Monthly Malaria Situation of Category - 3 States/UTs
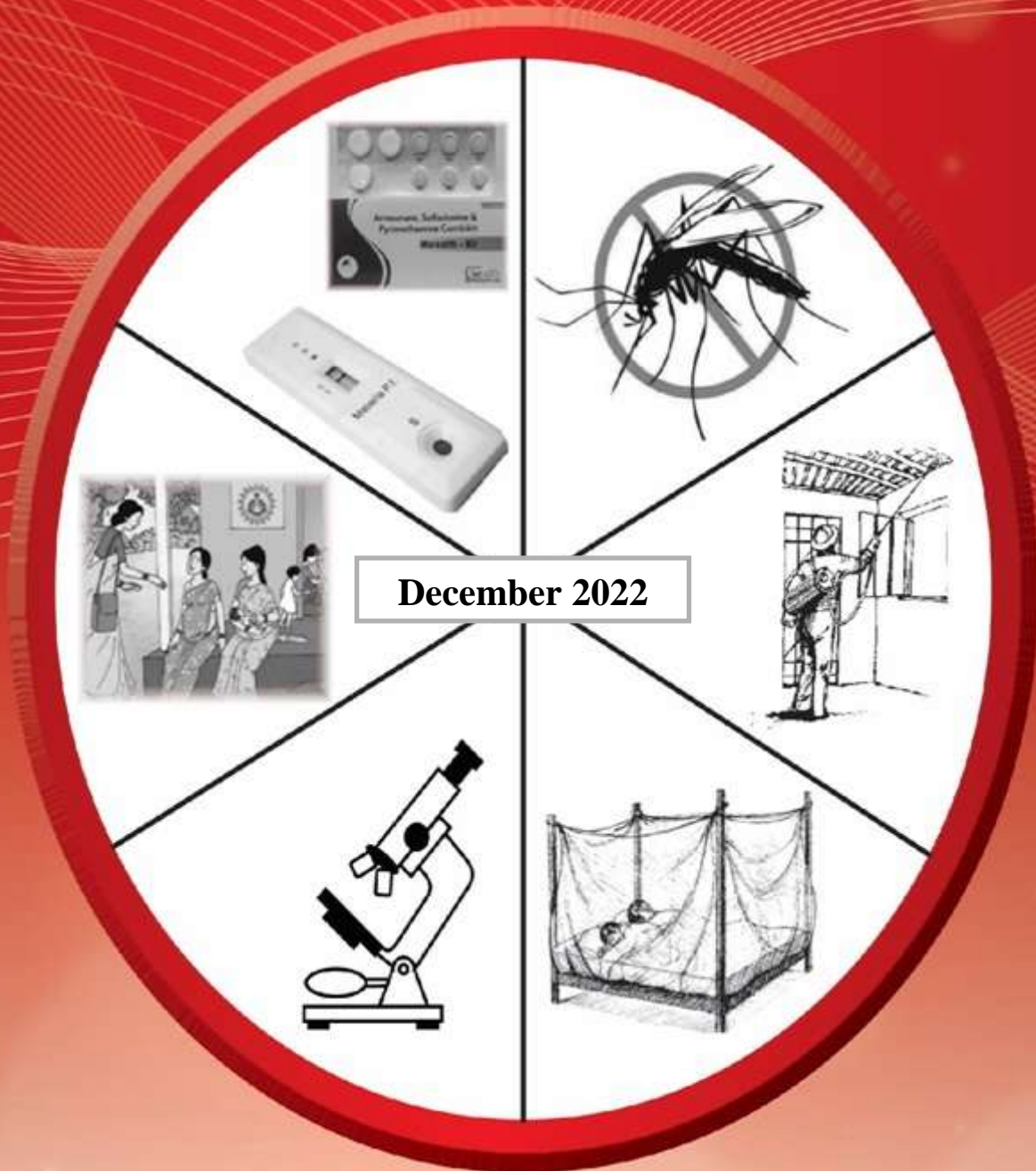
December 2022

