

1.6/10/24

**GOVERNMENT OF MEGHALAYA  
HEALTH & FAMILY WELFARE DEPARTMENT**

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No. Health.228/2024/4

Dated Shillong, the 17<sup>th</sup> December, 2024

**ORDERS BY THE GOVERNOR**

**NOTIFICATION**

The Governor of Meghalaya, recognizing the public health significance of snakebite incidents and their impact on the well-being of the population, hereby declares **snakebite** cases and deaths a **Notifiable Disease** across all jurisdictions within the State of Meghalaya.

**Rationale**

Snakebite envenomation poses a significant threat to public health, particularly in rural and underserved areas. Timely reporting of snakebite cases is critical to:

1. Strengthen surveillance systems and improve data collection.
2. Enhance preparedness and resource allocation, including the availability of antivenom.
3. Reduce mortality and morbidity associated with snakebite envenomation.

**Instructions for Compliance**

All healthcare providers, including public and private hospitals and clinics, are mandated to:

1. Report confirmed and suspected cases of snakebite cases and deaths to the District Medical & Health Officer within 24 hours in the Reporting Format that is appended to this Notification.
2. Maintain accurate records of cases of snakebite cases and deaths, including demographic details, clinical presentations, and treatment outcomes.
3. Submit periodic updates to facilitate the collation of comprehensive data at the state/national level.

This directive applies uniformly to all public and private hospitals and clinics. Non-compliance with this notification may attract penalties under the relevant laws.

Sd/-

(Ramkumar S., IAS)

Secretary to the Government of Meghalaya,  
Health & Family Welfare Department.

**Memo No. Health.228/2024/4-A**

**Dated Shillong, the 17<sup>th</sup> December, 2024.**

Copy to:

1. PS to the Minister, Health & Family Welfare Department.
2. The Principal Secretary, Health & Family Welfare Department.
3. The Commissioner & Secretary to the Government of Meghalaya, Health & Family Welfare Department.
4. The Secretary to the Government of Meghalaya, Health & Family Welfare Department.
5. The Mission Director, National Health Mission, Meghalaya.
6. The Director of Health Services (MI), Meghalaya, for necessary action.
7. The Director of Health Services, (MCH&FW)/Research, Meghalaya.
8. The Director of Information & Public Relations, Meghalaya, Shillong for information and wide publicity in the print and electronic media.

All Deputy Commissioners, for information and necessary action.

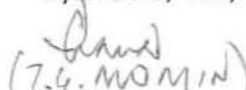
The State TB Officer, Meghalaya, Shillong for strict adherence and execution.

All concerned stakeholders for information and action.

The State Informatics Officer, NIC, Meghalaya, Shillong with a request to upload this Notification and Guidelines in the State Government/Department website.

Office copy.

By orders, etc.,

  
(J. G. Momin)

Joint Secretary to the Government of Meghalaya,  
Health & Family Welfare Department.

पुण्य सलिला श्रीवास्तव, भा.प्र.से.  
सचिव

PUNYA SALILA SRIVASTAVA, IAS  
Secretary



सत्यमेव जयते



आज़ादी का  
अमृत महोत्सव

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India

Department of Health and Family Welfare

Ministry of Health and Family Welfare

D.O. No. ISCP/57155/06/DZDP/NCDC

27<sup>th</sup> November 2024

*Dear Colleague,*

As you are aware, Snakebites are an issue of public health concern and in certain cases, they cause mortality, morbidity and disability. Farmers, tribal population etc. are at higher risk.

2. In order to address the issue of snakebite, Ministry of Health & Family Welfare, Govt. of India, has launched the "National Action Plan for Prevention & Control of Snakebite Envenoming from India by 2030" (NAPSE) in consultation with relevant ministries and stakeholders. The objective of the action plan is to halve the snakebite related deaths by the year 2030. The plan has defined strategic components, roles and responsibilities of various stakeholders involved in snakebite management, control and prevention.

3. One of the key objectives under NAPSE is to strengthen the surveillance of snakebite cases and deaths in India. A robust surveillance system is essential for accurately tracking snakebite incidents and deaths, which will provide valuable data to inform and evaluate the effectiveness of interventions.

4. Therefore, a mandatory notification of all snakebite cases and deaths is required to strengthen snakebite surveillance. It will help the stakeholders gauge accurate burden, high risk areas, factors responsible for deaths of snakebite victims, etc. resulting in improved clinical management of snakebite victims. Further, notification of snakebite cases and deaths will also improve reporting from private health facilities.

5. In view of the above, you are **requested to make snakebite cases and deaths a "Notifiable Disease"** under the relevant provisions under the State Public Health Act or other applicable legislation making it mandatory for all government and private health facilities (including medical colleges) to report all suspected, probable Snakebite Cases and deaths in the enclosed format.

6. For further support in this regard, you may reach Dr. Ajit Shewale, Joint Director & Nodal officer of snakebite prevention control at National Centre for Disease Control (NCDC), Delhi (Email- snakebitencdc@gmail.com (Tel.No.011-23989209).

*With regards,*

Yours sincerely,

*Punya Salila*  
(Punya Salila Srivastava)

Encl.: A/a.

**To : ACS/ Principal Secretary/Secy. Health of all States/UTs**

Copy to : Mission Director , National Health Mission of all States/UTs

FTS-119364/2024

29/11/2024



20

## Snakebite Notification reporting format for Govt./Private Medical Practitioner/Private Hospital/Clinic/Nursing home

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Date: DD/MM/YYYY

Name of Health Facility:

Complete Address of Health Facility:

District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Name of reporting health Professional: \_\_\_\_\_

Snakebite Case Name*	
Age*	
Sex (M/F/TG)*	
Address*	
Date(s) of bite*	
Bite Site (e.g., hand, leg)*	
Time of Bite:	
Geographical Location of biting event(s)-	
Describe circumstances in Snakebite incident (e.g. mention activity of victim at the time of incident e.g. Walking etc )	
Any First Aid given before coming to the Healthcare center-	
Mode of transport to health facility- Walk/Ambulance/2-wheeler/4-wheeler/other	
Snakebite Envenoming present- Yes/No	
Anti-Snake Venom given- Yes/No	
• Time of first dose of ASV-	
• Number of ASV Vials administered (if applicable)	
• Any ASV-related complications:	
• Case Definition*: Suspect/ Probable cases	
• Date of Death (If applicable, in some cases notification may precede mortality)	

(\* Mandatory Field)