

डॉ सुनीता शर्मा

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Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services

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Dear Colleagues,

As you are aware, the Government of India is committed to the time-bound elimination of Lymphatic Filariasis (LF). While the National Programme has made significant strides through Mass Drug Administration (MDA), the active involvement of the medical fraternity remains a critical pillar in achieving a "*Filaria-free India*".

One of the critical gaps identified in achieving LF elimination is the missed or under-diagnosis and management of early infections, especially in endemic areas. To address this, the NCVBDC has released updated guidelines available on the NCVBDC website (www.ncvbdc.mohfw.gov.in) emphasizing the importance of early diagnosis and management.

In these endemic areas, clinicians are urged to maintain a high index of suspicion for LF in all patients presenting in the asymptomatic or acute stage. Based on the revised guidelines, an *advisory* related to the early diagnosis and management of Lymphatic Filariasis is enclosed. It outlines the updated "*Test and Treat*" protocol, the inclusion of the DEC Provocation Test, and the mandatory requirement for notification to public health authorities.

Your leadership in ensuring these protocols are integrated into clinical practice and medical education is instrumental in achieving a "*Filaria-free India*". Your support in this national endeavour will be instrumental in interrupting transmission chains across the country.

Regards,

Yours sincerely,

(Sunita Sharma)

Encl: As above.

To,

**The Director,
All India Institute of Medical Sciences (AIIMS).**

Located at :

Delhi, Bhopal, Bhubaneswar, Jodhpur, Patna, Chhattisgarh,
Rishikesh, Raebareli, Mangalagiri, Nagpur, Gorakpur, Kalyani, Bathinda,
Bibinagar, Deoghar, Guwahati, Vijaypur /Samba, Bilaspur, Rajkot and Madurai.

Advisory for early diagnosis and management of Lymphatic Filariasis.

1. Rationale for Enhanced Screening

- **Target Population:** All individuals in endemic districts presenting with acute symptoms (fever 4 – 7 days, generalized body ache, fatigue, lymphadenitis) or history of travel to endemic areas or with PUO (Pyrexia of unknown origin).

2. Screening Tools

- **DEC Provocation Test:** For daytime screening, a provocative dose of **Diethylcarbamazine (DEC) at 2 mg/kg body weight** may be administered. A finger-prick blood sample should be collected **30–60 minutes post-administration** to detect *Micro filariae* (Mf).
- **Night Blood Survey (NBS):** The gold standard for detecting microfilariae (Mf). Blood collection must be performed between **10:00 PM and 12:00 AM** to account for nocturnal periodicity.
- **Rapid Diagnostic Tests:** A rapid, point-of-care diagnostics for detecting Circulating Filarial Antigen (CFA) such as RDT. This test is not time-dependent and can be conducted during OPD hours.
- **Ultrasound:** To identify the "Filarial Dance Sign" (active adult worms in dilated lymphatics).
- **Fluid Analysis:** Centrifugation and microscopic examination of hydrocele fluid or urine for the presence of Mf.

