pregnancy outcomes, with increased prematurity, low birth weight and to an extend even mortality.

-Malaria may uncommonly be transmitted from mother to infant (congenital malaria) through blood transfusion.

-Young children who are relatively non-immune are at high risk for severe disease from P.falsiparum infection and this age group in population is responsible for more deaths from malaria.

-The risk for P.falsiparum malaria is great within the 2months of return from travel from endemic area (disease native to a particular area).

-Severe P.falciparum malaria can include dysfunction of any organ system including neurologic abnormalities progressing to alterations in unconsciousness, repeated seizures and Coma(cerebral malaria/brain malaria), hypotension and shock, pulmonary edema, acute kidney injury etc...

-P.falciparum is now commonly resistant to Chloroquine and Sulfadoxine-Pyrimethamine in most areas with exception of Central America west of Panama Canal and Hispaniola.

STUDIES CONDUCTED IN CHENNAI ON MICRO CLIMATE IN URBAN TRANSMISSION

SETTINGS (A reference data):

Studies conducted showed:

They studied on Anopheles.Stephensi in 2-urban slum malaria sites, frequency of blood feeding, Parasite fitness in vector, mosquito immune process, Extrinsic Incubation Period(EIP) of parasite within the mosquito, did studies on temperature fluctuation in local transmission sites and found variation is between1-3Degree Celsius, And found most importantly that;_Both Malaria and Vector(mosquito) are sensitive to temperature variation and all the above changes and process depended on the temperature, as mention in their studies ._Chennai city (South Eastern India) predominant malaria vector is Anopheles.Stephensi.

LOCATION:

-In world malaria is present in South and Central America, Africa(Sub-Sahara Africa), the Middle East, The Indian sub-continent, South East Asia and Oceania.

-Transmission, morbidity (the quality of being unhealthful) and mortality are greatest in Africa, where most deaths caused from malaria are in young children.

-Adult mosquito found out door, brick wall, under the roof of an outdoor porch and another hanging in an outdoor terrace, shaded vegetation etc.

-Orissa, Chhattisgarh, Uttar Pradesh, Madhya Pradesh, Gujarat, Maharashtra, West Bengal, Goa, Karnataka, Andhra Pradesh etc are the states in India highly effected with malaria during and post monsoon season.

CAUSES OF MALARIA:

Sub-tropical and tropical regions with rainfall, warm temperature and stagnant waters provide ideal habitat for mosquito for breeding. Some problems are associated with poverty such as less economic development.

SYMPTOMS:

Headache, shivering, joint pain, sweating, vomiting, jaundice, hemolytic- anemia, blood in urine, fever which also can led to coma/ death.

Fever differs with respect to the kind of Plasmodium;

Every- 2Days- P.vivax and P.ovale

3Days- P.malariae

36-48Hours- P.falciparum(MOST SEVERE AND DANGEROUS)

Complications: Respiratory distress caused by P.falciparum (25% in adult, 40% in children)_Pulmonary Edema- Fluid accumulation in the air spaces and parenchyma of the lungs which lead to respiratory failure.

TREATMENT AND PREVENTION:

- Quinine, Quinidine, Mefloquine etc... Are used to treat *P.falsiparum*.
- Using mosquito nets, insect repellents, spraying insecticides growing fish which feed on larvae etc...
- In India ACT(Artemisinin Combination Therapy) became the first line treatment for falciparum malaria and rapid diagnostic test (RDT) kits recommended at the grass root level in the malaria Policy(2010)
- No effective vaccine exist.
- Patients receiving Quinine/ Quinidine should receive continues cardiac monitoring, blood glucose for every 4-6Hours including maintenance of fluids and electrolytes.
- Chloroquine is active against erythrocyte parasites of all human malaria species. But it does not eradicate hepatic stages, so must be used with Primaquine to eradicate *P.vivax* and *P.ovale* infection.
- Amodiaquine and Piperaquine has been widely used to treat malaria because of its low cost limited toxicity. Chloroquine resistant *P.vivax* has been reported mostly South East Asia and Oceania.

MOSQUITO TRAPS:

- Ocetenol: Is an attractant that makes carbon dioxide even more like human breath. Ocetenol is also produced by by some edible fungi so it's also called "mushroom alcohol". Ocetenol is even added in perfumes.
- Lurex: Specially made to attract Asian tiger Mosquitoes, and contains lactic acid that attracts the mosquitoes.
- Best trap area is cool, damp, shady area, mosquito breeding site etc.
- Several products are available in international market; Dynatrap(DT1200), Mosquito magnet (MM3300), Mega catch ultra-mosquito trap etc...

-Natural control/Biological control: Bacillus Thuringiensis Isradensis(BTI) group of bacteria used as biological control agents for larvae stages. BTI produces toxin which kills mosquito larvae and to extend even other fungus, but same time its harmless to humans and animals.

-Mosquito clothing (net) is helpful during working in field.

- Mosquito eating fish Gambusia fish can be grown in ponds which feed on mosquito larvae.

-Natural Predators: Bat to fish to dragon flies.

-Plant species named Citrosa plant keeps mosquito away.

RESERCH ON ORISSA (HIGHEST IN DEATH AND CASE IN MALARIA):

-Weather in Orissa is greatly influenced by the sea. Climate is tropical resulting in high temperature in the months of April and May.

-In the contrary Eastern Ghats of the state experience an extremely cold climate. There are 3 Major seasons: Summer (March to June), Rainy (July to September), winter (October to February).

-It's warm throughout the year in Western districts of Sundergarh, Sambalpur, Baragarh etc... With maximum temperature between 40-46 Degree Celsius.

-Costal districts climate is very humid and sticky.

-Summer max' temperature is 35-40 Degree Celsius and low temperature is 12-14 Degree Celsius. Little rainfall is experienced during the month of October and November.

-July month is wettest and the major rivers are flooded.

-Puri is considered as holly city. Thousands of temples are situated in Orissa.

-Rivers such as Brahmaniriver(Dhenkanal district), Salandi(Mayarbhanj district) and Baitarani(Keonjhar district) are the 3 main rivers in Orissa.

Flowing to Bay of Bengal. Other rivers in Orissa are-Budhabalanga, Rushi Kalya, Nagabali and Devi River Chilka Lake is known as the largest lake in India.

-Most of the rivers converge in Kendrapara state.

-Along the coastal area is alluvial fertile plains, home for intense 'rice cultivation'.

-Gahirmatha beach known to be nesting sites for L.Olivia Turtle.

-Morphologically state can be divided into 5major regions- the coastal plains in the east, middle mountains and highlands region of North and North West, the central plateaus, Western rolling uplands and Major flood plains.

-Mountainous region covers about 3/4rth area of the state. the region is a part of Indian Peninsular.

-Regions near to the rivers such as Baitarani, Brahmani, Mohanadi, Rusikulya, Bansadhara and Nagavali rivers are highly fertile well drained and thickly populated.

-Temple named Jaghannath, in Puri is known for its largest kitchen in the world comprising with 1000 cooks to feed over 10,000 people per day.

-Type of rice used: Arua(sun dried and milled paddy, popular in urban areas and Southern Orissa villages), Ushuna(half boiled and milled paddy, Popular in coastal areas, western and Northern Orissa villages).

-Pakhala(staple food) constitutes-3:1 curd and rice. There are classifications under Pakhala dish; garama pakhala, basi pakhala, jeera pakhala and dahi pakhala.

-Well known recipes usually credited to Bengal are of Orissa origin, because during Bengal renaissance, Brahmin cooks from Orissa especially from Puri were employed on Bengal-Orissa boarder.

OTHER INFORMATION COLLECTED

ON MALARIA:

-W.H.O estimated 2010 there were 219million cases that is documented in the case of malaria. Approximately 6, 60,000 people including children died majority from Africa.

-Details of malaria is found even in Atharva Veda and Charaka Samhita.

-Economic loss due to loss of man due to malaria in 1935 (loss of Rs.10, 000 million per year).

-1935 1000 million cases.

-At the time of independence in 1947, 75 millions of people died.

-Indian government launched National Malaria Control Program in April 1953. India gained control on malaria with 'Eradication Era' in 1950's till 1960's and was reported that malaria case reduced to 64,000. Later by 1964 malaria reduced to 100,000.

-Malaria mortality steeply declined after National Malaria Eradication Program was launched in 1958.

-World malaria day April 25.

-Drug resistant Chloroquine resistance in *P.falciparum* was first reported from Karbi Anglong in 1973 and then Nowgawn in 1974 in the North East state of India, Assam. Later reports came from Arunachal Pradesh, Mizoram and Nagaland.

-In India intense chloroquine resistance is present in North East states and Orissa/ Odisha where there is more *P.falciparum*.

-In early days, malaria had constituted for one of the most important cause in economic distress endangering poverty which lowered the physical and intellectual standards of the nation and hampered prosperity and economic in many ways.

-In India maximum malaria in the country is contributed by the Orissa state in 2013. (Orissa; population-36.7million, 2million population reported annually, 39.5% is caused by *P.falciparum*, 30% death caused due to malaria).

-Malaria is seen more in the areas of population, project areas including construction sites in big metros, cities and along international borders.

-Mortality due to malaria in accordance with age group;

1st- (35 to 44) age, 2nd-(45 to 54)age, 3rd-(25 to 34)age, 4th-(15 to 24).

-Studies show that mortality is more in males than females.

DATA COLLECTION ON DENGUE:

DENGUE:

Dengue also known as 'break bone fever', Aedes Greek meaning 'unpleasant'. Caused by dengue virus, which are spread through female Aedes mosquito (vector). Aedes aegypti and Aedes albopictus are respectively the primary and secondary vectors of dengue fever. Dengue fever Virus is an RNA (ribo nucleic acid) virus of the family 'Flaviviridae(genus of flavivirus)'. Aedes mosquito includes 700-species and was named by Johann Wilhelm in 1818.

Dengue mosquito bites during daytime (Mid-morning and late afternoon during monsoon season). Aedes mosquito prefers humans rather than animals thus, aedes mosquito are also known as anthropophilic. The blood meal takes 2-7days to digest and 1-3days needed for complete development of eggs (endophilic behaviour).

Species Aedes Polynesiensis is responsible for human lymphatic filariasis that causes elephantiasis. Female Aedes mosquito is fully responsible for spreading dengue. Male Aedes do not bite. Aedes mosquito has the life span of 2weeks.

They are found on tropical and subtropical regions. India, Thailand and Indonesia are having major health problems related to dengue.

There is no vaccine till date.

LIFECYCLE:

DAY-1: Aedes female lays egg and same day Egg hatch and larvae emerge.

DAY-4: Larvae transforms to pupae.

DAY-7: Aedes Mosquito is fully developed and females can breed 3 days later.

Aedes prefer clean water for the development of larvae.

SYMPTOMS:

Symptoms are shown after the exposure to the disease ranges from 3-14days most often 4-7days.

Common symptoms are-fever, headache (typically behind eyes), skin rashes, muscle and joint pains. Other two symptoms are- Dengue hemorrhagic fever (resulting in bleeding, low levels of blood platelets) and Dengue shock syndrome (dangerously lowers blood pressure).

Children's show symptoms commonly vomiting and diarrhea.

Initial symptoms are mild but later complications are severe. Initial symptoms from 3-7days; Severe abdominal pain, Persistent vomiting, bleeding gums, blood in vomit, fatigue and restlessness.

Most serious complications; Dengue Hemorrhagic fever and Dengue shock syndrome (90%) which is 90%lethal and if treated properly fatality rate reduces to 1%.

Dengue symptoms can be categorized into 3-Stages; Febrile, Critical and Recovery phase.

Febrile: fever, 50%-80% rashes like measles, nausea and vomiting.

Critical: Fluid accumulation in chest and abdomen, decreased blood.

Recovery phase: Leaked blood flows through main blood stream in 2-3days, itching, slow heart rate, skin peeling, and fluid overload affecting brain leading to unconsciousness and fatigue.

Blood test to diagnose Dengue fever- DENV (detect IgM Capture ELISA). Test called NS1 (a test for detecting presence of viral antigen).

DIAGNOSIS:

Treatment such as transferring Intravenous fluids (passing fluids through vein) and even blood transfusion.

People infected with dengue are typically asymptomatic (80% showing only mild fever).

Till date there is no vaccine for dengue. So prevention is the only way. Maintain body fluid.

TREATMENT:**PREVENTION:**

Remove stagnant water from - flower pots, turn over empty vessels/ plastic cans/ buckets, used tire, roof tanks, rain barrels, toilet bowls, clean water tray of cooler every day, burn camphor in rooms. Use mosquito repellent, net/ mesh on doors and windows, if someone is ill in home make sure they are not bit by mosquitoes and this is the main reason why Aedes mosquitoes can multiply easily in towns and cities. The only prevention is to stay hygiene.

REASERCH IN KERALA:

Interviewed Mr.Abhagal (District Medical Officer of Health), who was working in the office of District Medical Office, Kannur District, Kerala. He gave a data of both Probable and Confirmed cases;

-In 2013, 161- Dengue confirmed case, 200-malaria confirmed cases (Kannur, Kerala).

-Highest in Kannur - Edakkad-17, Iraveshi-5, Cherupurzh-7...etc.

-Total probable case (Kannur, Kerala) -453.

-Total Confirmed case (Kannur, Kerala) -161.

Traditionally developed mosquito replant:

In olden days, people burn and spread the smoke into atmosphere to repel mosquitoes. Selected (medicinal value) plants such as Neem leaves, Areca coir, Tulasi (A variety named Ram tulasi), dhoop, camphor etc... Any one of it is burned with coconut coir in pot in evenings. Some burn kerosene/diesel in to the atmosphere (process called 'fogging' to kill adult mosquitoes as mentioned by M.r.Abhagal) . Now people use mosquito nets, Goodnight, Odomos...etc

Food eaten:

Doctors' advice dengue effected patience to consume lots of liquid food, adequate rest and most importantly they advise to eat papaya which increases blood plates because as blood platelets increase the growth conditions for the parasite deteriorates.

Mostly seen Area:

-In rubber plantation, coconut kernel is kept to trap rubber latex.



Habitat for mosquitoes.

-Increase in population, construction work...etc are other reasons.

-Stagnant water in flower pots, cooler in refrigerator...etc are other spots for mosquito breeding.

Immediate Supportive medication is given to reduce fever (temperature), headache...etc and if necessary blood transfusion if found blood platelets are found less (less than 100,000). There is no effective vaccine till date.

Myth:

People in villages believe that in olden days, when mosquitoes multiply by laying eggs in stagnant water in fields, natural predators (fish) controls/reduce mosquito population. But now since fields are getting reduced, people believe that now mosquito related diseases are severe because the ecological balance is disturbed.

-In Kerala Trivandrum (Capital of Kerala) is known to have highest reported case in dengue compared to other states in India. As said by M.r.Abhagal, in 2013 5000 cases of dengue were reported.

-Team under Primary Health Department would investigate/ Survey in dengue prone areas, and if found positive through blood tests, they would direct the patients to medical college hospital or District hospital or Talluk hospital.



KERALA ON SITE VISIT:



KERALA CHARACTER STUDY:

-In general, Slum area is seen in and around fishing area (coastal area) and towards inside rural area.

-Men Aged 45 above, most commonly smoke beedi('A type of Tobacco cigarette used from years and still popular till now'),

New generation boys/men aged 18 above generally smoke cigarette.

In general, male wear dhoti;

-Commonly seen white in color.

-Secondly seen 'Kavi dhoti which is dull orange in color.

-Workers (generally fisherman) wear vibrant color dhoti.

-Light (white) / Dull tone shirts.

Physical appearance: (MEN)

-Masculine in physical appearance.

-whitish/ commonly seen dark whitish skin tone.

-Workers (most commonly collies, fisherman...etc.) they maintain untidy/shabby hair and beard.

