



National Center for Vector Borne Diseases Control  
Directorate General of Health Services  
Ministry of Health & Family Welfare, Government of India



# MONTHLY MALARIA SITUATION CATEGORY – III STATES/UTs



Monitoring and Evaluation Division

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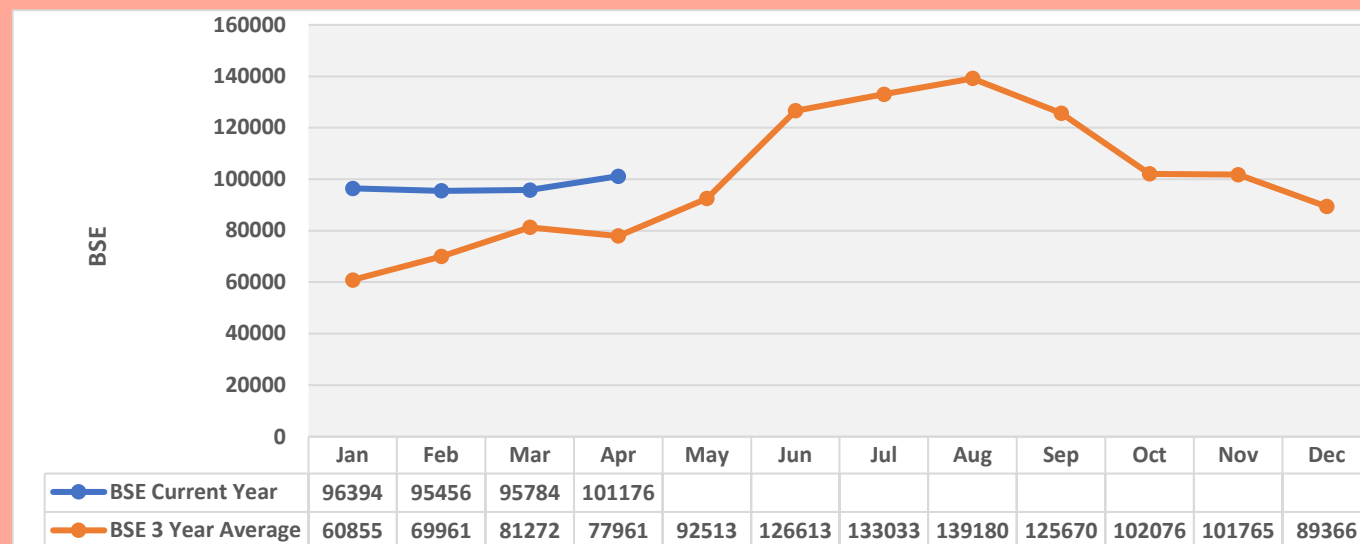
*State categorization as per API 2021 status.*

# INTRODUCTION AND SUMMARY SHEET FOR CATEGORY III

The surveillance information of Malaria of April, 2024 in Category III States/UTs is enclosed in this Monthly Malaria Situation Information Report. The various indicators analyzed in this report are \*BSE, \*TPC, \*TPR & \*PF.

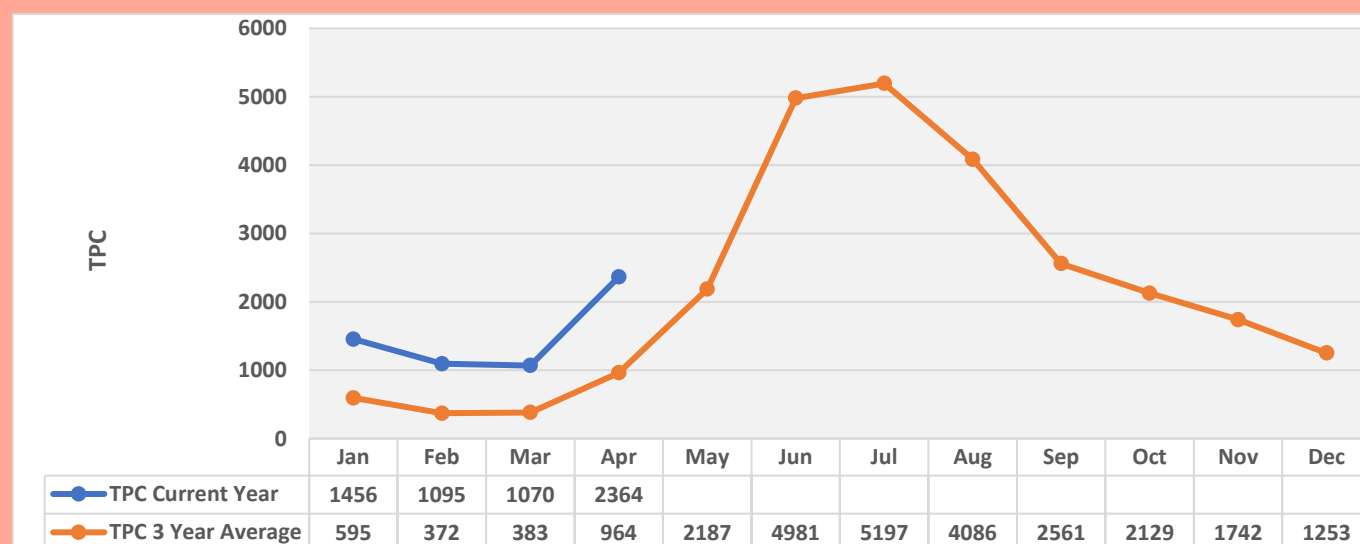
\*BSE (Blood Slide Examination), TPC (Total Positive Cases), PF (Plasmodium falciparum) and TPR (Total Positivity Rate).

