

## EDITORIAL

*The arthropod menace is hovering around us once again. Breeding of different species of mosquitoes in urban and semi - urban localities is posing a threat ,and if preventive measures are not adopted immediately, the situation can become explosive once again. Diseases like malaria, filaria, dengue and, may be, yellow fever can become rampant if measures are not adopted on a war footing to curb these scourges. Falciprim malaria and dengue haemorrhagic fever are known for evoking a catastrophe leading to a very high case fatality rate.*

*The new dengue disease paradigm is prevalent now in Latin America and the Caribbean since last year. Its emergence as a major health problem has been most dramatic in the American region. The epidemic of dengue fever with haemorrhagic fever (DHF) and shock syndrome (DSS) from mid August to end of November, 1996, had occurred in the national capital territory of Delhi, which was the worst ever in Indian history. Type II dengue virus has been identified as the causative agent in a number of clinical samples. There were in all about 10,000 cases with over 400 deaths. Dengue has been known to be endemic in India for over two centuries as a benign and self limiting disease. However, in the recent years, the disease has changed its course, manifesting in a severe form as DHF/DSS wiith increasing frequency.*

*The new lethal manifestation of an old benign disease broke out in Manila in the Philippines for the first time in 1953 - 54. It, then, attacked Bangkok in Thailand in 1958. DHF had been raging in our immediate neighbourhood, Myanmar since 1970. Cambodia has seen a severe outbreak of DHF recently.*

*The out break of dengue and its complicated forms can be anticipated through a system of surveillance and monitoring of vector densities, in this case, of Aedes aegypti. Conditions favourable for dengue outbreak existed in Delhi between August and November, 1996. These*

include atmospheric temperatures, degree of rainfall and other environmental conditions in the area.

Breeding conditions for the vector abound in the national capital as in other parts of the country, posing a constant threat of dengue. Desert coolers, water storage tanks, and utensils, leaking water supplies, wells and fountains, rain water collections and water bodies, tyre dumps, junk cans, rain soaked and uncleared garbage dumps, etc. provide an excellent substrate for aedes breeding. Despite this knowledge no aedes control programme is in existence anywhere in the country and there is no proper surveillance of aedes density. Impending outbreaks can not be forecast under these circumstances, so early action can not be taken. The only practical approach to avoid future epidemics is preventive vector control with main thrust and reliance on source reduction.

According to the recommendations for future preparedness to combat the onslaught of dengue, we have to bring into practice several measures, e.g. \*

(\*Courtesy - Ranbaxy Science Foundation).

1. Eliminate mosquito breeding areas:

- Drain all water receptacles / containers atleast twice a week.
- Kill larvae in stagnant water by using chemicals, Gupia fish etc.
- Drain water from pits and water bodies.
- Remove rain soaked rubbish / garbage regularly.

2. Prevent mosquito bites by the use of :

- Screens / nets
- Repellents / coils / electric vapour mats.
- Personal protective clothing

3. Educate the public through:

- Mass media campaign
- Hand bills / pamphlets
- One to one contact (very effective for decreasing aedes breeding).

- Messages which are clear / practical, easy to follow and printed in all the regional languages.

4. Dengue should be made a 'notifiable disease' in India, so that timely warnings can be issued and preventive measures intensified / supplemented. Health personnel need to be adequately trained to recognize clinical dengue / DHF.
5. Introduce a National Surveillance System to monitor vector densities, eco-climatic correlations and early case - detection.
6. Guidelines for collection, storage and transport of blood samples must be standardized and made available to all major hospitals. Adequate availability of laboratory reagents in the country must be ensured.
7. Proper education / training of health professionals for case management of DHF/DSS is needed because of the high mortality (3-10%), reported from even tertiary care hospitals.
8. Continued research is essential in the fight against dengue. A potent vaccine against dengue is a pressing necessity. This vaccine, once marketed, has to be made available to the entire population at risk.

*In conclusion, it is imperative to state that we must accept and face the reality that dengue has come to stay, would surface again, and in order to prevent future outbreaks in the absence of any specific anti-viral treatment or vaccine, sustained preventive and community-based measures are the only key to success.*

*In this 50th year of India's independence, the health scenario should be reviewed as the picture seems to be still gloomy and dismal. Do we really have the justification to celebrate the Golden Jubilee of India's freedom, when during the last fifty years and even now, we have not been able to provide a healthful living to our citizens, which is in fact their fundamental right?.*

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