सत्यमेव जयते

National Center for Vector Borne Diseases Control

Directorate General of Health Services

Ministry of Health & Family Welfare, Government of India

राष्ट्रीय वैक्टर जनित रोग नियंत्रण कार्यक्रम
N V B D C P

MONTHLY MALARIA SITUATION

NATIONAL LEVEL



Monitoring and Evaluation Division

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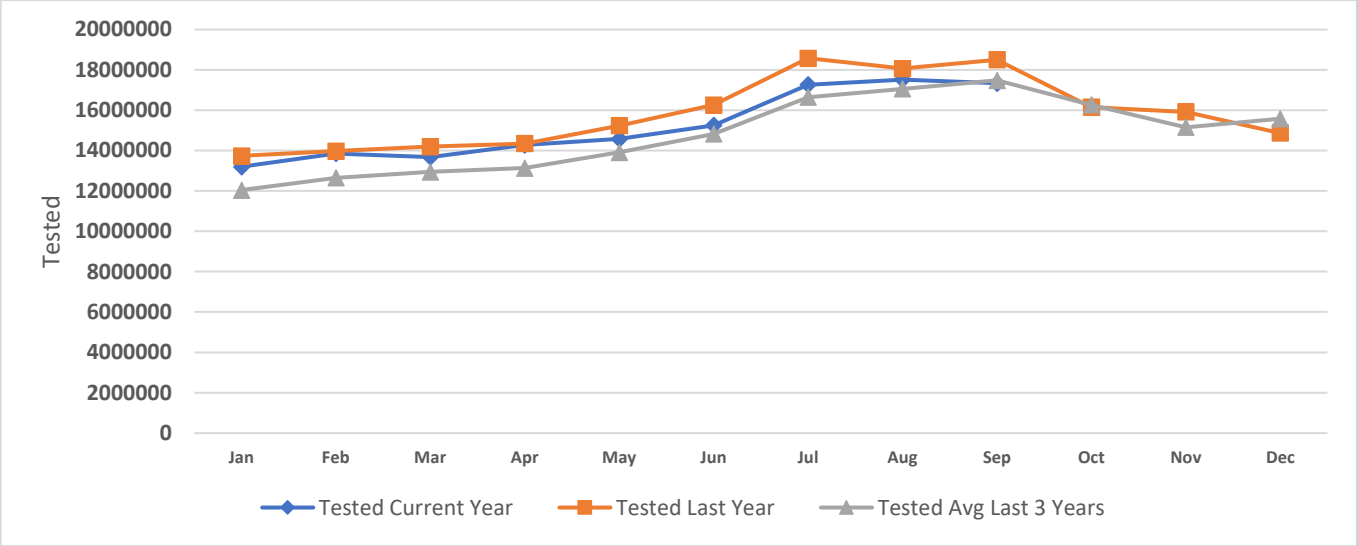
State categorization as per API 2025 status.

INTRODUCTION AND SUMMARY SHEET FOR INDIA

The surveillance information of Malaria of September, 2026 in India is enclosed in this Monthly Malaria Situation Information Report. The various indicators analyzed in this report are *Tested, *Positive, *TPR & *Pf.

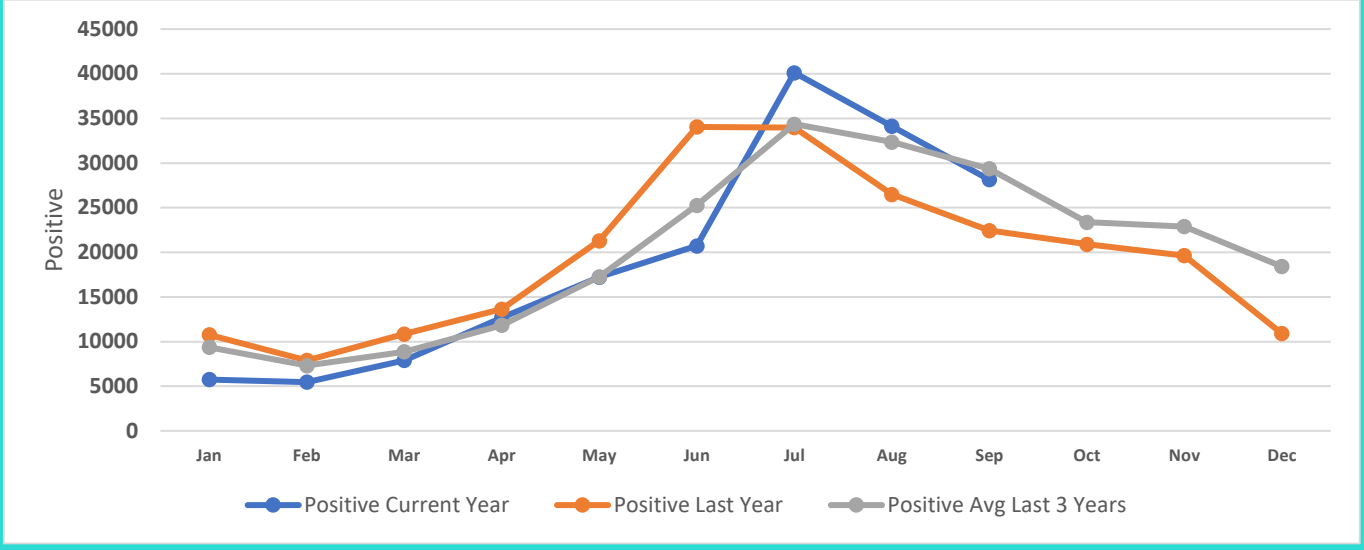
***Tested (Total Tested : BSE+RDT), Positive (Total Positive Cases), PF (Plasmodium falciparum) and TPR (Total Positivity Rate).**

GRAPH 1: MONTH WISE TREND OF TESTED IN INDIA



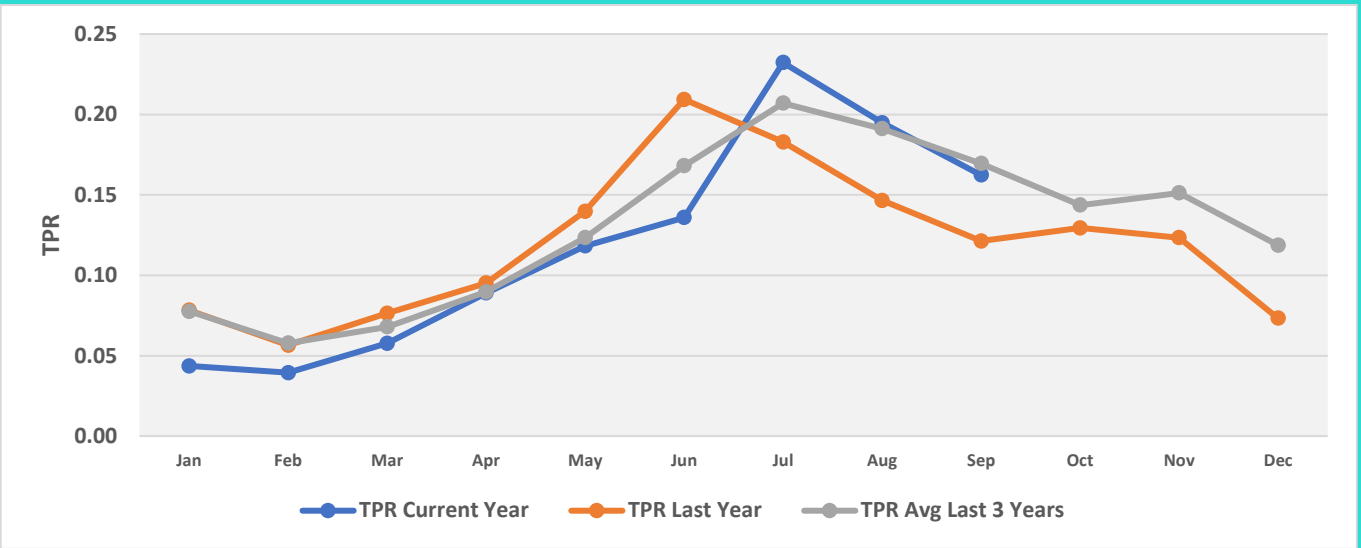
There is an increase of Tested by 4.8% up to September, 2026 as compared to last three years average cumulative but a decrease of Tested by 4.15% up to September, 2026 vis-à- vis up to September, 2025.

