National Center for Vector Borne Diseases Control

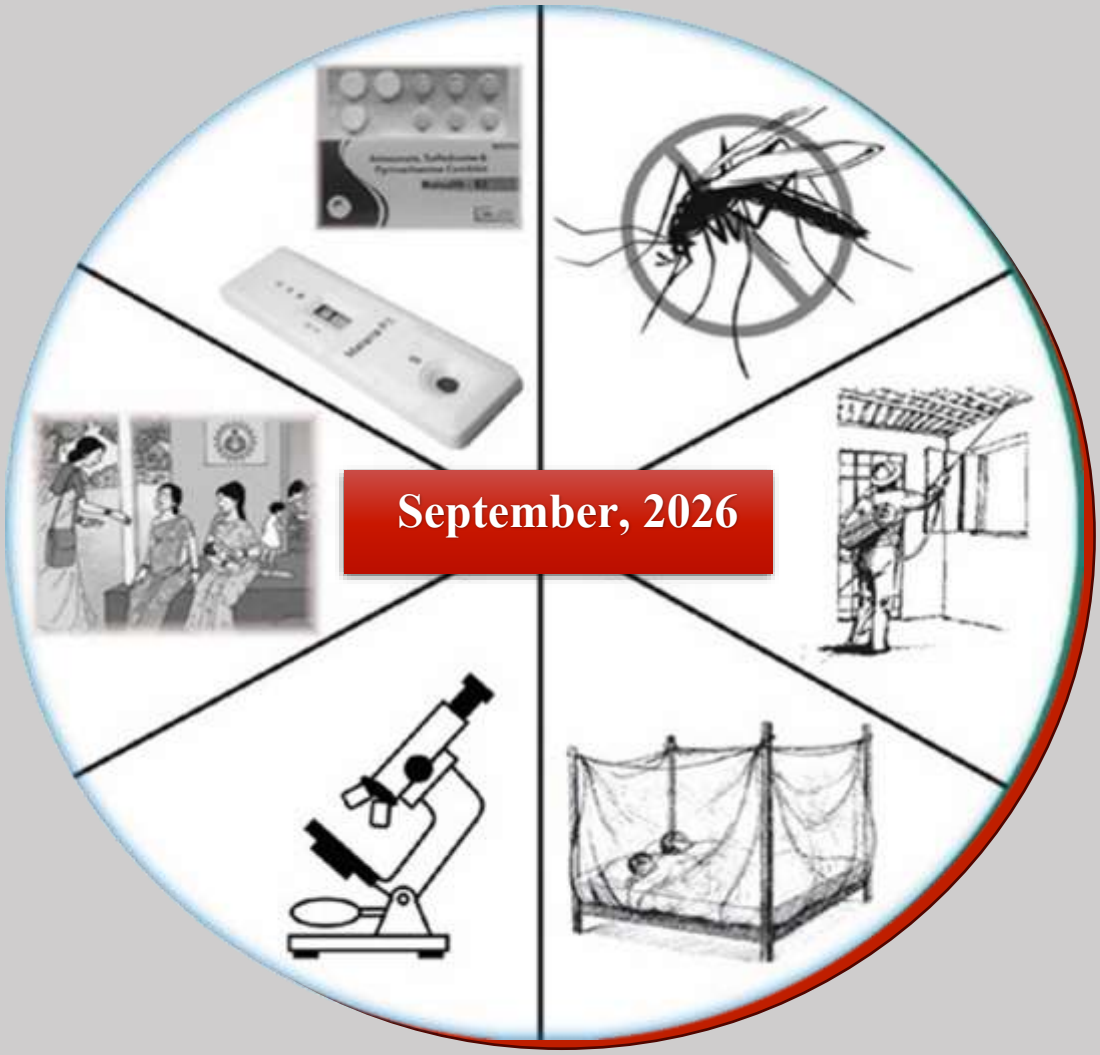
Directorate General of Health Services

Ministry of Health & Family Welfare, Government of India

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

MONTHLY MALARIA SITUATION

CATEGORY – 0
STATES/UTs



Monitoring and Evaluation Division

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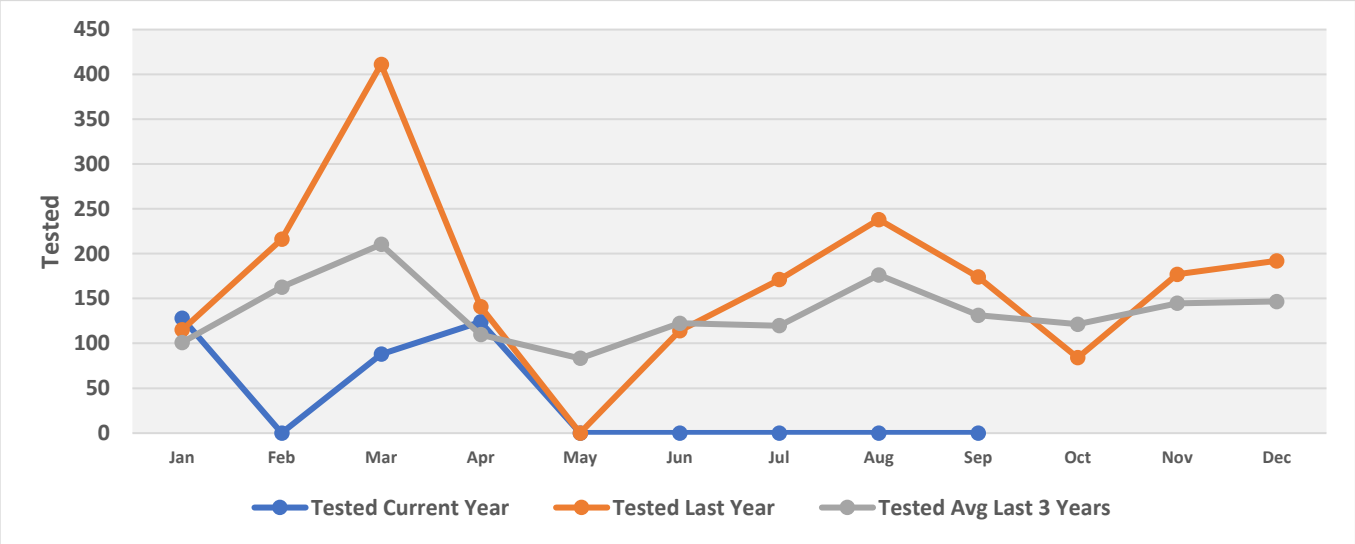
State categorization as per API 2025 status.

