

PA/RSE/1039  
Dated 29/5/18

Government of Rajasthan  
Department of Medical, Health & Family Welfare

No. F9(58)M&H/2/09 Pt.

Jaipur, dated 28/05/2010

Adl. D.M. & H.S. (RH.)  
DSF/mal 29/5/18

Notification

Whereas the Government of Rajasthan is satisfied that state is visited by Seasonal Influenza (H1N1), Dengue and Malaria and it thinks fit that the ordinary provision of the law which are in force in the state are insufficient for the said purpose,

Now, therefore, in exercise of the powers conferred by sub-section (1) of section 2 of the Rajasthan Epidemic Diseases Act, 1957 (Act No. 31 of 1957) the State Government hereby notify the Seasonal Influenza (H1N1), Dengue and Malaria as notifiable diseases, which are defined in the Schedule appended hereto and also empowers the Director of Health Services and the District Magistrate of the Districts to take such measures to prevent the outbreak and spread of H1N1 influenza, Dengue and Malaria disease for the areas within their jurisdiction.

SCHEDULE

Definitions:-

**Dengue:** Dengue fever is an acute febrile illness of 2-7 days duration (sometimes with two week) with two or more of the following manifestation:-

Headache, Retro-orbital pain, Myalgic/arthralgia, Rash, Hemorrhagic manifestations (petechiae and positive tourniquet test), Leucopenia.

Dengue Hemorrhagic Fever DHF is a probable case of dengue and hemorrhagic tendency evidenced by one or more of the following:-

- (a) Positive tourniquet test Petechiae, ecchymosis, or purpura.
- (b) Bleeding form mucosa (mostly epistaxis or bleeding of gums), injection sites or other sites.
- (c) Haematemesis or melena.
- (d) Thrombocytopenia (Platelets 100,000/ cu. mm or less) and Evidence of leakage due to increased capillary permeability.

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**Dengue Shock Syndrome (DSS):** All the above criteria of DHF plus signs of circulatory failure manifested by rapid and weak pulse, narrow pulse pressure (< or equal to 20 mm Hg); hypotension for age; cold and clammy skin and restlessness.

For confirmation of Dengue infection Government of India recommends use of ELISA based antigen detection test (NS1) for diagnosing of the cases from 1<sup>st</sup> day onwards and antibody detection test IgM capture ELISA (MAC ELISA) for diagnosing the cases after 5<sup>th</sup> day of onset of disease.

For operational simplicity, the type of Health establishments will be divided into three categories:-

- (a) Laboratories
- (b) Private practitioners/clinic (single)
- (c) Hospitals/Poly Clinic/ Nursing Home

**Seasonal Influenza (H1N1):**

**Suspected case:** A Suspected case of Influenza A (H1N1) 2009 is defined as a person with acute febrile respiratory illness (fever  $\geq 38^{\circ}\text{C}$ ) with onset

- (a) within 7 days of close contact with a person who is confirmed case of influenza A (H1N1) 2009 virus infection; or
- (b) within 7 days of travel to areas where there are one or more confirmed cases; or
- (c) resides in a community where there are one or more confirmed influenza A (H1N1) 2009 cases.

**Probable case:** A probable case of influenza A (H1N1) 2009 virus infection is defined as a person with an acute febrile respiratory illness who-

- (a) is positive for influenza A but unsubtypable for H1 and H3 by influenza RT-PCR or reagents used to detect seasonal influenza virus infection; or

(b) is positive for influenza A by an influenza rapid test or an influenza immunofluorescence assay (IFA) and meets criteria for a suspected case; or

(c) individual with a clinically compatible illness who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.

**Confirmed case:** A confirmed case of pandemic influenza A (H1N1) 2009 virus infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed influenza A (H1N1) 2009 virus infection at WHO approved laboratory by one or more of the following tests:-

(a) Real Time PCR

(b) Viral culture

(c) Four-fold rise in influenza A (H1N1) virus specific neutralizing antibodies.

**Malaria:** A human disease that is caused by sporozoan parasites (genus *plasmodium*) in the red blood cells, is transmitted by the bite of anopheline mosquitoes, and is characterized by periodic attacks of chills and fever.

**Malaria case:** Occurrence of malaria infection in a person in whom the presence of malaria parasite in the blood has been confirmed by a diagnostic test.

By order and in the name of the Governor,

  
(Paras Chand Jain)

Dy. Secretary to the Government

A copy of the above is forwarded to necessary action:-

- 1 Additional Chief Secretary, UDH Govt. of Rajasthan Jaipur.
- 2 Secretary, Medical Education, Govt. of Rajasthan.
- 3 All the Commissioners of Divisions in the State of Rajasthan.
- 4 All the Deputy Commissioners in the State of Rajasthan.

