

About Integrated Disease)Surveillance

Program (IDSP)

- IDSP was launched in 2004 to create a nationwide system for monitoring epidemic-prone diseases.
- In 2012–13, it was brought under the National Health Mission (NHM) for better integration with public health programs.
- This strengthened disease reporting and outbreak response across India.

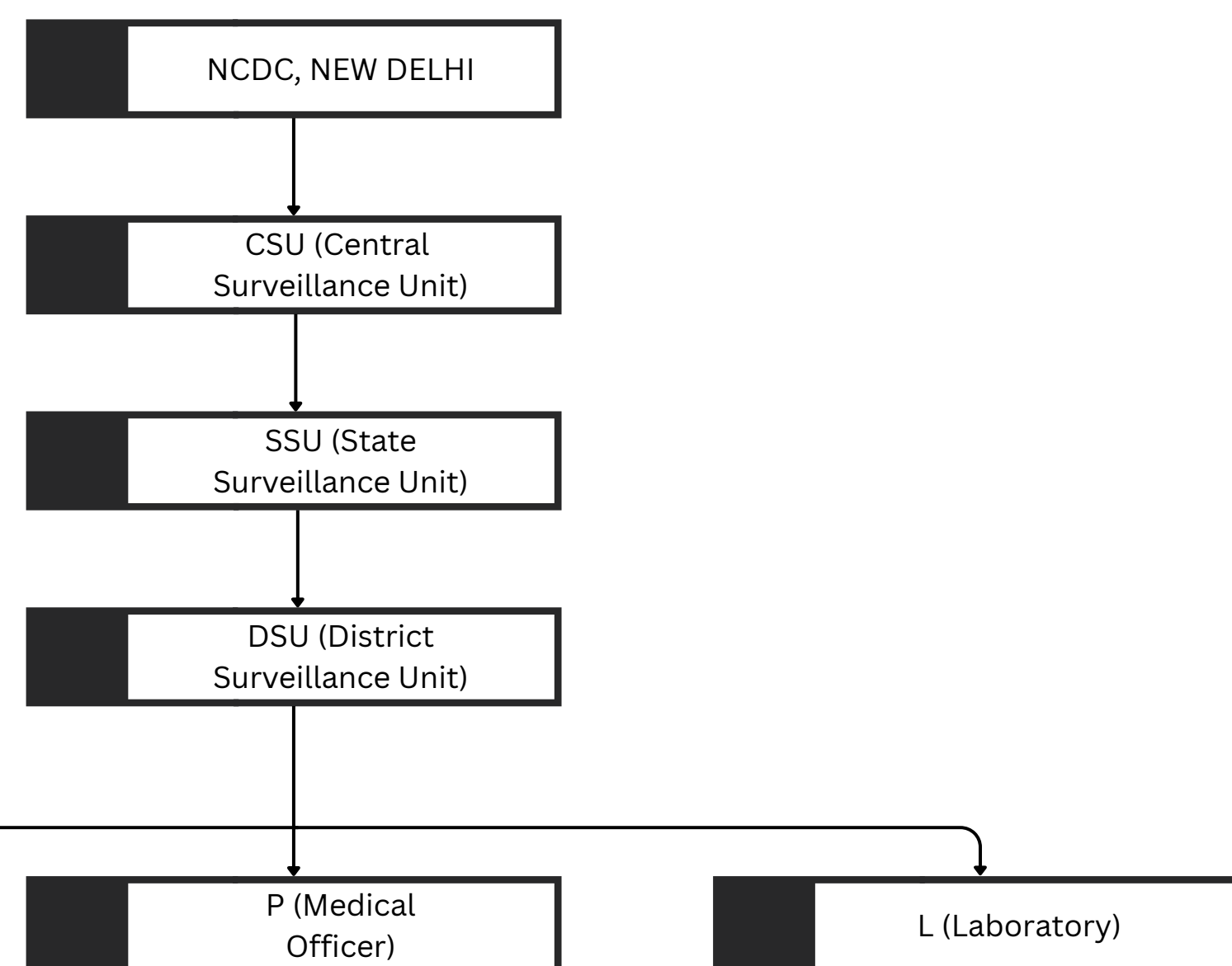
Vision

- To establish a nationwide, responsive, and integrated disease surveillance system that enables early detection and effective control of epidemic-prone diseases, reducing illness and deaths through timely public health action.

Mission

- Strengthen disease surveillance across the country.
- Establish a decentralized, state-based system for epidemic-prone diseases.
- Detect early warning signals to spot potential outbreaks quickly.
- Enable timely and effective public health actions at district, state, and national levels.