INTRODUCTION AND SUMMARY SHEET FOR CATEGORY 0

The surveillance information of Malaria of September, 2026 in Category 0 States/UTs is enclosed in this Monthly Malaria Situation Information Report. The various indicators analyzed in this report are *Tested, *Positive, *TPR & *Pf.

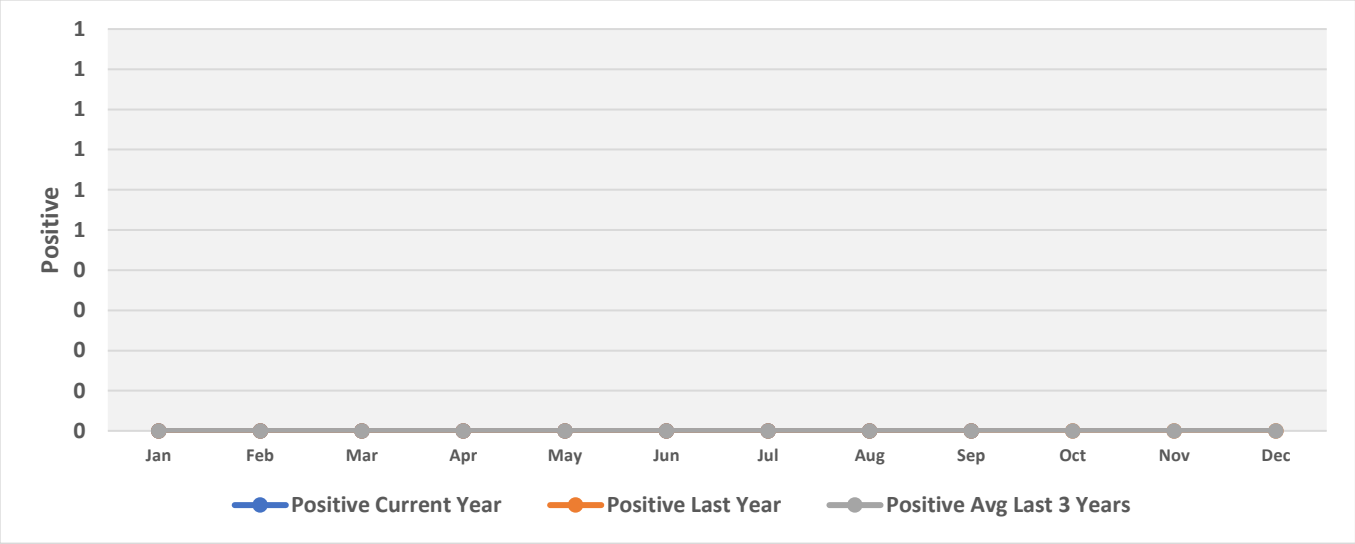
***Tested (Total Tested : BSE+RDT), Positive (Total Positive Cases), PF (Plasmodium falciparum) and TPR (Total Positivity Rate).**

