

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

ORDERS BY THE GOVERNOR
NOTIFICATION

Dated Shillong, the 11th April, 2023.

No. Health.210/2004/Pt/240 : Whereas the Governor of Meghalaya is satisfied that the State of Meghalaya is moving towards Malaria Elimination under the National Framework for Malaria Elimination Programme (NFMEP) 2016-2030, and whereas to make this goal achievable and that all the malaria cases be captured and reported in the Government system of reporting.

Now, therefore in exercise of the powers conferred under section (1) of section (2) of the Epidemic Diseases, Act, 1897, the Governor of Meghalaya is pleased to make the following Regulations namely:-

1. Short title, extent and commencement:- (1) These Regulations shall be called the Meghalaya Epidemic Diseases Malaria Regulation, 2023.
 - (2) It shall extend to the whole State.
 - (3) It shall come into force from the date of publication of this Notification.
2. Definitions :- In these Regulations unless the context otherwise requires:
 - (a) "**Epidemic Diseases**" means Malaria;
 - (b) "**Passive Surveillance Centre**" means any place which may be declared by the Deputy Commissioner concerned in exercise of the powers conferred upon him to be a Passive Surveillance Centre, where a patient reports as a case of fever;
 - (c) "**Inspecting officer**" means a person appointed by the Director 'Health Services, Meghalaya or the District Medical & Health Officer of the district concerned to be an inspecting officer;
 - (d) "**Regulation**" means the Meghalaya Epidemic Malaria Regulation, 2022 and
 - (e) "**State**" means the State of Meghalaya.
3. **Powers and Functions of Inspecting Officer** :- (1) An inspecting officer, who is unavoidably prevented from discharging all or any of the functions may, by order in, writing, appoint the Senior Medical & Health Officer, Epidemiologist, Entomologist, Medical & Health Officer, Assistant Malaria Officer, Assistant Unit Officer, Health Supervisor, Multi Purpose Health Supervisor (Male), Multi Purpose Health Worker (Male), Entomologist Assistant, Field Assistant, Insect Collector or Insect Setter to discharge such functions. Every Officer so appointed shall, in so far as such functions are concerned, be deemed for the purpose of these regulations to be Inspecting Officer.
 - (2) An inspecting officer may enter any premises for the purpose of fever surveillance, treatment; anti-larval measures, fogging or spray. He may also authorize other persons of his team to enter such premises along with him as he considers necessary.
 - (3) An inspecting officer may put any question as he thinks fit in order to ascertain whether there is any reason to believe or suspect that such person is or may be suffering from Malaria and such person shall give answer to him.

(4) Due to the result of such inspection or examination or otherwise, if the Inspecting Officer considers that there is reason to believe or suspect that such person is or may be infected with Malaria, he may direct such person to give his blood slide or blood sample for examination and to take such treatment as the Inspecting Officer may deem fit. In case of minor, such order shall be directed to the guardians or any other adult member of the family of the minor.

(5) The Inspecting Officer may order any premises to be sprayed with the insecticide or enter domestic water collection to be treated with Larvicides.

4. **Preparation of blood slides for each fever case reported :-** (1) The doctors in Government Health institutions and the registered medical private practitioners of private hospitals or clinics are required to get the blood slides prepared for each fever case reported besides the presently adopted procedures of Rapid Diagnostic Test (RDT) antigen based only.

(2) A patient can be declared positive for malaria only on the basis of Microscopy result or RDT performed in areas where microscopy centre is not available. The information of positive case of Malaria should be sent to the nearest Government Health Institution after diagnosis.

(3) The Blood slides of the positive cases shall also be submitted to the representative of the Department of Health & Family Welfare within seven days.

(4) The officials as mentioned in sub-regulation (1) above should ensure the complete Radical Treatment of Malaria positive cases with Chloroquine/ACT along with Primaquine as per the Drug Policy of Malaria issued by the Government of India and Government of Meghalaya from time to time.

5. **Declaring as case of clinical or suspected Malaria until and unless confirmed by Microscopic examinations:-** The patient while presenting symptoms of malaria is negative for malaria by RDT and Microscopy or Microscopy is not done due to any reason, will be considered a case of **Clinical or Suspected Malaria**. Such case can be given full course of treatment with Chloroquine (25mg/kg BW divided over 3 days) except Primaquine and once diagnosed will be treated appropriately.

6. The doctors in Government Health institutions and the registered medical private practitioners of the private hospitals or clinics are required to suspect a fever case as a case of Malaria during the transmission period.

a. All the Government Health Institutions shall test Malaria by microscopic examination of the blood slide prepared from the capillary sample.

b. Private Hospitals and laboratories should preferably do microscopic examination of blood slide for Malaria testing. Whenever, RDT has to be used in a private hospital or-laboratory it has to be Antigen based RDT and the same should be approved as per NIMR (National Institute of Malaria Research)

i. The private hospital or laboratory using Antigen based RDT for Malaria testing shall be responsible for sensitivity and specificity of the.RDT.

c. Antibody based RDT is not-recognized for Malaria confirmation.

d. Traditional healers should refer all fever cases to the ASHAs/Health Institution for testing of malaria.

7. The information of the positive case of the Malaria has to be sent to the nearest Government Health Institution immediately after diagnosis. The blood slides of the positive cases should also be submitted to the representative of the Department of Health within seven (7) days.
8. The doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals or clinics should ensure complete Radical Treatment of the Malaria positive cases with ACT-AL along with Primaquine as per the Drug Policy of Malaria issued by Government of India.

a. As per GOI guidelines, single dose artemisinin should not be used for treatment of Malaria. Artemisinin has to be used in combination for treatment of falciparum Malaria

9. Responsibilities:

- (i) **Responsibility of the State Medical Department:-** The role and responsibility of the designated Officers and Staff of the State Medical Department will be as indicated in serial No. 3.
- (ii) **Responsibility of the Director of Health Services-** Deputy Director of Health Services (Malaria)-Cum-State Programme Officer, NVBDCP, Meghalaya of the Directorate of Health services is the overall in-charge designated to look after the Malaria Programme under the **National Framework For Malaria Elimination Programme (NFMEP), Government of India (2016-2030) having the goal to eliminate malaria from the Country by 2027**, whose responsibility is compilation/analysis of the disease (Malaria) prevalent and to suggest upon the strategies to control/intervention measures. He/She will be in touch with the Directorate, NVBDCP, Delhi and the Directorate of Health Services (MI), Shillong upon the Malaria situation in the State.
- (iii) **Responsibility of the District Medical & Health Officer-** At the District Level the District Medical & Health Officer is the overall in-charge of the Malaria Programme and is assisted by the office of the District Malaria Officer who then report to the State Programme Officer.
- (iv) **Responsibility of registered Doctors-** Every registered Doctor is to report the disease (Malaria) prevalent to the designated authority i.e., District Malaria Office every month, for this a reporting format is already in place at the facilities (M1, M2, M3 & M4).
- (v) **Responsibility of Hospitals-** Every hospital (Public & Private) where Malaria is diagnosed and treatment given is to report to the designated District Malaria Officer every month in the reporting format provided under the programme (M4 Format).
- (vi) **Responsibility of registered Laboratories and Clinics-** It is mandatory for all the registered Laboratories and Clinics to report to the District Malaria Office in the Lab format provided under the Programme.

The regulation shall come into force from the date of publication of this notification and shall remain valid until further orders.

Sd/-
Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.