



# Evaluation of malaria surveillance in government health facilities under Integrated Disease Surveillance Program in six districts of Chhattisgarh, India, 2023

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## Background

**2/3** Malaria cases in Southeast Asia contributed by India

## Rationale

**8%** Sensitivity of system in 2019

**2021** New Information system launched  
IHIP: Integrated Health Information Platform

## Objective

Evaluate the malaria surveillance system under IDSP in six districts of Chhattisgarh, India, in May 2023

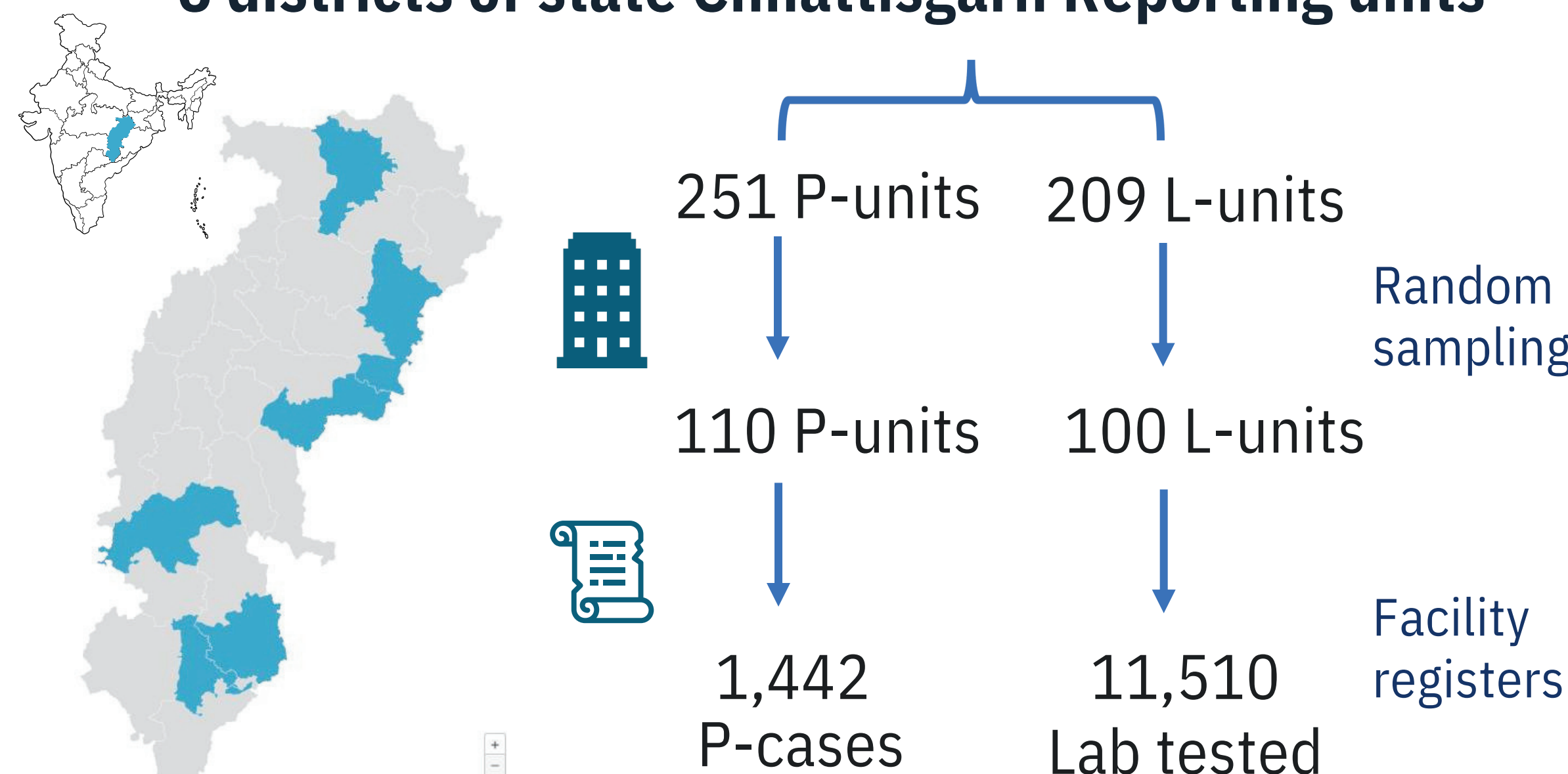
## Methods

Descriptive cross-sectional study | May 2023

**Probable case definition:** Fever & any two of the following symptoms: chills, sweating, jaundice, convulsions, coma, shock, splenomegaly, pulmonary edema, or death

