



Haryana Government Gazette

EXTRAORDINARY

Published by Authority

© Govt. of Haryana

No. 27-2026/Ext.] CHANDIGARH, TUESDAY, FEBRUARY 17, 2026 (MAGHA 28, 1947 SAKA)

(To be substituted bearing same no. & date)

HARYANA GOVERNMENT

HEALTH DEPARTMENT

Notification

The 13th March, 2024

No. 46/06/2022-5HB-II.— Whereas, the Governor of Haryana is satisfied that the State of Haryana is threatened with the outbreaks of dangerous epidemic diseases namely Malaria, Dengue, Chikungunya & Japanese Encephalitis (JE) 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 Section 2 of the Epidemic Diseases Act, 1897, the Governor of Haryana is pleased to make the following regulations, namely:-

1. These regulations may be called the Haryana Epidemic Diseases (Malaria, Dengue, Chikungunya & Japanese Encephalitis (JE)) regulations, 2024.
2. In these regulations, unless the context otherwise requires:-
 - (a) “Epidemic Diseases” means Malaria, Dengue, Chikungunya & Japanese Encephalitis (JE).
 - (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 General Health Services, Haryana or the Civil Surgeon of the district concerned in the State of Haryana to be an Inspecting Officer.
3. An Inspecting Officer, who is unavoidably prevented from discharging all or any of the functions may by order in writing appoint Deputy Civil Surgeon (VBD), Senior Medical Officer, Biologist, Epidemiologist, Entomologist, Medical Officer, Senior Malaria Inspector, Multipurpose Health Supervisor, Multipurpose Health Workers, 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-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.
 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, Dengue, Chikungunya, Japanese Encephalitis (JE) and such person shall give answer to question so put 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, Dengue, Chikungunya or Japanese Encephalitis (JE), 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 insecticide or inter-domestic water collection to be treated with Larvicides.
 8. It is mandatory for all Govt./Private health institution/hospital/clinic/labs to send information to respective Civil Surgeon about detection of any confirmed case of any Vector Borne Diseases i.e. Malaria, Dengue, Chikungunya and Japanese Encephalitis (J.E.)/AES in their institution within 24 hours of detection with complete history. The department emphasized the importance of notification of each and every case of VBDs to ensure the timely management & to prevent the outbreak of VBDs which will further reduce the morbidity and mortality due to VBDs and importance of updating the same on the IHIP portal.
 9. Any Govt./Private health institution/hospital/clinic/labs should declare a malaria positive case only after confirmation by Malaria Microscopy or through Antigen Based Rapid Diagnostic Test. Blood Slide or RDT of the confirmed malaria case should be provided to the respective health authorities whenever asked to do so. Complete Radical Treatment (RT) to the Malaria positive case should be provided as per the Drug Policy of Malaria issued by Government of India from time to time. Coordination with respective Govt. Health Authorities should be established to ensure the administration of full course of Radical Treatment to the malaria positive case. They should ensure the management of the Dengue/Chikungunya/J.E. suspected/ confirmed cases as per the guidelines issued by the Government of India from time to time which are available on NVBDCP website www.nvbdc.gov.in/ www.ncvbdc.gov.in
 10. Any Govt./Private health institution/hospital/clinic/labs should declare a dengue positive case only after confirmation by ELISA based NS1 or ELISA based IgM or RT-PCR. The NS1 antigen test is to be done for Dengue patients having fever for less than 5 days and IgM antibody test is to be done for Dengue patients having fever for more than 5 days.
 11. All private health institution/hospital/clinic/labs should not charge more than Rs.600/- for recommended dengue test i.e. ELISA based NS1 and ELISA based IgM.
 12. The private health institution/hospital/clinic/labs where ELISA facility for dengue test is not available, may refer the patient or send their blood samples to nearby Govt. SSH/Dengue Testing Lab for confirmation of dengue. Without confirmation through recommended dengue test i.e. ELISA based NS1 or ELISA based IgM, no patient should be declared dengue positive.
 13. Private hospital shall not charge more than Rs. 11,000/- for Single Donor Platelets (SDP) per patient, if needed.
- 13a Following will constitute a offence under this notification:-
- A. Protocol approved under NVBDC for the diagnosis and management of VBDs not followed by hospitals/labs/doctors.
 - B. Confirmed cases of notifiable disease by Lab./Hospital not reported to the district health authorities.
 - C. Reporting as confirmed case of VBDs (Malaria, Dengue, Chikungunya & Japanese Encephalitis, JE) on IHIP portal or by any other mean without, undertaking a confirmatory test.
 - D. Incorrect/Incomplete address & phone no. being reported.

13b. Penal provisions: In case, violation of points A,B,C&D mentioned above, is proven, the following penal provisions may be invoked by the Inspecting officer:-

- a. For Ist time violation - - penalty of Rs. 1,000/-
- b. For IInd time violation - - penalty of Rs. 5,000/-
- c. For IIIrd time or subsequent violation - - penalty of Rs. 10,000/-

For any further noncompliance action under Section 3 of The Epidemic Diseases Act. 1897 will be taken.

Appeal: -

The appeal against the penalty by the Inspecting officer can be made/ furnished with 30 days to the Appeal Committee under the chairmanship of Civil Surgeon, and one eminent person and Representative of district IMA.

14. These regulations shall come into force at once and shall remain in force up to 31st March, 2027.

DR. SUMITA MISRA,
Additional Chief Secretary to Government Haryana,
Health Department.