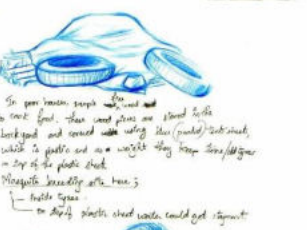
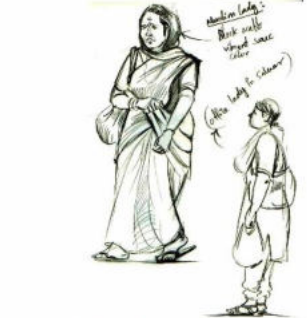
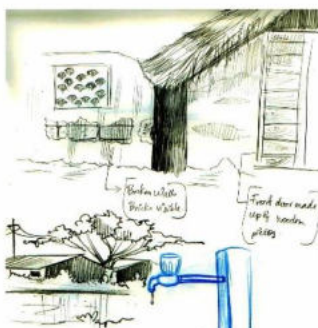
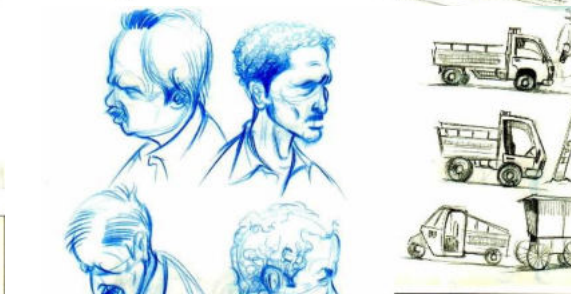
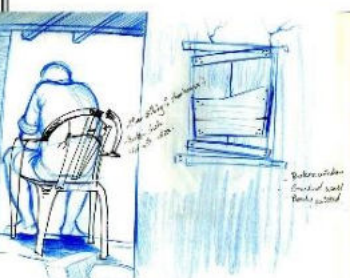
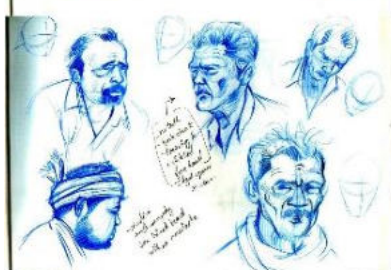
-Owners (fish stall owner, shop owner...etc.) commonly they appear well groomed hair and trimmed beard.

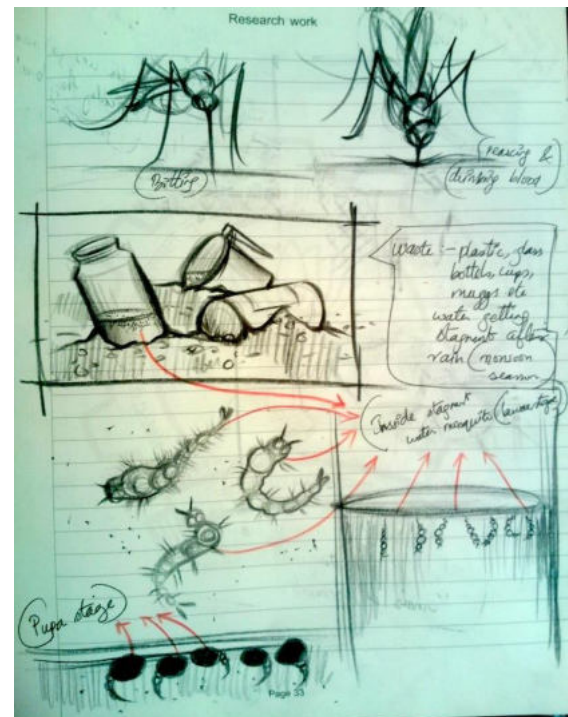
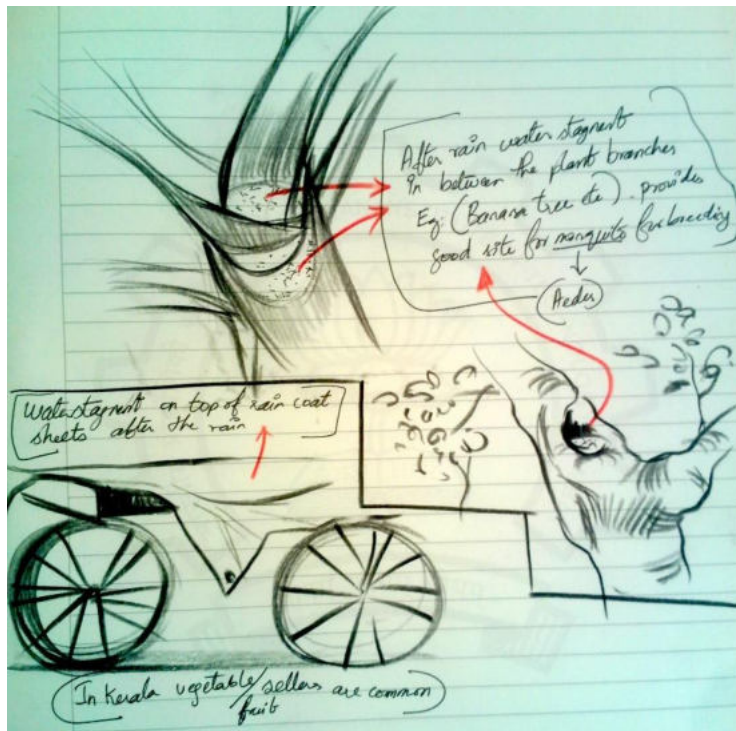
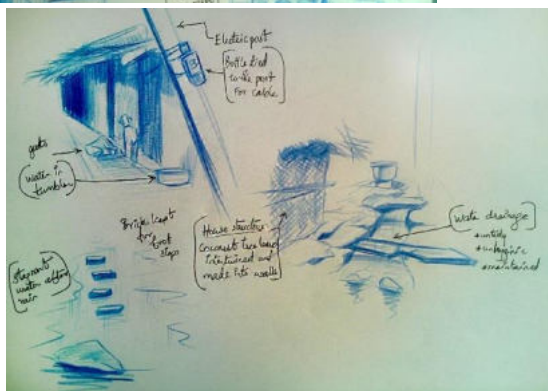
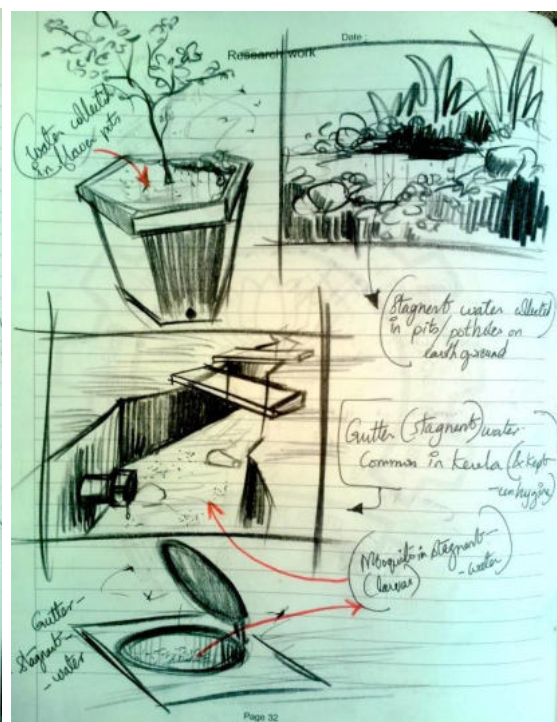
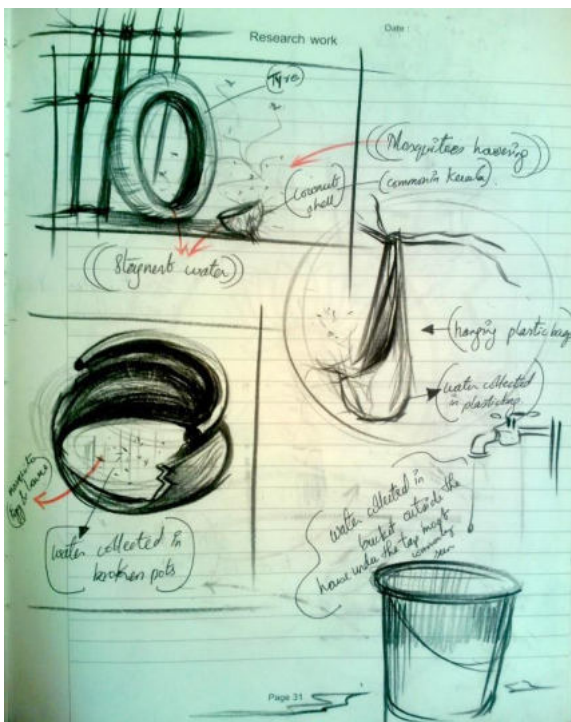
Physical appearance: (WOMEN)

-Generally 'Plump' in appearance.

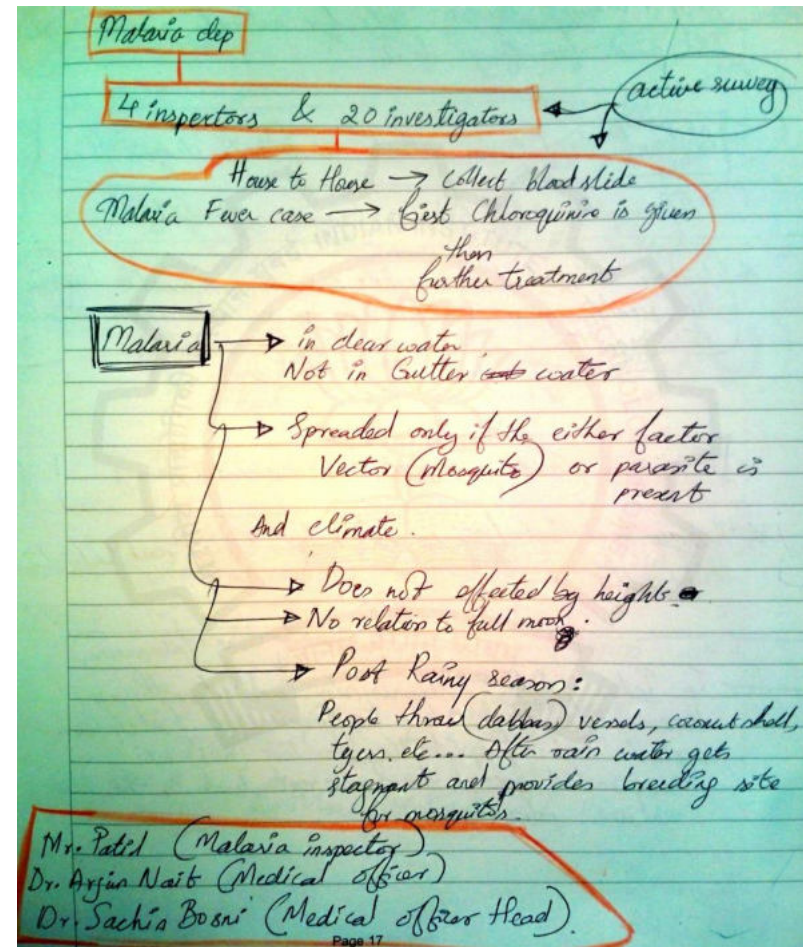
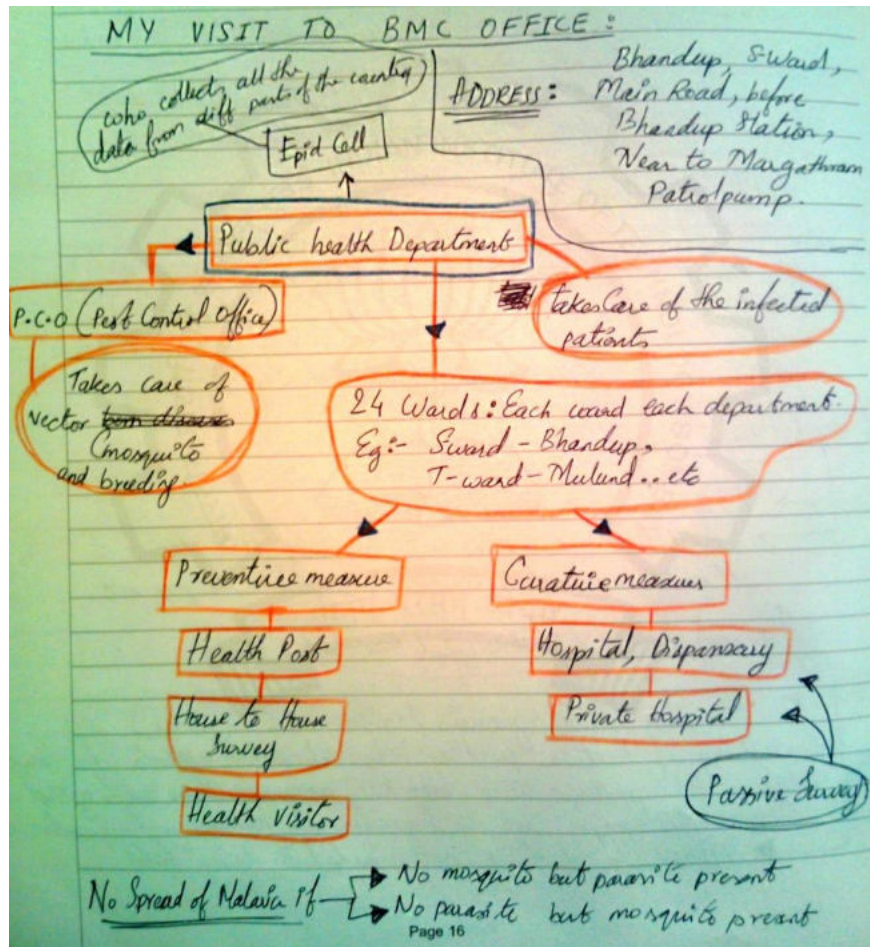
-Working Ladies (Koolis, fisher ladies).







MY VISIT TO MUMBAI PUBLIC HEALTH DEPARTMENT



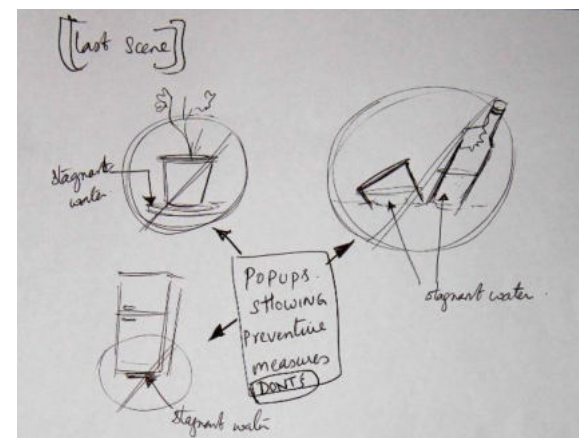
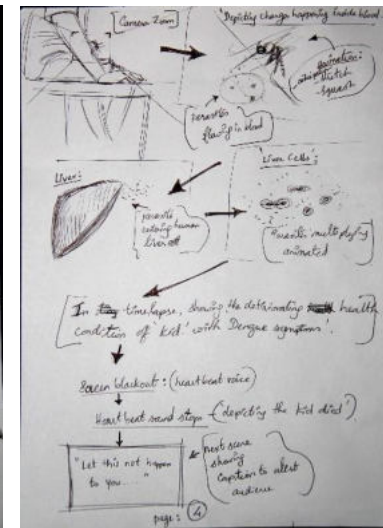
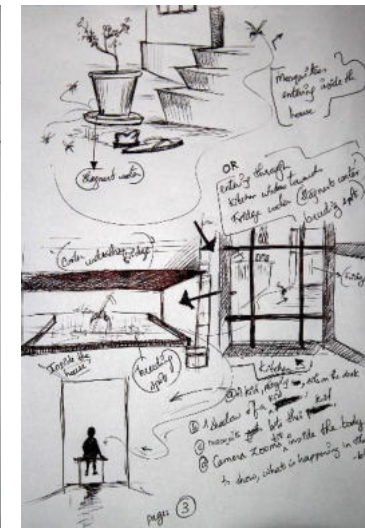
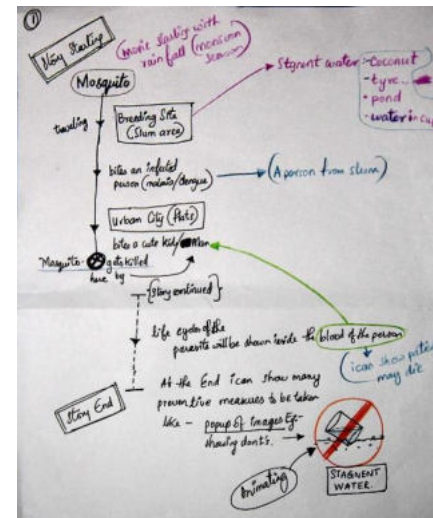
MOTIVATION

Being an animator, I do personally believe that, Animation is not only a medium for entertaining but is also an effective medium to communicate messages or awareness which I feel being a citizen is socially relevant to be involved. This motivated to join the project.

The opportunity in getting involved in Animation project for COSMIC, was a platform for me, where I was able to achieve great learning through the work and the learning experience from different people and environment too.

IDEATION

During the initial stages of story development, the idea was wage and was jumbled in bits and pieces in my thoughts because of the extended research I did. As guided by Prof. Phani Tetali, whenever I get idea on the story, I doodle it out containing words and rough thumbnail sketches, which helped me in getting a clear picture how the story is getting evolved.



STORY EXPLORATIONS

STORY CONCEPT:
(SELF BRAINSTORMING)

Some questions I worked on myself as a part of brainstorming:

Who is the character?

Traditionally where does the family work?

Character mannerisms?

Role of each character with respect to the story?

How does the story begin/ middle/End/ - pace of the story?

What will be the music of my animation?

How does the character look with respect to the surrounding (representing State)?

Different possibilities of stories?

Genre: - Humor, tragedy, beginning with a problem and ending with a resolution

Or just a simple narration?