**GRAPH 1: MONTH WISE TREND OF BSE IN CATEGORY III STATES/UTs**



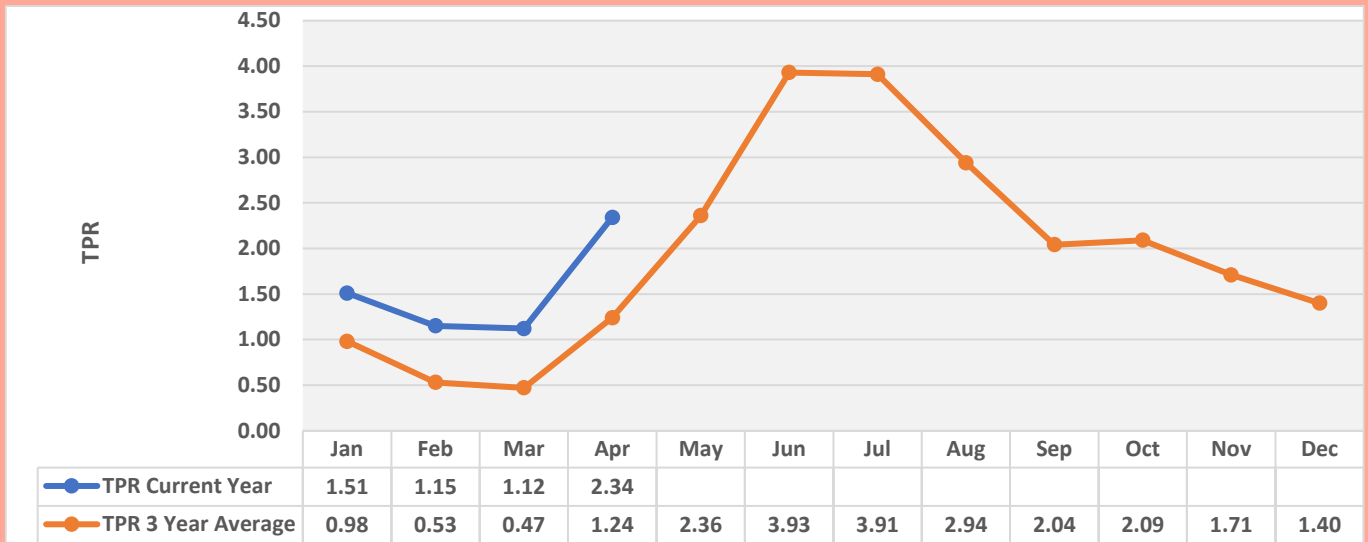
There is an increase of BSE by 34.05% up to April, 2024 as compared to last three years average cumulative and also an increase of BSE by 10.11% up to April, 2024 vis-à-vis up to April, 2023.

