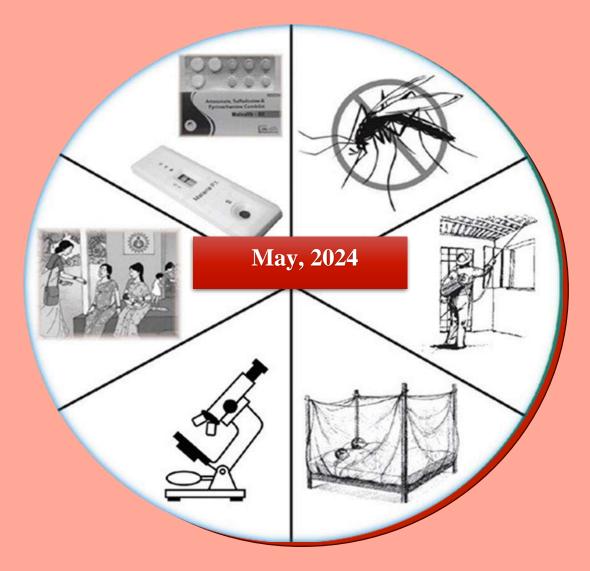


National Center for Vector Borne Diseases Control Directorate General of Health Services Ministry of Health & Family Welfare, Government of India



MONTHLY MALARIA SITUATION CATEGORY – III STATES/UTS



Monitoring and Evaluation Division

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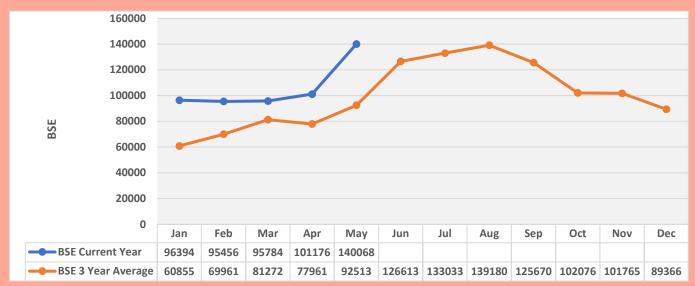
Category III STATES/UTs	Page No.	
1) Summary Sheet - Category III STATES/UTs	2-5	
2) Mizoram	6-7	
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State categorization as per API 2021 status.		

INTRODUCTION AND SUMMARY SHEET FOR CATEGORY III

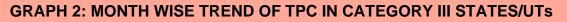
The surveillance information of Malaria of May, 2024 in Category III States/UTs is enclosed in this Monthly Malaria Situation Information Report. The various indicators analyzed in this report are *BSE, *TPC, *TPR & *PF.

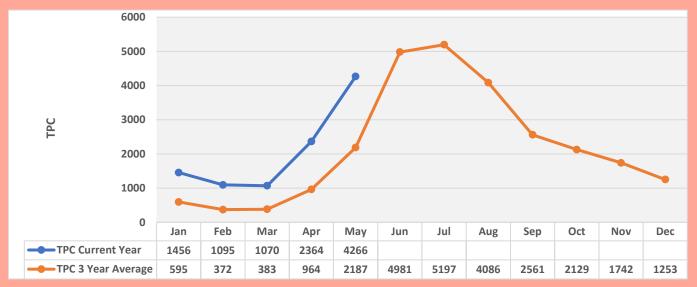
*BSE (Blood Slide Examination), TPC (Total Positive Cases), PF (Plasmodium falciparum) and TPR (Total Positivity Rate).

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



There is an increase of BSE by 38.25% up to May, 2024 as compared to last three years average cumulative and also an increase of BSE by 9.46% up to May, 2024 vis-à- vis up to May, 2023.





There is a major increase of TPC up to May, 2024 as compared to last three years average cumulative and an increase of TPC by 34.79% up to May, 2024 vis-à- vis up to May, 2023.