Different medium going to be used / Styles???

STORY CONCEPT-1:

[GENRE: Animation documentary type] Narrating the story parallel in both 'slum' and 'city' simultaneously, highlighting the factors such as the breeding sites of mosquitoes (depicting that this disease malaria/dengue are the root cause of carelessness in hygiene by the people).

STORY CONCEPT-2:

[GENRE: humor] The story is narrated by a mosquito in a humor way, Background voice over of the mosquito speaking. And he narrates the story explaining his journey of his own life (where all the information regarding-the breeding sites, lifecycle, process of transferring infection is indirectly explained) at the end he (the mosquito) get killed by a human being, and there the story ends...

STORY CONCEPT-3:

[GENRE: dramatic] (Inspired from the real story of Rahdha Krishna-IDC, IIT)- A story driven by a school going child who is living in a slum area (poor) but education would be pursued from city. He is the only child in his family and he is very much homily in nature, but because of his expenses & wastage of time in journey in travelling daily to the far city where his institution is, his parents made him to stay in hostel. So, one day after long expectations and period of time he returns to his home, unfortunately he will suffer from 'severe dengue', Then, keeping the family in focused the narrator takes the camera to all the mosquito breeding sites explaining the fact. And at the end giving resolution.

STORY CONCEPT-4:

[GENRE: humor] Mosquitoes are pictured as bad evils (humor way), there by depicting the whole life (breeding sites, lifecycle, process of transferring infection is indirectly explained).

STORY CONCEPT-5:

[GENRE: dramatic] A happy family prepares to leave for a vacation. Out of their excitement they carelessly leave their house untidy. They reach a cottage/resort in their journey destination, where there will be full of mosquitoes... their child gets infected, from hospital they get to know child is infected with dengue. Doctor explains the facts and cause (Sudden flash back- parents visualize/ remembers the way they left home untidily) Soon they rush back and the moment they open the door they will see house full of mosquitoes in each and every nook in their house....

So I decided to improve on the Story Concept-2, biased on the feedback I got from my guide and faculties.

Feedback was, not to narrate in documentary way, instead to take the liberty in the Animation way of narrating story.

As such, I produced a girl character, her mother, an old man who is already Dengue exposed, and another man who stays nearby in a building. Through these characters I was able to show how each and every individual is effected by mosquitoes.

Later stages of my story progress, I highlighted the symptoms of dengue, precautions to be taken through the narration.

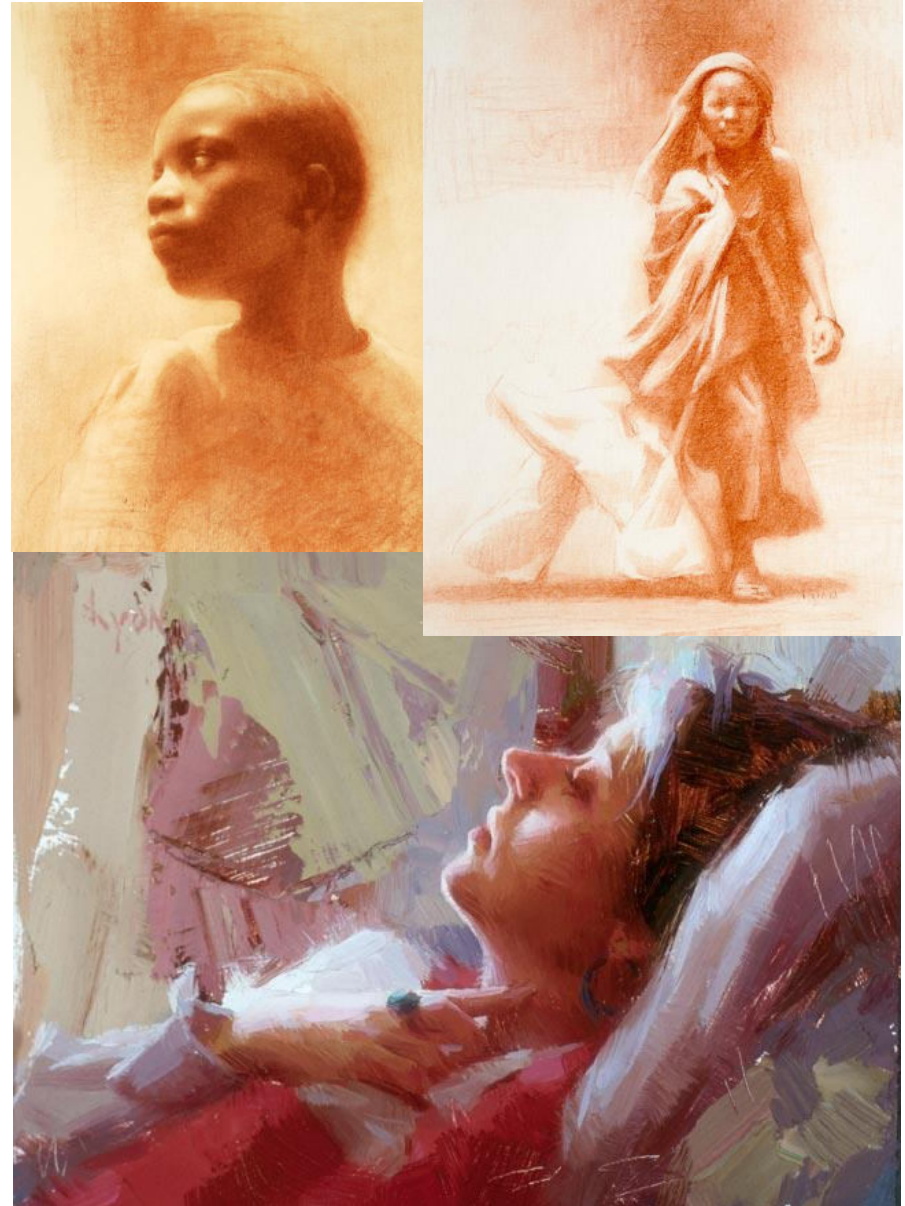
VISUAL DEVELOPMENT

VISUAL TREATMENT

In the initial stages the Visual treatment was decided to be stylized animation(with artistic strokes/ brushes) , and during the process I kept exploring more in variation and looks from the existing animations, such that it could help me to get in the best output at the end. Thus believing to the final film something different in visual experience to the audience. Because the theme (malaria/dengue) is aiming towards awareness, what I thought was to tell the narration in such a way, that visual experience is to be given more importance.

ARTIST: SUSAN LYON-(SKETCHES AND PAINTING)

- Focus is only in the character face (the way how he want the audience to look).
- Sketch feeling/ look.
- Visually Style brings life to animation.
- Monochrome Color.
- In his Painting, it's interesting the way he mold out the figure from the image just by the color strokes.



ARTIST: JEREMY LIP KING-(PAINTING)

- His brush stroke effect, which can be achieved in Photoshop and by animating it achieving a unique and appealing visual style.
- The canvas textured background.



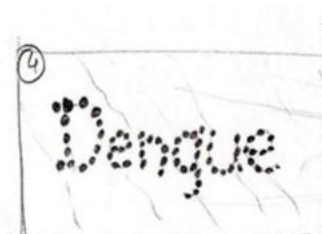
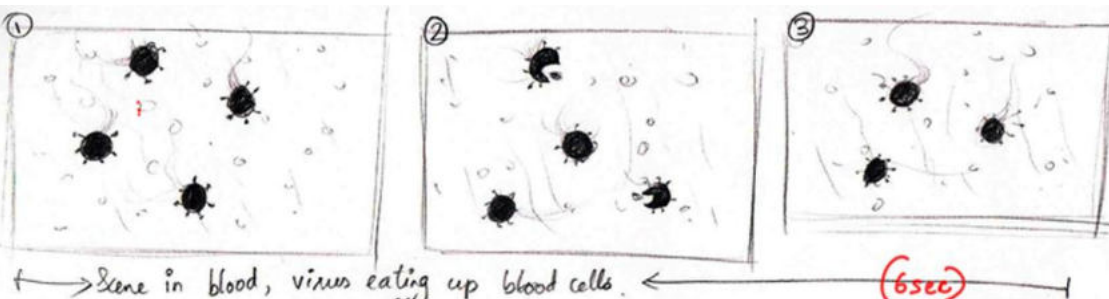
STYLE EXPLORATIONS

STYLE EXPLORATIONS:

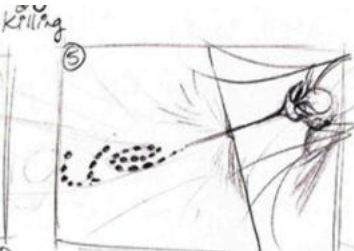
These were some of the style explorations and animation trials I worked out, which helped me later in deciding to choose the style.



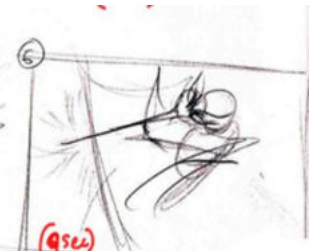
STORY BOARD-(1)



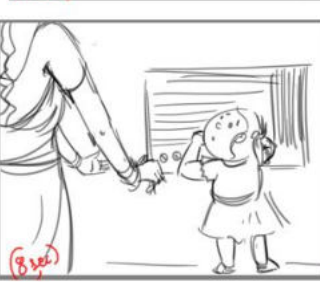
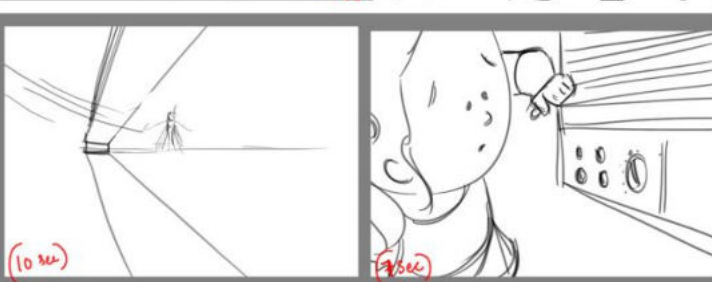
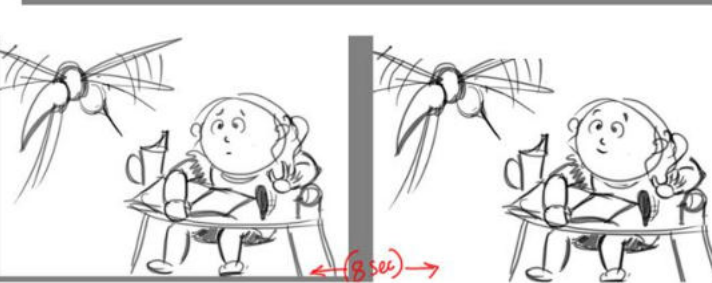
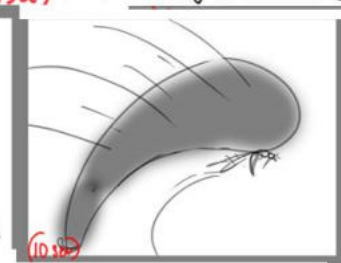
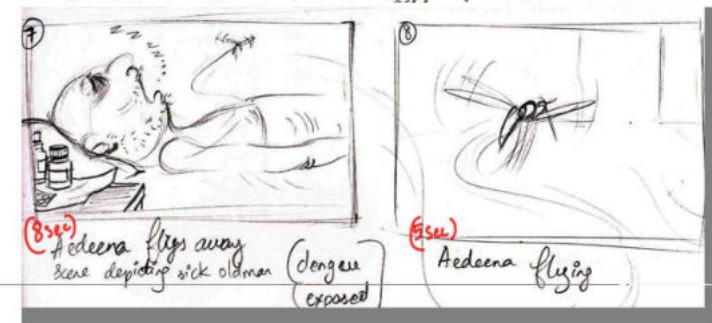
Story name 'Dengue' (virus will line up and depict story name)
6 sec

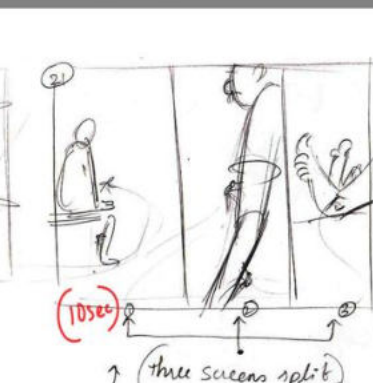
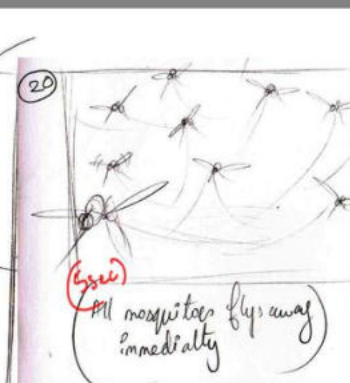
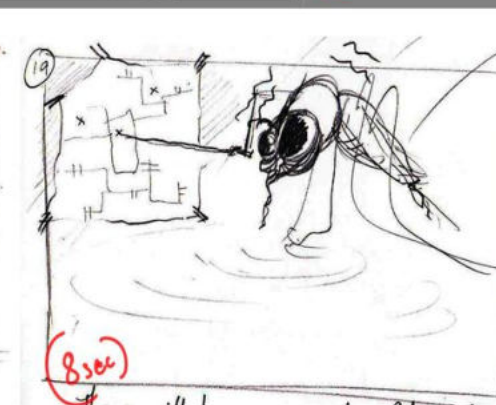
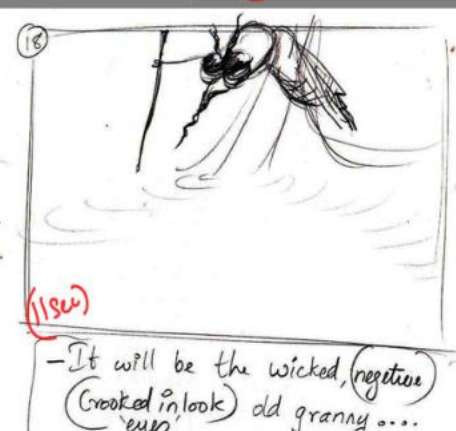
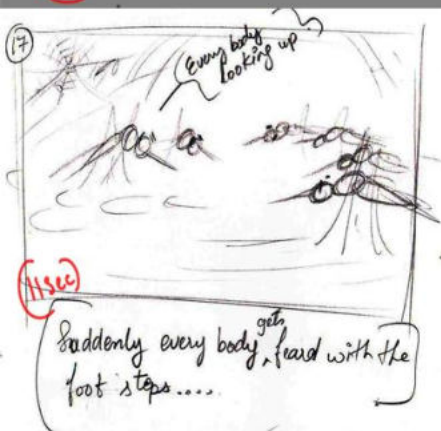
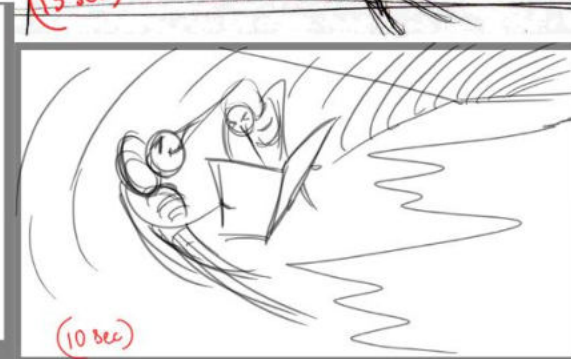
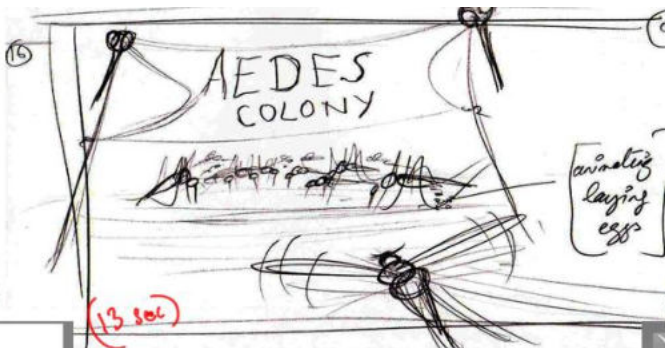
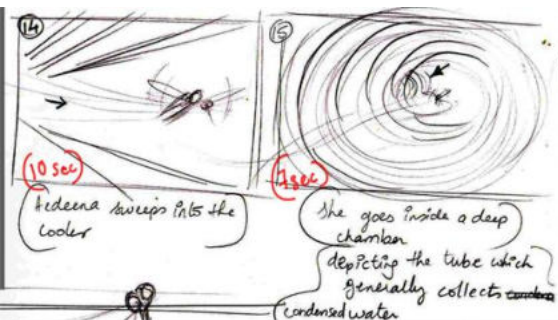


Next scene virus is sucked by Aedeena (Female Mosquito) (6 sec)