Situational Analysis, Trends and Action Points

*State categorization as per **API** − 2021 status*

INTRODUCTION & SUMMARY SHEET

The surveillance information of Malaria of December, 2022 in Category – 3 states is enclosed in this Monthly Malaria Situation Information Report. The various indicators analyzed in this report are Blood Slide Examination (BSE[1]), Total Positive Cases (TPC[2]), Total Positive Rate (TPR[3]) and Plasmodium Falciparum (PF[4]).
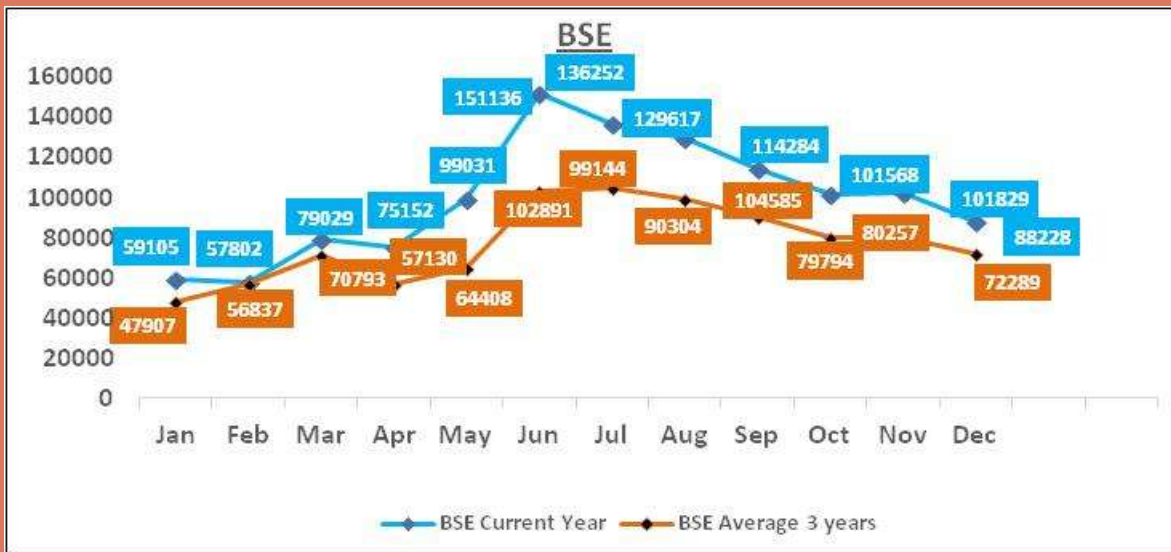
[1] BSE: No of blood slides examined
[2] TPC: No of total positive malaria cases
[3] TPR: (TPC/100)*BSE
[4] PF: No of Plasmodium Falciparum malaria cases

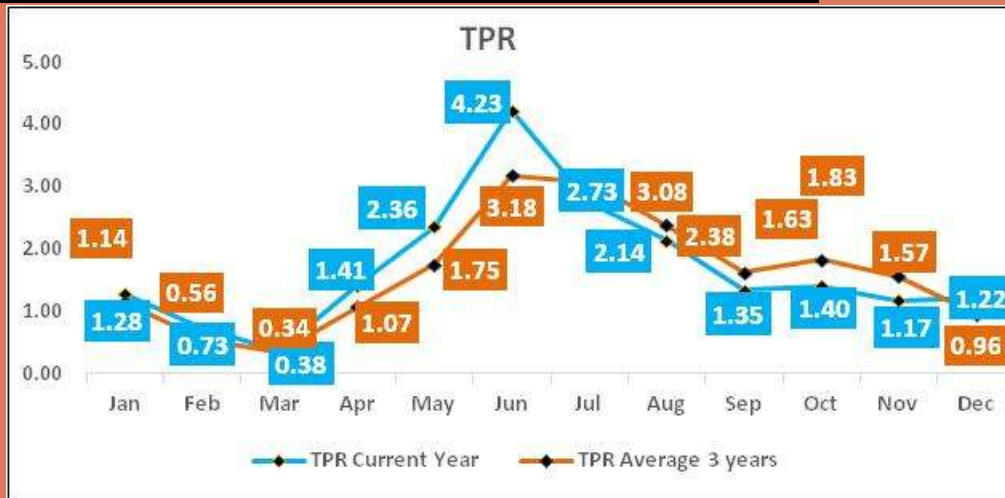## GRAPH 1: MONTH WISE TREND OF BSE IN CATEGORY – 3 STATES

There is an increase of BSE by 46.8% upto December, 2022 and 53.2% during December, 2022 as compared to last three years average cumulative.

