

डॉ० प्रणब ज्योति भुइयां

भारत निदेशक

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सत्यमेव जयते

भारत सरकार

राष्ट्रीय वैक्टर जनित रोग नियंत्रण केंद्र

(स्वास्थ्य सेवा महानिदेशालय)

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

22, शाम नाथ मार्ग, दिल्ली-110054

Government of India

NATIONAL CENTER FOR VECTOR BORNE DISEASES CONTROL

(Directorate General of Health Services)

Ministry of Health & Family Welfare, Govt. of India

22, Sham Nath Marg, Delhi -110054

D.O. No 14-4/2017-18/NVBDCP/MED/TAC-Reconstitution

Dated: 30/04/2025

Dear All SPO's (Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tamilnadu, Telangana, Tripura, Uttarakhand, Uttar Pradesh, West Bengal, A&N Islands, Chandigarh, D&N Haveli and Daman & Diu, Delhi, Jammu & Kashmir, Lakshdweep, Ladakh and Puducherry).

Sub:- New formats for reporting of asymptomatic malaria cases and modification of existing formats for reporting.

India has made significant strides in malaria control, with an 80.53% reduction in morbidity and a 78.38% reduction in mortality by 2023 compared to 2015. As we advance towards the targets of "Zero Malaria by 2027" and "Malaria Elimination by 2030" accurate and timely reporting of program indicators is vital. Capturing both symptomatic and asymptomatic cases through reliable data is essential for guiding interventions and ensuring evidence-based decision-making.

In this context, a meeting of the Malaria Technical Advisory Committee (M-TAC) was held under the chairpersonship of the DGHS, during which key technical and programmatic decisions were made.

Accordingly, States/UTs are requested to implement the following measures up to the ASHA level and ensure monthly submission of updated information to NCVBDC:

- 1. Reporting of Asymptomatic Malaria Cases:** All States/UTs are requested to report data on asymptomatic malaria cases, particularly identified during mass surveys, using the newly devised reporting formats titled M1-A, M2-A, M3-A, and M4-A (formats annexed).
- 2. Modifications to Existing Reporting Formats:**

- A new column has been added in the existing M1-M3 formats (enclosed below) to record 'Mixed Infection' to enhance reporting precision.
- The earlier instruction in M1 form, stating that "Mixed Infection should be treated as Pf," has been removed to eliminate ambiguity and align with updated treatment protocols.

P.T.O./.....



Swachh Bharat : Let us join hands to bid adieu to Kala-azar and Lymphatic Filariasis from the country.
Website : www.nvbdc.gov.in



3. Following indicators have been modified to strengthen disease surveillance and epidemiological analysis:

- **Slide Falciparum Rate (SFR):**
(Total Pf positives by slide × 100) / Total slides examined.
- **RDT Falciparum Rate (RFR):**
(Total Pf positives by RDT × 100) / Total RDTs examined.
- **Total Falciparum Rate (TFR):**
(Total Pf cases detected through BSE + RDT) × 100 / Total BSE + RDT examined.

Additionally, the **Slide Positivity Rate (SPR)** should now be calculated and reported as:
(Total positive cases detected through BSE × 100) / Total BSE examined.

You are requested to issue necessary instructions to all concerned program officers and field-level staff for immediate implementation of the above modifications. Your continued support and collaboration are vital to achieving the malaria elimination goals within the stipulated timelines.

With Regards,

Yours sincerely,


(Dr. P.J. Bhuyan)

**Enclosure:- Forms M1-A, M2-A, M3-A, and M4-A.
Revised Forms M1-M3.**

Copy to:-

1. The Mission Director (NHM) of all States/UTs *for information.*
2. The Sr. Regional Directors of 19 Regional Offices of Health & Family Welfare, Government of India *for information.*
3. P.A. to Director, NCVBDC, Delhi *for information.*

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-1: Report of malaria surveillance by ASHA / health care provider / health facility

Year: Month Fortnight I / II

- * All cases of suspected malaria should be recorded in this form, irrespective of whether they are tested or treated.
 - * Start with patient number "1" each month. Use more than one sheet per fortnight, if needed and mention sheet number.
- Cases that presented to you during the fortnight should be included in this form, irrespective of when fever first appeared.