GRAPH 2: MONTH WISE TREND OF POSITIVE IN INDIA



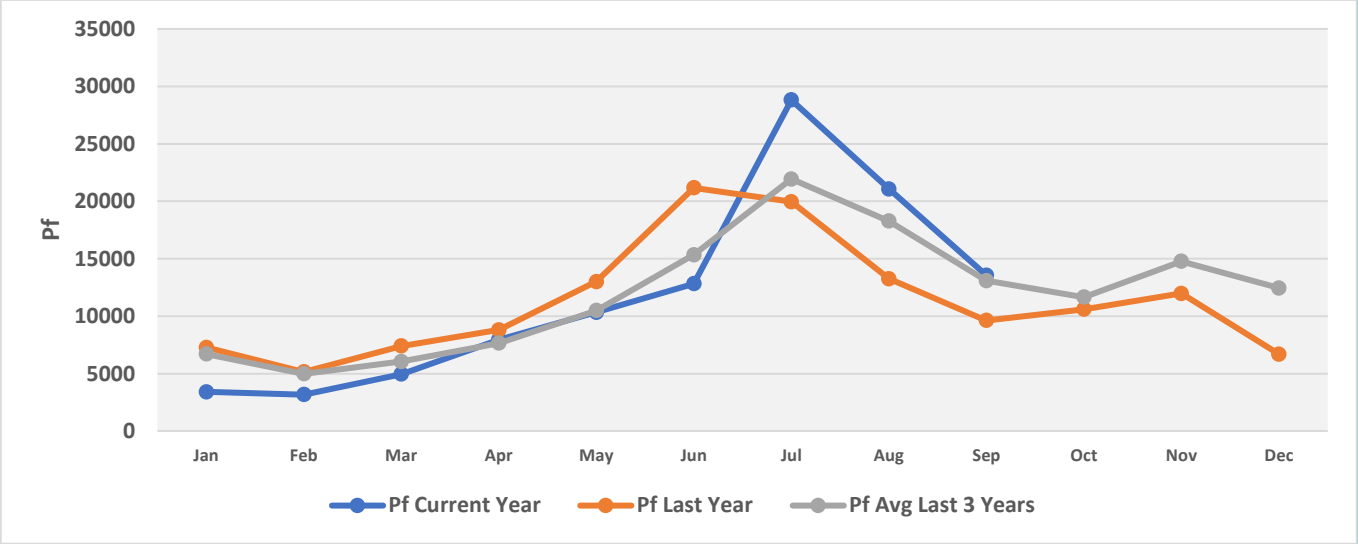
There is a decrease of Positive by 2.14% up to September, 2026 as compared to last three years average cumulative and also a decrease of Positive by 5.09% up to September, 2026 vis-à- vis up to September, 2025.

GRAPH 3: MONTH WISE TREND OF TPR IN INDIA



The TPR is 0.13 up to September, 2026 as compared to 0.13 last three year average and 0.13 up to September, 2025

GRAPH 4: MONTH WISE TREND OF PF IN INDIA



There is an increase of Pf by 1.5% up to September, 2026 as compared to last three years average cumulative and also an increase of Pf by 0.41% up to September, 2026 vis-à- vis up to September, 2025.

List of Districts showing a decrease in Surveillance in India States/UTs

SN	States/UTs	Districts/Units
1	Andaman And Nicobar Islands	South Andamans
2	Andhra Pradesh	Alluri Sitharama Raju, Annamayya, Bapatla, Chittoor, Dr. B.R. Ambedkar Konaseema, East Godavari, Eluru, Kakinada, Kurnool, Nandyal, Palnadu, Parvathipuram Manyam, Prakasam, Sri Potti Sriramulu Nellore, Sri Sathya Sai & Y.S.R. Kadapa
3	Arunachal Pradesh	Anjaw, East Kameng, Kamle, Leparada, Lohit, Lower Dibang Valley, Lower Siang, Lower Subansiri, Namsai, Pakke Kessang, Papum Pare, Shi Yomi, Siang, Tirap, Upper Siang, Upper Subansiri, West Kameng & West Siang
4	Assam	Bajali, Barpeta, Bongaigaon, Cachar, Chirang, Dhemaji, Dibrugarh, Dima Hasao, Goalpara, Golaghat, Hailakandi, Hojai, Jorhat, Kamrup, Kamrup Metro, Kokrajhar, Lakhimpur, Majuli, Marigaon, Nagaon, Sonitpur, Sribhumi, Tamulpur, Tinsukia & Udalguri
5	Bihar	Aurangabad, Bhojpur, Gopalganj, Katihar, Lakhisarai, Madhepura, Nawada, Purbi Champaran, Rohtas, Samastipur & Siwan
6	Chhattisgarh	Balrampur-Ramanujganj, Gariyaband, Gaurela-Pendra-Marwahi, Jashpur, Manendragarh-Chirmiri-Bharatpur(M C B), Sakti, Sarangarh-Bilaigarh, Surajpur & Surguja
7	Delhi	Delhi##
8	Gujarat	Amreli, Anand, Arvalli, Banas Kantha, Bhavnagar, Botad, Chhotaudepur, Dahod, Dangs, Devbhumi Dwarka, Gandhinagar, Gir Somnath, Junagadh, Kachchh, Kheda, Mahesana, Mahisagar, Morbi, Navsari, Panch Mahals, Patan, Sabar Kantha, Surat, Tapi, Vadodara & Valsad
9	Haryana	Ambala, Bhiwani, Charkhi Dadri, Faridabad, Fatehabad, Gurugram, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Nuh, Palwal, Panchkula, Panipat, Rewari, Rohtak, Sirsa, Sonipat & Yamunanagar
10	Himachal Pradesh	Bilaspur, Chamba, Kangra, Kullu, Shimla, Sirmaur & Una
11	Jammu And Kashmir	Bandipora, Jammu & Kishtwar

12	Jharkhand	Chatra, Deoghar, Giridih, Gumla, Khunti & Latehar
13	Karnataka	Bagalkote, Ballari, Belagavi, Bengaluru Rural, Bengaluru South, Bengaluru Urban, Chamarajanagar, Chikkaballapura, Chikkamagaluru, Chitradurga, Dakshina Kannada, Davanagere, Dharwad, Hassan, Haveri, Kalaburagi, Kodagu, Kolar, Koppal, Mandya, Mysuru, Raichur, Shivamogga, Tumakuru, Udupi, Uttara Kannada & Vijayapura
14	Kerala	Alappuzha, Idukki, Kasaragod, Kollam, Palakkad, Thiruvananthapuram & Wayanad
15	Lakshadweep	Lakshadweep District
16	Madhya Pradesh	Agar-Malwa, Alirajpur, Anuppur, Balaghat, Barwani, Betul, Bhind, Bhopal, Burhanpur, Chhindwara, Damoh, Dewas, Dhar, Dindori, Guna, Gwalior, Harda, Jabalpur, Jhabua, Katni, Khandwa (East Nimar), Khargone (West Nimar), Mandla, Mandsaur, Morena, Narmadapuram, Narsimhapur, Neemuch, Niwari, Panna, Raisen, Rajgarh, Ratlam, Rewa, Sagar, Satna, Sehore, Seoni, Shahdol, Shajapur, Sheopur, Shivpuri, Sidhi, Ujjain, Umaria & Vidisha
17	Maharashtra	Amravati, Beed, Bhandara, Buldhana, Chandrapur, Gadchiroli, Gondia, Mumbai##, Nagpur, Nanded, Nashik, Palghar, Pune, Raigad, Sangli, Thane, Wardha, Washim & Yavatmal
18	Manipur	Bishnupur, Chandel, Noney, Pherzawl, Tamenglong & Thoubal
19	Meghalaya	East Garo Hills, East Khasi Hills, North Garo Hills, Ri Bhoi, South Garo Hills, South West Garo Hills, South West Khasi Hills, West Garo Hills & West Jaintia Hills
20	Mizoram	Aizawl, Khawzawl, Saitual, Serchhip & Siaha
21	Nagaland	Kiphire, Kohima, Longleng, Mon, Noklak, Peren & Zunheboto
22	Odisha	Angul, Balangir, Boudh, Cuttack, Deogarh, Dhenkanal, Jajpur, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Mayurbhanj, Nabarangpur, Nayagarh, Nuapada, Rayagada, Sambalpur & Sonepur