GRAPH 2: MONTH WISE TREND OF TPC IN CATEGORY – 3 STATES
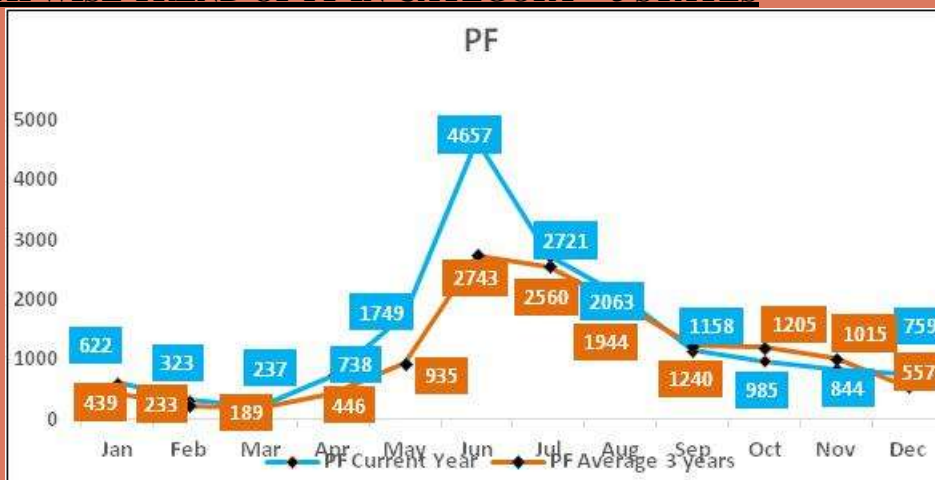

There is an increase of TPC by 42.5% upto December, 2022 but decrease of 0.71% during December, 2022 as compared to last three years average cumulative.

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GRAPH 3: MONTH WISE TREND OF TPR IN CATEGORY – 3 STATES

The TPR was 1.93 upto December, 2022 as compared to 1.97 for last three years average and 1.79 upto December, 2021.

GRAPH 4: MONTH WISE TREND OF PF IN CATEGORY – 3 STATES

There is an increase of PF by 17.4% upto December, 2022 but decrease of 0.38% during December, 2022 as compared to last three years average cumulative.

List of Districts showing a decrease in Surveillance in the Category 3 States

S. No.	States / UTs	Districts Showing a decrease in Surveillance
1	Mizoram	Serchhip, Mamit, Lunglei, Lawngtlai, Champhai
2	Tripura	Unakoti, North Tripura, Dhalai

Current month data is compared with same month previous year data

Objectives and Key Interventions of Category – 3 States / UTs

| Objectives	Key Interventions
• Achieve universal coverage with services • Establish an efficient malaria preventive and curative system to reduce ongoing transmission of malaria • Reduce malaria-specific morbidity and mortality • Contain and prevent possible outbreaks of malaria, particularly among non-immune high-risk mobile and migrant population groups • Emphasize reducing malaria morbidity and mortality in high transmission pockets such as tribal, hilly, forested and conflict affected areas	• Massive scaling up of existing disease management and preventive approaches and tools, aimed at a significant reduction in the prevalence and incidence of malaria as well as associated deaths. • Screening of all fever cases suspected for malaria. • Classification of areas as per local malaria epidemiology and grading of areas as per risk of malaria transmission followed by implementation of tailored interventions. • Strengthening of inter-sectoral collaboration. • Special interventions for high-risk groups such as tribal populations and populations residing in conflict affected or hard-to-reach areas. • One-stop centres or mobile clinics on fixed days in tribal or conflict affected areas to provide malaria diagnosis and treatment, and increasing community awareness with the involvement of other agencies and service providers as required. • Timely referral and treatment of severe malaria cases to reduce malaria-related mortality. • Strengthening all district and sub-district hospitals in malaria endemic areas as per Indian Public Health Standards with facilities for management of severe malaria cases. • Establishment of a robust supply chain management system • Maintenance of an optimum level of surveillance using appropriate diagnostic measures. • Equipping all health institutions (primary health care level and above), especially in high-risk areas, with microscopy facilities and RDTs for emergency use and injectable artemisinin derivatives for treatment of severe malaria.