3. Management Protocol for Screen-Positive Cases

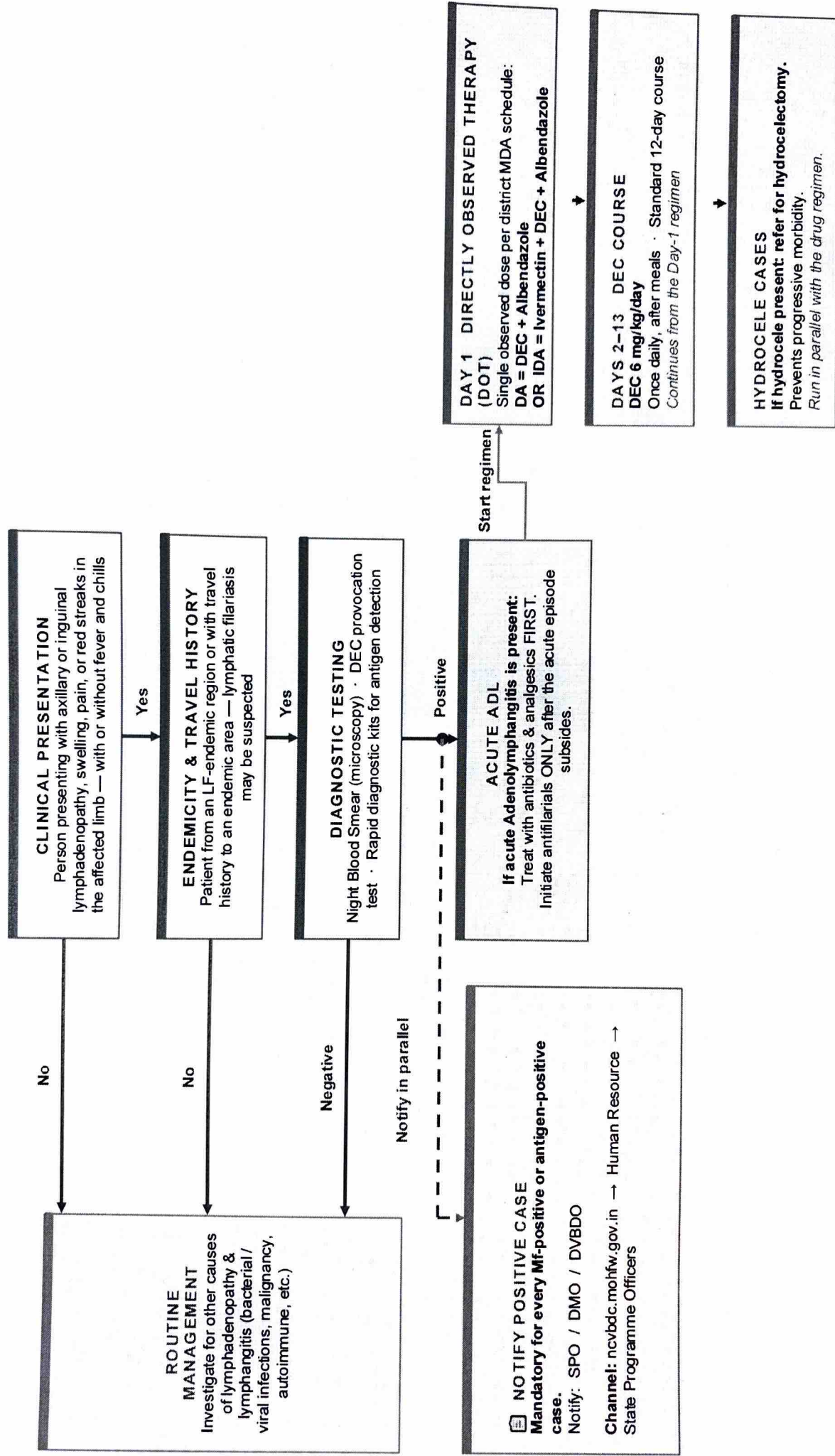
Once a patient tests positive for Mf or Antigen, the following regimen is mandated:

- **Immediate Treatment:** A **Directly Observed single dose** of Double Drug Therapy (DEC + Albendazole) or Triple Drug Therapy (Ivermectin + DEC + Albendazole), as per the prevailing district schedule.
- **Follow-up Course:** This must be followed by a **12-day standard course of DEC** at a dosage of **6mg/kg body weight daily**, administered after meals.
- **Acute Attacks:** In cases of ADL (Acute Dermato-Lymphangio-Adenitis), treat first with analgesics and antibiotics. Antifilarial drugs should be initiated only after the acute episode subsides.

4. Notification

- **Notification:** Every positive case (Antigen or Mf positive) must be notified to the concerned **state program officer (SPO)/DMO/DVBDO**. The details be accessed via the link or the following path. <https://ncvbdc.mohfw.gov.in> à Human Resource à State program officers.
- **Line-listing:** This ensures the patient is entered into the national tracking system for a two-year follow-up.
- **Contact Screening:** Notification triggers a mandatory screening of **30–40 households** in the patient's immediate neighbourhood by the health department to identify and treat asymptomatic carriers.

Issued by: National Centre for Vector Borne Diseases Control (NCVBDC), Directorate General of Health Services, MoHFW, Govt. of India.



Process step

Routine / terminal

Notification

Clinical alert

Treatment

Abbreviations: NBS = Night Blood Smear · DEC = Diethylcarbamazine · DA = DEC+Albendazole · IDA = Ivermectin+DEC+Albendazole · DOT = Directly Observed Therapy · Mf = Microfilaria

SPO/DMO/DVBD0 = State/District/Vendor-Borne Officers