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Extraordinary

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महत्वपूर्ण सरकारी आज्ञायें।

**Department of Medical, Health & Family Welfare**  
NOTIFICATION

**Jaipur, May 28, 2018**

No. F9(58)M&H/2/09 Pt. -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. 31 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 anyone 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 for as such functions are concerned be deemed for the purpose of these regulations to be an Inspecting Officer.
4. An Inspecting Office may enter any premises for the purpose of fever surveillance, Treatment, anti-larval measures, 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 Office 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 like 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 any 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 private 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://mohfw.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. Whosoever 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 Jain,  
**Dy. Secretary to the Government.**

Government Central Press, Jaipur.