

Government of West Bengal
Directorate of Health Services,
PH & CD Branch
Swasthya Bhawan (Wing-B, 1st Floor)
Block-GN, No.-29, Sector-V, Salt Lake, Kolkata-700 091

Memo.No- HPH/Singly/314


Date: 11/07/2025

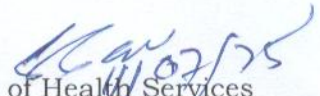
To
The CMOH (all Districts & HDs),
The MSVP (all MCHs),

All health care facilities are hereby advised to be prepared to timely diagnose & manage suspected, presumptive and confirmed cases attending OPD or Emergency Department with H/O- Fever. You are hereby requested to give special emphasis on the below mentioned areas to manage such cases in your respective districts/institutions.

- Sensitize all Physicians (General Medicine, Paediatric Medicine, Emergency)/ Medical Officers regarding the present scenario of Scrub Typhus cases. Clinical suspicion of Scrub Typhus must be kept in mind to treat such cases without any delay and to prevent any untoward events.
- **Laboratory diagnosis-** Serum samples for IgM ELISA for Scrub may be sent on 7th day of fever to the nearest/ tagged laboratories (**ANNEXURE-II**) where facility for testing is available (MCHs/ DHs/ SDHs/ SSHs) maintaining cold chain (2^o-8^oC).
- Recommended drugs for management of **suspected or confirmed Scrub Typhus cases** must be available at all levels of health care facilities.
- Such cases must be reported regularly in NHM Portal along with the line list by the concerned laboratories.
- **Advisory for Scrub Typhus (ANNEXURE-I)** may please be circulated for widespread dissemination of knowledge among the Clinicians.
- **Empirical Antibiotic Protocol (ANNEXURE-III)** must be displayed at each point of care in all health facilities.

You are requested to ensure the necessary steps to diagnose, manage & proper reporting of such cases.


11/7/25
Director of Medical Education
Govt. of West Bengal

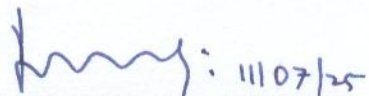

11/07/25
Director of Health Services
Govt. of West Bengal

Memo.No- HPH/Singly/314/1(7)

Date: 11/07/2025

Copy Forwarded to:

1. Secretary PHP
2. Director PH
3. Additional Secretary PHP
4. The Principal (all MCH)
5. Deputy Director ME
6. ADHS (Epi-PH)
7. Deputy CMOH-II, All districts & HDs