**GRAPH 2: MONTH WISE TREND OF TPC IN CATEGORY III STATES/UTs**



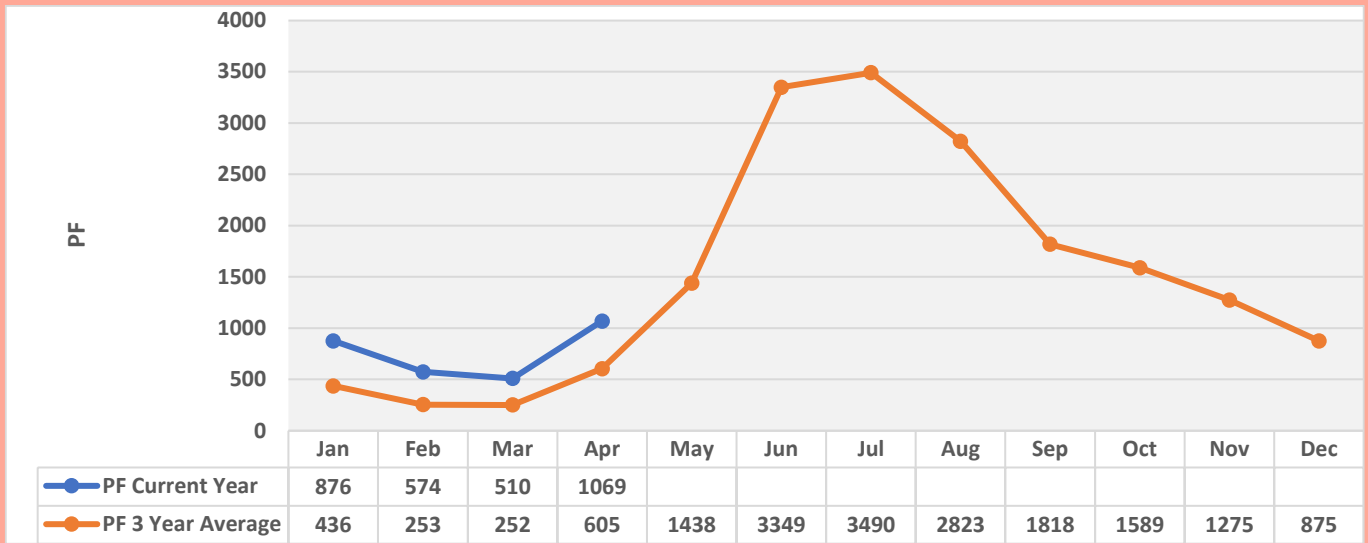
There is a major increase of TPC up to April, 2024 as compared to last three years average cumulative and an increase of TPC by 60.93% up to April, 2024 vis-à-vis up to April, 2023.

**GRAPH 3: MONTH WISE TREND OF TPR IN CATEGORY III STATES/UTs**



The TPR was 1.54 up to April, 2024 as compared to 0.76 last three years average and 1.05 up to April, 2023

**GRAPH 4: MONTH WISE TREND OF PF IN CATEGORY III STATES/UTs**



There is an increase of PF by 95.97% up to April, 2024 as compared to last three years average cumulative and also an increase of PF by 37.68% up to April, 2024 vis-à-vis up to April, 2023.

### List of Districts showing a decrease in Surveillance in Category III States/UTs

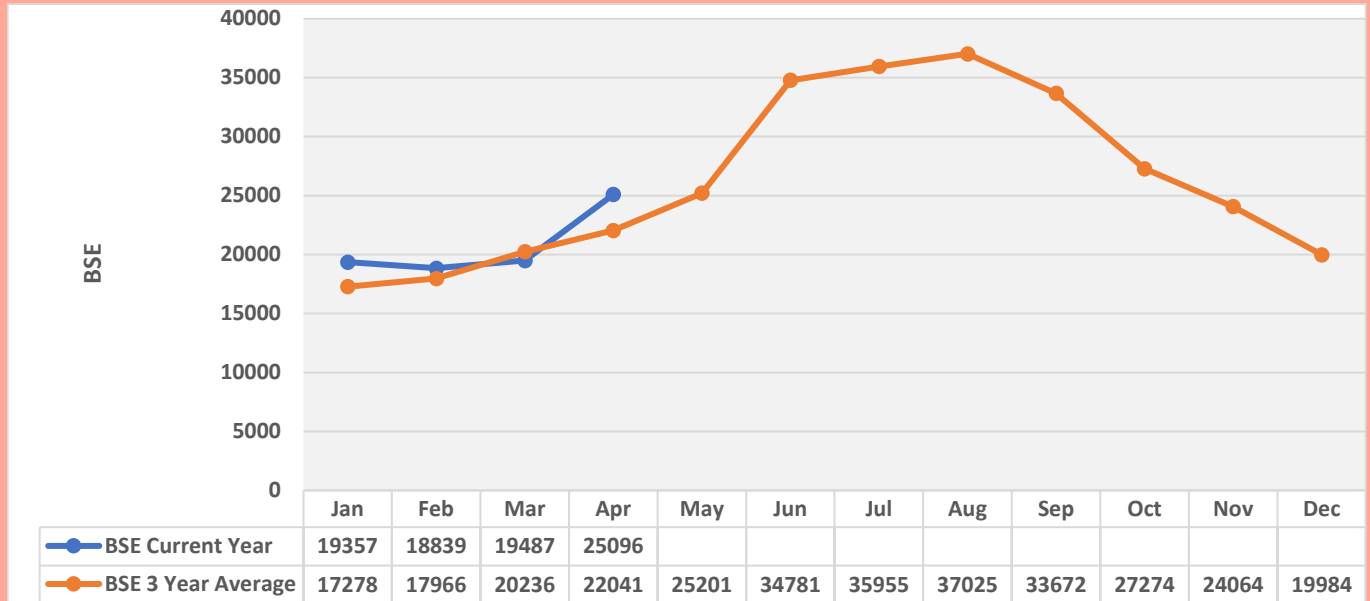
SN	States/UTs	Districts/Units showing decrease in Surveillance
1	Mizoram	Serchhip, Aizawl