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



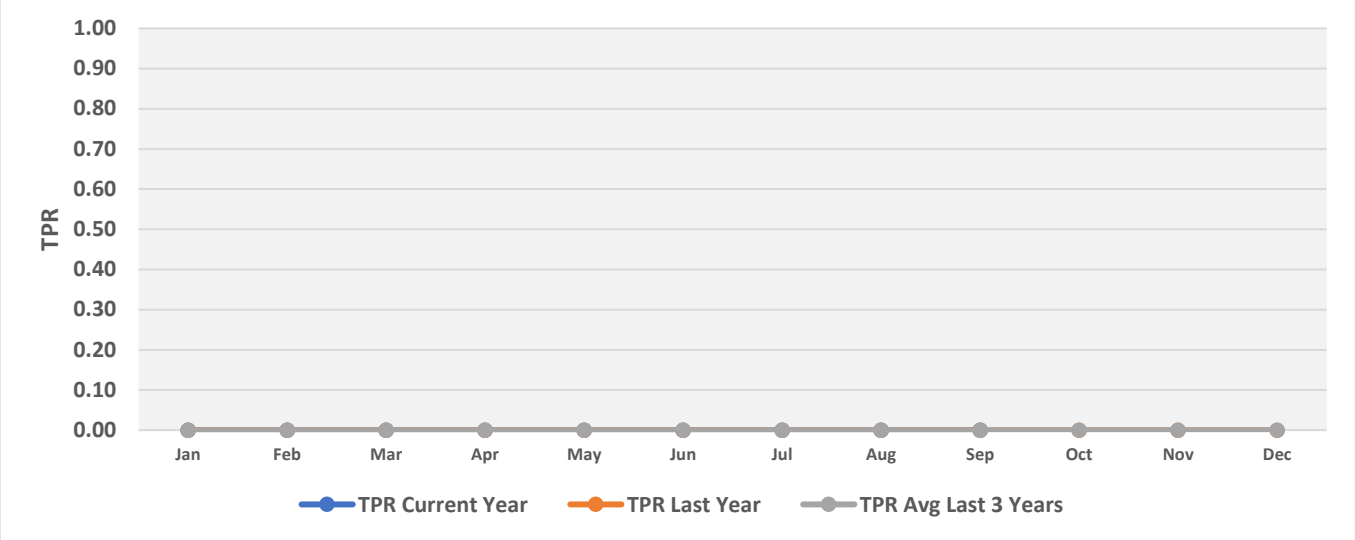
There is a decrease of Tested by 72.05% up to September, 2026 as compared to last three years average cumulative and also a decrease of Tested by 78.48% up to September, 2026 vis-à- vis up to September, 2025.