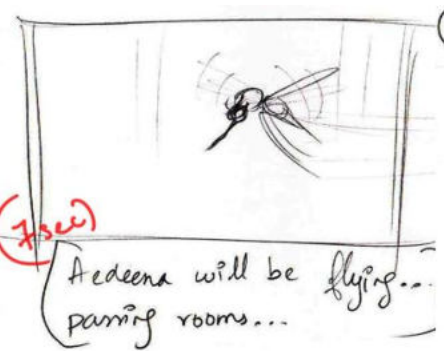


(9 sec)
Aedeena polishing her (adding feminine trait)

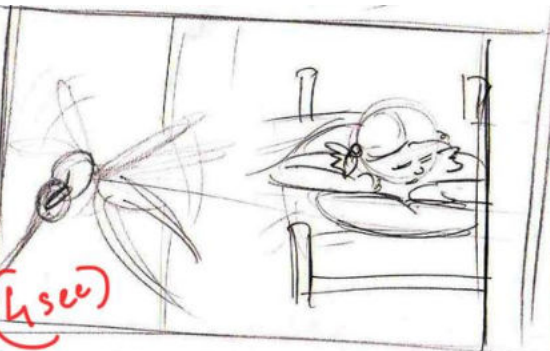




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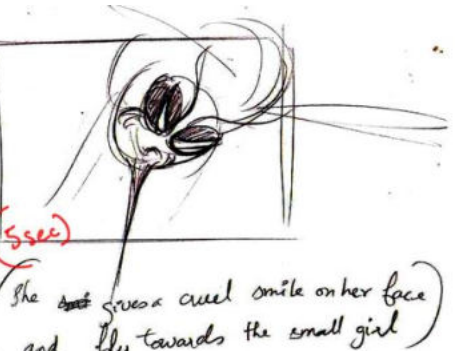
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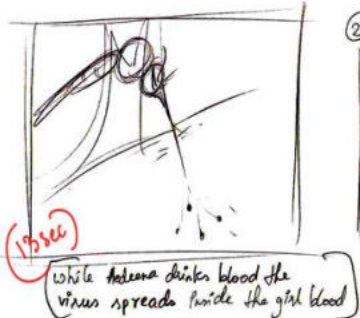
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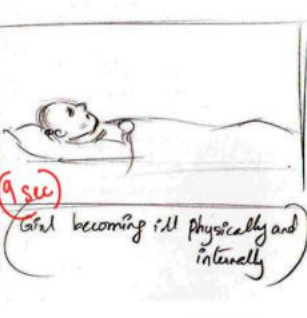
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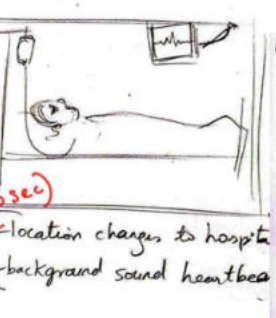
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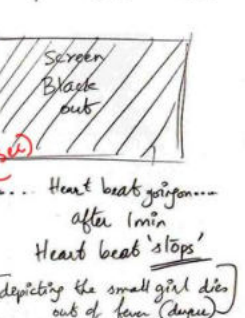
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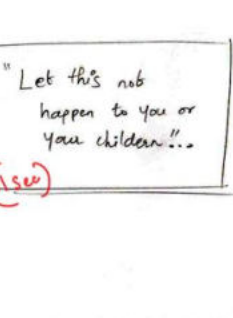
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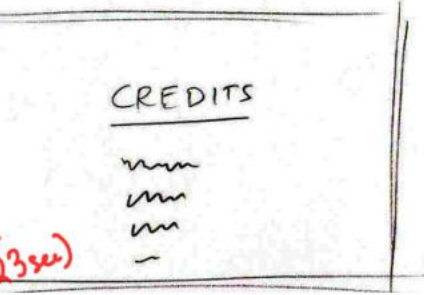
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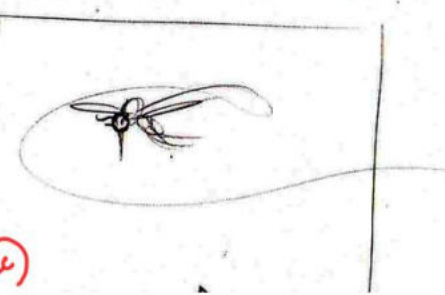
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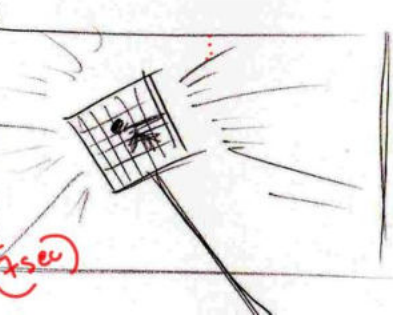
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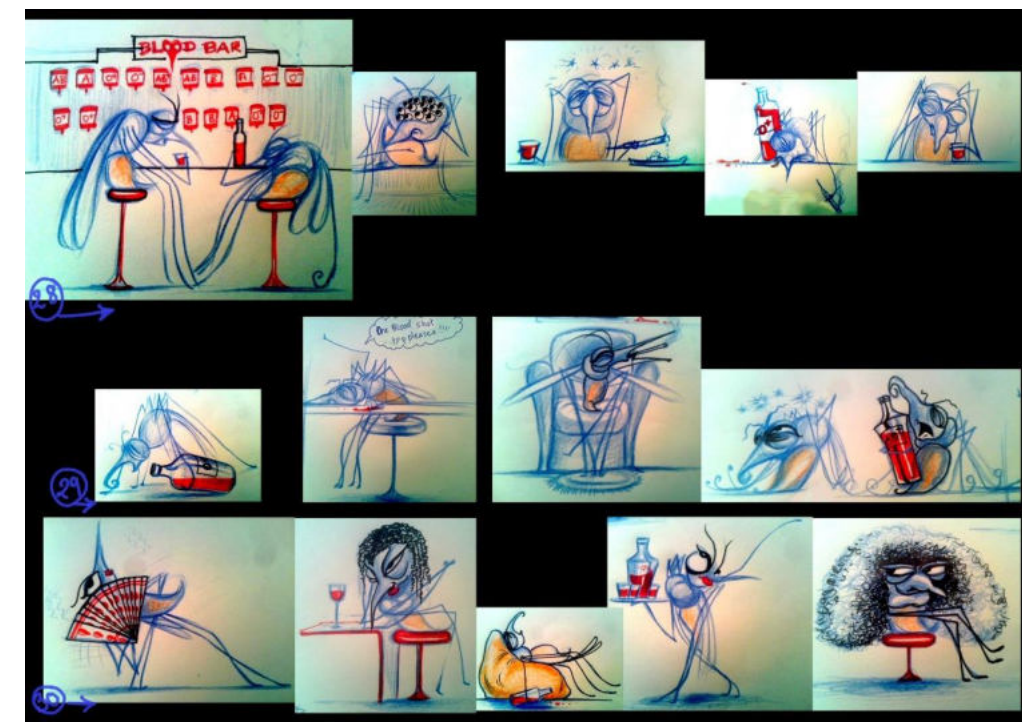
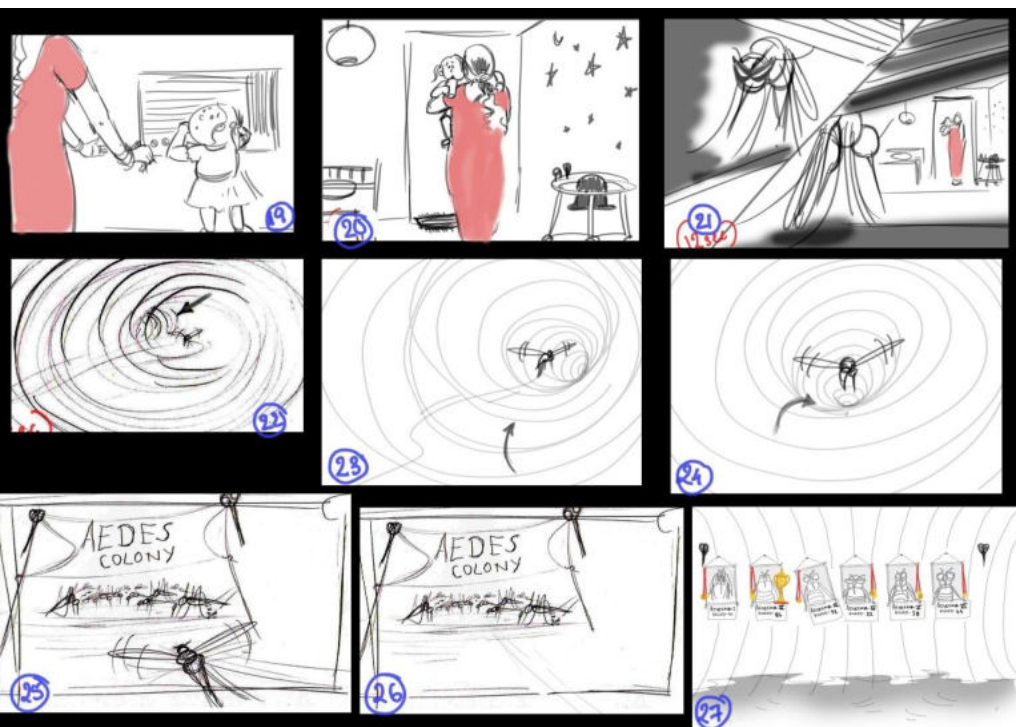
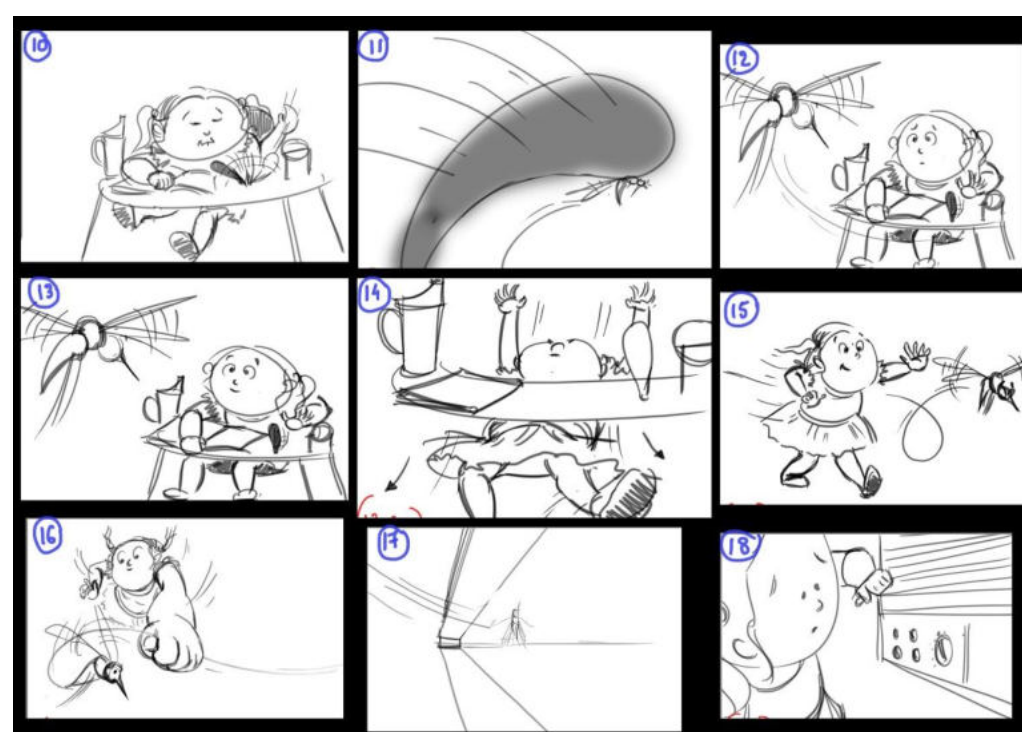
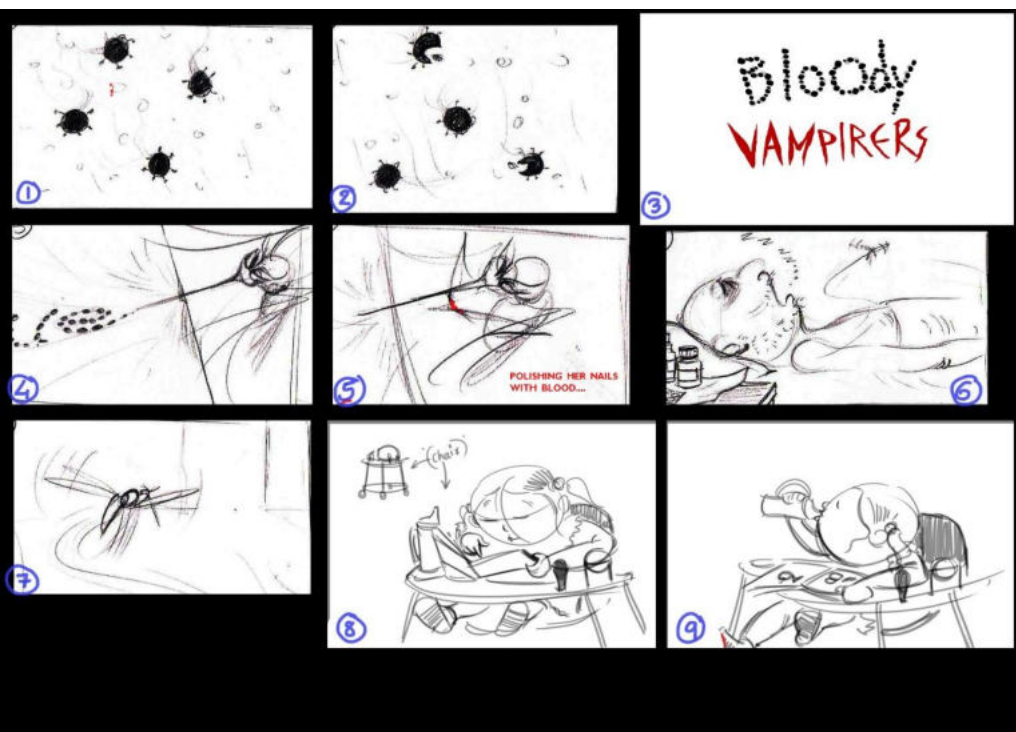
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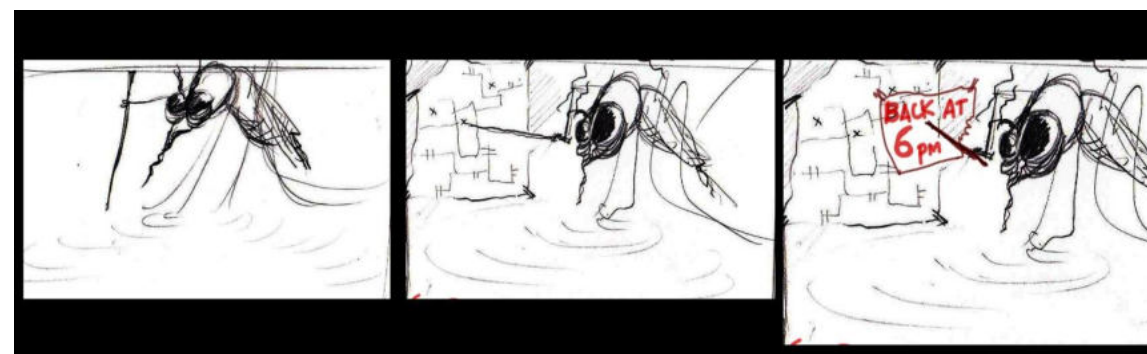
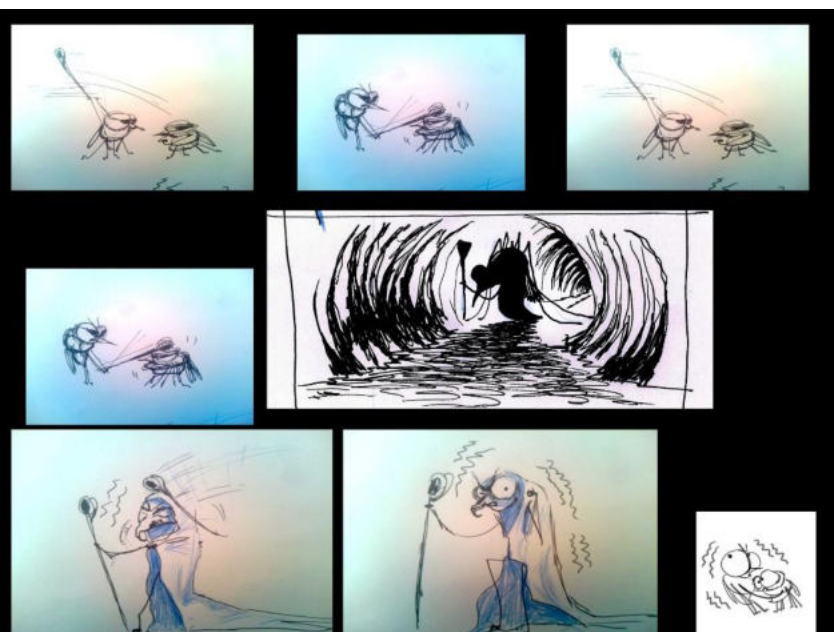
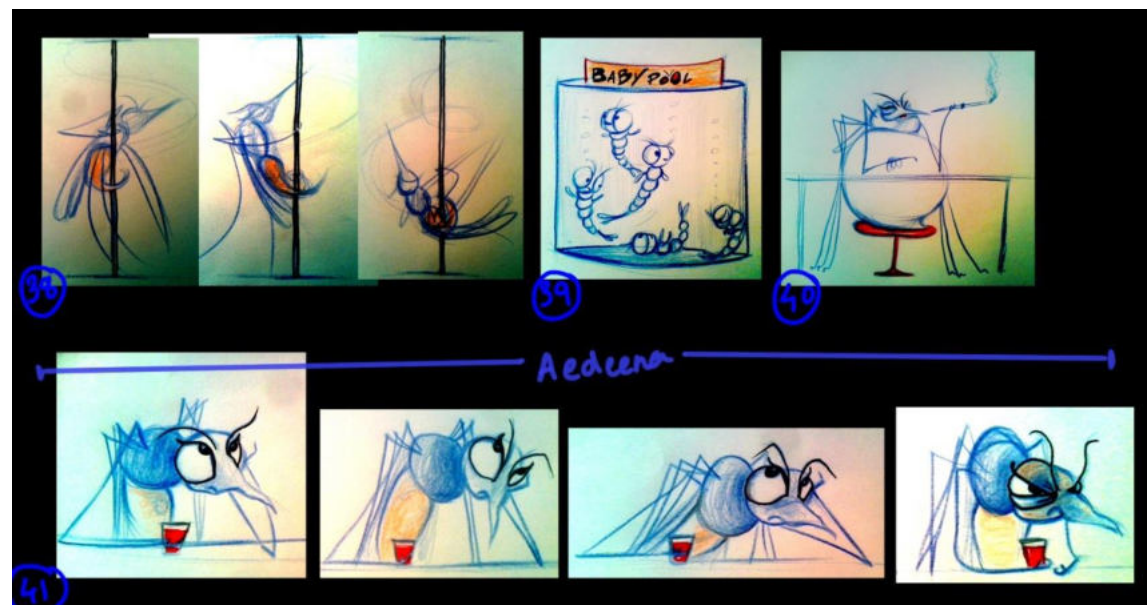
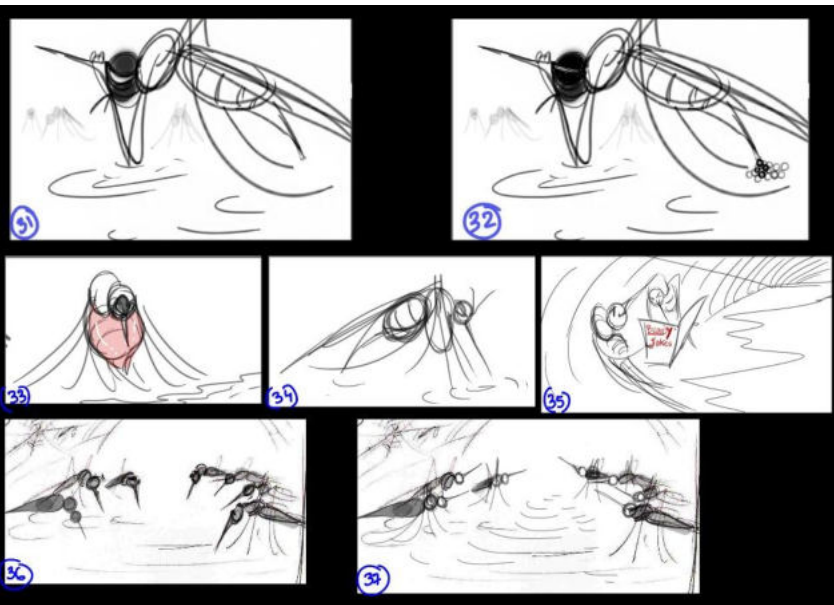