*Current month data is compared with same month previous year data.*

**Action points for all Category III States/UTs:**

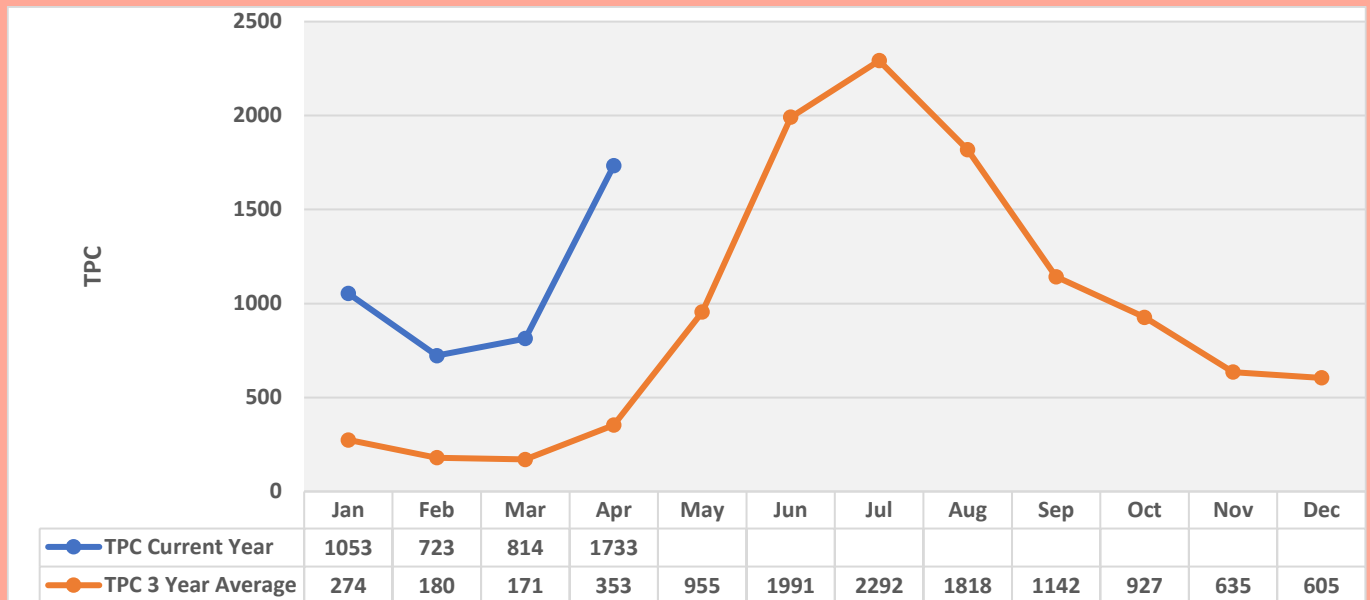
- States/UTs need to focus on improving Malaria surveillance along with COVID19- activities, focusing on migratory workers.
- States/UTs need to share the detailed case reports regarding any COVID19- Malaria co-infections reported.
- States/UTs need to perform data analysis at sub district level to identify hotspots and implementing focal strategies.
- States/UTs need preparedness and response for any Malaria outbreak.
- States/UTs need to intensify monitoring & supervision activities.
- States/UTs need to ensure >80% usage of LLIN by community.
- States/UTs need to intensify vector control measures by identifying potential vector breeding sites, environmental management, biological control and focus based adult vector intervention.