11/07/25
Joint Director of Health Services (PH & CD)
Govt. of West Bengal

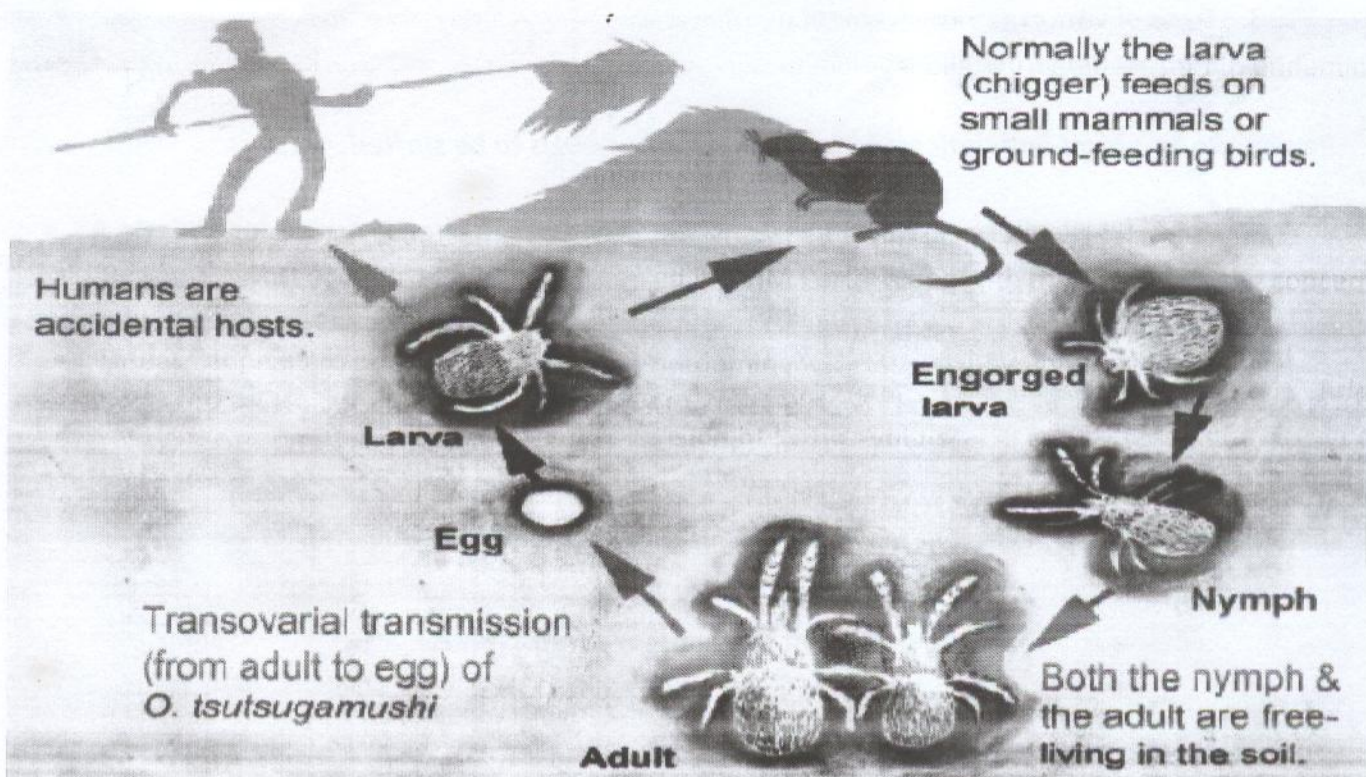
Government of West Bengal
 Directorate of Health Services,
 PH & CD Branch
 Swasthya Bhawan (Wing-B, 1st Floor)
 Block-GN, No.-29, Sector-V, Salt Lake, Kolkata-700 091

Scrub Typhus: Advisory for the Health Institutions

Key points

- **Agent:** Scrub Typhus is an acute Rickettsial disease of variable severity, Caused by *Orientia* (formerly *Rickettsia*) *tsutsugamushi* and *Rickettsia typhi*.
- **Insect Vector:** Transmitted to humans and rodents by some species of trombiculid mites ("chiggers", *Leptotrombidium deliense* and others).
- **Reservoir of infection:** Rodents (Rats)
- **Humans acquire the disease:** by the bite of an infected mite (chiggers).
- Disease is fairly common in India & also endemic in few regions in our state.
- At present the disease has been reported from non-endemic areas, with gradual shift in endemic zones due to climate change and urban expansion.
- **Treatment-** Low-cost curative drugs are readily available.
- **If left untreated** it may lead to fatal outcomes. Delay in treatment has been linked to serious complications.
- **Reporting-** Test positive cases to be reported in NHM Portal along with the line list by the concerned laboratories.
- Disease appears to be **re-emerging** as the predominant rickettsial infection in India.

Transmission of Scrub Typhus



Signs & Symptoms

High grade fever	Hepatomegaly/ Hepatitis with Jaundice
Maculopapular Rash	"Escher"- mark of mite bite
Lymphadenopathy	Encephalitis or Meningo-encephalitis
Definite Myalgia	Signs of vital organ involvement
Dry Cough	Haemorrhagic manifestations

Complications

Involvement of **VITAL ORGANS** like- Brain, Lung, Liver, Kidney, Heart leading to

- Meningo-encephalitis
- Acute Respiratory Distress Syndrome
- Acute Renal Failure
- Multi Organ Dysfunction

Investigations

Specific- IgM ELISA

Supportive-

- **CBC-** Low Platelet count, High WBC Count
- **Biochemistry-** Altered Renal Function, LFT- High SGOT, SGPT
- **Imaging-** Infiltrates in Chest X-Ray

Treatment Protocol for management of Scrub Typhus

I. For acute febrile illness of any duration with any one of the following criteria:

1. Mark of mite bite i.e. Escher
2. Encephalitis or Meningo-encephalitis
3. Signs of vital organ involvement
4. Haemorrhagic manifestations

Immediate empirical antibiotic treatment for Scrub Typhus is to be started

II. For acute febrile illness of 5 days or more, which have been already tested for Malaria & Dengue and found to be negative but any two of the following criteria:

1. Maculopapular Rash
2. Lymphadenopathy
3. Definite Myalgia
4. Dry Cough
5. Hepatomegaly/ Hepatitis with Jaundice

Immediate antibiotic treatment for Scrub Typhus is to be started

Drug treatment required for Scrub Typhus

A. For Adults:

- Doxycycline 200 mg/day in 2 divided doses for 7 days (*Contraindicated in Pregnant Women*)
OR
- Azithromycin 500 mg in a single oral dose for 5 days (*For Pregnant Women*)

B. For Children:

- Doxycycline 4.5 mg/ Kg body weight/ day in 2 divided doses for 7 days (below 45 Kg)
OR
- Azithromycin 10 mg/ Kg body weight/ day in a single oral dose for 5 days

C. For Complicated Cases:

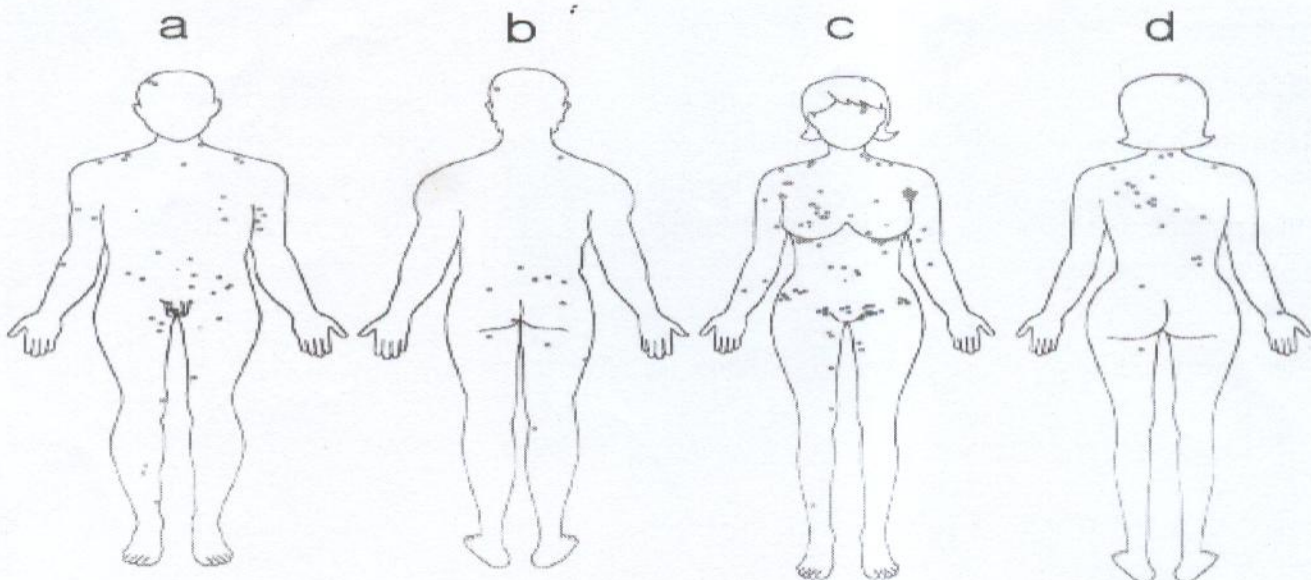
- IV Doxycycline 100 mg twice daily in 100 ml NS over 30 minutes, followed by Oral Therapy for 7-15 days
OR
- IV Azithromycin 500 mg in 250 ml NS over 60 minutes once daily for 1-2 days, followed by Oral Therapy for 5 days
OR
- IV Chloramphenicol 50-100 mg/ Kg/day in 6 hourly doses over 1hr initially, followed by Oral Therapy for 7-15 days

Role of Physician

- Exclude Dengue & Malaria.
- **Suspect Scrub Typhus** if fever persists for more than 5 days.
- **Search thoroughly for "Escher marks" by proper clinical examination maintaining privacy. Do not miss the covered or private body parts.**
- Send Serum sample for IgM ELISA for Scrub Typhus **on 7th day of fever** maintaining cold chain

Sites that manifest an eschar in scrub typhus patients:


(a) male front, (b) male back, (c) female front, (d) female back including axilla, groin, buttock folds



