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# MALARIA IN CENTRAL SAURASHTRA REGION OF GUJARAT : A STUDY

Medical Science

**Mr. Karan J. Yagnik**

Government Medical College, Surat, Gujarat, India

## ABSTRACT

According to WHO southeast asia contributed to only 2.5 million cases to the global burden of malaria1 out of this India alone contributed to 76% of cases1. Central Saurashtra Region is heavy effected area, since socio-economic condition and sanitary facility and awareness about this diseases. A set of transmission windows typical to Saurashtra region have been developed, in terms of different temperature ranges for a particular range of relative humidity by analyzing the present climate trends and corresponding malaria incidences only between the months of May to October which coincides with maximum number of positive malarial cases reported during this period. This paper is communicated with relative number of patients, rain all and sanitary condition of the region. Aim & Objectives : 1, To study trend of malaria situation in various talukas of Surendranagar districts 2, To compare trend for last 10 year and 3, To compare the trend between Rural & Urban areas of the district.

## KEYWORDS

Malarial distribution, socio economic condition, relative number of patients, sanitary condition.

## INTRODUCTION :

Vectors are organisms that transmit pathogens and parasites from one inflected person to another, include malaria, dengue, Japanese encephalitis, kala-azar, lymphatic filariasis and chikungunya. Out of all above Malaria is the common most. In this paper we will discuss about Malaria, its preventable and curable. About 95% population in country resides in malaria endemic areas[2]. In India, national vector borne disease control program (NVBDCP) is implemented.

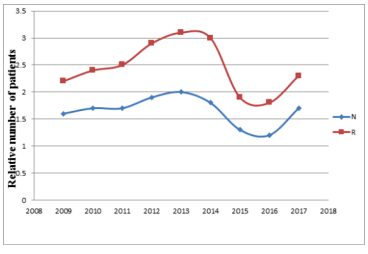
Around 1.5 million laboratory concern cases of malaria are annually reported in India[3].

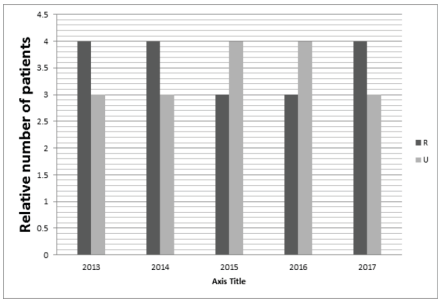
At present urban malarial accounts for approximately 15% of India's total malarial burden. Anopheles mosquitoes have undergone a speciation process where new taxonomic units have developed that are well adapted to live among humans in both urban & rural environments.

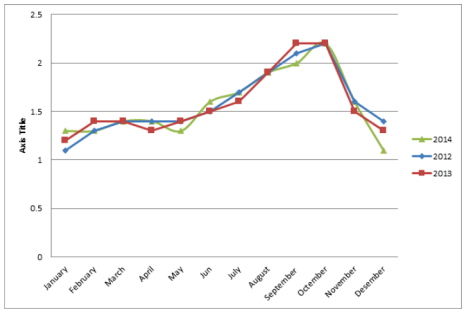
Surendranagar has seen a growing number of malarial cases despite efforts by NVBDCP to slow transmission. However, the increased number of cases may be as result of improved detection.

One of the goals of the national framework for Malaria Elimination in India during 2016-2030 to eliminate thought the country by 2030[3].

Though the health infrastructure is not developed in Surendranagar district area, it won't be essays to find correct data. Malaria situation is influenced by poor sanitary condition and low socio-economic group living in unpkined settlements and hence prove to epidemics periodically[1].




## DISCUSSION

As per government policy, health workers go house to house to collect blood samples from suspected cases after laboratory results positive cases are treated for malaria. But process takes time and meanwhile patients condition can worsen. On other hand private practitioners are going through the clinical systems. They can treat patients in much faster way. Though there may chance of misguide but also more than 90% cases of which we evaluate, doctor's diagnosis is absolutely right.

The fever rate the community fluctuates widely from month to month & year to year. These fluctuation are due to other viral and bacterial inflection prevalent in area and also due to open drainage systems and other sanitary facility which are not good in rural & urban area.

1. Relative number of patients increases upto 2015 is due to heavy rainfall and increment in defection facility.
2. Relative number of patients decrease in 2016 & 17 is because at dry atmosphere less rainfall and less breeding of mosquitoes.

## RESULT

1. Relative number of patients increases upto 2015.
2. Relative number of patients decrease in year 2015 and 2016.
3. Increment of number patients 2000 to 2015 is gradual.
4. Rainfall decreases in year 2015 and 2016.
5. Relative number of patients increase in month of Jun-July, Aug-Sep.
6. Relative number patients in 2014 to 2015 higher for rural areas of district .
7. Relative number of patients in 2016 to 2017 and 2018 are higher for Urban area of the district.

Socio-economical condition in both urban rural area improve but drainage and common surface (Road, Society etc) become worsen day by day. (Because of unplanned development) that cases bad-living condition and hence mosquito breeding increased transmission rate increases.

## CONCLUSION :

It is shown in result & discussion situation of Malaria need more efforts. It can be concluded from above recorded base study that

continuous monitoring of data is very important in prediction of any epidemic situation. Thus action can be taken in early stage. Preventive action and effective early diagnosis and treatment can be done. Implementation of control measurement measure and result will be seen long run. Geographic area of Surendranagar district has been change in recent past.

**SUGGESTIONS :**

1. Educate public to prevent malaria.
2. Improve medical health services.
3. Development of robust predictive model linking climate and incidence.
4. Develop integrated environmental management plans.
5. Focus on high transmission area with rapid diagnosis with mobile hospital.
6. Early diagnosis & complete treatment must for everyone.
7. Indoor residual spraying from local administration is needed.
8. Anti larval measures including source reduction must be implimated by PPP model.

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**REFERENCES**

1. Shiv L. Sonal GS Phukan PK (2000) Status of Malaria in India. Indian Acad Clin Med 5 : 19-23.
2. Small bite : Big threat : WHO report 2014.
3. Situation of P. Vivax malaria in Ahmedabad City : A Study in preview of national guidelines : Ann Trop Med Public Health 28 May 2019.
4. National framework for malaria elimination in India 2016 – 30 (2016) Directorate of NVBDCP. Directorate General of Health Service (DGHS) Ministry of Health & Family welfare Government of India.