



Directorate Health & Family Welfare
Parivar Kalyan Bhawan, Sec-34-A, Chandigarh
National Vector Borne Disease Control Programme

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No. NVBDCP/Tec.4/Pb.18/2027-2053

Dated 3/4/18

To

- 1) All the Civil Surgeons
State of Punjab
- 2) MS Civil Hospital Jalandhar
- 3) MS Mata Kaushalya Hospital Patiala
- 4) MS ESI Hospital Amritsar, Jalandhar and Ludhiana

Subject: Activities to be undertaken for Malaria Elimination in Punjab

Reference subject mentioned above, you already know that the State of Punjab has qualified for Malaria Elimination and is low endemic for Malaria. In order to achieve the goal of Malaria Elimination in State by 2021, the following activities have to be done

A) Surveillance: Epidemiological surveillance and entomological surveillance has to be strengthened as below:

a) Epidemiological Surveillance: The following will be undertaken under epidemiological surveillance:

• **Active Surveillance:** ASHA, MPH-W-M, MPH-W-F will be responsible for active search of fever cases under active surveillance in rural as well as urban areas of the State. There will be collaborative activities with NUHM for strengthening of surveillance in urban areas especially outreach and slum areas. ASHA will be paid incentive as per GOI norms for the activity. The target for active surveillance will be ABER (Annual Blood Examination Rate) of 7% of the population.

• **Passive Surveillance:** Following 72 health facilities will be identified as Passive Surveillance Centres (**PSCs**) in the State. Remaining public health facilities will be enrolled in phased manner:

- 22 District Hospitals
- 41 Subdivisional Hospitals
- 3 Government Medical Colleges
- 6 ESI Hospitals

All 72 Passive Surveillance Centres (PSCs) will ensure that all the fever cases reported in these centres are tested for Malaria by thick and thin smear. The staff of these 72 PSCs will be sensitized for Malaria reporting by the districts. The target for passive surveillance will be ABER (Annual Blood Examination Rate) of 7% of the new OPD of the health institution.

b) Case Based Investigation and Line Listing: All the cases of Malaria (regardless indigenous or imported) will be investigated by District Epidemiologist/District VBD Officer in order to know the movement and travel history of the case. This will enable the teams to eliminate the possible foci of infection.

- All the cases of Malaria will be recorded on the Malaria Treatment Card. The treatment card will be digitalized at district level.

- Line list of malaria cases will be prepared at district level and compiled at State level.

c) Entomological Surveillance: The following will be done in order to strengthen entomological surveillance in Punjab under PMEC:

- Capacity building of the regular/outsourced entomological staff.
- Involvement of Universities/NGOs to support entomological surveillance for VBDs.
- Sensitivity and susceptibility of the vectors to various insecticides with support of NIMR shall be undertaken in the areas where IRS/focal spray has to be done.

d) Surveillance of migrants and mobile population: Screening of migrant population for Malaria and availability of health services nearer to their doorstep will enable us to find the case of malaria at the earliest and will also help in providing complete treatment to the case: The following steps will be undertaken:

- Once a month fever survey of all the brick kilns will be undertaken in order to report symptomatic and asymptomatic cases of malaria.
- The owners of brick kilns will be sensitized for early reporting of all fever cases among migrants.
- Inhabitants of other migrant hubs if any, will be screened for fever and malaria.
- ASHA/MPHW-M will be involved in screening of the migrant workers involved in sowing or reaping of the crops during harvesting season which is mobile population.

- The workers in the industrial units/factories will be screened during the transmission season and the factory owners will be sensitized in this regard.

- Services of MMUs (Mobile Medical Units) will be utilized to offer surveillance and diagnostic services in hard to reach rural areas.

- Services of Outreach camps under NUHM shall be utilized for screening of inhabitants of slums in urban and peri-urban areas.