**Lab-test criteria:** Slide microscopy (Parasite) OR antigen-detecting Rapid Diagnostic Tests +ve

### 6 districts of state Chhattisgarh Reporting units



Centers for Disease Control (CDC) surveillance system guidelines

**Data source**  
1. Surveillance data reporting portal: IHIP  
2. Facility records: P & L forms

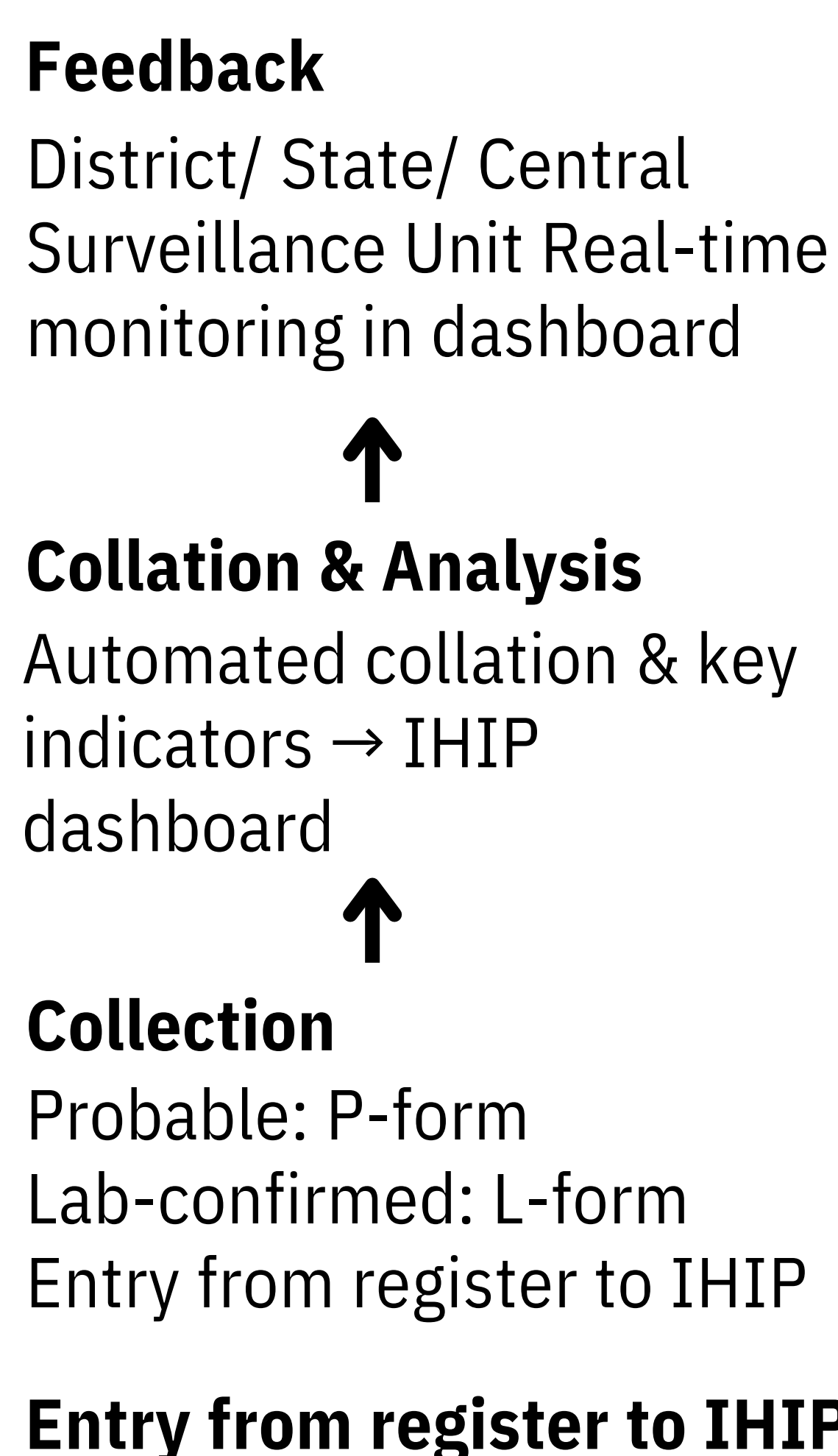
Attributes	Description
Usefulness	Ability to detect patterns
Sensitivity	Ability to capture cases from register
Data Quality	Complete & valid entries in IHIP
Timeliness	To capture cases timely (<24hours)
Acceptability	To report consistently