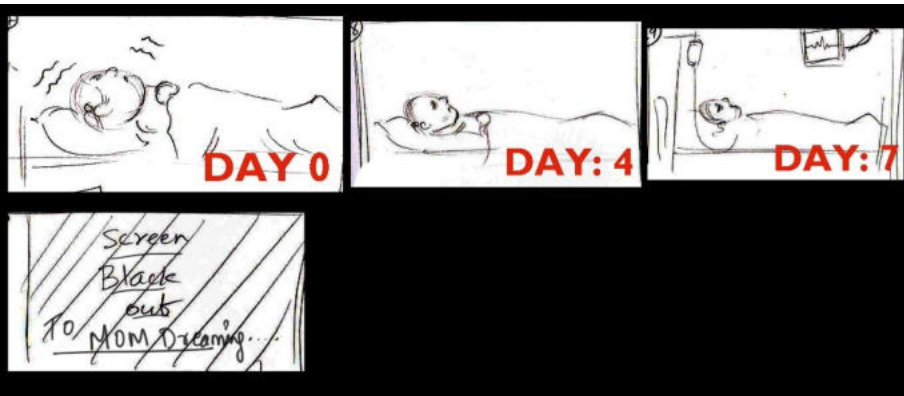
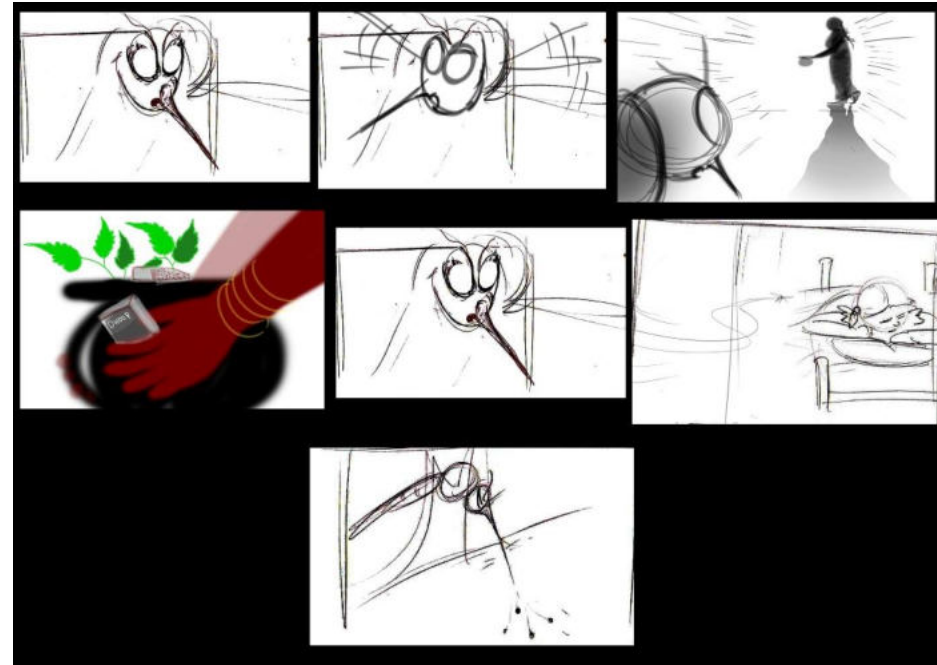
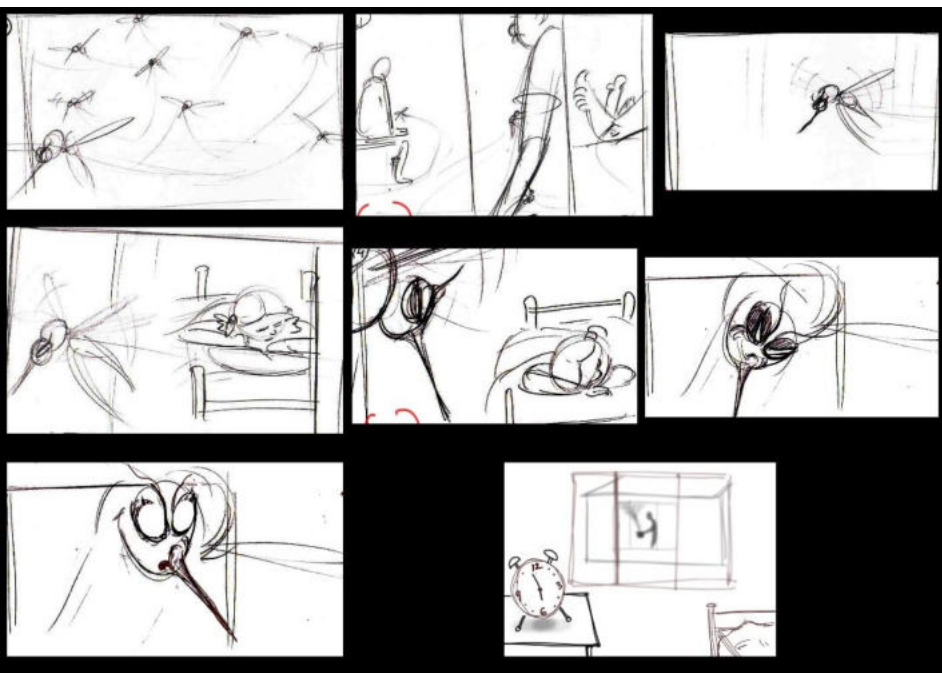
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STORY BOARD-(2)





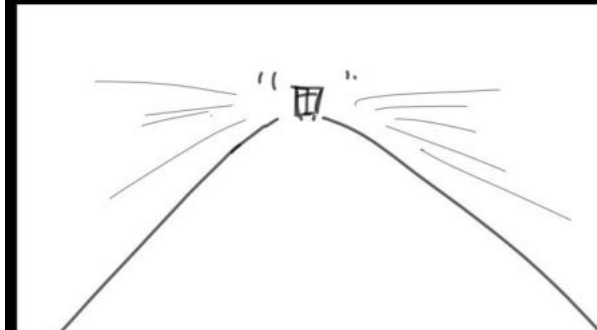
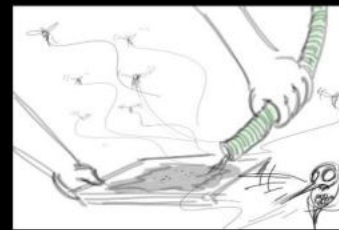
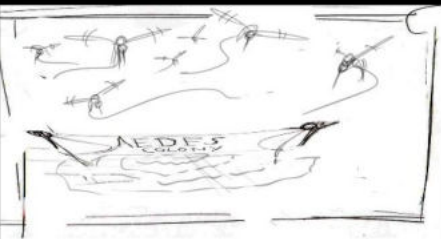


ONE
Fine day....



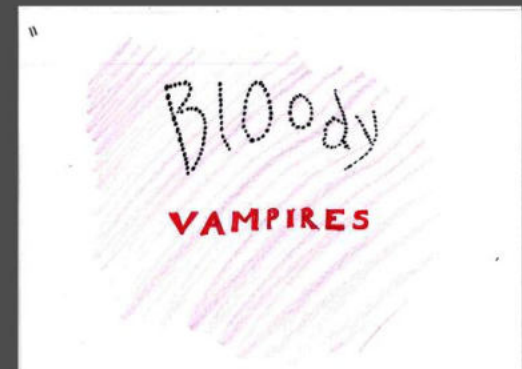
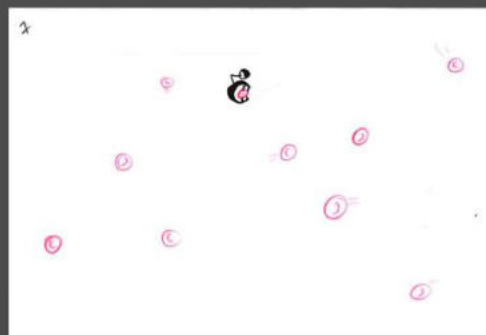
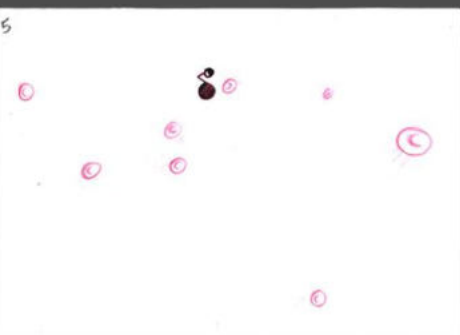
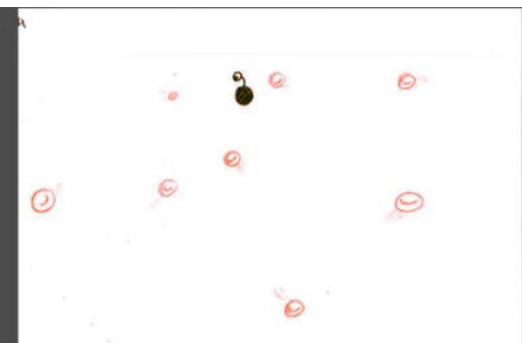
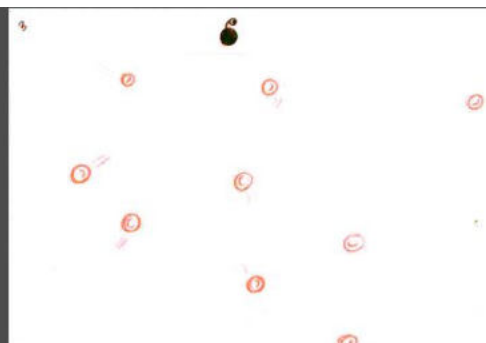
THE
END!!!

