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Separate paging is given to this Part in order that it may be filed as a Separate Compilation.

PART IV-B

Rules and Orders (Other than those published in Parts I, I-A, and I-L) made by the Government of Gujarat under the Gujarat Acts

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HEALTH AND FAMILY WELFARE DEPARTMENT

NOTIFICATION

Sachivalaya, Gandhinagar, 14th September, 2026

GUJARAT CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT, 2021.

No. GHY/11/2026/GOI/132010/13/A:- WHEREAS snakebites constitute a significant public health challenge in the State, causing considerable morbidity, mortality, and disability particularly among farmers, tribal populations, and individuals residing in rural and snake-endemic areas. Despite the grave impact of snakebite envenoming, the issue remains underreported and does not receive adequate attention within the health system;

AND WHEREAS the Ministry of Health and Family Welfare, Government of India, launched the National Action Plan for Prevention and Control of Snakebite Envenoming (NAPSE) in the year 2024, with the goal of reducing snakebite-induced deaths and disabilities by the year 2030;

AND WHEREAS one of the key objectives of NAPSE is to strengthen the surveillance of snakebite cases and deaths in India. An effective surveillance system is crucial for accurately tracking snakebite incidents and mortality, thereby generating reliable data that can guide and assess the effectiveness of interventions;

AND WHEREAS mandatory notification of snakebite cases and deaths is essential to:

1) Accurately determine the burden of snakebite in various regions;

2) Identify high-risk areas and vulnerable populations;

3) Understand factors contributing to snakebite mortality;

4) Enhance clinical management protocols; and

5) Also to improve reporting, including from private healthcare facilities;

NOW THEREFORE in exercise of the powers conferred by Section 43 of the Gujarat Clinical Establishments (Registration and Regulation) Act, 2021 (Guj, 18 of 2021) the Government of Gujarat hereby issues the following directions to all clinical establishments operating within the State of Gujarat:

1. Mandatory Reporting: It shall be mandatory for every clinical establishment in the State whether Government-run or run by local authority or privately operated shall to report all suspected or probable cases of snakebite and snakebite-related deaths in the schedule appended to the notification.

2. Reporting Format and Timeline: The reporting shall be made in the format prescribed in the Schedule appended to the notification. Reports shall be submitted preferably within 24 hours of identification or admission of the case through offline to reporting authority or online Integrated Health Information Platform (IHIP Portal) reporting system established by the Central Government's Ministry of Health and Family welfare for real time surveillance.

3. Authority to Report to: Reports shall be submitted to the appropriate Local Public Health Authority namely, the Chief District Health Officer (CDHO) for the concerned district or the Municipal Health Officer of the relevant Urban Local body as applicable, and in accordance with the administrative jurisdiction of the clinical establishment. Local Public Health Authorities shall submit comprehensive monthly report to the Additional Director (Public Health), Office of Commissioner of Health (Rural), Dr. Jivraj Mehta Bhavan, Gandhinagar.

4. Scope of Compliance: This directive applies to all categories of clinical establishments, including but not limited to hospitals, nursing homes, community health centers, Primary health centers, dispensaries, and private clinics.

Schedule

(A)

Definition, Criteria & Treatment Protocol

- Standard Case Definitions for Snakebite: Snakebite surveillance under the National Programme for Prevention and Control of Snakebite Envenoming (NAPSE) and the Integrated Disease Surveillance Programme (IDSP) involves three types of cases. Reporting responsibilities and definitions are as follows:

  1. Suspected Snakebite Case: History of snakebite as reported by the victim or accompanying persons during the reporting period.

  2. Probable Snakebite Case: History of snakebite reported by the victim or accompanying individual during the reporting period with clinical features suggestive of snakebite or systemic envenoming.

- Exposure Criteria:

  - History of snakebite with one bite/fang mark on any body part.

  - Suspected snakebite without any fang mark or imagined snakebite.

- Clinical Features Includes:

  - Puncture marks at the wound.

  - Redness, swelling, bruising, bleeding, or blistering around the bite.

  - Severe pain and tenderness at the bite site.

  - Nausea, vomiting, or diarrhea.

  - Labored breathing (in extreme cases, breathing may stop altogether).

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- Rapid heart rate, weak pulse, low blood pressure.
- Disturbed vision.
- Metallic, mint, or rubber taste in the mouth.
- Increased salivation and sweating.
- Numbness or tingling around the face and/or limbs.
- Muscle twitching.

▪ Testing, Treatment, and Management:

(1) Healthcare providers, including private practitioners, shall adhere to standard treatment protocols for snakebite management as issued by the World Health Organization, the Central Government, and the State Government.

(2) Healthcare facilities shall ensure the availability of adequate ASV supplies and trained personnel to manage snakebite cases.

(B)

Reporting Format

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

Date: DD/MM/YYYY

Name of Health Facility:

Complete Address & Contact No. of Health Facility:

Village/ Ward Name:

Taluka: District: Pin Code:

Field Name	Details
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 the 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)	

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Field Name	Details
• Any ASV-Related Complications	
• Case Definition : Suspect/Probable Cases	
• Date of Death (If applicable)	

*Mandatory Field

By order and in the name of the Governor of Gujarat,

MANISH MODI,

Additional Secretary to Government.

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Signature Not Verified
Signed by : BHOLUSINGH G THAKUR
Senior Manager
Government Central Press,
Gandhinagar
Date : 2026.09.24 08:19:30 IST