Organizational Structure

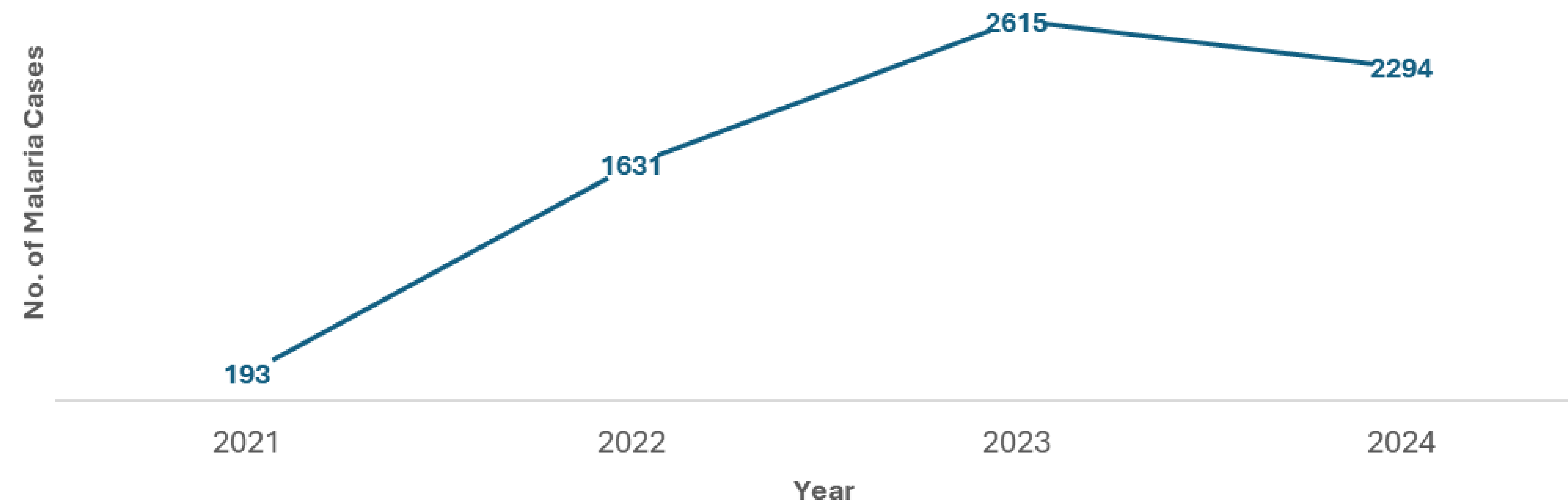


Objectives:

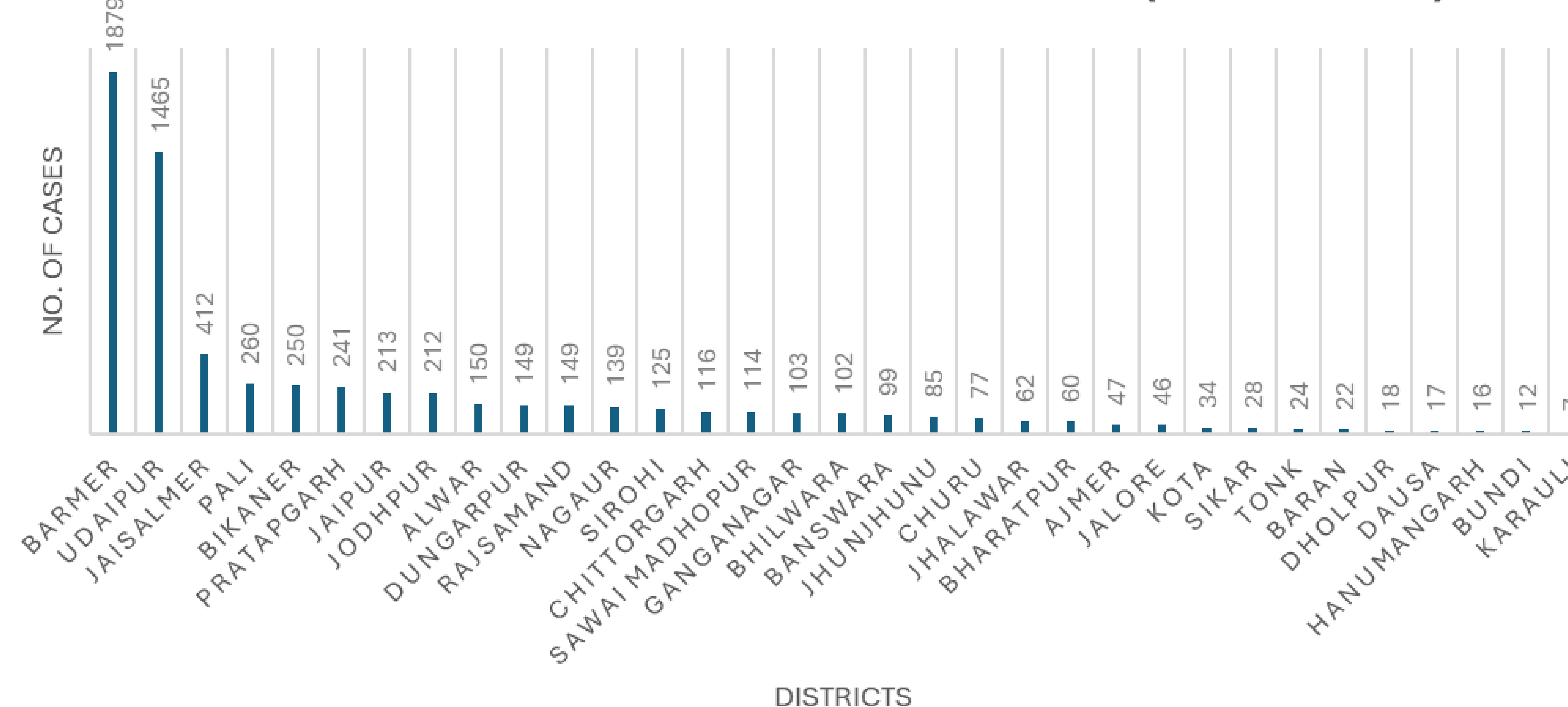
To analyze four-year malaria trends in Rajasthan

