

No.16/46/1986-3H4/ 1205768/1  
GOVERNMENT OF PUNJAB  
DEPARTMENT OF HEALTH & FAMILY WELFARE,  
(HEALTH-IV BRANCH)

NOTIFICATION

April, 2018

Whereas the Governor of Punjab is satisfied that the State of Punjab is threatened with the outbreaks of dangerous epidemic disease namely Malaria and Dengue and that the ordinary provisions of law for the time being in force are insufficient for the purpose. Now, therefore, in exercise of the powers conferred by section-2 of the Epidemic Diseases Act. 1897, the Governor of Punjab is pleased to make the following regulations namely:-

1. These regulations may be called the **Punjab Epidemic Diseases, Malaria and Dengue Regulations, 2016.**
2. in these regulations unless the context otherwise requires:-
  - a. "Epidemic Disease" means Malaria and Dengue.
  - b. "Passive Surveillance Centre" means any place which may be declared by the Deputy Commissioner concerned in exercise of the powers conferred upon him to be a Passive Surveillance Centre, where a patient reports as a case of fever.
  - c. "Inspecting Officer" means a person appointed by the Director, Health and Family Welfare, Punjab or the Civil Surgeon of the district concerned in the State of Punjab to be an inspecting Officer.
3. An Inspecting Officer, who can be District Health Officer, Senior Medical Officer, District Epidemiologist, Entomologist, Medical Officer, Assistant Malaria Officer, Assistant Unit Officer, Health Supervisor, Multipurpose Health Supervisor (Male), Multipurpose Health Worker (Male), Insect Collector to discharge such functions. Every officer/official so appointed shall so far as such functions are concerned be deemed for the purpose of these regulations to be an Inspecting Officer.
4. An Inspecting Officer may enter any premises for the purpose of fever surveillance, treatment, anti-larval measures, spray of insecticides or fogging. He may also authorize other persons of his team to enter such premises along with him as he considers necessary.
5. An Inspecting Officer may put to any question as he thinks fit in order to ascertain whether there is any reason to believe or suspect that such person is or may be suffering from Malaria or Dengue and such person shall give answer to him.
6. Whether as a result of such inspection or examination or otherwise, the Inspecting Officer considers that there is reason to believe or suspect that such person is or may be infected with Malaria or Dengue, Inspecting Officer may direct such person to give his blood slide/ blood sample for

examination and to take such treatment as the Inspecting Officer may deem fit. In case of the minor, such order shall be directed to the guardians or any other adult member of the family of the minor.

7. The Inspecting Officer may order any premises to be sprayed with the insecticide or enter domestic water collection to be treated with suitable larvicides.

**MALARIA:**

8. Microscopy is the gold standard for diagnosis of malaria. Quality assured bivalent RDT (Rapid Diagnostic Test) Kits can be used as per guidelines of Department of National Vector Borne Disease Control Programme (NVBDCP), Govt. of India New Delhi.
9. The doctors in Government Health institutions and the registered medical private practitioners of the private hospitals/ clinics are required to suspect a fever case as a case of Malaria during the transmission period:
  - a. All the Govt health institutions shall test Malaria by microscopic examination of the blood slide prepared from the capillary sample.
  - b. Private hospitals and laboratories should preferably do microscopic examination of blood slide for Malaria testing. Wherever, RDT has to be used in a private hospital or laboratory it has to be Antigen based RDT and the same should be approved as per NIMR (National Institute of Malaria research).
    - i. The private hospital or laboratory using Antigen based RDT for Malaria testing shall be responsible for sensitivity and specificity of the RDT.
  - c. Antigen of Malaria can persist for up to 4 weeks after clearance of asexual parasitaemia resulting in false positive test results. If a patient, who has been treated, is febrile within one month after the treatment and the RDT is positive, the malaria diagnosis should be confirmed by microscopy before treatment is started.
  - d. Antibody based RDT is not recognized for Malaria confirmation.
10. The information of the positive case of the Malaria has to be sent to the nearest Government Health institution immediately after the diagnosis. The blood slide of the positive cases should also be submitted to the representative of the Department of Health within seven (7) days.
  - a. The information of a case of Malaria can be uploaded on webportal of Govt. of Punjab at [www.punjabnvbdcp.in](http://www.punjabnvbdcp.in) by a private practitioner/private laboratory.
11. The doctors in Government Health institutions and the registered medical private practitioners of the private hospitals/ clinics should ensure the complete Radical Treatment of the Malaria positive cases with Chloroquine/ACT along with Primaquine as per the Drug Policy of Malaria issued by Government of India and Government of Punjab from time to time.