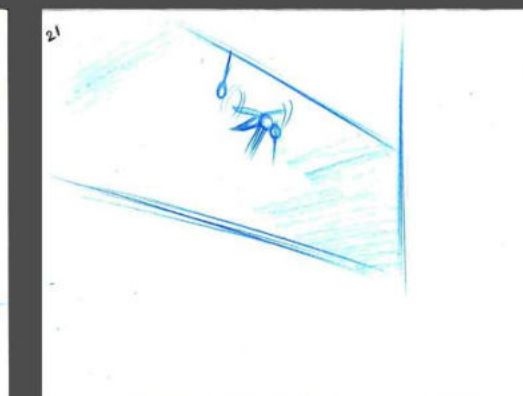
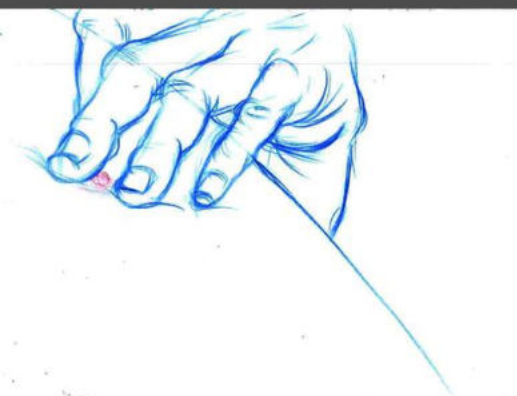
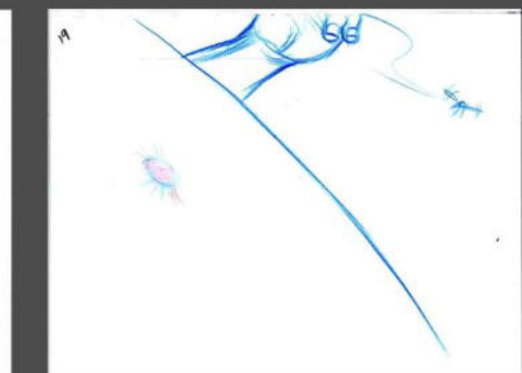
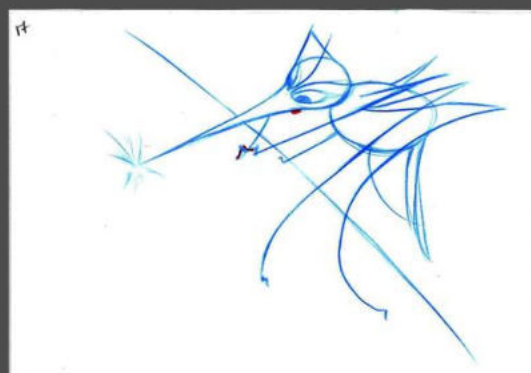
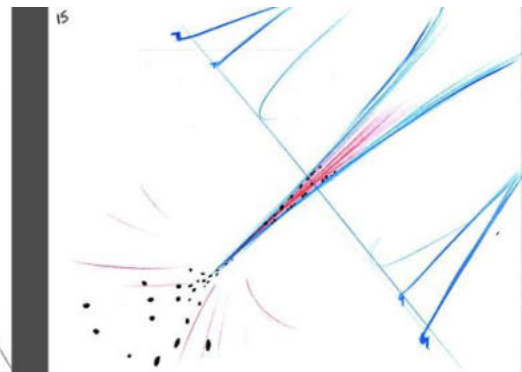
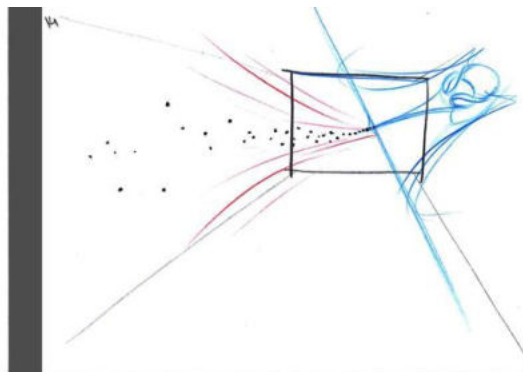
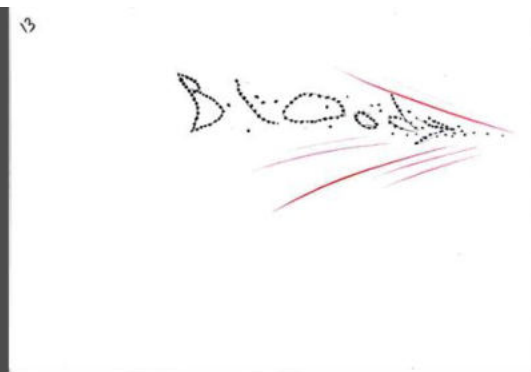
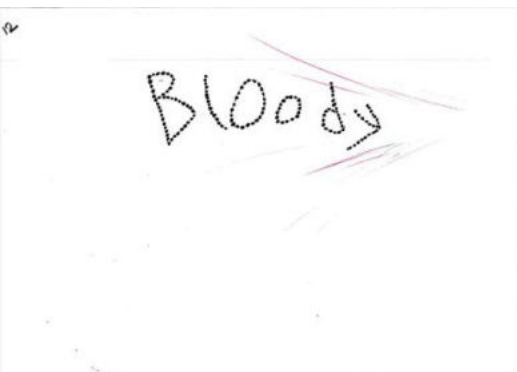
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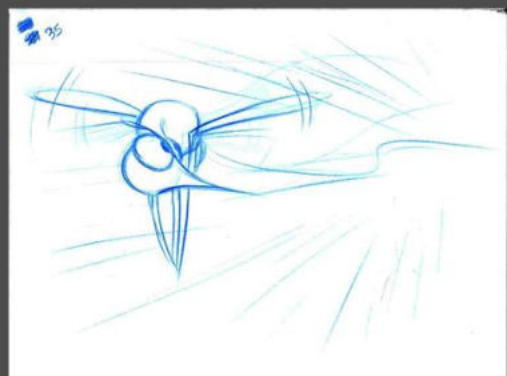
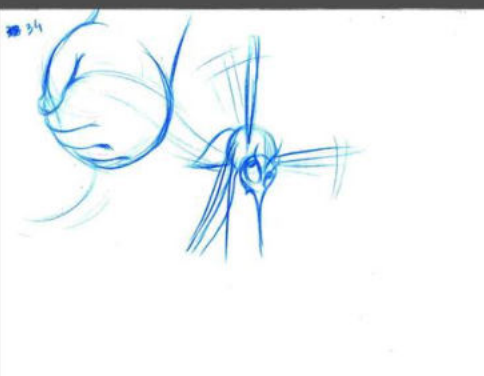
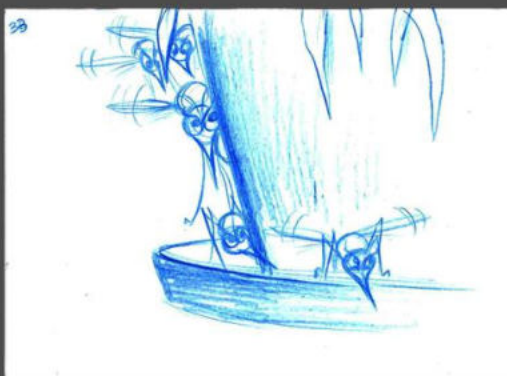
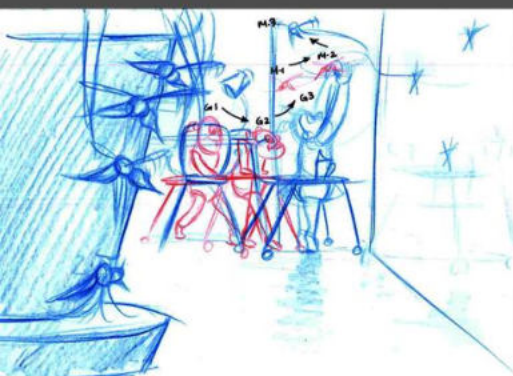
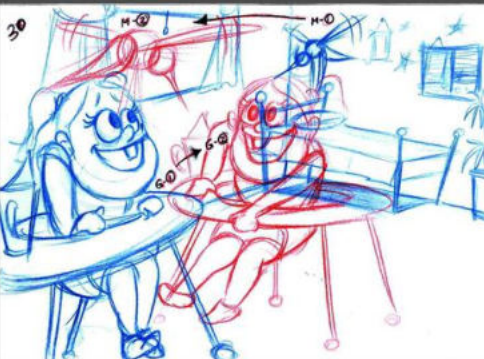
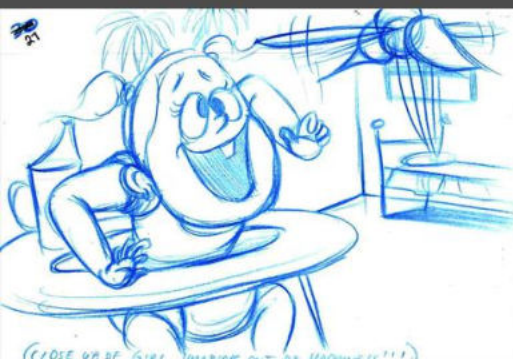
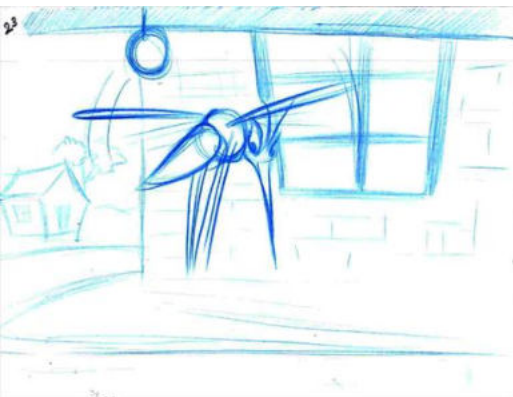


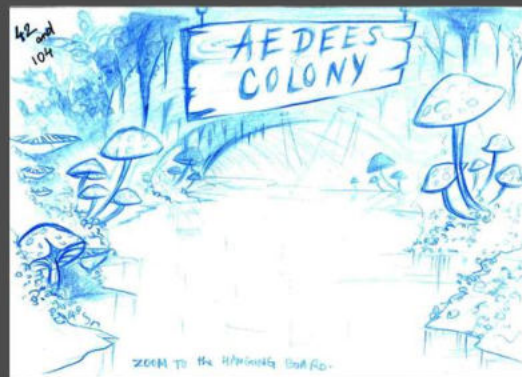
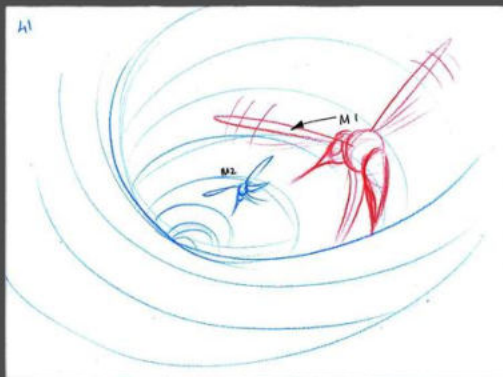
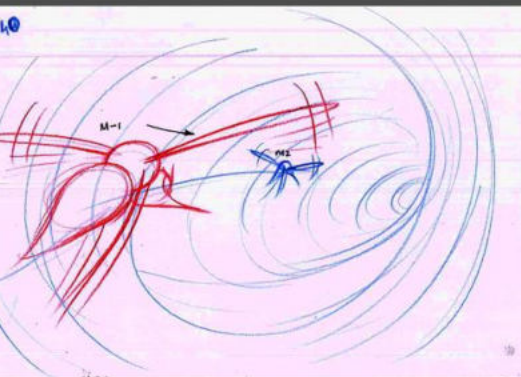
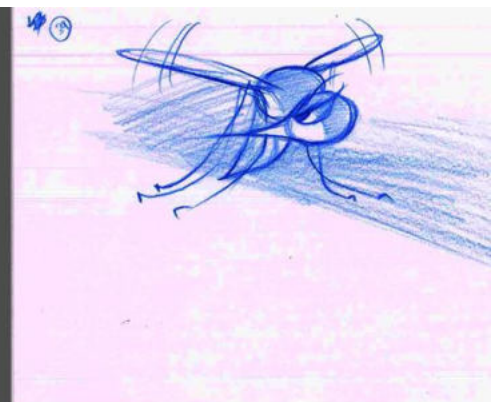
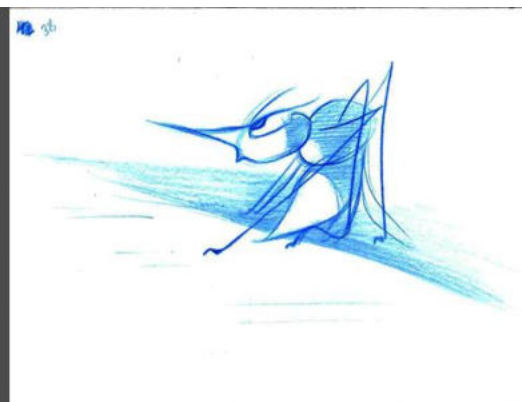
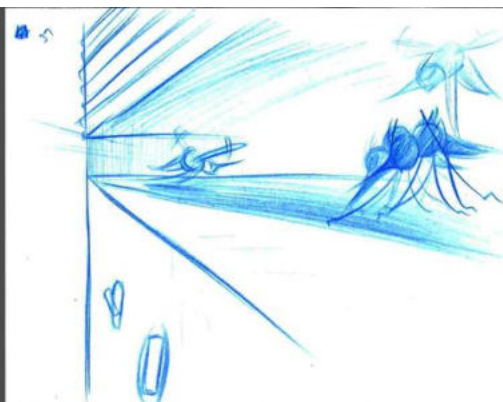
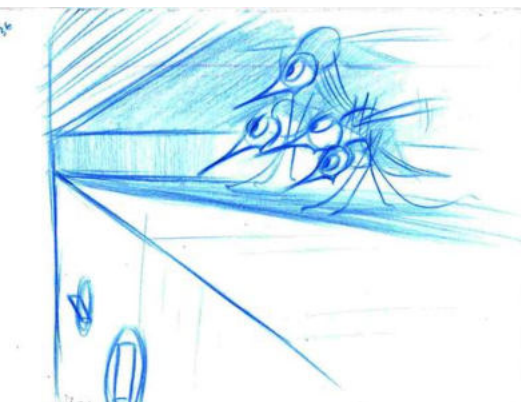
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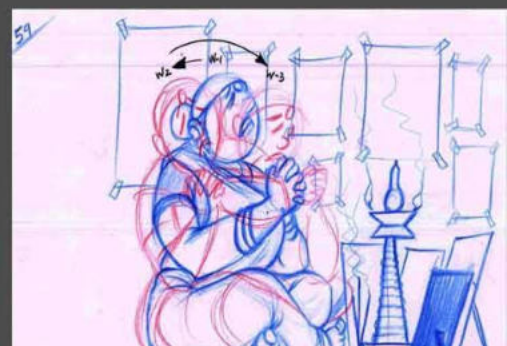
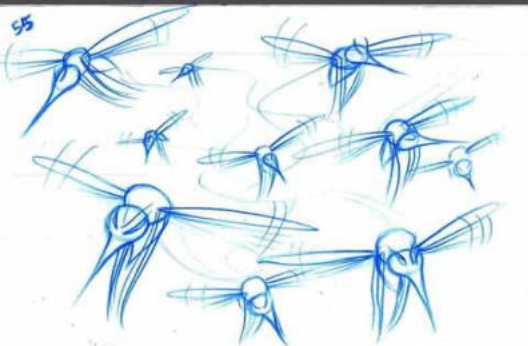
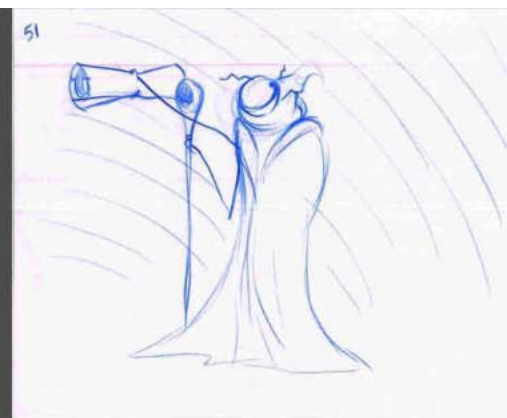
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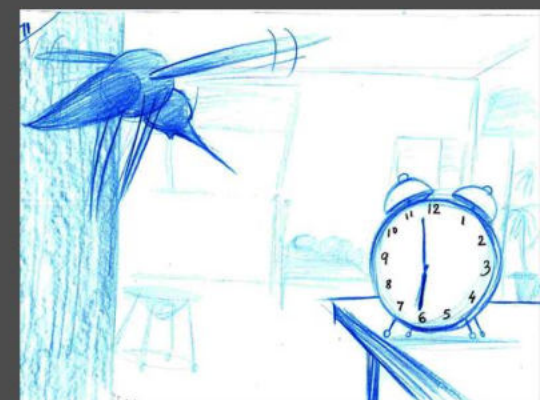
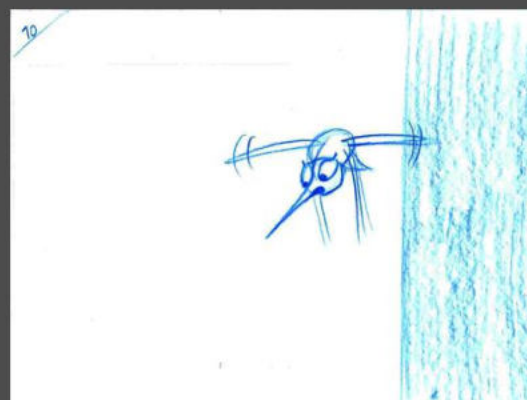
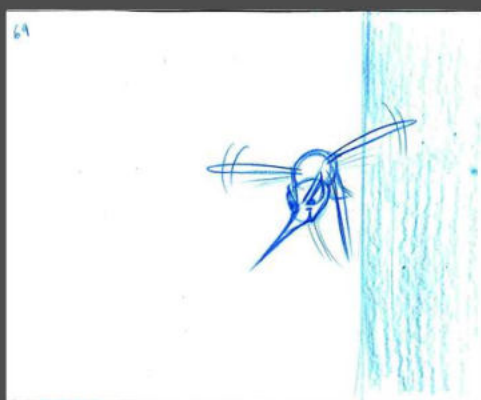
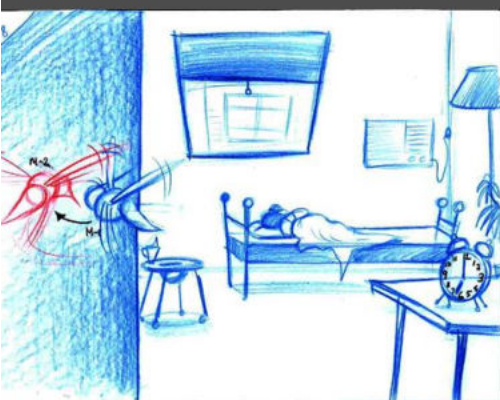
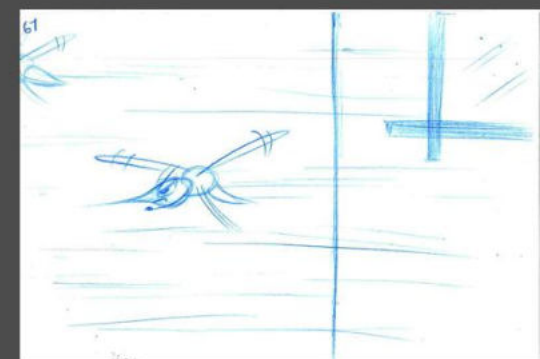
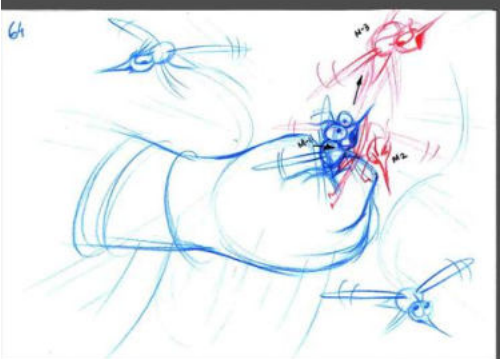
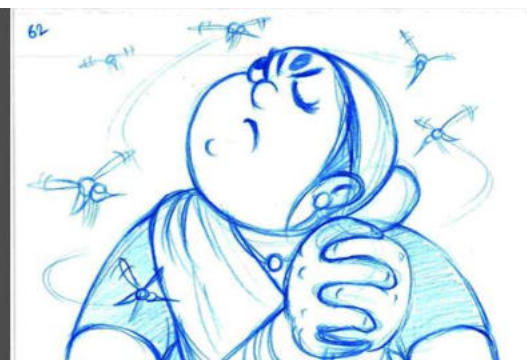