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



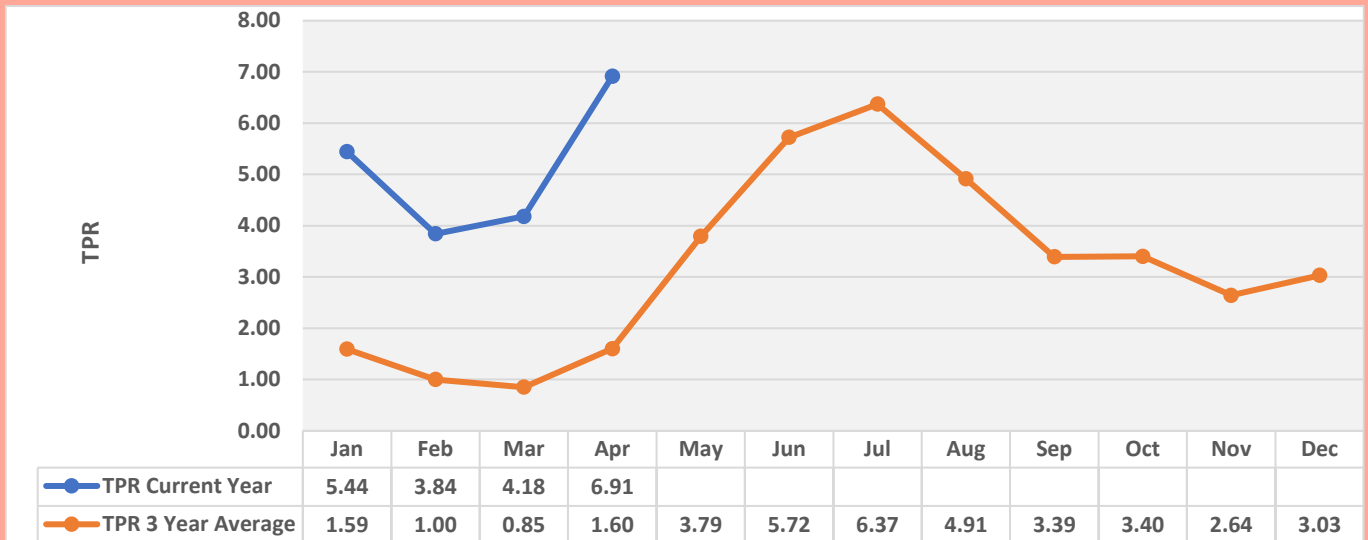
There is an increase of BSE by 6.78% up to April, 2024 as compared to last three years average cumulative and also an increase of BSE by 0.96% up to April, 2024 vis-à-vis up to April, 2023.

**GRAPH 2: MONTH WISE TREND OF TPC IN MIZORAM**



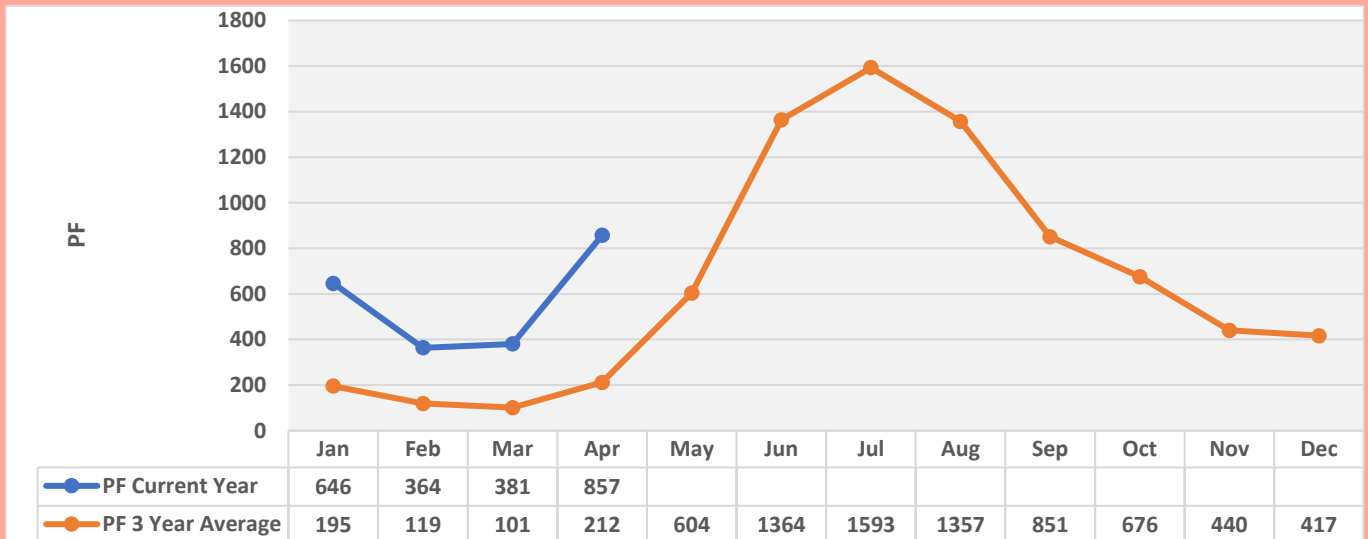
There is a major increase of TPC up to April, 2024 as compared to last three years average cumulative as well as a major increase of TPC up to April, 2024 vis-à-vis up to April, 2023.