23	Puducherry	Puducherry
24	Punjab	Amritsar, Barnala, Bathinda, Faridkot, Fatehgarh Sahib, Fazilka, Ferozepur, Gurdaspur, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Malerkotla, Mansa, Moga, Pathankot, Patiala, S.A.S Nagar, Sangrur, Shahid Bhagat Singh Nagar, Sri Muktsar Sahib & Tarn Taran
25	Rajasthan	Ajmer, Alwar, Balotra, Banswara, Baran, Barmer, Beawar, Bharatpur, Bhilwara, Bikaner, Bundi, Chittorgarh, Churu, Deeg, Ganganagar, Hanumangarh, Jaipur, Jaisalmer, Jalore, Jhunjhunu, Karauli, Kota, Nagaur, Pali, Phalodi, Pratapgarh, Rajsamand, Sawai Madhopur, Sikar, Sirohi & Tonk
26	Sikkim	Gyalshing, Namchi & Pakyong
27	Tamil Nadu	Ariyalur, Chengalpattu, Coimbatore, Dharmapuri, Dindigul, Erode, Kallakurichi, Kancheepuram, Kanniyakumari, Karur, Krishnagiri, Madurai, Mayiladuthurai, Nagapattinam, Namakkal, Pudukkottai, Ramanathapuram, Ranipet, Sivaganga, Tenkasi, Thanjavur, The Nilgiris, Theni, Thiruvallur, Thiruvarur, Thoothukkudi, Tiruchirappalli, Tirunelveli, Tirupathur, Tiruppur, Tiruvannamalai, Vellore, Viluppuram & Virudhunagar
28	Telangana	Adilabad, Bhadradri Kothagudem, Hanumakonda, Hyderabad, Jagitial, Jangoan, Jogulamba Gadwal, Kamareddy, Khammam, Mahabubabad, Mancherial, Medak, Medchal Malkajgiri, Mulugu, Nalgonda, Narayanpet, Nirmal, Nizamabad, Rajanna Sircilla, Ranga Reddy, Sangareddy, Siddipet, Suryapet, Warangal & Yadadri Bhuvanagiri
29	The Dadra And Nagar Haveli And Daman And Diu	Diu
30	Tripura	Dhalai, Gomati & South Tripura
31	Uttar Pradesh	Ambedkar Nagar, Amethi, Amroha, Balrampur, Bara Banki, Bareilly, Basti, Budaun, Bulandshahr, Chandauli, Etah, Hapur, Hardoi, Jhansi, Kheri, Kushinagar, Mahoba, Mahrajganj, Meerut, Mirzapur, Moradabad, Pilibhit, Rae Bareli, Saharanpur, Shahjahanpur, Sitapur, Sultanpur & Unnao
32	Uttarakhand	Almora, Bageshwar, Chamoli, Haridwar, Pauri Garhwal, Pithoragarh, Tehri Garhwal & Uttarkashi
33	West Bengal	Bankura, Basirhat Hd#, Birbhum, Bisnupur Hd#, Cooch Behar, Dakshin Dinajpur, Dimond Harbour Hd#, Hooghly, Howrah, Nadia, Paschim Bardhaman, Paschim Medinipur, Purba Medinipur, South 24 Parganas & Uttar Dinajpur

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

Objectives of the Country

- Interrupt transmission of malaria.
- Immediately notify each detected case.
- Detect any possible continuation of malaria transmission.
- Determine the underlying causes of residual transmission.
- Forecast and prevent any unusual situations related to malaria; ensure epidemic preparedness and respond in a timely and efficient manner to outbreak situations.
- Prevent re–establishment of local transmission of malaria.
- Establish an efficient malaria preventive and curative system to reduce ongoing transmission of malaria.
- Contain and prevent possible outbreaks of malaria, particularly among non-immune high-risk mobile and migrant population groups.
- Achieve universal coverage with services.
- Emphasize reducing malaria morbidity and mortality in high transmission pockets such as tribal, hilly, forested and conflict affected areas.

Key Interventions of the Country

- All efforts will be directed at interrupting local transmission in all active foci of malaria.
- Mandatory notification of each case of malaria from the private sector, other organized government sectors or any other health facility.
- Adequate case - based surveillance and complete case management established and fully functional across the entire country to handle each case of malaria.
- Investigation and classification of all foci of malaria.
- A strict total coverage of all active foci by effective vector control measures.
- Early detection and treatment of all cases of malaria by means of ACD and / or PCD to prevent onward transmission.
- State and National level malaria elimination database established and made operational.
- Implementation of interventions for effective screening, management and prevention of malaria among mobile and migrant populations.
- Establishment of an effective epidemic forecasting and response system.
- Ensuring rigorous quality assurance of all medicines and diagnostics.
- Setting up a national – level reference laboratory to serve following two functions: -

- All positive and a fixed percentage of negative slides will be referred to this laboratory for confirmation of diagnosis and cross – checking. After elimination has been achieved in each State / UT, 100% of cases will be notified to this laboratory for confirmation of diagnosis. The laboratory will be notified immediately on all positive cases of malaria by each State / UT through either SMS, e-mail or telephone with information on name, gender, address (village and district), date and type of testing and type of parasite for each positive case of malaria so that a national level database can be maintained.
- Training of master trainers and accreditation / certification of microscopists as per Indian Public Health Standards shall also be undertaken at this laboratory.

· During investigation of foci, all suspected cases of malaria are to be screened for malaria. These could include household members, neighbours, school children, workplace colleagues and relatives.

· Surveillance of special groups, migrant populations or populations residing in the vicinity of industrial areas are also to be covered under surveillance operations.

· 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.

· Maintenance of an optimum level of surveillance using appropriate diagnostic measures.

· 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.

· 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.

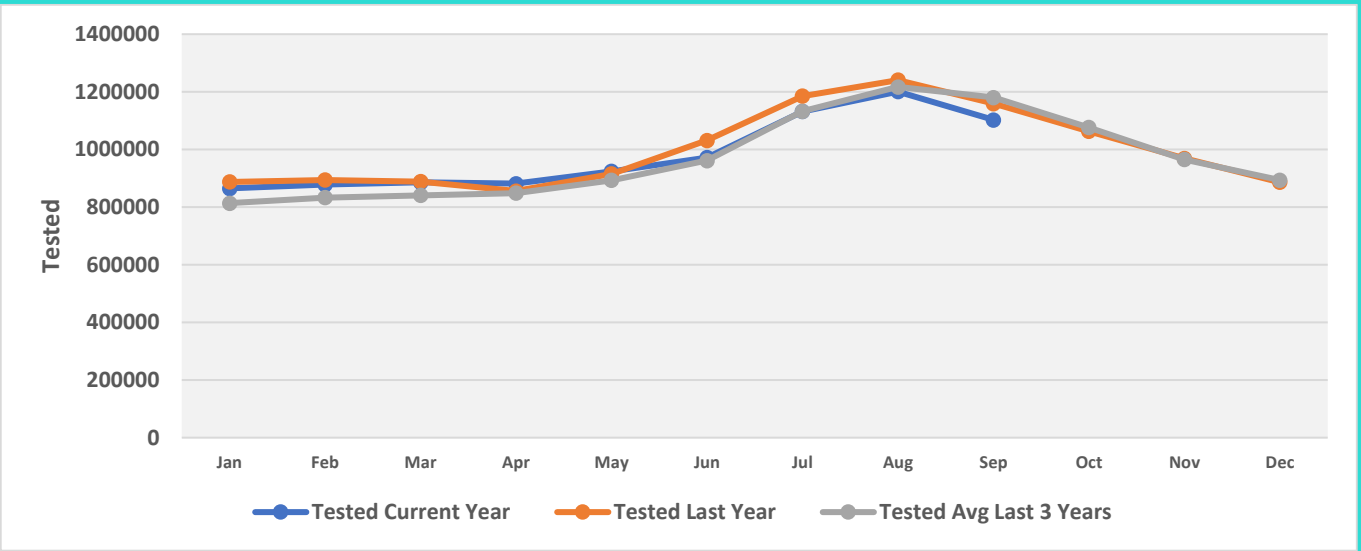
· Strengthening all district and sub-district hospitals in malaria endemic areas as per Indian Public Health Standards with facilities for management of severe malaria cases.