B) Case Detection and Management:

a) Malaria microscopy will remain the gold standard for diagnosis of Malaria. All 72 Passive Surveillance Centres and other public health hospitals will be using only microscopy for diagnosis of Malaria.

b) Antigen based bivalent RDKs (Rapid Diagnostic Kits) may be used by private hospitals/laboratories for diagnosis of Malaria.

c) Guidelines for use of bivalent RDKs will be shared separately after approval from GOI.

d) The management of all cases of Malaria will be as per National Malaria Drug Policy in all the Govt. hospitals of the State including Govt. Medical Colleges and ESI hospitals.

e) Presumptive treatment will not be given to any case of Malaria and the record of each case who has been issued anti-malarial drugs as per clinical malaria has to be kept. District team will interview and investigate all such cases to verify the case as malaria.

f) Full radical treatment to Malaria cases (Urban/Rural) will be provided by ASHA/MPHW-M or any treatment provider under direct observation for 14 days. The treatment provider will collect blood slides of the case on 7th, 14th and 28th day of the start of the treatment.

g) **Logistics:** The logistics like larvicides, insecticides, LLINs, RDKs etc will be on rate contract and supply and availability of logistics will be monitored from State level.

C) Private Sector Reporting & Management of Malaria: Private Sector caters to a large number of fever cases and thus may be coming across a significant number of

malaria cases. The following shall be undertaken for involvement of private sector for malaria elimination in all the districts:

- IMA and other private doctors need to be sensitized about Punjab Malaria Elimination Campaign and they should be part of activities under taken during World Malaria Day on 25th April and Anti Malaria Month during June.
- Private practitioner should get registered on web portal of NVBDCP Punjab at www.punjabnvdcp.in and reporting of malaria case by a private doctor can be done on the same.
- The management of all cases of malaria in the State will be as per National Malaria Drug Policy. In a case the patient is not responding to conventional drugs as per recommendation of Govt. of India, may be treated with second line drugs with information to the State Deptt. Of Health in order to record resistance to drugs.
- All cases of malaria reported by private sector will be investigated by district team and complete radical treatment will be provided and remedial measures will be undertaken.

D) Prevention of Malaria: Prevention of Malaria in an area remains an important aspect for elimination of vector in order to prevent further transmission of the disease. The following activities shall be undertaken in the state

- a) Larvivorous Fishes:** There has been phased introduction of larvivorous fishes (gambusia affinis) in perennial water bodies and ponds in different areas of the State. It has to be ensured by all the districts that all the identified ponds are seeded before the onset of transmission season of Malaria in the State.
- b) Mosquito nets/Long Lasting Insecticide Nets (LLINs):** people in the State should be encouraged and advised to use mosquito repellents and mosquito nets/ LLINs for prevention of Malaria.
- c) Integrated Vector Management:** Area from where a case of Malaria is reported will be sprayed with insecticides.
 - Larvicides as per recommendation of Deptt. of NVBDCP, GOI will be used in urban/rural areas for prevention of breeding
 - Insecticides (Space Spray) shall be used for immediate knocking out the adult mosquito

- IRS (Indoor Residual Spray/focal spray) will be used in area where API >1 or from where vector density is found very high.

This is issued after approval from Principal Secretary Health and family Welfare, Punjab

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3/4/18
(Dr Jaspal Kaur)

Director Health & Family Welfare

Punjab

Dated 3/4/18

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3/4/18

No NVBDCP/Tec 4/Pb.2018/2054-2083

A copy is forwarded to-

1. PS to Principal Secretary to Govt. of Punjab, Deptt. Of Health and Family Welfare, for Information of PSHFW please.
2. PA to Mission Director, National Health Mission, Punjab for information of MD NHM, please.
3. All Deputy Commissioners of the State of Punjab for information.
4. Director Health Services (SI) for information and circulation of guidelines to all the ESI hospitals of the State.
5. Director Research and Medical Education, Punjab for information and circulation of guidelines to all the Govt. Medical Colleges and Hospitals of the State.
6. Director National Vector Born Disease Control Programme, New Delhi for information.
7. Dr Neeraj Dhingra, Additional Director National Vector Born Disease Control Programme, New Delhi for information.
8. Sr Regional Director, RoHFW, Sector 9 Chandigarh for information.
9. District Epidemiologists of all the districts of the State of Punjab for circulation of these instructions to all the health institutions and implementation.

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3/4/18
(Dr Jaspal Kaur)

Director Health & Family Welfare,
Punjab

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