- 5 The Managing Director National Health Mission, Rajasthan.
- 6 All Districts Collectors of Rajasthan.
- 7 Joint Secretary (Group-1, 2 & 3) Medical Health/Education Govt. of Rajasthan.
- 8 A copy of the above is forwarded to the Contoller printing & Stationary Rajasthan
- 9 The Director (PH) Medical & Health Services Rajasthan.
- 10 The Director (RCH) Medical & Health Services Rajasthan.
- 11 The Director Health Services (SI), Rajasthan for circulation to all DDPOs, BDPOs and Rural Medical Officers of the State.
- 12 The Principal & Controller, All Government Medical College, Rajasthan.
- 13 The Additional Director, Medical Education Rajasthan.
- 14 DLR Secretariat/ Directorate Medical & Health.
- 15 The President, Indian Medical Association, Rajasthan for information and circulations of all the Doctors in the State of Rajasthan.
- 16 The Director Research and Medical Education, Rajasthan.
- 17 The Director Rural Development and Panchayats, Rajasthan for Circulation to all DDPOs, BDPOs and Rural Medical Officers of the State.
- 18 All the CMHO Rajasthan.

Assistant Secretary to the Government

No. F9(58)M&H/2/09 Pt.

Jaipur, Dated: 28/05/2018

**Notification**

Whereas the State Government is satisfied that the state of Rajasthan is threatened with the outbreaks of Dangerous epidemic disease namely Malaria, Seasonal Influenza (H1N1) and Dengue and that the ordinary provisions of law for the time being in force are insufficient for the purpose.

Now, therefore, in exercise of the powers conferred by sub-section (2) of section 2 of the Rajasthan Epidemic Diseases Act, 1957 (Act No. 51 of 1957), the State Government is hereby prescribes the following regulations, namely:

1. These regulations may be called the Rajasthan Epidemic Disease (Malaria, Seasonal Influenza (H1N1) and Dengue) Regulations, 2018.
2. In these regulations unless the context otherwise requires-

(i) "Epidemic Disease" means Malaria, Seasonal Influenza (H1N1) and Dengue.

(ii) "Passive Surveillance Centre" means any place which may be declared by the Director (Public Health) Medical, Health & Family Welfare Services, Rajasthan in exercise of the powers conferred upon him to be Passive Surveillance Centre, where a patient reports as a case of fever.

(iii) "Inspecting Officer" means a person appointed by the Director (Public Health), Health and Family Welfare, Rajasthan, District Magistrate or the CMHO (Chief Medical & Health Officer) of the district concerned.

3. An inspecting Officer, who is unavoidably prevented from discharging all or any one of the functions may by order in writing appoint any officer of the level of Senior Medical Officer, Epidemiologist, Entomologist, Medical Officer, Assistant Malaria Officer, Health Supervisor, Health Worker Male/ANM, Insect Collector to discharge such functions. Every officer/official so appointed shall so far as such functions are concerned be deemed for the purpose of these regulations to be an Inspecting Officer.

4. An Inspecting Officer may enter any premises for the purpose of fever surveillance, Treatment, anti-malarial insecticide, Indoor Residual spray & focal spray. He may also authorize other persons of his team to enter such premises along with him as he considers.

5. 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, Seasonal Influenza (H1N1) and Dengue and such person shall give answer to him.

6. Whether as a result of such inspection or examination or otherwise the Inspecting Officer considers that there is reason to believe or suspect that such person is or may be infected with Malaria, Seasonal Influenza (H1N1) and Dengue, Inspecting Officer may direct such person to give his blood slide/blood sample for examination and to take such treatment as the Inspecting Officer may deem fit. In case of the minor, such order shall be directed to the guardians or any other adult member of the family of the minor.

7. The Inspecting Officer may order any premises to be sprayed with the insecticide or domestic water collection to be treated with suitable larvicides.

8. (1) No person shall-

(a) keep or maintain any collection of standing or flowing water in which mosquitoes breed or are likely to breed; or  
(b) cause, permit or suffer any water within such area to form a collection in which mosquitoes breed or are likely to breed, unless such collection has been effectively protected to prevent such breeding.

(2) The natural presence of mosquito larvae, pupae in any standing or flowing water shall be evidence that mosquitoes are breeding in such water in premises institutions, offices or dwelling units.

9. (1) The Inspecting Officer may warn first time by notice in writing require the owner or the occupier of any place, containing any collection of water in which mosquitoes breed or are likely to breed, within such time as may be specified in notice, not being less than 24 hours, to take

such measures with respect to the same or to treat the same by physical, chemical, biological and other methods or as the Inspecting Officer may consider suitable in the circumstances for the prevention and control of Seasonal Influenza (H1N1), Malaria, Dengue and Vector Borne Disease.