· Establishment of a robust supply chain management system

· 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.

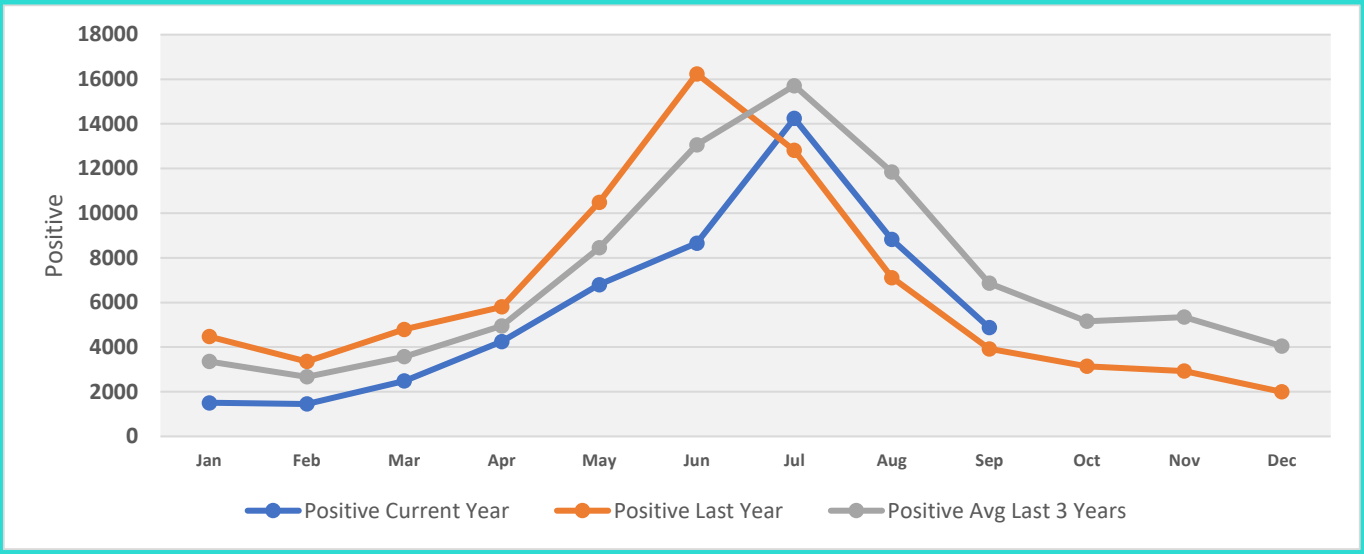
CATEGORY III

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



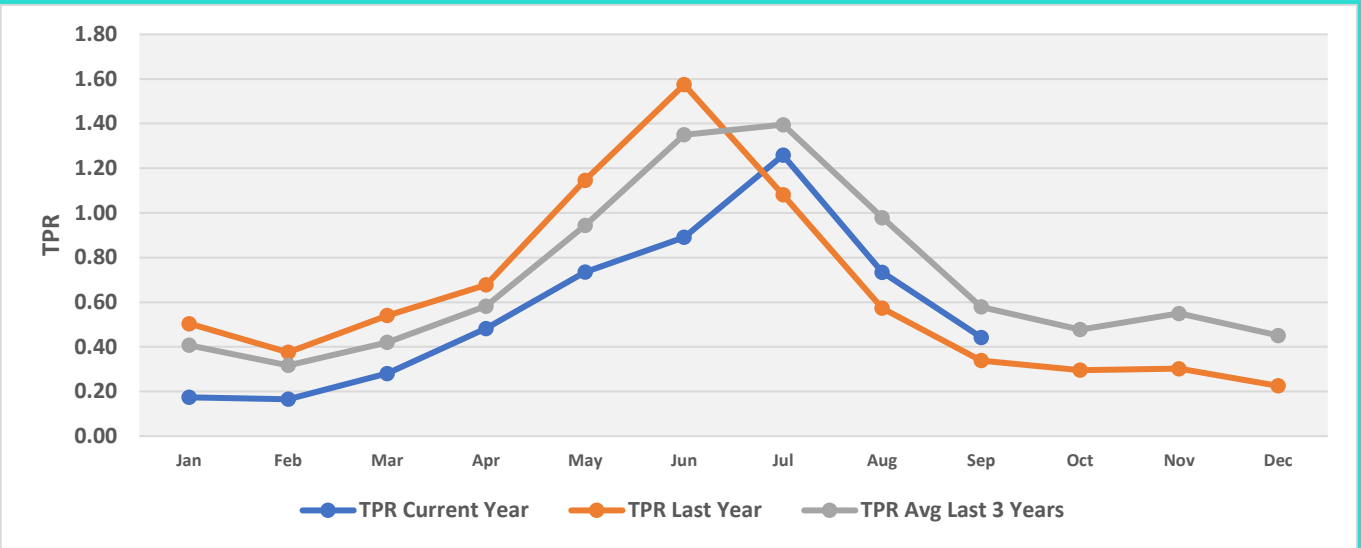
There is an increase of Tested by 1.4% up to September, 2026 as compared to last three years average cumulative but a decrease of Tested by 2.38% up to September, 2026 vis-à- vis up to September, 2025.

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



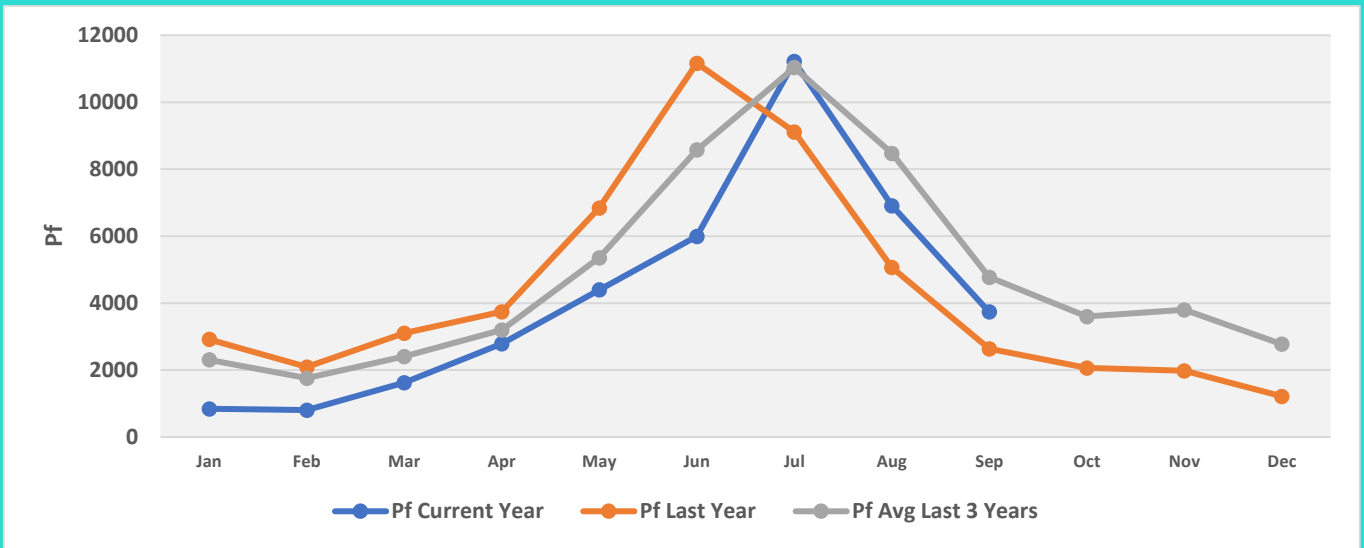
There is a decrease of Positive by 24.68% up to September, 2026 as compared to last three years average cumulative and also a decrease of Positive by 23.06% up to September, 2026 vis-à- vis up to September, 2025.