**GRAPH 3: MONTH WISE TREND OF TPR IN MIZORAM**



The TPR was 5.22 up to April, 2024 as compared to 1.27 last three years average and 2.11 up to April, 2023

**GRAPH 4: MONTH WISE TREND OF PF IN MIZORAM**

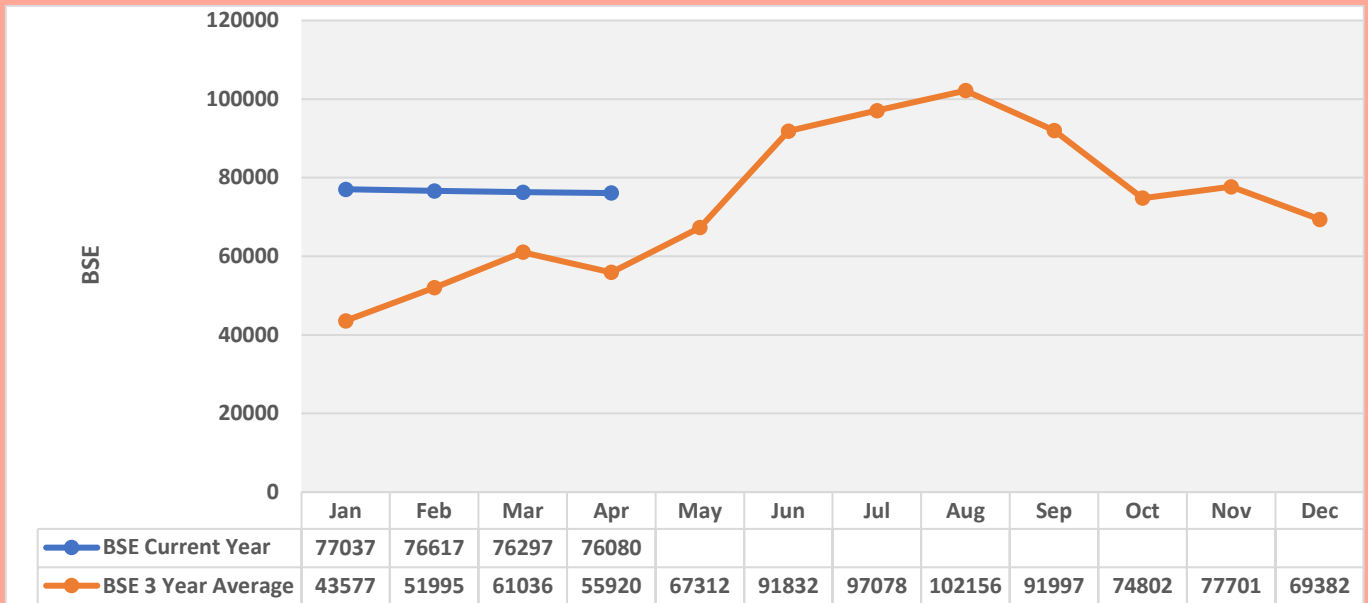


There is a major increase of PF up to April, 2024 as compared to last three years average cumulative as well as a major increase of PF up to April, 2024 vis-à-vis up to April, 2023.