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



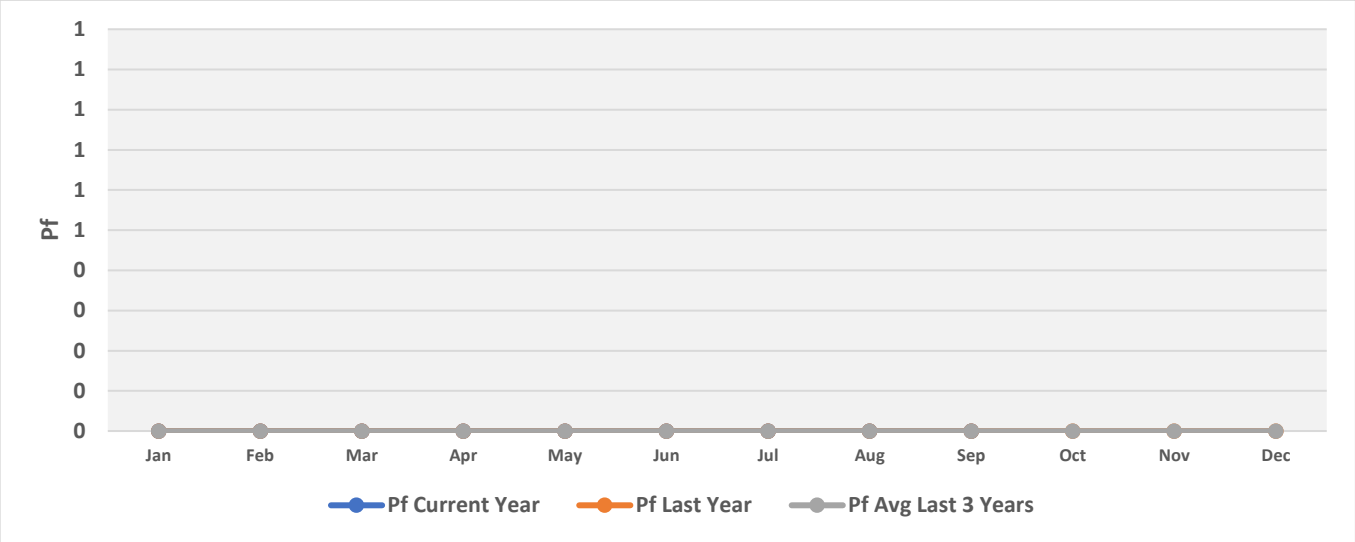
There is no %change in Positive up to September, 2026 from last year as well as last three years average cumulative.

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.

List of Districts showing a decrease in Surveillance in Category 0 States/UTs

SN	States/UTs	Districts/Units
1	Lakshadweep	Lakshadweep District

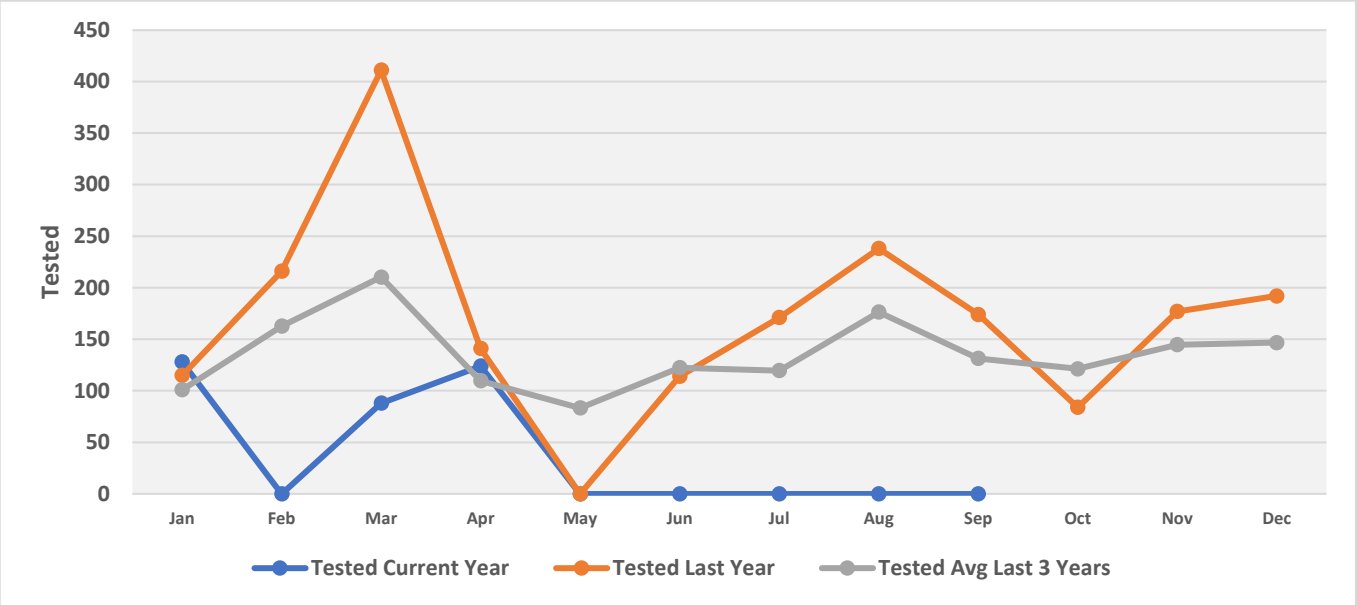
Current month data is compared with same month previous year data.