MIZORAM

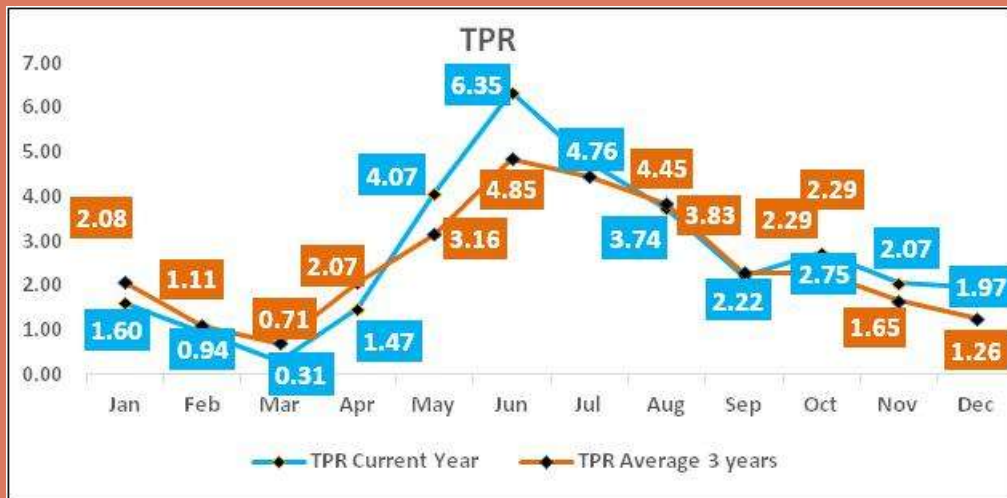**GRAPH 1: MONTH WISE TREND OF BSE IN MIZORAM**

There is an increase of BSE by 21.7% upto December, 2022 and 38.5% during December, 2022 as compared to last three years average cumulative.

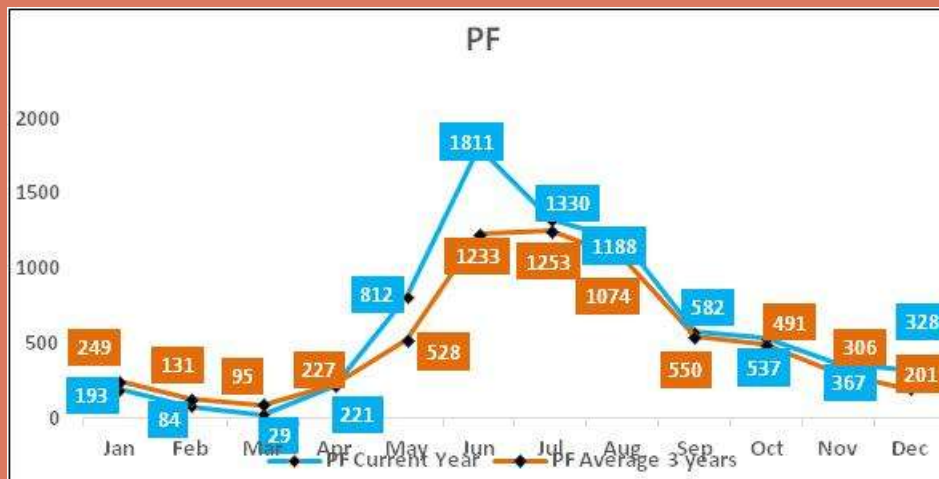**GRAPH 2: MONTH WISE TREND OF TPC IN MIZORAM**
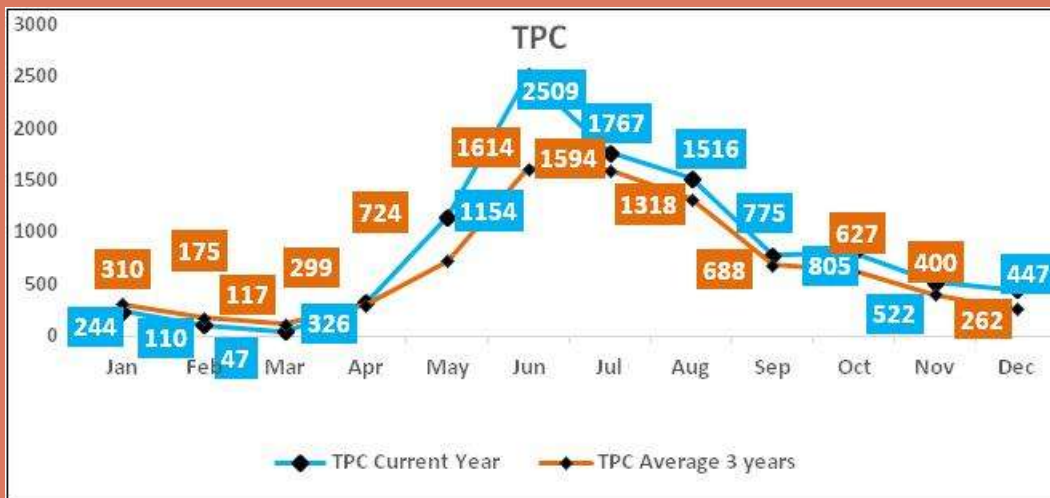
There is an increase of TPC by 36.6% upto December, 2022 and 1.12% during December, 2022 as compared to last three years average cumulative.