**Data collection tool**  
Abstraction sheet from registers and IHIP

# Malaria surveillance system underestimates burden and potential outbreaks



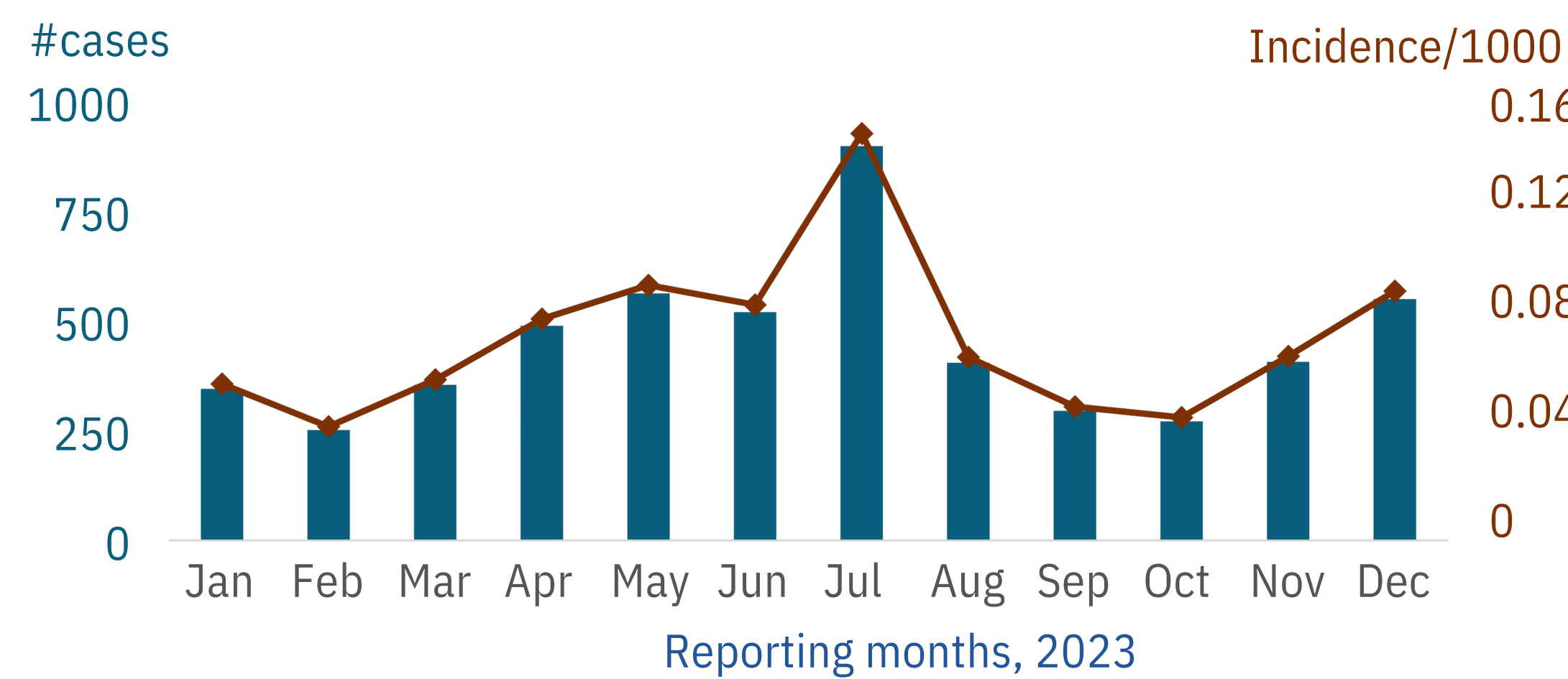
## Surveillance System Flow



## Results

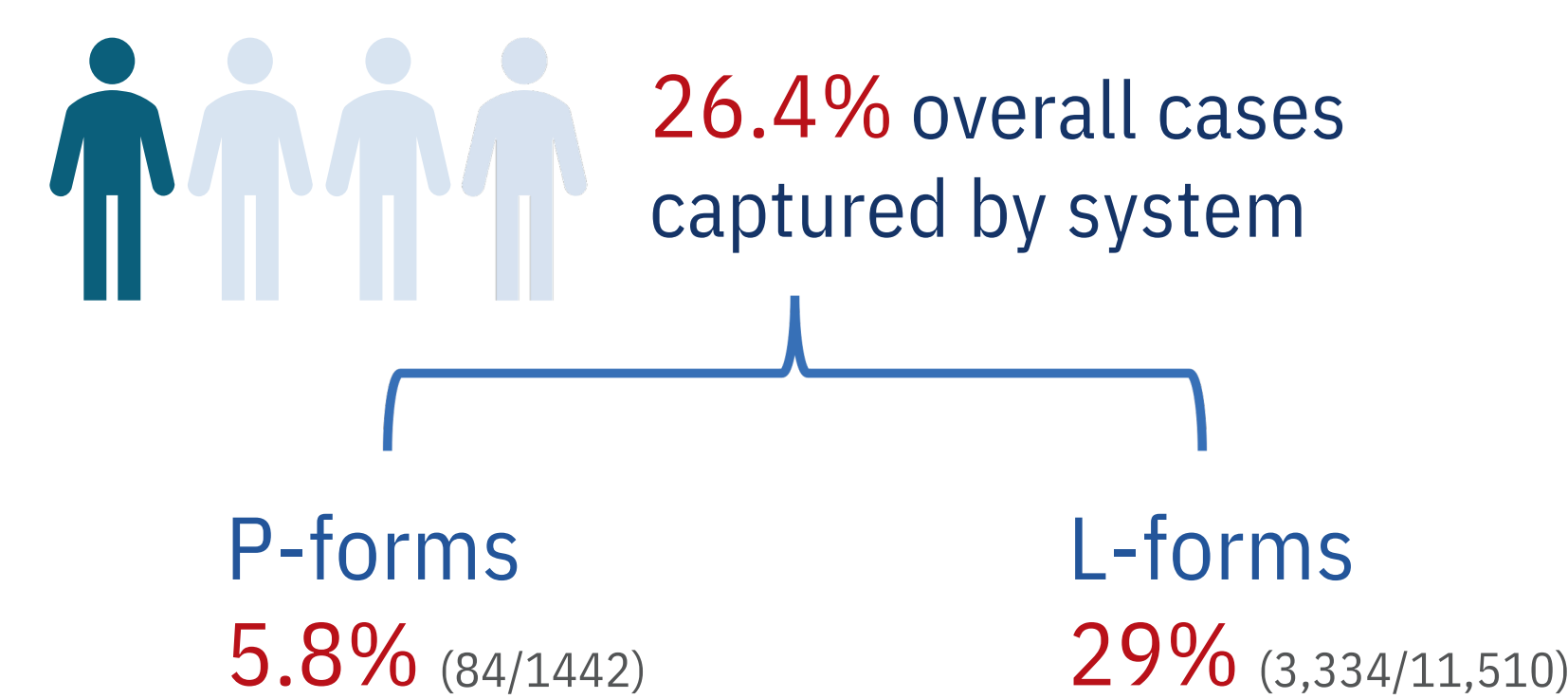
### Usefulness

Ability to detect patterns on key indicators



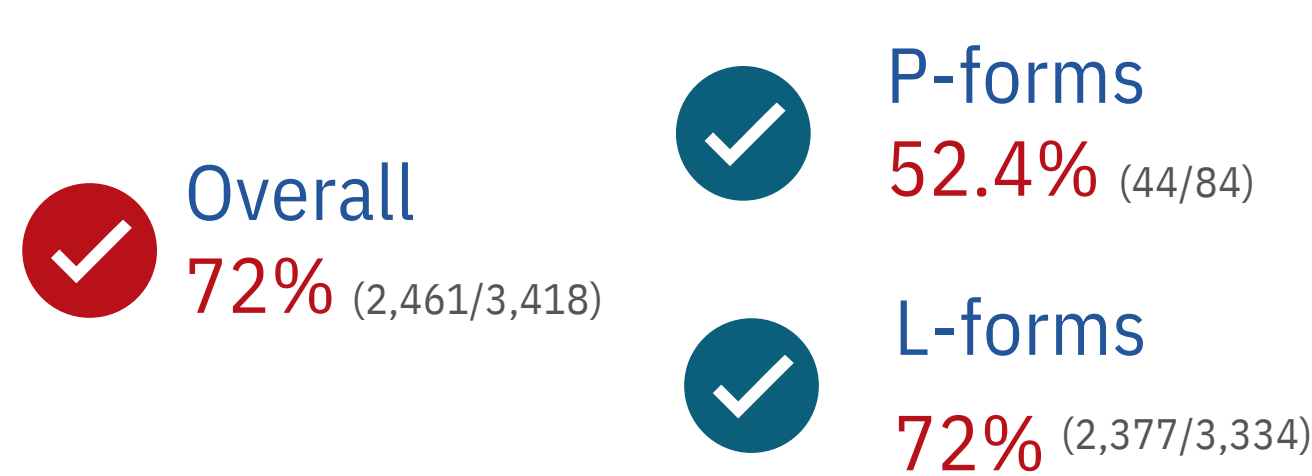
### Sensitivity

% forms reported to system compared to registers



### Data Quality

% forms with valid entries



100% completeness: Key variables

### Acceptability

% facility reported atleast once/week



### Timeliness

% forms reported within 24 hours



## Conclusion

**Case Reporting**  
Missing outbreaks

**Testing Reporting**  
Blood examination rates underestimation

Low sensitivity

## Recommendations

1. Malaria surveillance system is acceptable and limits sensitivity and data validity
2. Include private health facilities in future evaluations
3. Explore reasons for low reporting
4. Supportive supervision and regular training for entry in surveillance system
5. Quality improvement initiatives to address setting specific issues