Action points for all Category 0 States/UTs:

- States/UTs need to perform data analysis at sub district level to identify hotspots and implement focal strategies.
- States/UTs need to focus on surveillance of migratory workers.
- States/UTs need to conduct private sector mapping and ensure 100% reporting.
- States/UTs need to conduct regular meetings of district and state task force for Malaria Elimination.

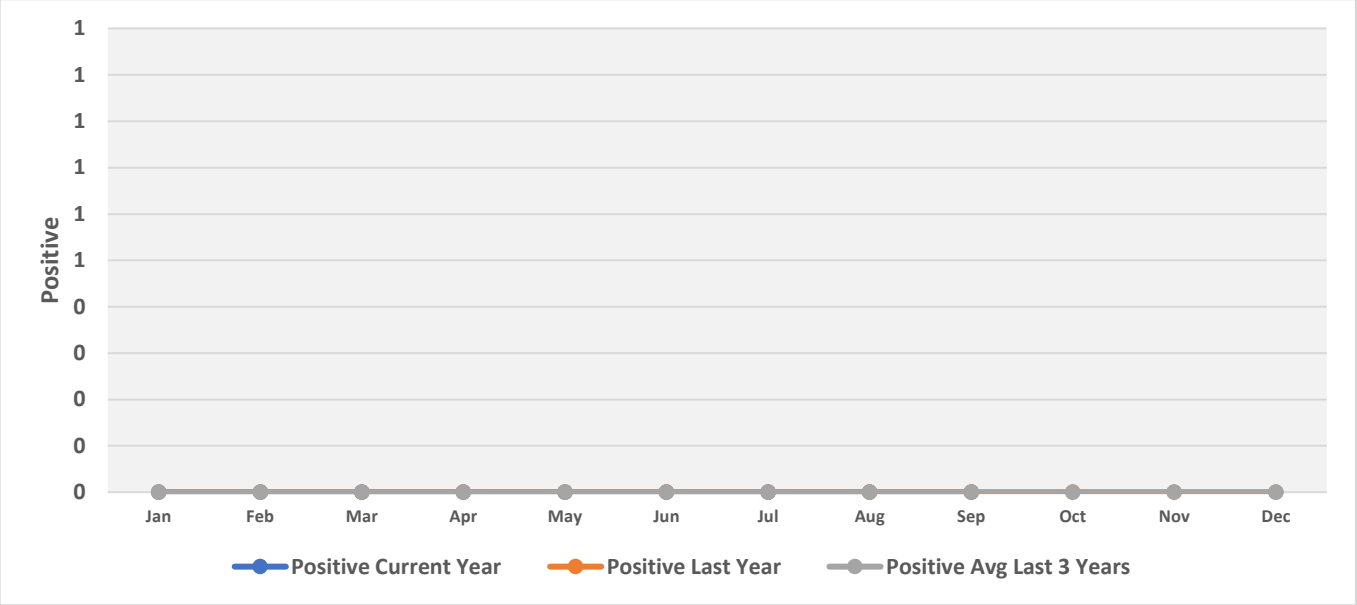
LAKSHADWEEP

GRAPH 1: MONTH WISE TREND OF TESTED IN LAKSHADWEEP



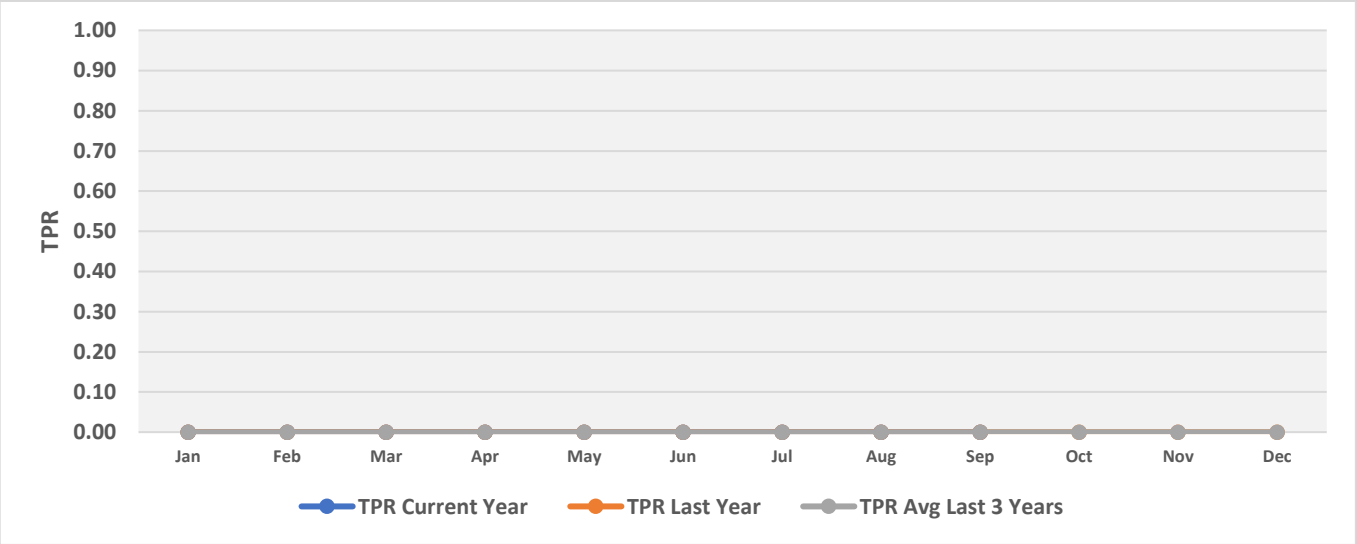