GRAPH 3: MONTH WISE TREND OF TPR IN MIZORAM

The TPR was 3.18 Upto December, 2022 as compared to 2.88 for last three years average and 2.05 upto December, 2021.

GRAPH 4: MONTH WISE TREND OF PF IN MIZORAM

There is an increase of PF by 16.2% upto December, 2022 and 0.80% during December, 2022 as compared to last three years average cumulative.
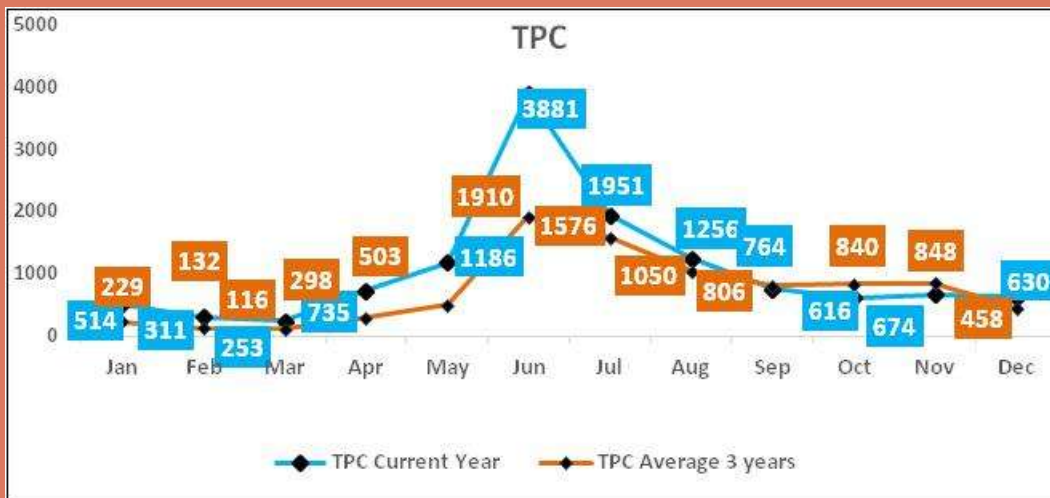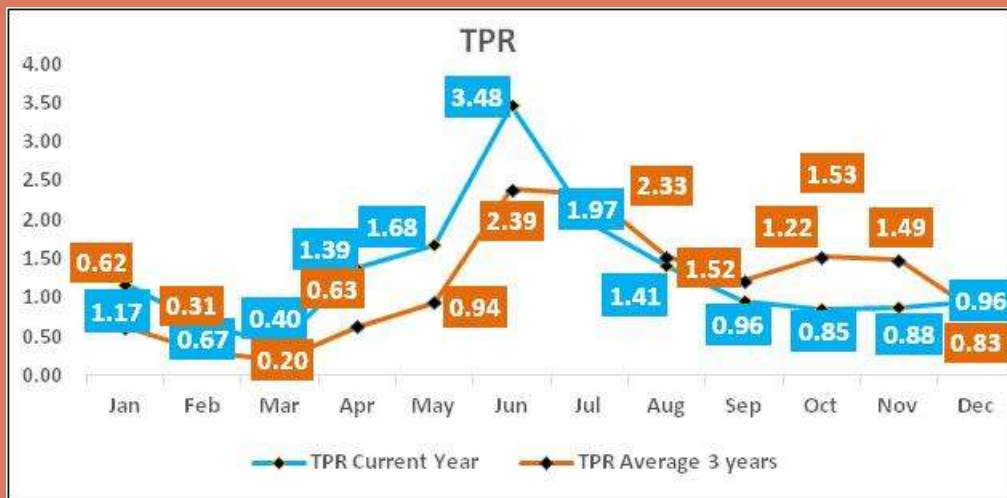
GRAPH 1: MONTH WISE TREND OF BSE IN TRIPURA