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



The TPR was 1.94 up to May, 2024 as compared to 1.08 last three years average and 1.57 up to May, 2023



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

There is an increase of PF by 71.92% up to May, 2024 as compared to last three years average cumulative and also an increase of PF by 14.18% up to May, 2024 vis-à- vis up to May, 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	

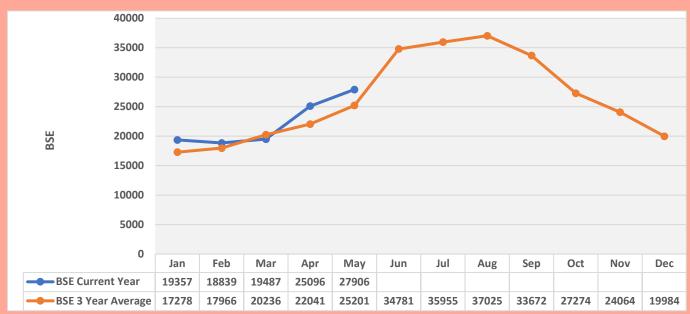
Current month data is compared with same month previous year data.

Action points for all Category III States/UTs:

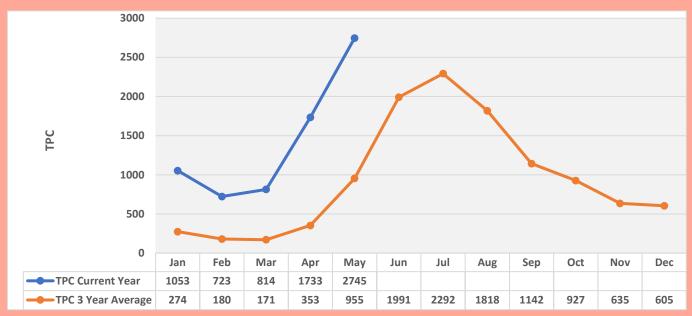
- States/UTs need to focus on improving Malaria surveillance along with COVID19- activities, focusing on migratory workers.
- States/UTs need to share the detailed case reports regarding any COVID19- Malaria coinfections reported.
- States/UTs need to perform data analysis at sub district level to identify 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.

MIZORAM

GRAPH 1: MONTH WISE TREND OF BSE IN MIZORAM



There is an increase of BSE by 7.75% up to May, 2024 as compared to last three years average cumulative but a decrease of BSE by 0.47% up to May, 2024 vis-à- vis up to May, 2023.



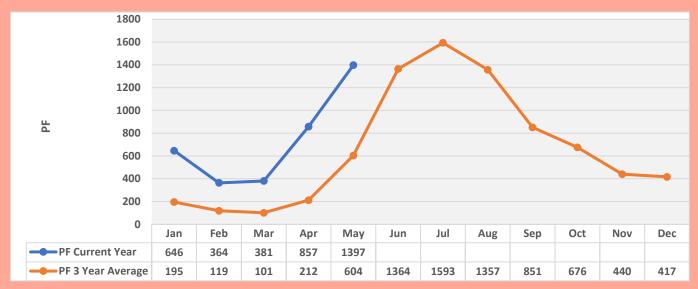
GRAPH 2: MONTH WISE TREND OF TPC IN MIZORAM

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





The TPR was 6.39 up to May, 2024 as compared to 1.87 last three years average and 2.91 up to May, 2023