- An observational study (2021–2024) reported a total of 6,733 malaria cases in Rajasthan, with 54.2%; males slightly more affected than females.
- Plasmodium vivax was the leading parasite (71.2%), followed by P. falciparum (22.5%) and mixed infections (6.3%).
- The 18–39 age group was most impacted, while children (0–17) had higher rural incidence and the elderly (60+) experienced greater severity
- Malaria cases declined sharply from 21,032 (2017–2020) to 6,733 (2021–2024).
- Reporting dipped in 2020–2021 due to the COVID-19 pandemic.
- The overall trend shows steady progress toward India’s Malaria Elimination goal of zero cases by 2030.

TREND IN POSITIVE MALARIA CASES (2021-2024)



DISTRICT WISE CASES OF MALARIA (2021-2024)

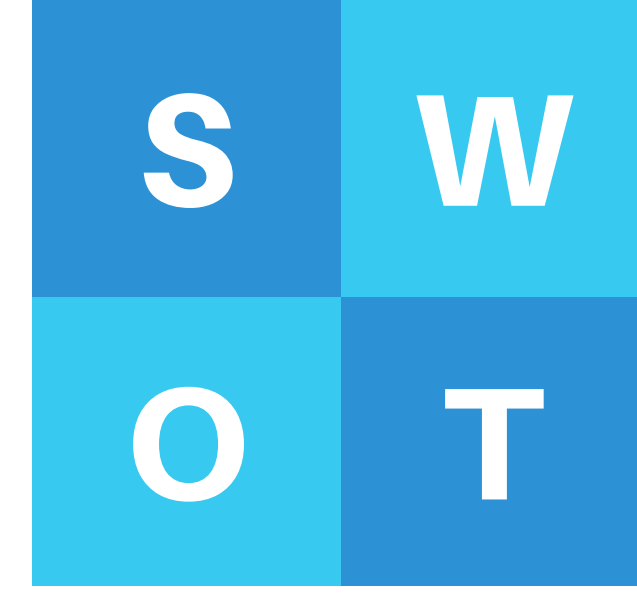


STRENGTHS

- Nationwide government-backed network for outbreak detection and response.
- Standardized reporting and Rapid Response Teams ensure timely interventions.

OPPORTUNITIES

- Use of digital health platforms & AI for prediction and faster alerts.
- Strengthening public-private partnerships for wider coverage.



WEAKNESSES

- Limited private-sector reporting creates data gaps.
- Delayed and manual reporting weakens early warning in some regions.

THREATS

- New infectious diseases
- Dependence on state-level commitment for effective implementation

Practical Exposure V/S Theoretical understanding

- University learning provided concepts of disease surveillance, reporting frameworks, and public health systems.
- The SIP at the IDSP unit turned this theoretical knowledge into practical exposure.
- Faced real-world challenges like data gaps and reporting delays.
- Gained hands-on experience using the IHIP portal for data reporting.
- Analyzed COVID-19 and malaria trends to understand disease patterns.
- Observed how surveillance data drives outbreak response and policy decisions, bridging the gap between classroom theory and field practice.

Recommendations

- Spraying and insecticidal nets distribution to control mosquito breeding.
- Targeted treatment with primaquine and ACTs, plus mobile units.
- Expanded testing and weekly reporting via IHIP.
- Awareness campaigns for high-risk groups on prevention.
- Drainage improvements and malaria-proof housing.
- Strengthened health centers with staff, diagnostics, and medicines.

Learnings During Summer Training

- Prepared monthly IDSP bulletins for state reporting.
- Analyzed COVID-19 and malaria trends in Rajasthan.
- Learned the disease reporting workflow.
- Gained hands-on IHIP portal training.
- Saw how timely reporting enables outbreak response.
- Understood how surveillance guides health policies

Challenges Faced

- Data gaps and under-reporting from rural and private facilities.
- Initial difficulty learning and navigating the IHIP portal.
- Technical glitches and internet issues disrupting real-time reporting.
- Data inaccuracies requiring repeated checks and validation.
- Handling large COVID-19 and malaria datasets was time-consuming.