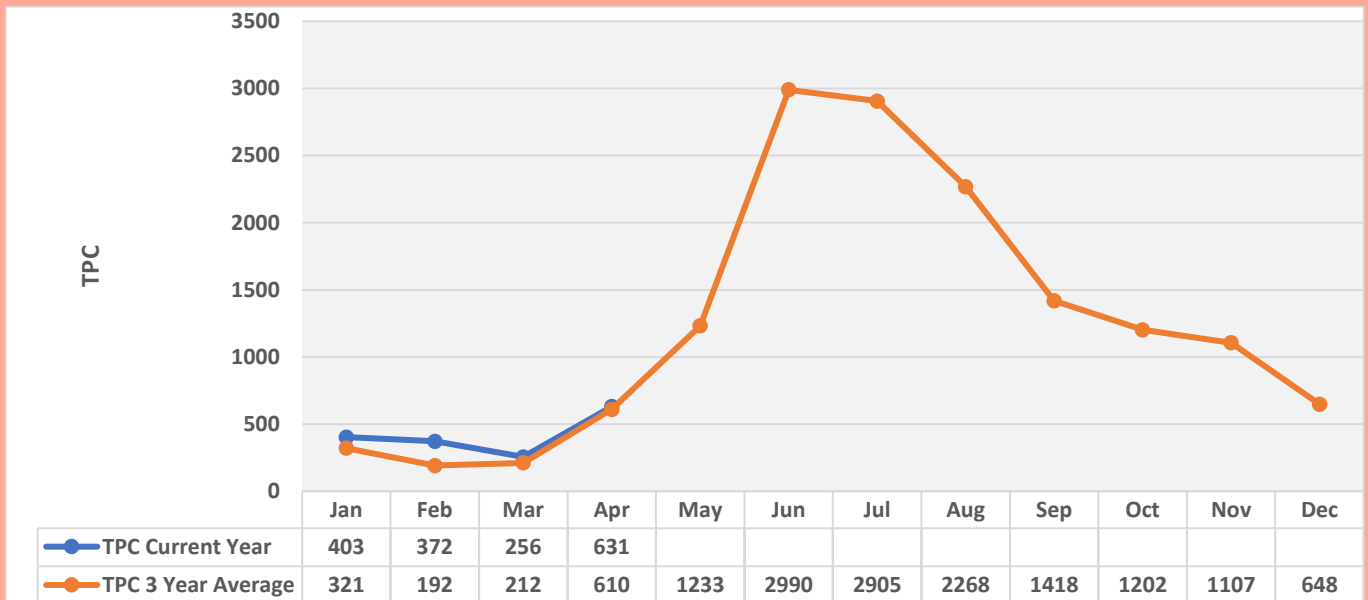
# TRIPURA

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



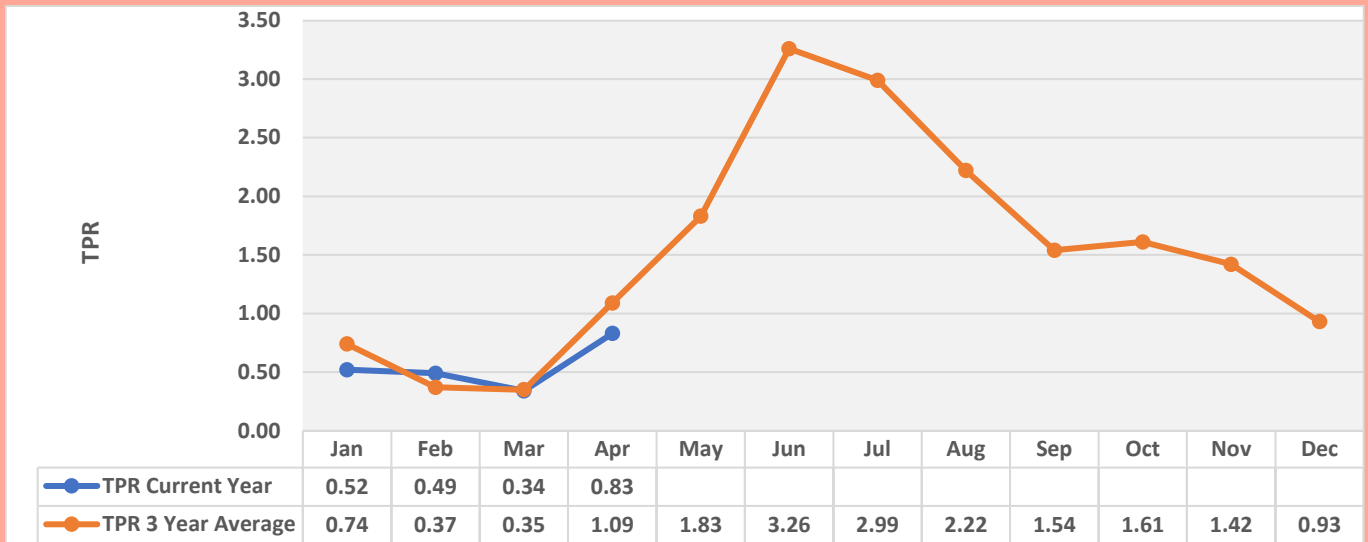
There is an increase of BSE by 44% up to April, 2024 as compared to last three years average cumulative and also an increase of BSE by 12.87% up to April, 2024 vis-à-vis up to April, 2023.