PHC: Subcentre: Village: Provider:

PHC code: Subcentre code: Provider code:

Serial number	Village name	Village/ provider code	Name of patient (suspected malaria case)	Head of family	Active (A) / Passive (P) case detection	Age (Years / months)	Sex (M / F)	Duration of fever (days)	Date of RDT / BSC	RDT				Blood slides						Pregnant (if yes, <input type="checkbox"/>)	Date of starting treatment	Number of tablets/packs given for treatment					Suspected severe malaria (<input type="checkbox"/>)	Date of referral	If died, date of death	Verified by (signature)				
										Pf positive (<input type="checkbox"/>)	Pv positive (<input type="checkbox"/>)	Negative (<input type="checkbox"/>)	Mixed infection + ve (<input type="checkbox"/>) -ve (-)	Slide number (Ser No./Provider/ Village/SC code)	Date of dispatch to lab	Receipt date of report	Pv +ve (<input type="checkbox"/>) -ve (-)	Pf + ve (<input type="checkbox"/>) -ve (-)	Mixed infection + ve (<input type="checkbox"/>) -ve (-)			CQ	PQ (2.5 mg)	PQ (7.5 mg)	ACT-SP (<input type="checkbox"/>)	ACT-AL (<input type="checkbox"/>)								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Total																																		

A. Positive results to be marked in red.
 B. Use '991', '992', etc. for village code when patient is not a usual resident of your village.

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

M-1A: Report of ASYMPTOMATIC malaria surveillance by ASHA / Health Care Provider / Health Facility

Year: Month

* All Asymptomatic malaria cases should be recorded in this form.

PHC: Sub centre: Village: Provider:

PHC code: Sub Centre code: Provider code:

Serial number	Village name	Village/ provider code	Name of Asymptomatic Person	Head of family	Age (in Years)	Sex (M /F)	Date of RDT / BSC	RDT				Blood slides					Pregnant (if yes, <input type="checkbox"/>)	Date of starting treatment	Number of tablets/packs given for treatment					Verified by (signature)			
								Pf positive (<input type="checkbox"/>)	Pv positive (<input type="checkbox"/>)	Negative (<input type="checkbox"/>)	Mixed infection (Pf & Pv) (<input type="checkbox"/>)	Slide number (Sl. No./Provider/ Village/SC code)	Date of dispatch to lab	Receipt date of report	Pv positive (<input type="checkbox"/>)	Pf positive (<input type="checkbox"/>)			Mixed infection (Pf & Pv) (<input type="checkbox"/>)	Negative (<input type="checkbox"/>)	CQ	PQ (2.5 mg)	PQ (7.5 mg)		ACT-SP (<input type="checkbox"/>)	ACT-AL (<input type="checkbox"/>)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
Total																											

A. Positive results to be marked in red.

B. Use '991', '992', etc. for village code when patient is not a usual resident of your village.

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
M-3: Laboratory register of slide examination in laboratory

District: Subcentre

Serial Number	Date of examination	Village code	Provider code	Slide number	Name of patient	Age	Sex (M/F)	Duration of fever	Date of dispatch of slide to lab	Date of receipt of slide in lab	Pv	Pf (R/G/ RG)	Mixed infection: Positive (□) Negative (-)	Date of sending result to provider	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

In cases of RDT done at the PHC laboratory, entries will be made, except in columns 5, 10 & 11.

R: Ring stage

G: Gametocytes

RG: Ring stage and Gametocytes

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
M-3A: Laboratory register of slide examination in laboratory for
ASYMPTOMATIC Person

District: Sub Centre

Serial Number	Date of examination	Village code	Provider code	Slide number	Name of Asymptomatic Person	Age	Sex (M/F)	Date of BSC	Date of dispatch of slide to lab	Date of receipt of slide in lab	Pv positive (□)	Pf positive (□) (R/G/ RG)	Mixed infection (Pf & Pv) (□)	Date of sending result to provider	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

In cases of RDT done at the PHC laboratory, entries will be made, except in columns 5, 10 & 11.

R: Ring stage G: Gametocytes RG: Ring stage and Gametocytes