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



The TPR is 0.6 up to September, 2026 as compared to 0.81 last three year average and 0.76 up to September, 2025

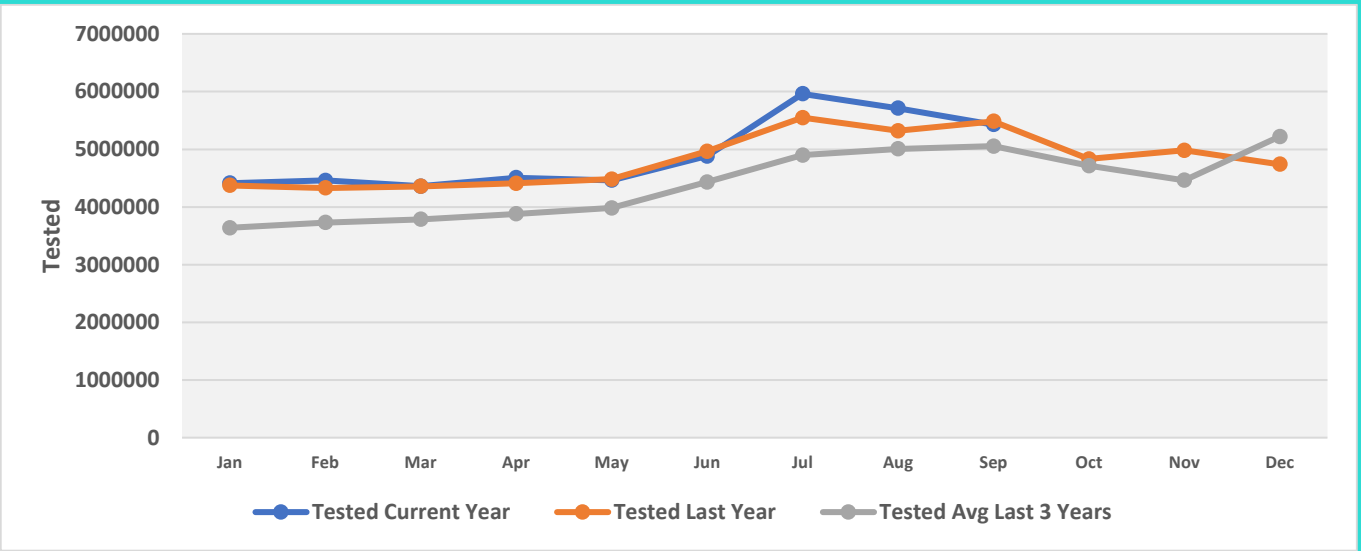
GRAPH 4: MONTH WISE TREND OF PF IN CATEGORY III STATES/UTs



There is a decrease of Pf by 19.98% up to September, 2026 as compared to last three years average cumulative and also a decrease of Pf by 17.91% up to September, 2026 vis-à- vis up to September, 2025.

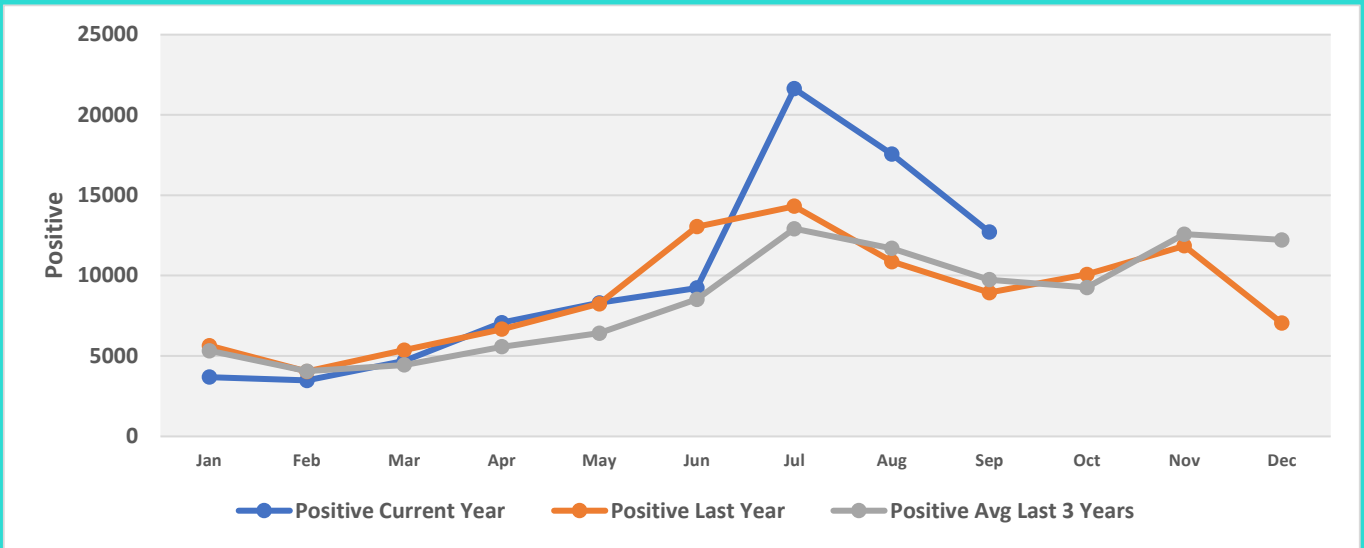
CATEGORY II

GRAPH 1: MONTH WISE TREND OF TESTED IN CATEGORY II STATES/UTs



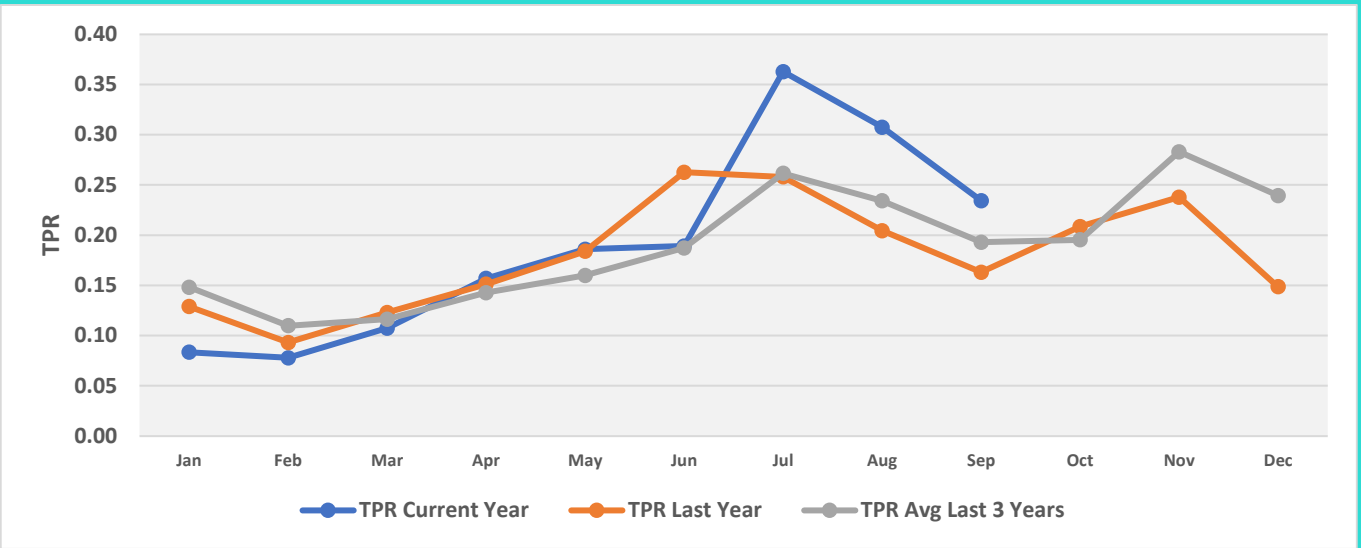
There is an increase of Tested by 15.04% up to September, 2026 as compared to last three years average cumulative and also an increase of Tested by 2.11% up to September, 2026 vis-à- vis up to September, 2025.