There is a decrease of Tested by 72.05% up to September, 2026 as compared to last three years average cumulative and also a decrease of Tested by 78.48% up to September, 2026 vis-à- vis up to September, 2025.

GRAPH 2: MONTH WISE TREND OF POSITIVE IN LAKSHADWEEP



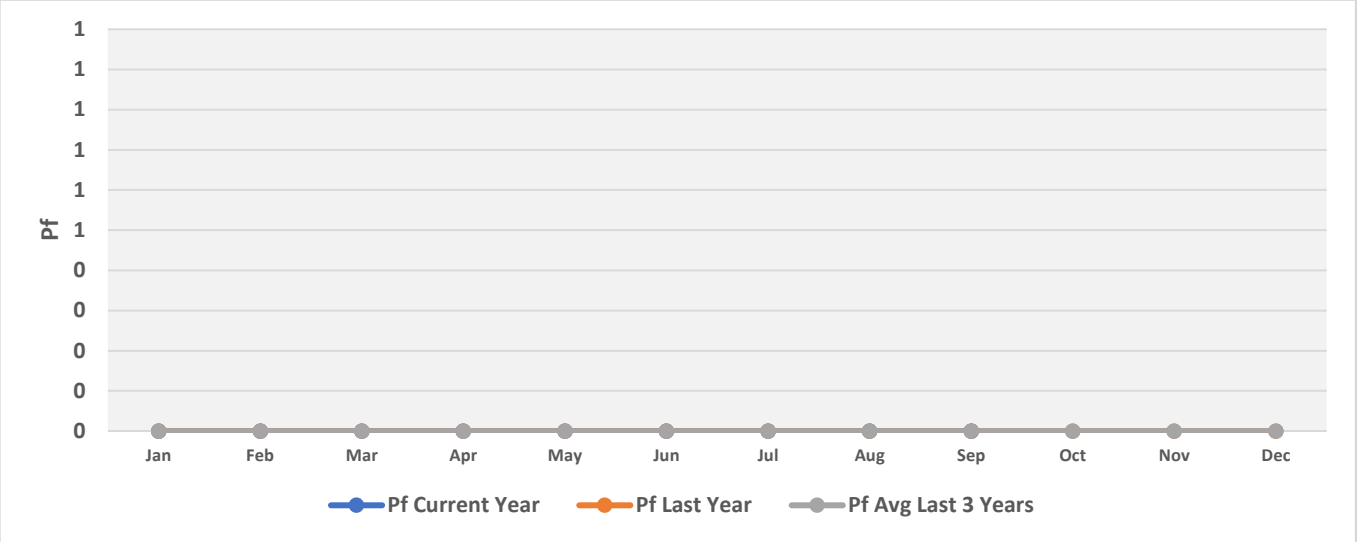
There is no %change in Positive up to September, 2026 from last year as well as last three years average cumulative.

GRAPH 3: MONTH WISE TREND OF TPR IN LAKSHADWEEP



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 LAKSHADWEEP



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%