**GRAPH 2: MONTH WISE TREND OF TPC IN TRIPURA**



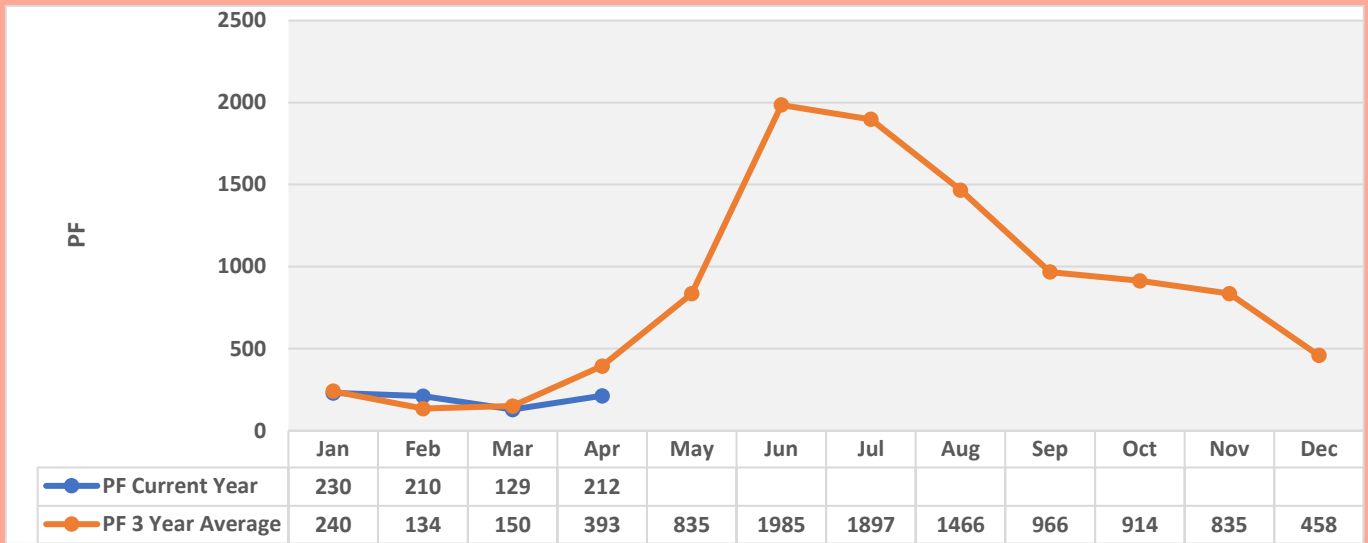
There is an increase of TPC by 24.49% up to April, 2024 as compared to last three years average cumulative but a decrease of TPC by 16.27% up to April, 2024 vis-à-vis up to April, 2023.

**GRAPH 3: MONTH WISE TREND OF TPR IN TRIPURA**



The TPR was 0.54 up to April, 2024 as compared to 0.58 last three years average and 0.73 up to April, 2023

**GRAPH 4: MONTH WISE TREND OF PF IN TRIPURA**



There is a decrease of PF by 14.89% up to April, 2024 as compared to last three years average cumulative and also a decrease of PF by 33.81% up to April, 2024 vis-à-vis up to April, 2023.

S. N	Area	Indicator
1	Surveillance/ case finding	No of Fever cases, No of Malaria cases, No of Pf cases
2	Surveillance/ case finding	Annual 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): It 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
	<b>Input</b>	<b>% of Additional Staff in Place (MTS, LT, DVBD Consultant)</b>
9	Input	No of RDTs & ACTs planned versus received & used.
10	Input	% of spray equipment in working condition
11	Input	% of spray workers trained
	<b>Process</b>	<b>BCC Activities</b>
12	Process	% of facilities (SC and PHC) / village level functionaries (ASHA, AWW) reporting stock-out of antimalarials lasting more than 15 days during the quarter
13	Process	% of MPH/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 ITN, 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%