There is an increase of BSE by 58.9% upto December, 2022 and 59.1% during December, 2022 as compared to last three years average cumulative.
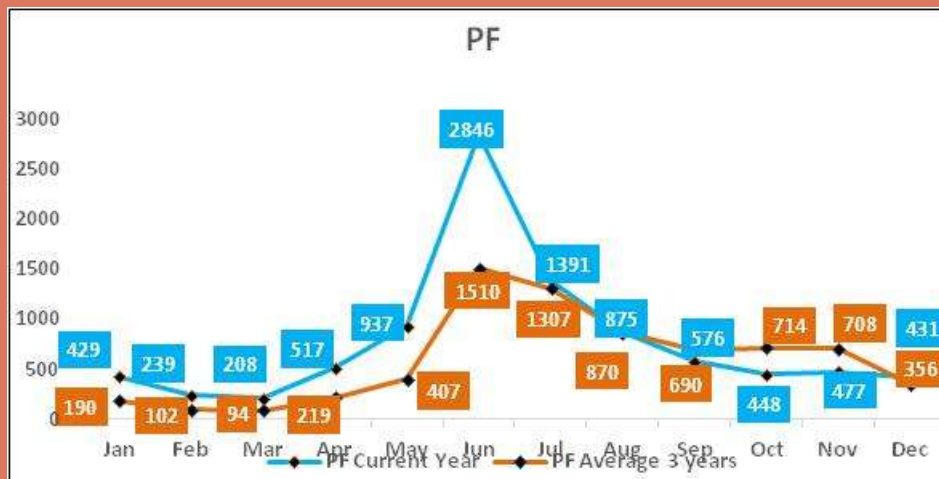
GRAPH 2: MONTH WISE TREND OF TPC IN TRIPURA

There is an increase of TPC by 47.5% upto December, 2022 but decrease of 0.51% during December, 2022 as compared to last three years average cumulative.

GRAPH 3: MONTH WISE TREND OF TPR IN TRIPURA

The TPR was 1.47 Upto December, 2022 as compared to 1.50 for last three years average and 1.66 upto December, 2021.

GRAPH 4: MONTH WISE TREND OF PF IN TRIPURA

There is an increase of PF by 18.3% upto December, 2022 but decrease of 0.18% during December, 2022 as compared to last three years average cumulative.

MALARIA EPIDEMIOLOGICAL INDICATORS

S. No.	Area	Indicator
1	Surveillance / case finding	No. of Fever cases, No. of Malaria cases, No. of PF cases
2	Surveillance / case finding	Monthly Blood Smear Examination Rate (ABER) should be more than 1% of population
3	Surveillance / case finding	Annual Blood Smear Examination Rate (ABER) should be more than 10% of population
4	Disease burden & impact	Annual Parasite Incidence (API)
5	Disease burden & impact	Annual Falciparum Incidence (AFI)
6	Disease burden & impact	Slide Positivity rate (SPR) is independent of surveillance activity; therefore a better indicator for impact assessment
7	Disease burden & impact	Slide falciparum Rate (SFR) is independent of surveillance and indicates PF preponderance
8	Disease burden & impact	PF Percentage (PF %) indicates trends in proportion of cases due to PF out of total cases
9	Input	Nos of RDTs & ACTs Planned versus Received & used
10	Input	% of spray Equipment in working condition
11	Input	% of Spray workers trained
12	Process	% of facilities (SC and PHC) / village level functionaries (ASHA, AWW) reporting stock-out of anti-malarial lasting more than 15 days during the quarter.
13	Process	% of MPHW / ASHA / other volunteers trained for use of RDT / ACT
14	Process	% of Diagnostic facilities functional with microscopy / RDT in the last reporting period
15	Output	Nets treated once / twice in a year
16	Output	% of Eligible Villages Covered by LLINs Should be 80% or more
17	Output	Insecticide use
18	Outcome	IRS Coverage – Population (%) Should be 80% or more
19	Outcome	IRS Coverage – Rooms %
20	Outcome	% of fever cases who were tested for malaria by microscopy / RDT with a positive test result for RDT and were started on treatment no later than the next day with ACT
21	Outcome	% of households in which beneficiaries reported having slept under ITNs / LLINs previous night
22	Outcome	% of PHC sampled in which utilization of ITNs / LLINs was more than 80%