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Current Status of Lymphatic Filariasis in Sarangarh Tehsil, District Raigarh, Chhattisgarh

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Abstract: *Local knowledge about lymphatic filariasis (LF) and their cause in villages of sarangarh tehsil, district Raigarh, C. G. Sarangarh tehsil is endemic for lymphatic filariasis. During July to November 2014, a lymphatic filariasis survey was carried out in six randomly selected villages and muhallas of sarangarh tehsil. Quantitative and qualitative methods were used for data collection. 202 individuals had disease manifestation of Lf. Female (55.44%) were more infected than male (44.55%), over all disease rate was (.70%) in all. Out of 202 diseased individuals, 57 male had hydrocele (28.21%), 126 had infected lower legs (62.36%) and 19 had infected upper arm (9.40%). Major causes of lymphatic filariasis is due to less awareness, unhygienic condition and late prevention. The present survey indicate that lymphatic filariasis is one of the major problem of public health in surveyed area.*

Background: *Sarangarh tehsil has been known to be endemic for filariasis.. The present study was an epidemiological investigation carried out in villages (banjari, reda, hardi, timerlaga, godihari, kankvira) and muhallas of sarangarh from July to November 2014.*

Study Area: *villages of Sarangarh tehsil, district Raigarh C.G.*

Aims And Objectives: *The objectives of this study were to confirm case of filariasis in sarangarh tehsil and to study the causes of the present epidemic.*

Material And Methods: *Quantitative and qualitative methods were used for data collection. I had carried out through door to door survey. Calculated a lymphatic filariasis rate of (0.70%), 55.44% and 44.55% in females and males res*

Result: *A total of 202 physically confirmed cases were reported. Female 55.44% were more infected than male 44.55%. Over all disease rate was (.70%) in all. (Table-1)*

Conclusion: *The study concluded that majority of the cases were female but in village's ratio of male are more, as they work and sleep on open field and there was a lack of proper management of these cases at village level.*

Keyword: *lymphatic filariasis, endemic, chronic*

I. Introduction

Lymphatic filariasis is vector born parasitic disease. In India, Wuchereria bancrofti, the causative organism for filaria transmitted by the ubiquitous vector, Culex quinquefasciatus, has been the most predominant infection contributing to 99.4% of the problem in the country. Although the vector species breeds preferably in dirty and polluted water, it can also breed in clear water in the absence of polluted water. Brugia malayi and Mansonia annulifera are also responsible for lymphatic filariasis. The infection is prevalent in both urban and rural areas. Both W. bancrofti and B. malayi infections in mainland India exhibit nocturnal periodicity of microfilaraemia.

National Filaria Control Programme (NFCP) was launched in 1955. Initially the programme was limited to urban population but after 1994 the programme was extended to include rural population also. From 2003-04, the programme became a part of National Vector Borne Disease Control Programme (NVBDCP) and it aimed to eliminate lymphatic filariasis by 2015 under National Health Policy 2002.

In Chhattisgarh the disease has been endemic in 9 districts. These districts have been included under NFCP and there have been regular distribution of DEC tablets in these districts. However, these strategies do not seem to be effective in achieving the goal of eliminating lymphatic filariasis by 2015, as there have been regular reports of increased incidence of filariasis in these districts. As there have been fresh cause are reported every year it seems to be impossible to eradicate filariasis until 2015 in sarangarh tehsil.

II. Methods And Methodology

I was carried out in given randomly selected villages. (Banjari, Reda, Tardi, Timerlaga, Godihari, kankvira, and sarangarh tehsil. Sarangarh tehsil is my working place, all villages are within 15 km. from sarangarh. The villages are easily accessible by road. Quantitative and qualitative methods were used for data

collection. I have carried out through door to door survey. A Questionnaire was developed in local Chhattisgarhi and Hindi language my queries about their source of earning, educational qualification, personal hygiene, sewage type, personal protection against mosquito. Physically confirm cases were further observed for their socio-economy condition, house hold conditions, drainage, causes and complication related with it. I discussed cause and prevention of lymphatic filariasis.