(2) If the person on whom a notice is served under sub-regulation (1) above fails or refuses to take measures or adopt the method of treatment, specified in such notice within the time mentioned therein, the Inspecting officer may himself take such measures or adopt the method of such treatment and recover the cost along with service charges for doing so, from the owner or occupier of the property, as the case may be.

10. The doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals/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. Wherever, RDT has to be used in private hospital or laboratory it has to be Antigen based RDT and the same should be approved as per latest guidelines of NVBDCP (National Vector Borne Disease Control Programme, GoI).

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

11. The information of the positive case of the Malaria has to be sent to the Chief Medical & Health Officer of the district immediately after the diagnosis. The blood slide of the positive cases should also be submitted to the representative of the Department of Health within seven days.

12. The Doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals/clinics should ensure the complete Radical Treatment of the Malaria positive cases, with Chloroquine/ACT along with Primaquine as per the Drug Policy of Malaria issued by Government of India and Government of Rajasthan, from time to time.

13. The doctors in Government Health Institutions and the registered medical practitioners of the private hospitals/clinics are required to immediately inform the Chief Medical & Health Officer Office of the concerned district, if a suspected case of Malaria, Seasonal Influenza (H1N1) and Dengue is reported at their health institution.

14. The blood sample of all Dengue suspected cases have to be sent at the sentinel Surveillance Hospital (SSH) in the Government Health Institution of the district concerned, to be tested by ELISA (Enzyme Linked Immunosorbent Assay) technique.

(a) A suspected case of dengue has to be tested with NS1 Antigen ELISA technique if the fever is of less than 5 days duration.

(b) A suspected case of Dengue has to be tested with IgM Mac Antibody ELISA technique if the fever is of more than 5 days duration.

(c) Use of RDKs for confirmation of Malaria and Dengue is not recommended by the National Vector Borne Disease Control Programme (NVBDCP), Government of India due to its low sensitivity and specificity.

(d) The information of the positive case of the Malaria, Seasonal Influenza (H1N1) and Dengue line list with complete address & contact numbers should be sent to the office of the Chief Medical & Health Officer immediately after the diagnosis in order to take remedial measures in the hospital concerned.

(e) The hospital in charge shall be held responsible if the information of a suspected or confirmed case is not sent to the Department of health and family welfare thus delaying the remedial preventive measures.

(f) It would henceforth be mandatory for all stakeholders to report cases and deaths due to Malaria, Seasonal Influenza (H1N1) and Dengue.

15. The management of the Malaria and Dengue suspected/confirmed cases need to be done as per the guidelines issued by the Government of India from time to time and available on the website of the Directorate of NVBDCP, Government of India and the Department of Medical, Health and family welfare, Rajasthan.



16. For Seasonal Influenza (H1N1) all doctors in Government Health institutions and the registered medical private practitioners of the private hospitals/clinics should strictly follow MoHFW (Ministry of Health & Family Welfare), Government of India technical guidelines, time-to time updated on websites (<http://idsp.nic.in/>, <https://mohtfw.gov.in/>)-

(a) Seasonal Influenza A H1N1 Guidelines for vaccination with Influenza Vaccine

(b) Clinical Management Protocol for Seasonal Influenza

(c) Guidelines for Providing Home Care

(d) Guidelines on use of masks for health care workers, patients and member of Public

(e) Guidelines on Risk categorization

17. Whoever contravenes any of the provisions of these regulations, disobeys any order or requisition issued thereunder or obstructs any measures which are required to be taken by the Government for which the Malaria, Swine flu and Dengue and Other Vector Borne Disease controlling Officer has been required or empowered to take under these regulations shall be deemed to have committed an offence under section 188 of the Indian Penal Code, 1860 rendering himself able to punishment provided therein with a fine of Rs. 500/- (Rupees five hundred only) for each offence.

These regulations shall come into force with immediate effect.

By order and in the name of the Governor,

(Paras Chand Jais) 

Dy. Secretary to the Government

A copy of the above is forwarded to necessary action:-

1. Additional Chief Secretary, UDH Govt. of Rajasthan Jaipur.
2. Secretary, Medical Education, Govt. of Rajasthan.
3. All the Commissioners of Divisions in the State of Rajasthan.
4. All the Deputy Commissioners in the State of Rajasthan.
5. The Managing Director National Health Mission, Rajasthan.
6. All Districts Collectors of Rajasthan.

Joint Secretary (Group-1/2 & 3) Medical Health/Education Govt. of Rajasthan

A copy of the above is forwarded to the Controller Printing & Stationary Rajasthan

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