GRAPH 2: MONTH WISE TREND OF POSITIVE IN CATEGORY II STATES/UTs



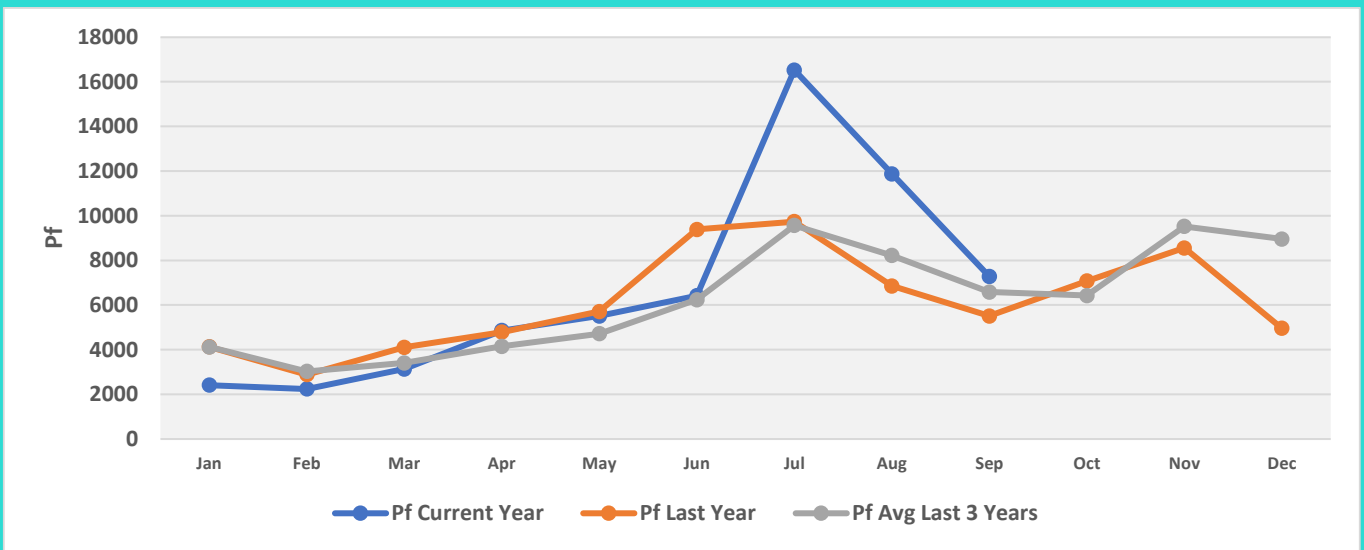
There is an increase of Positive by 28.65% up to September, 2026 as compared to last three years average cumulative and also an increase of Positive by 14.56% up to September, 2026 vis-à- vis up to September, 2025.

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



The TPR is 0.2 up to September, 2026 as compared to 0.18 last three year average and 0.18 up to September, 2025

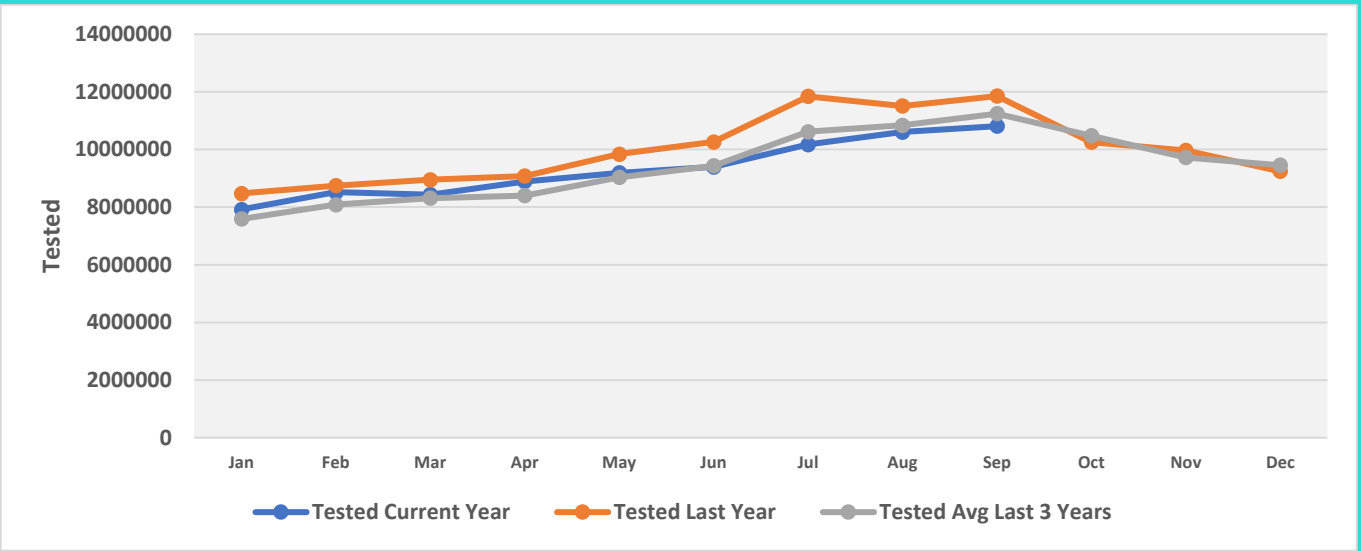
GRAPH 4: MONTH WISE TREND OF PF IN CATEGORY II STATES/UTs



There is an increase of Pf by 20.48% up to September, 2026 as compared to last three years average cumulative and also an increase of Pf by 13.47% up to September, 2026 vis-à- vis up to September, 2025.