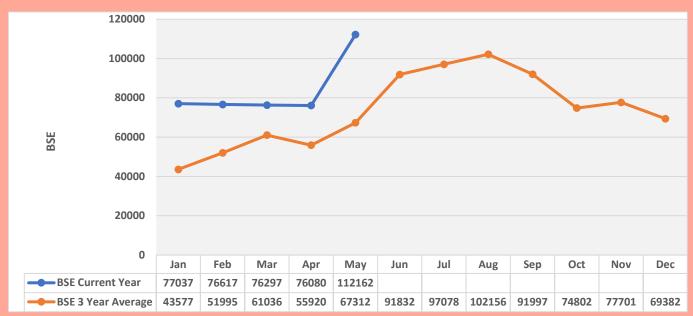


GRAPH 4: MONTH WISE TREND OF PF IN MIZORAM

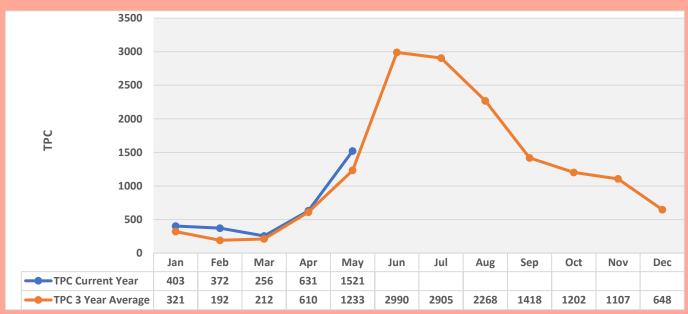
There is a major increase of PF up to May, 2024 as compared to last three years average cumulative and an increase of PF by 95.76% up to May, 2024 vis-à- vis up to May, 2023.



GRAPH 1: MONTH WISE TREND OF BSE IN TRIPURA



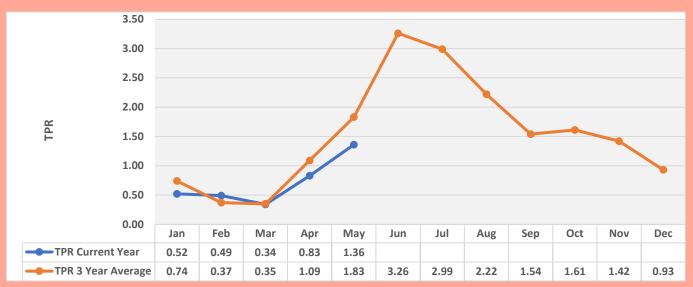
There is an increase of BSE by 49.44% up to May, 2024 as compared to last three years average cumulative and also an increase of BSE by 12.43% up to May, 2024 vis-à- vis up to May, 2023.



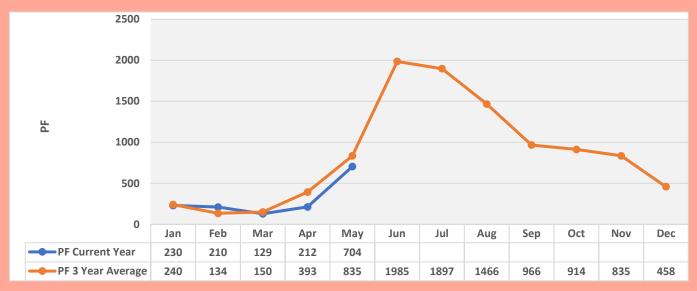
GRAPH 2: MONTH WISE TREND OF TPC IN TRIPURA

There is an increase of TPC by 23.96% up to May, 2024 as compared to last three years average cumulative but a decrease of TPC by 27.06% up to May, 2024 vis-à- vis up to May, 2023.

GRAPH 3: MONTH WISE TREND OF TPR IN TRIPURA



The TPR was 0.76 up to May, 2024 as compared to 0.81 last three years average and 1.17 up to May, 2023



GRAPH 4: MONTH WISE TREND OF PF IN TRIPURA

There is a decrease of PF by 15.26% up to May, 2024 as compared to last three years average cumulative and also a decrease of PF by 43.56% up to May, 2024 vis-à- vis up to May, 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
	Input	% of Additional Staff in Place (MTS, LT, DVBD Consultant)
9	Input	No of RDTs & ACTs planned versus received & used.
10	Input	% of spray equipment in working condition
11	Input	% of spray workers trained
	Process	BCC Activities
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 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 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%