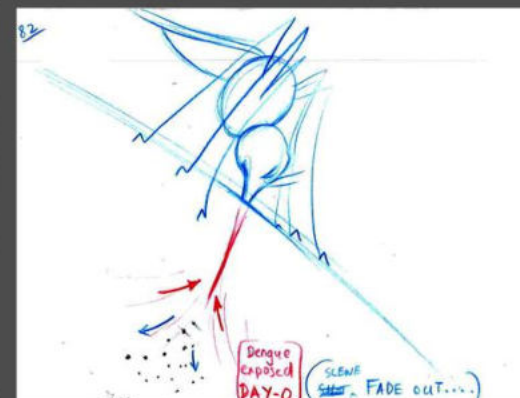
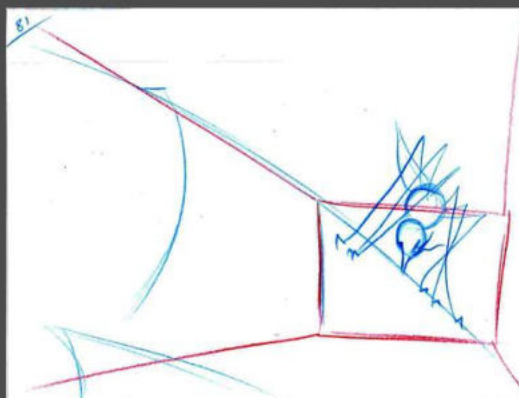
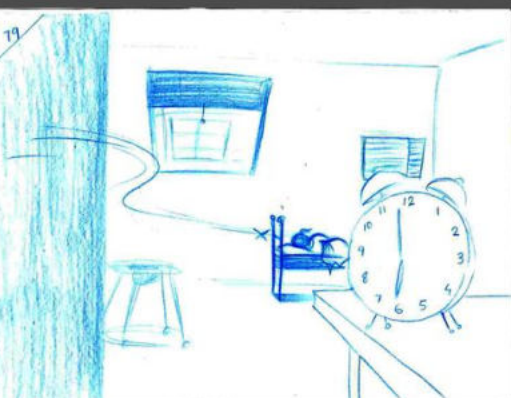
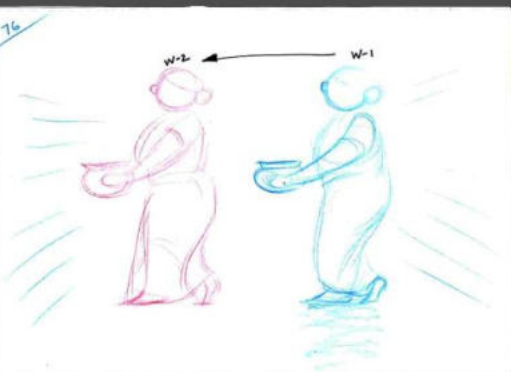
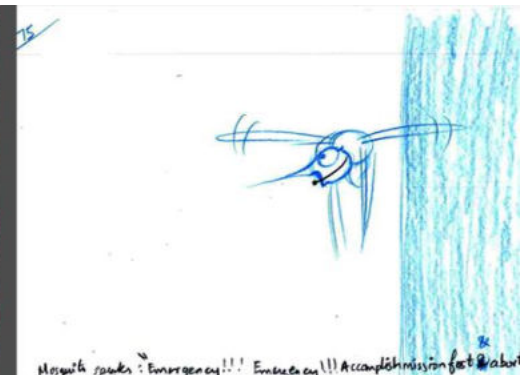
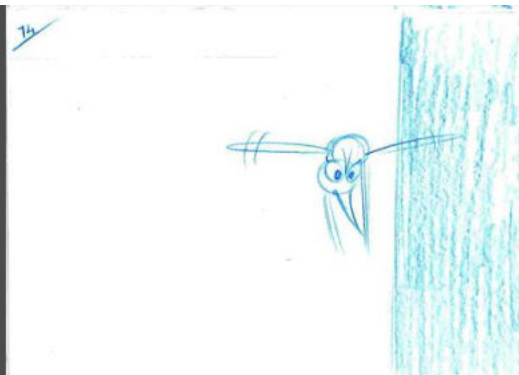
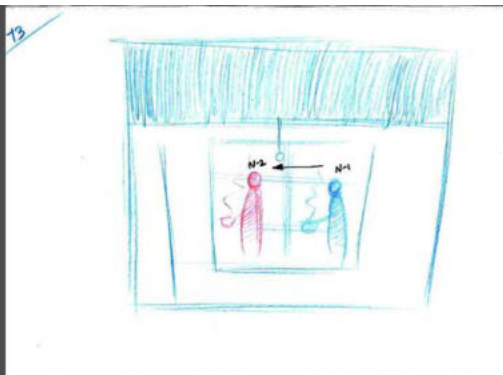
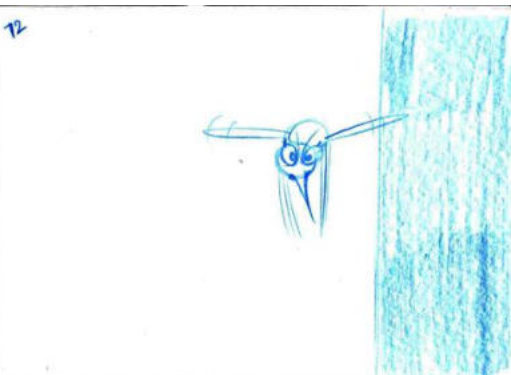


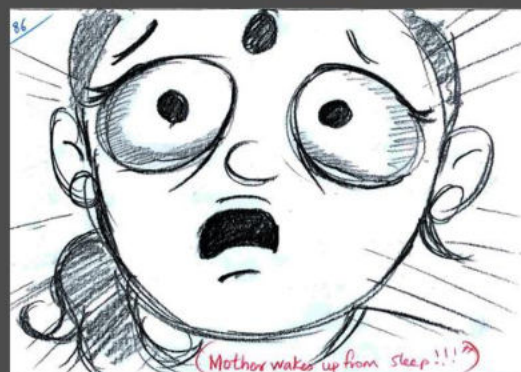
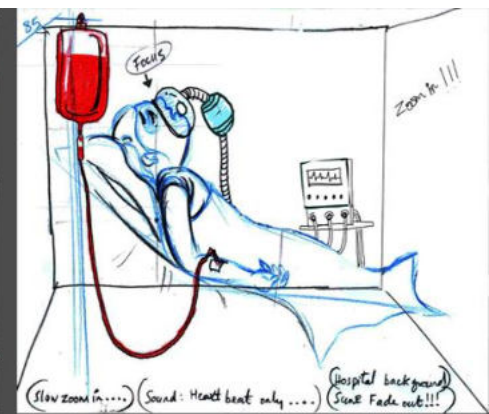
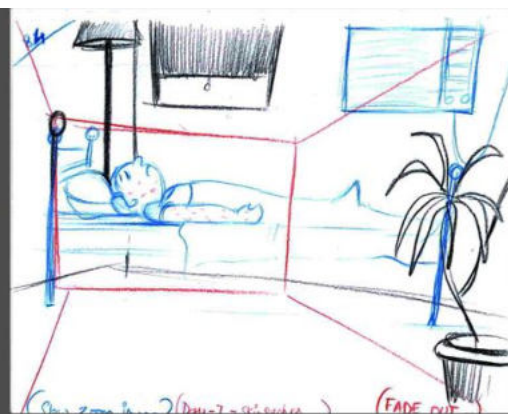
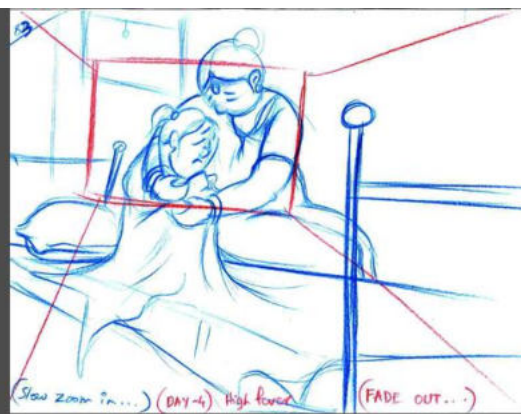
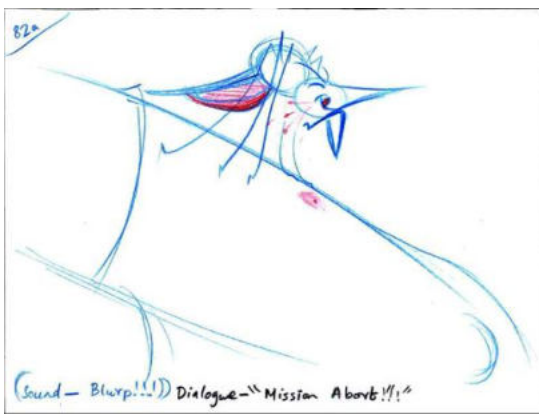


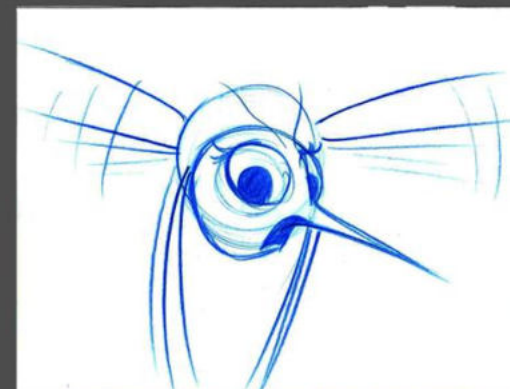
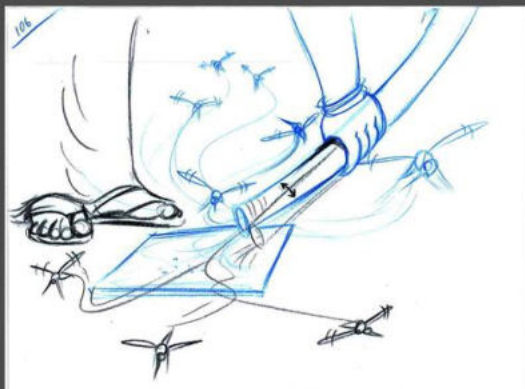
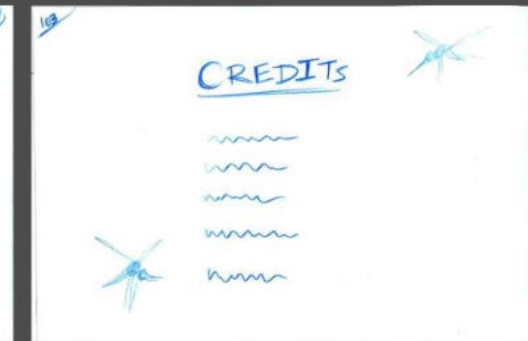
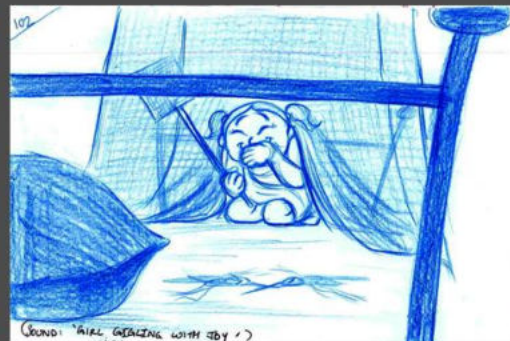
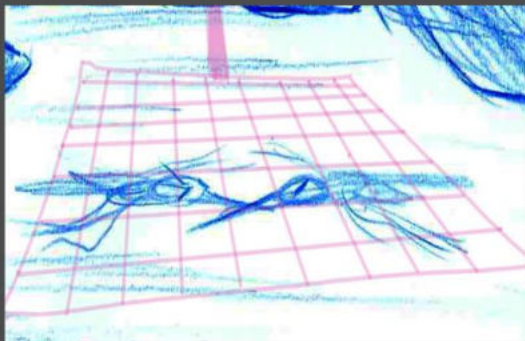
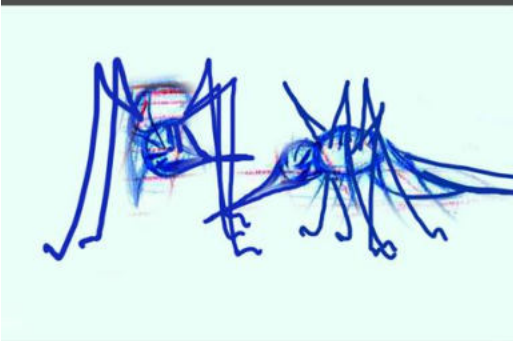
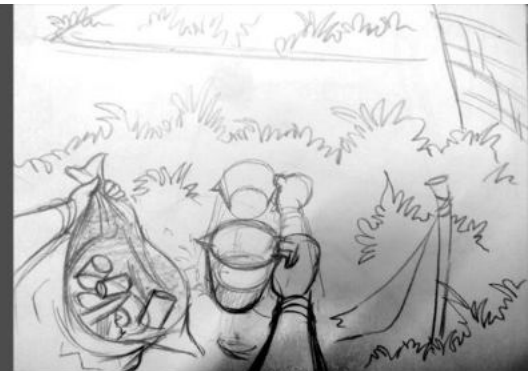
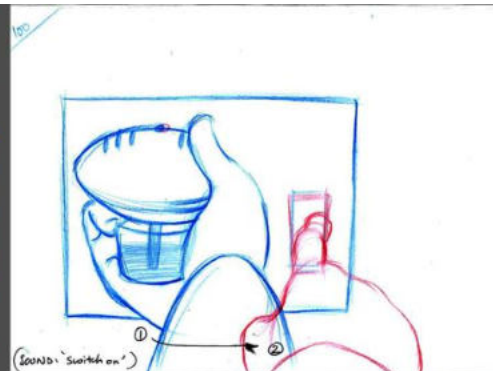
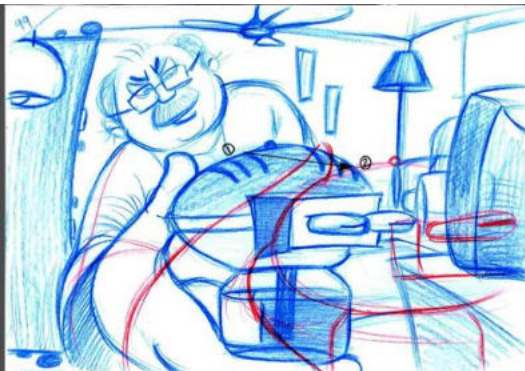
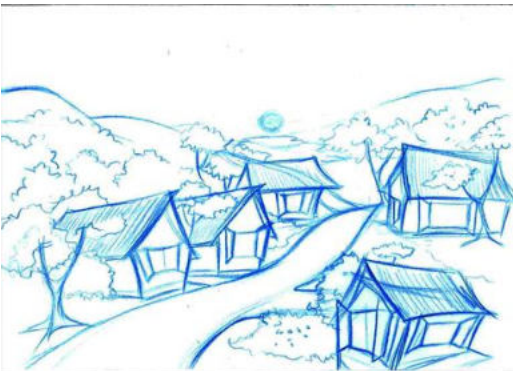