- a. As per GOI guidelines, single dose artemisinin should not be used for treatment of Malaria. Artemisinin has to be used in combination for treatment of falciparum Malaria.

**DENGUE:**

12. The doctors in Government Health institutions and the registered medical private practitioners of the private hospitals/ clinics are required to immediately inform the office of the Civil Surgeon of the concerned district, if a suspected case of Dengue is reported at their health institution/laboratory.
13. The blood samples of all Dengue suspected cases have to be sent at the Sentinel Surveillance Hospital (SSH) in the Government Health Institution of the concerned district, to be tested by ELISA (Enzyme Linked Immunosorbent Assay) technique.
  - a. A suspected case of dengue has to be tested with NS1 Antigen ELISA technique if the fever is of less than 5 days duration.
  - b. A suspected case of dengue has to be tested with IgM Mac Antibody ELISA technique if the fever is of more than 5 days duration.
  - c. That the Government of India, National Vector Borne Disease Control Programme, (Directorate General of Health Services), Ministry of Health and Family Welfare, Delhi has intimated vide D.O.No. 7-71/2014-15/NVBDCP/DEN(General)P-1, dated 23rd September, 2015 that the use of RDKs for confirmation of Dengue is not recommended by the National Vector Borne Disease Control Programme (NVBDCP) due to its low sensitivity and specificity.
  - d. The information of the positive case of the Dengue should be sent to the office of the Civil Surgeon immediately after the diagnosis in order to take remedial measures in the concerned hospital.
  - e. The hospital incharge shall be held responsible if the information of a suspected or confirmed case is not sent to the Department of Health and Family Welfare thus delaying the remedial preventive measures.
14. The management of the Dengue suspected/ confirmed cases need to be done as per the guidelines issued by the Government of India from time to time and available on the website of the Department of NVBDCP, Government of India and the web portal of Department of Health and Family Welfare, Punjab ([www.punjabnvbdcp.in](http://www.punjabnvbdcp.in)).
15. These regulations shall come into force at once and shall remain valid for two years from the date of publication of this notification.

**ANJALI BHAWRA**

Principal Secretary to Government of Punjab  
Department of Health & Family Welfare, Punjab

No. 16/46/1986-3H4/ 1205768/2-19 Dated Chandigarh 10/4/18

A copy of the above is forwarded to the following for information and compliance:-

- 1) All the Commissioners of Divisions in the State of Punjab.
- 2) All the Deputy Commission in the State of Punjab.
- 3) The Managing Director, Punjab Health Systems Corporation, Punjab, Mohali.
- 4) The Managing Director, National Health Mission, Punjab, Chandigarh.
- 5) The Director Health & Family Welfare Punjab, Chandigarh.
- 6) The Director Health Services (FW), Punjab, Chandigarh.
- 7) The Director Health Services (SI), Punjab, Chandigarh for circulation in all the

institutions under ESI.

- 8) The Director Research and Medical Education, Punjab, Chandigarh.
- 9) The Director Rural Development and Panchayats, Punjab for circulation to all DDPOs, BDPOs and Rural Medical Officers of the State.
- 10) The Principal, Government Medical College, Amritsar.
- 11) The Principal, Government Medical College, Patiala.
- 12) The Principal, Government Medical College, Faridkot.
- 13) The President, Indian Medical Association, Punjab for information and circulation to all the members of IMA, Punjab.
- 14) All the Civil Surgeons in the State of Punjab.
- 15) The Medical Superintendent of Mata Kaushalya Hospital Patiala, BBMB Hospital and Civil Hospital Jalandhar.
- 16) The Accountant General Punjab, Chandigarh.
- 17) The Zonal Malaria Officers Jalandhar, Ferozepur and Patiala.
- 18) All the Civil Surgeons in the State of Punjab are directed to circulate the notification to the Government Health Institutions, Private Medical Colleges, IMA and the Registered Medical Private Practitioners of the private hospitals/ clinics in their district for implementation.

  
(Gurmit Singh)

**Additional Secretary to Government of Punjab  
Department of Health & Family Welfare, Punjab**

Endst No.16/46/1986-3H4/ 1205768/20 Dated Chandigarh 10/4/18

A copy of the above is forwarded to the Controller Printing & Stationery Punjab, Chandigarh, along with two attested copies for publishing the above notification in the Punjab Govt. Gazette and for supplying 50 copies of the same to this department

  
(Gurmit Singh)

**Additional Secretary to Government of Punjab  
Department of Health & Family Welfare, Punjab**