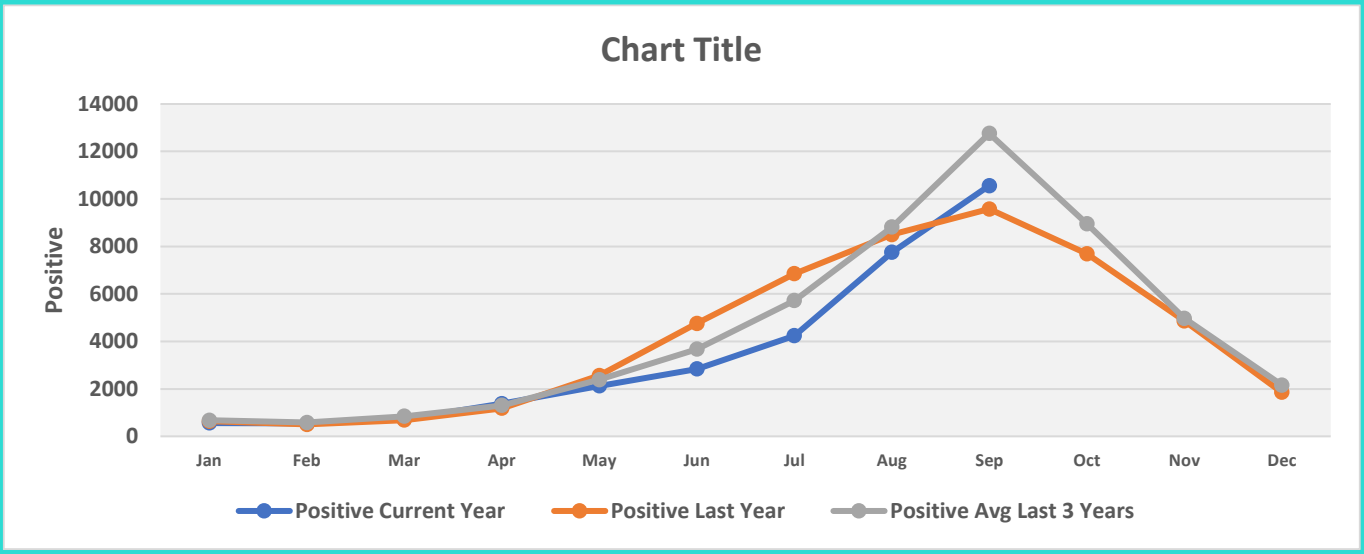
CATEGORY I

GRAPH 1: MONTH WISE TREND OF TESTED IN CATEGORY I STATES/UTs



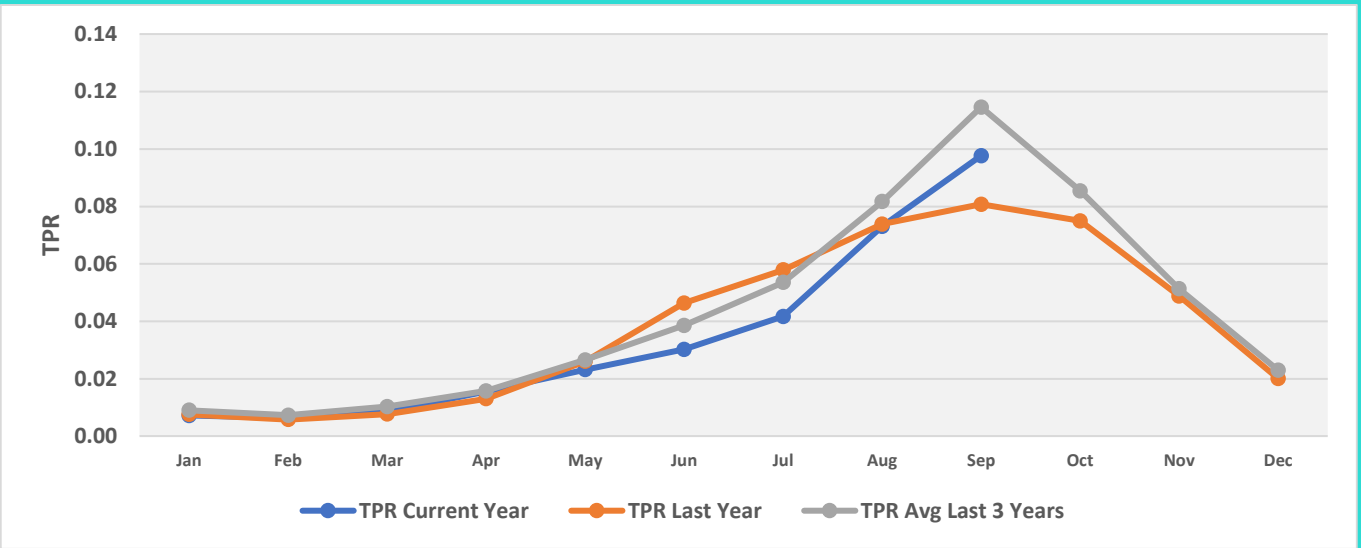
There is an increase of Tested by 0.44% up to September, 2026 as compared to last three years average cumulative but a decrease of Tested by 7.32% up to September, 2026 vis-à- vis up to September, 2025.

GRAPH 2: MONTH WISE TREND OF POSITIVE IN CATEGORY I STATES/UTs



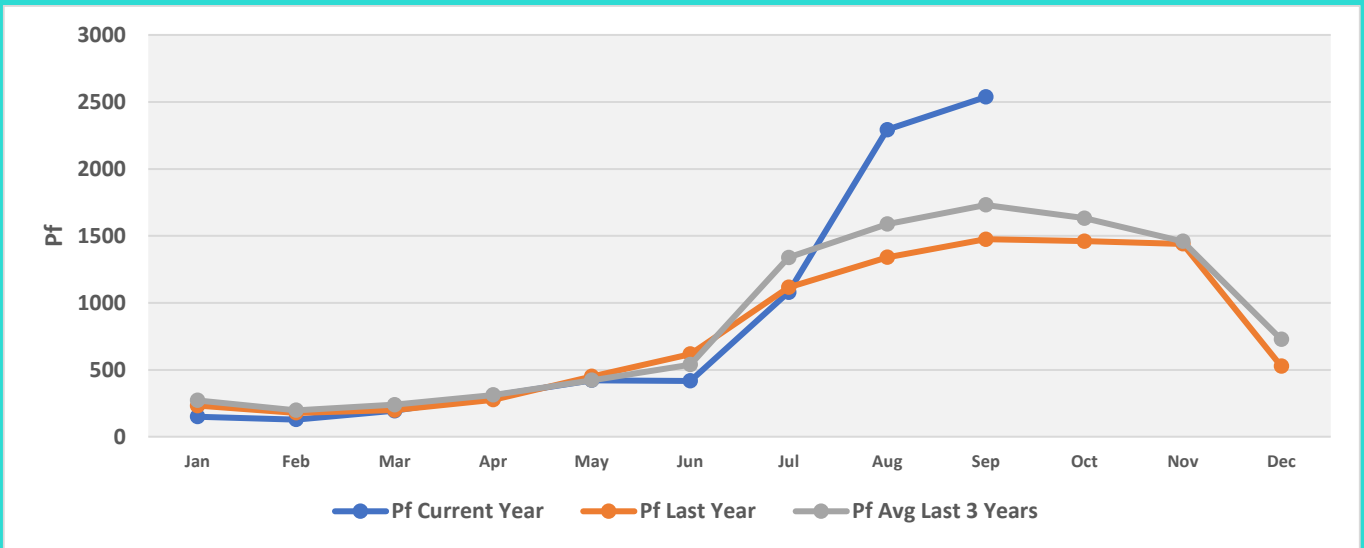
There is a decrease of Positive by 16.44% up to September, 2026 as compared to last three years average cumulative and also a decrease of Positive by 12.88% up to September, 2026 vis-à- vis up to September, 2025.

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



The TPR is 0.04 up to September, 2026 as compared to 0.04 last three year average and 0.04 up to September, 2025

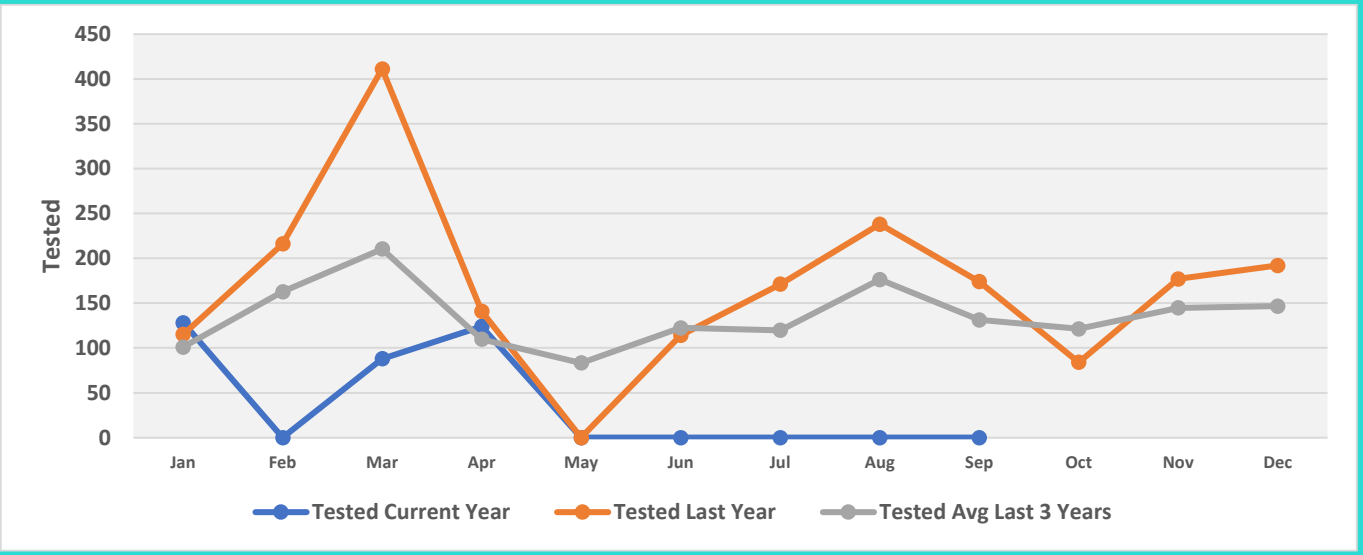
GRAPH 4: MONTH WISE TREND OF PF IN CATEGORY I STATES/UTs



There is an increase of Pf by 13.34% up to September, 2026 as compared to last three years average cumulative and also an increase of Pf by 27.87% up to September, 2026 vis-à- vis up to September, 2025.