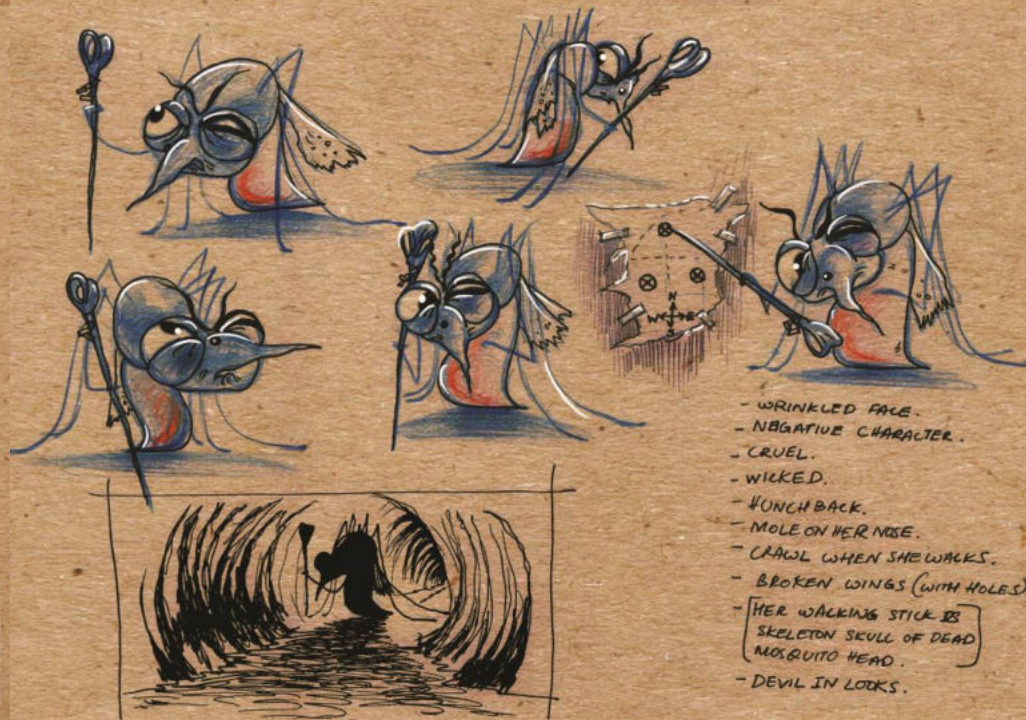
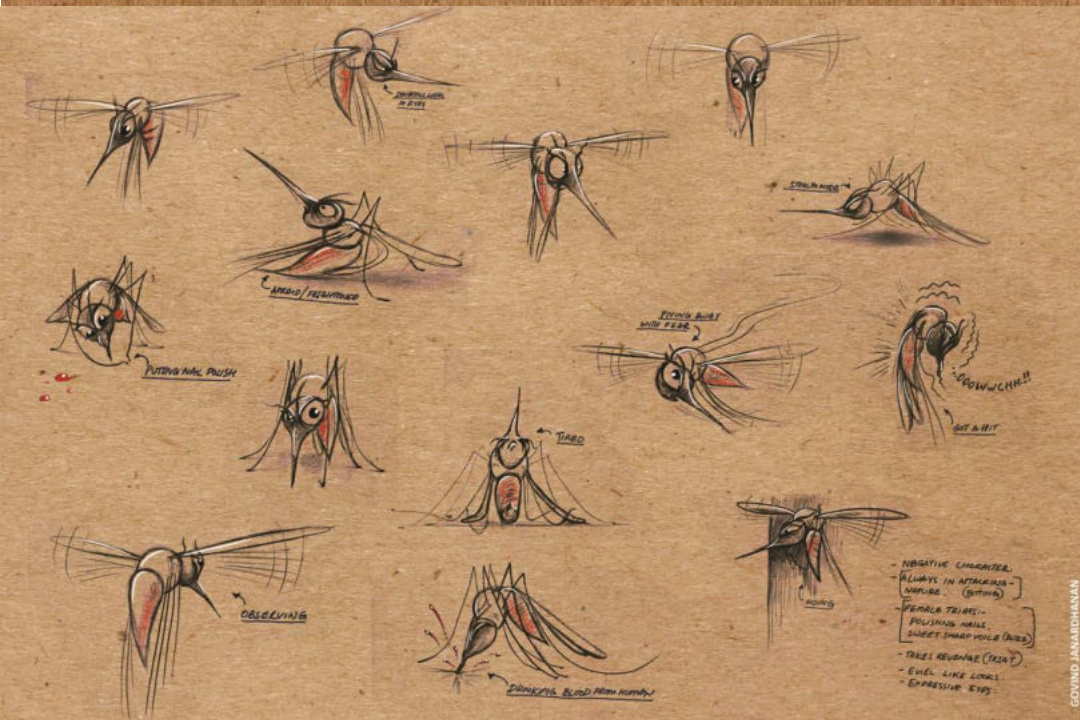
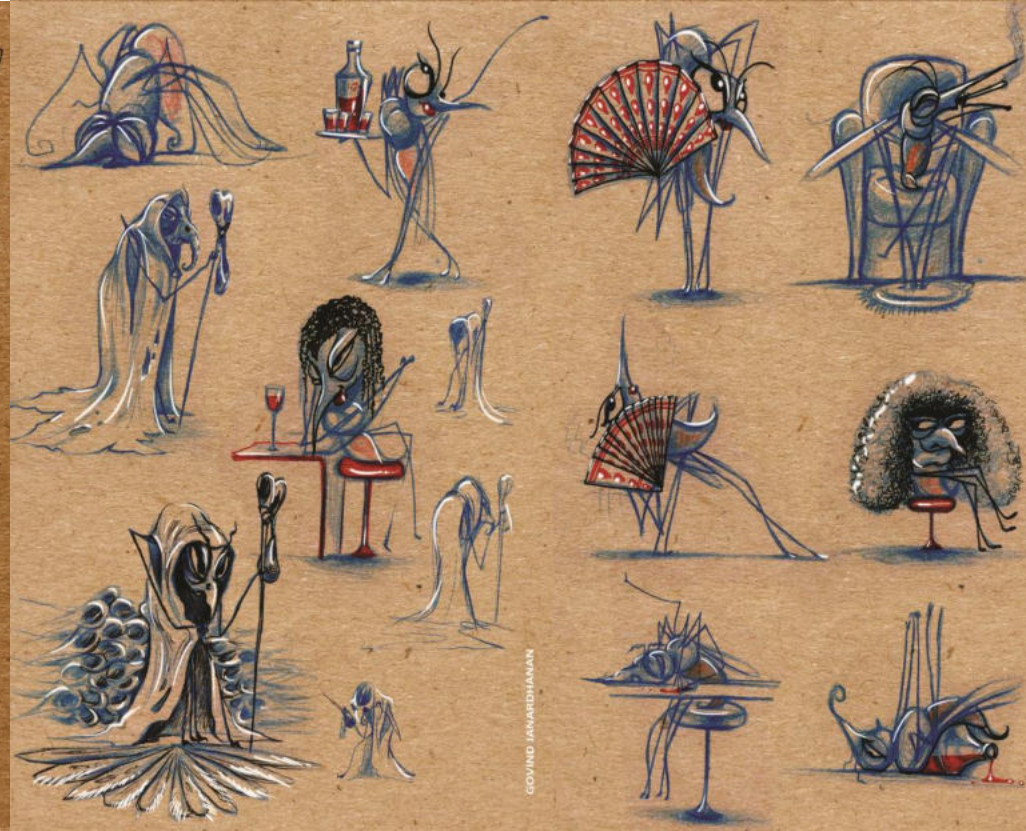






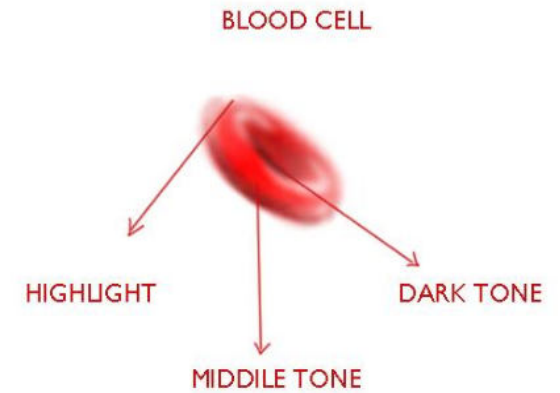
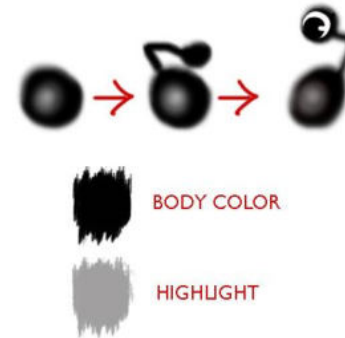
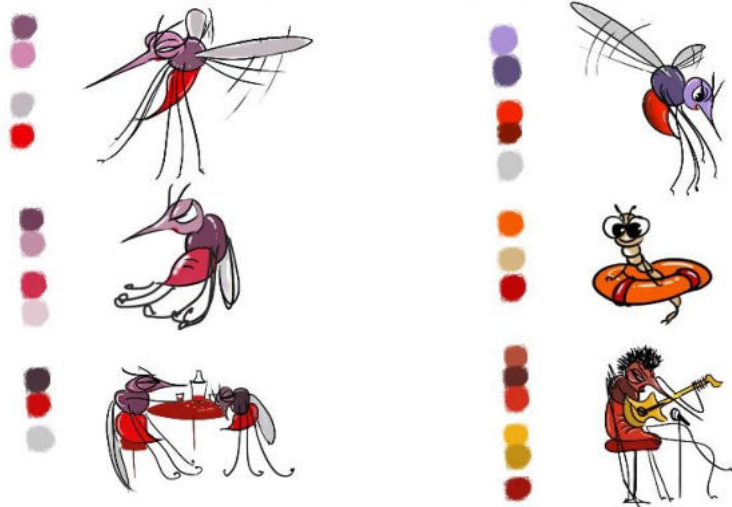


CHARACTER DESIGN EXPLORATIONS

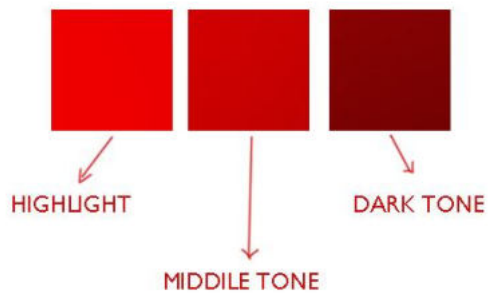


COLOUR SCHEMES PREPARED

color sheet of other mosquito characters



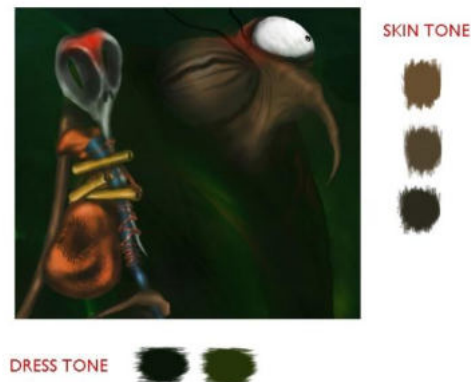
BLOOD COLOR SHADES



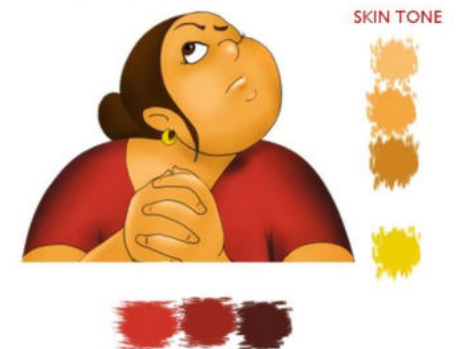
SMALL GIRL: COLOR SCHEME



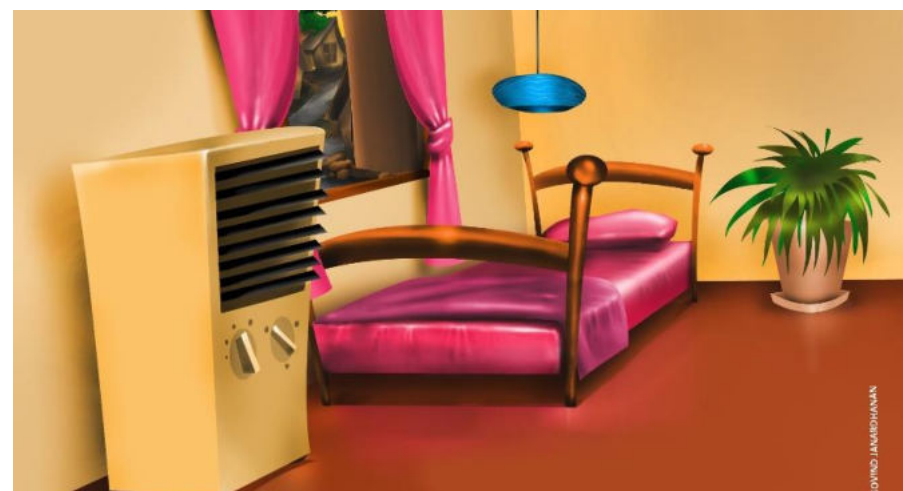
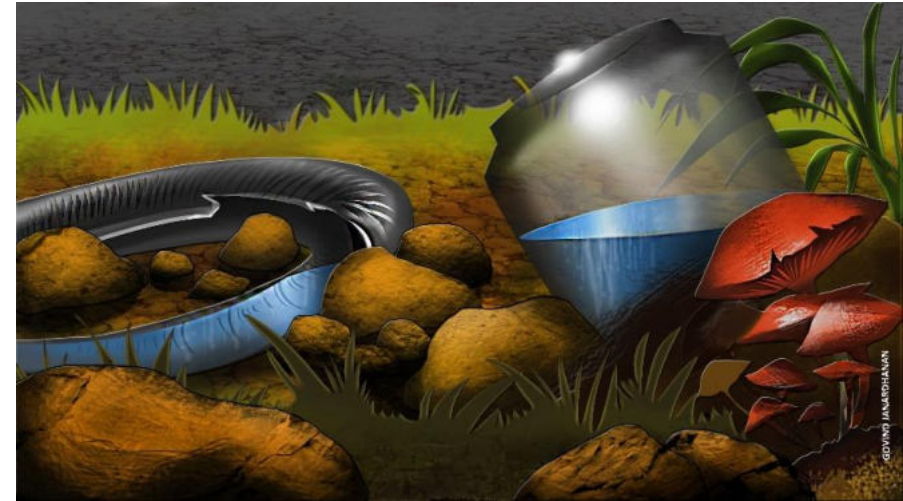
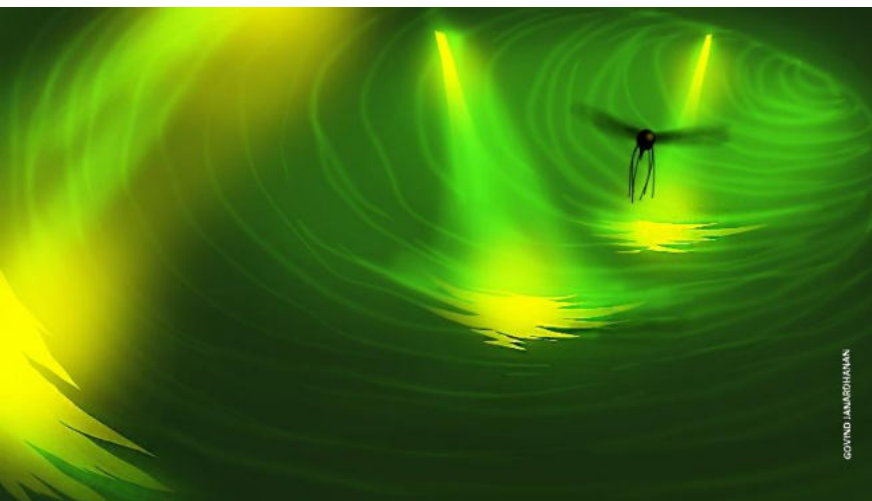
MOSQUITO WITCH: COLOR SCHEME



MOTHER: COLOR SCHEME



ENVIRONMENT DESIGN





MUSIC AND SOUND DESIGN

In terms of music, initially some ideas was to direct the music towards the folk song with respect to the State from where the story is been told, such that all together as a whole would give more authenticity to the film and people could relate it easily. But, since the possibility of this animation film which is to be taken to different countries, I had decided to create a sound track which is general to any people belonging to any country.

Sound effects is very relevant in this Animation, since there are lot of scenes depicting the traits of mosquito, so sound design is as important as the visual design.

THE PROCESS

Animation was done mainly in Adobe Photoshop. Each layer was painted digitally one by one and these layers was put into the animation time line in Photoshop. Few shots were animated and added special effects with camera moments in Adobe After Effects. Final editing and fade in-fade out was done in Adobe Premiere.

CONCLUSION

‘The Bloody Vampires, A short Animation film on ‘Dengue’ awareness was a great learning experience in terms of storytelling and film making process. This is my second final Project in Animation Design course, where, I got an opportunity to learn and explore more through solving mistakes and exploring new tools in software’s. Yet, I personally believe that I have more to learn and this project had greatly inspired me in growth of passion and being more inquisitive in learning. I enjoyed the process of Animation from beginning till the end of this project with full passion and complete dedication. It was a different exposure by travelling to Singapore for this Project and to meet and work with people from different background in culture and places.

I deeply thank my Guide Prof. Phani Tetali and all the other respective faculties who were involved in providing me such an opportunity.

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