[Signature]
Joint Director (PH& CD)
Govt. of West Bengal

ANNEXURE - II

SL. No.	Name of the SSL	SL. No.	Name of the SSL
1	SSKM/IPGME&R (MCH)	28	Sagar Dutta Hospital (MCH)
2	School of Tropical Medicine Kolkata (MCH)	29	R G Kar MCH
3	NB MCH	30	Tufanganj SDH
4	Bardhaman MCH	31	Mathabhanga SDH
5	Bankura Sammilani MCH	32	MCH Kolkata
6	Jalpaiguri GMCH	33	Jhargram GMCH
7	Medinipur MCH	34	Kurseong SDH
8	Coochbehar GMCH (MJN Hospital)	35	Kalimpong DH
9	Malda MCH	36	Basirhat DH
10	Murshidabad MCH	37	Bishnupur DH
11	Raiganj GMCH	38	Rampurhat GMCH
12	Balurghat DH	39	Nandigram DH
13	Suri SSH	40	Islampur SDH
14	Tamralipta GMCH	41	Gangarampur SDH
15	Imampara DH (Hooghly DH)	42	Darjeeling DH
16	Alipurduar DH	43	Falakata SDH
17	CN MCH	44	M.R. Bangur DH
18	Dr.B.C. Roy PGIPS	45	JNM Hospital (MCH)
19	Howrah DH	46	Canning SDH
20	NRS MCH	47	Sarat Chandra Chattapadhyya GMCH
21	Baruipur SDH	48	Haldia SDH
22	Diamond Harbour GMCH	49	Panskura SSH
23	Asansol DH	50	Egra SSH
24	Krishnanagar DH (Nadia DH)	51	Jangipur SDH
25	Bolpur SDH	52	Contai SDH
26	Barasat GMCH	53	ID & BG Hospital, Beliaghata
27	Purulia MCH (Deben Mahato Hospital)		


 11/7/25
 Jt. D. H. S. (PH & CD)
 Directorate of Health Services
 Government of West Bengal
 Swasthya Bhawan, Kol-700091

Government of West Bengal
 Directorate of Health Services (Public Health Branch)
 Swasthya Bhawan, 1st Floor,
 GN-29, Sector-V, Salt Lake, Kolkata-700091

Memo. No. HPH/10/P-2/2019/226

Date: 03.12.19

ORDER

After due consideration, following protocol for management of scrub typhus has been decided.

- I. For acute febrile illness of any duration with any one of the following:
1. Mark of mite Bite i.e. eschar.
 2. Encephalitis or Meningo-encephalitis.
 3. Sign of vital organ involvement.
 4. Haemorrhagic manifestation.

Immediate empirical antibiotic treatment for Scrub Typhus is to be started.

- II. Acute febrile illness for 5 days or more, which have been already tested for malaria and dengue and found to be negative but with any two of the following criteria:
1. Maculo popular Rash.
 2. Lymphadenopathy.
 3. Definite myalgia.
 4. Dry cough.
 5. Hepatomegaly/ Hepatitis with Jaundice.

Immediate antibiotic treatment for scrub typhus to be started.

The treatment required for Scrub Typhus:

Adults:

- Doxycycline 200mg/day in 2 divided doses for 7 days (Contraindicated in Pregnant women) OR
- Azithromycine 500 mg in a single oral dose for 5 days (in Pregnant women)

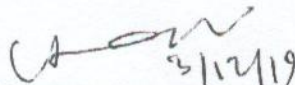
Children:

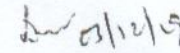
- Doxycycline 4.5mg/kg bw/day in 2 divided doses for 7 days (below 45 kg) OR
- Azithromycine 10mg/kg bw/day in a single oral dose for 5 days

Complicated cases:

- IV Doxycycline 100mg twice daily in 100ml NS over 30 mins followed by Oral Therapy for 7-15 days OR
- IV Azithromycine 500mg in 250ml NS over 60 mins OD for 1-2 days followed by Oral Therapy for 5 days OR
- IV Chloramphenicol 50-100mg/kg/day in 6 hrly doses over 1 hr initially followed by Oral Therapy for 7-15 days

Testing: IgM ELISA for Scrub Typhus is to be performed for confirmation of diagnosis, after 7 days of onset. Serum sample is to be sent to laboratory in cold chain (2-8°C).


 3/12/19
 Director of Health Services
 Government of West Bengal


 Director of Medical Education
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