III. Result

Out of 202, 112 were females and 90 males observed physically (symptomatic). 202 individuals had disease manifestation of Lf. Female 55.44% were more infected than male 44.55%, if only village is taken into consideration male are more infected than female because they sleep on open field in night. Over all disease rate was (.70%) in all. (Table-1)

Out of 202 diseased individuals, 57 male had hydrocele (28.21%), 126 had infected lower legs (62.36%) and 19 had infected upper arm (9.40%). (Table-1)

202 physically confirm Lf people were personally interviewed and I have observed the cause of filariasis.

Majority of cases fond in (62%) kachha house, 33% are semi pucka and 4% are pucka house but have poor ventilation and ill maintained drainage system. Most of the houses where physically confirmed cases were reported did not have proper system for waste disposal. Near house as they collect water for house hold work, therefor it become favorable condition mosquitoes to breed in moisture.

Out of 202 people only 54% are literate, among these only 3% have achieves higher education 69% have gained high and middle class education and rest 28% are primary educated. most of villagers belief that filariasis is not an infection disease, only 11% people think that filariasis is a disease caused by mosquito bite ,and 76% belief that filariasis caused due to taking baths in ponds and 13% think that it is viral and bacterial disease.

Only few people use protection measures in rural and urban areas. Only 21% using mosquito net during night, 9% use repellent, and 2.5% use other methods (fuming).

Major causes of lymphatic filariasis is due to less awareness, inadequate knowledge and unhygienic living and late prevention. Present survey indicate that lymphatic filariasis is one of the major problem of public health in surveyed area.

IV. Discussion

Lymphatic filariasis is one of the important public health problems in India. Though the programme for control of disease was started in 1955, it gain with limited success. The present study has calculated a lymphatic filariasis rate of (0.70%), 55.44% among females and 44.55 %among males respectively. If only village is taken into consideration male are more infected than female because they sleep on open field in night. Other researches had also found similar conclusion in their study on rural population. Over all disease rate was (.70%) in all. (Table-1)

The study has also calculated the total lymphatic filariasis is (.70%).

The present study has found that the Lf rate was higher among the age group of 45-60 years, at this age the chronic manifestation is seen mostly e.g. Elephantiasis of genitals, legs or arms, hydrocele etc.

The study has calculated that only 32.5% of the population used some form of preventive measures for protection against mosquito bite. The most general, method used was mosquito repellant while the use of mosquito net at sleeping time was only other researchers have similar observations.

I have calculated that swelling in lower limb (62.23%) among males and females respectively. and upper limb (9.4%), and hydrocele (28.21%). (Tabal-1). I have also observed that mostly people were affected with acute manifestation, they have bulbous leg, swelled groin area, painful swelled arm and some have reached chronic manifestation.

Many ponds are situated in villages of sarangarh, most people are using ponds in their day to day activities and around the village many crop fields are present in which they work these leads the risk of infection in them.

V. Conclusion

202 individuals had disease manifestation of Lf. Female (55.44%) were more infected than male (44.55%). Over all disease rate was (.70%) in all. main reason of lymphatic filariasis are lack of proper sanitation ill maintain drainage, logging of water near residence and inadequate knowledge. Government should run proper awareness programme for the villagers.

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Table-1

Villege wise lymphatic filariasis patients and effected organ.

S.NO.	Villeges	Patients			Population	Percent	Effective organs		
		Male	female	Total			L. arm	U. arm	scrotum
1	Banjari	8	2	10	1066	0.93	2	0	8
2	Reda	9	6	15	3073	0.48	5	5	5
3	Hardi	3	15	18	1686	1.06	17	0	1
4	Timerlaga	9	6	15	3142	0.47	8	3	4
5	Godihari	8	16	24	3714	0.64	13	3	8
6	Kankvira	23	5	28	951	2.94	4	1	23
7	sarangarh urban	30	62	92	14957	0.61	77	7	8
	Total	**90**	**112**	**202**	**28583**		**126**	**19**	**57**