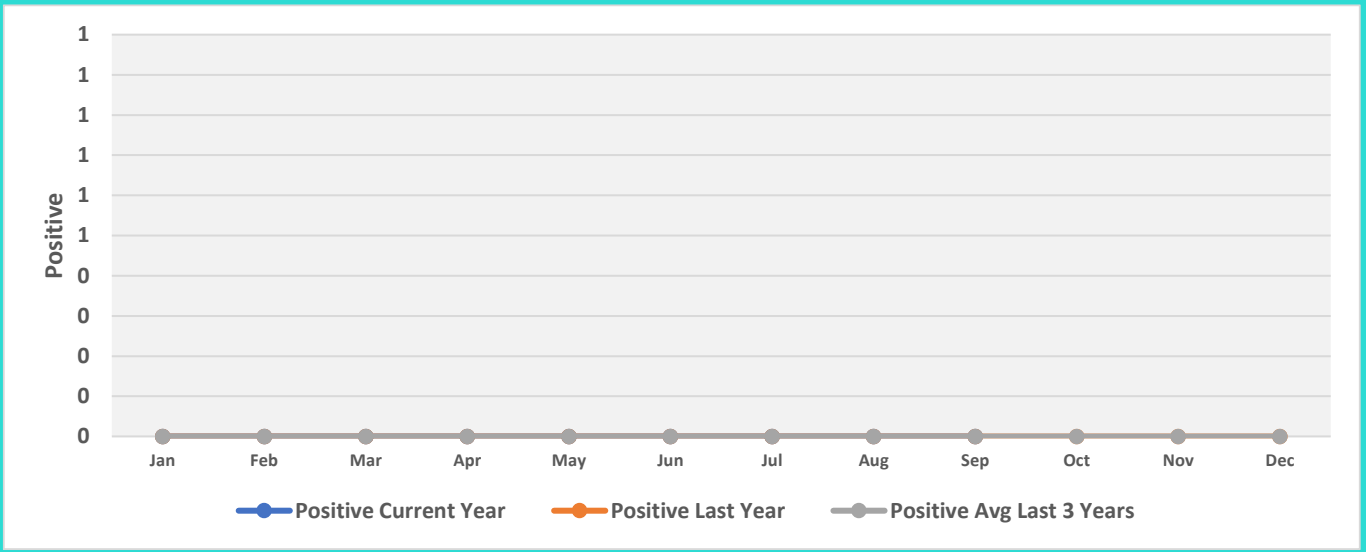
CATEGORY 0

GRAPH 1: MONTH WISE TREND OF TESTED IN CATEGORY 0 STATES/UTs



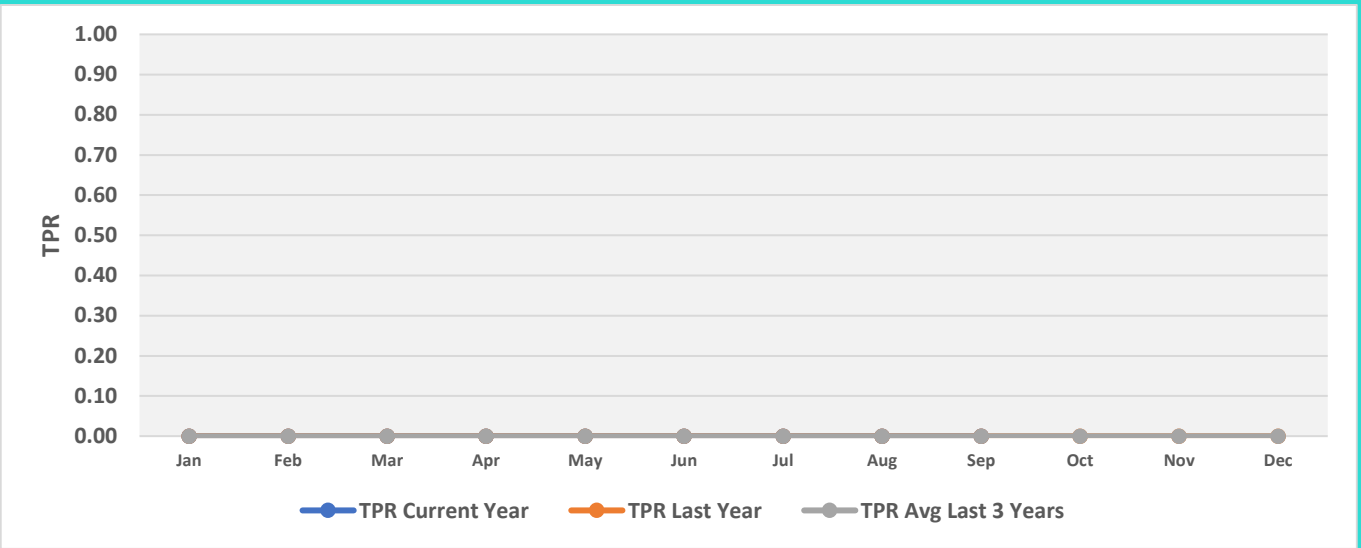
There is a decrease of Tested by 72.05% up to September, 2026 as compared to last three years average cumulative and also a decrease of Tested by 78.48% up to September, 2026 vis-à- vis up to September, 2025.

GRAPH 2: MONTH WISE TREND OF POSITIVE IN CATEGORY 0 STATES/UTs



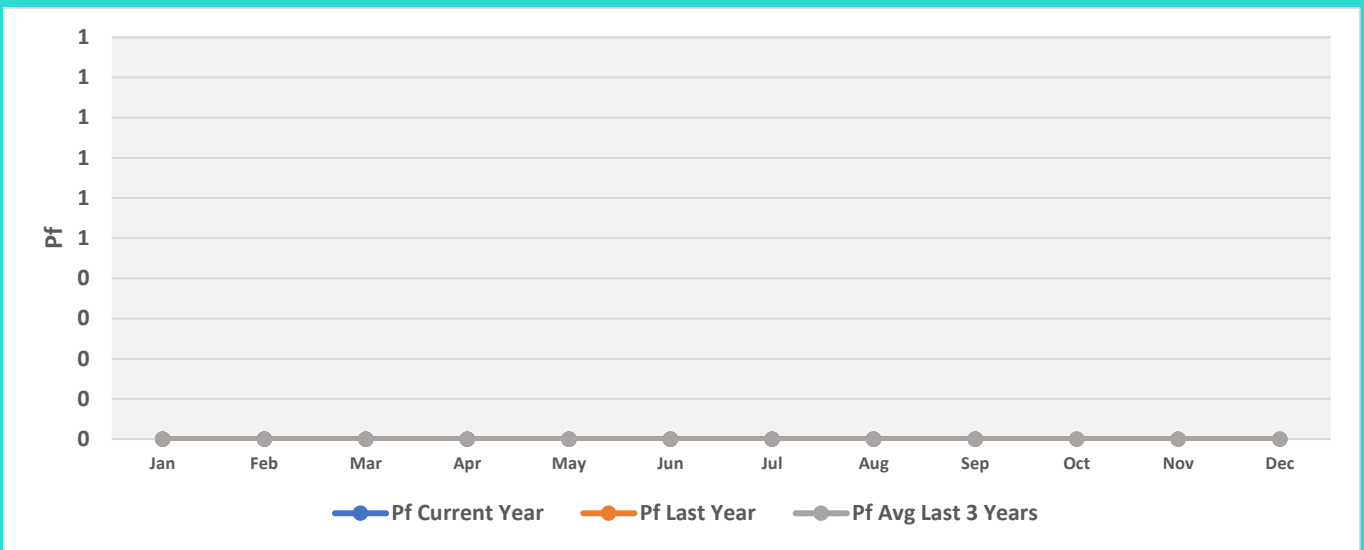
There is no %change in Positive up to September, 2026 from last year as well as last three years average cumulative.

GRAPH 3: MONTH WISE TREND OF TPR IN CATEGORY 0 STATES/UTs



The TPR is 0 up to September, 2026 as compared to 0 last three year average and 0 up to September, 2025

GRAPH 4: MONTH WISE TREND OF PF IN CATEGORY 0 STATES/UTs



There is no %change in TPR up to September, 2026 from last year as well as last three years average cumulative.

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%