

Correspondence

Elimination of lymphatic filariasis

Lymphatic filariasis (LF) is endemic in 262 districts in India, with over 250 million people at risk and 48 million cases reported. The WHO-supported mass drug administration (MDA) programme has resulted in the reduction of microfilaria and elimination of new infections in many parts of India, but more needs to be done. Uttar Pradesh with 51 endemic districts is among the slow performers.

Besides MDA, WHO guidelines acknowledge that morbidity management and disability prevention¹ are helpful in control of filaria. They suggest a range of interventions, starting with the basic measures of antibiotics for acute attacks, leg washing for lymphoedema and surgery for hydrocoele. They suggest that compression bandages, lymphatic massage and other recognized methods can be included in a comprehensive health system depending on affordability. However, India's National Vector Borne Disease Control Programme (NVBDCP)² offers only limb hygiene as a measure to prevent lymphoedema with an allocation of ₹150 per patient. The need for focusing on this component of morbidity management of LF was highlighted recently by us.

Sangtin, a community organization based in Sitapur district, Uttar Pradesh started working in this field after a public dialogue revealed a large disease burden in Pisawan block. Its village-level volunteers did a line-listing of patients in 13 villages belonging to 6 *panchayats* of Pisawan block. They found a total of 262 patients with LF; 136 with hydrocoele, 121 with lymphoedema and 5 with both.

Subsequently, a morbidity management camp was held at the Pisawan community health centre (CHC) during 19–23 November 2015 with support from SATHI (Society for Administration of Telemedicine and Healthcare Informatics; www.sathi.org). Fifty-five patients with lymphoedema were examined, taught home-based self-care and started on 3 weekly benzathine penicillin injections. Thirty-three patients who required compression bandages (grade II and above) were provided the same and trained to use them. Besides support from district health authorities, a donation of ₹1.25 lakh by the O.P. Gupta Foundation (run by the local MLA) paid for the bandages and training.

Twenty men were screened for hydrocoele and 3 were operated at the Sitapur district hospital. At planned follow-up camps on 17 December 2015 and 17 January 2016, 32 and 24 patients, respectively

with lymphoedema who had received bandages, came. The monthly administration of benzathine penicillin is being continued. The overall response is positive, with reduction in limb size and better health reported by patients. Compliance with MDA on Filaria day, 14 December 2015 also improved. Eight more patients with a hydrocoele were operated in January 2016.

There seems to be under-reporting of the disease with government figures of a total of 4117 patients in 1600 *gram panchayats* of Sitapur district. An extrapolation of our survey suggests approximately 70 000 cases. We also believe that the current measures for morbidity control are inadequate. While a more complete article awaits long-term follow-up, our immediate results suggest that even poor villagers can learn self-care and self-bandaging.

Clearly, more needs to be done for morbidity management of lymphoedema, and 'filaria clinics' need to be established. To prepare for this, all medical, nursing and paramedical staff along with community participants (local doctors, representatives of community organizations, etc.) should be trained in the management of LF.

At the community level, patients with LF can be organized to form support groups that will help individual patients adhere to self-care and educate others about the disease. These groups can form the community base to support the MDA programme and measures to control other vector-borne diseases too.

REFERENCES

- 1 *Lymphatic filariasis: Managing morbidity and preventing disability*. Geneva: World Health Organization; 2013.
- 2 *National roadmap for elimination of lymphatic filariasis (ELF)*. New Delhi: National Vector Borne Disease Control Programme, Director General of Health Services, Ministry of Health and Family Welfare, India.

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