# Burden of Malaria in Rajasthan and its seasonal variation: A record base study

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**Abstract**—Malaria is still a major public health problem in India. It is caused by a protozoa transmitted through bite of a type of mosquito. Temperature and rainfall has important role in life cycle of mosquito. So this record base study was conducted to assess the burden of Malaria in Rajasthan in year 2018 with its seasonal variation. This study was conducted at Directorate Medical and Health Services (DMHS) Jaipur (Rajasthan) India. The present study found total 9205 cases of Malaria occurred in year 2018. It was found that that Malaria cases start increasing from September with peak was in October. Majority (72.61%) of cases found in September to November.

Keywords: Malaria, Seasonal Variation.

## I. Introduction

Malaria is a infectious disease caused by *Plasmodium* protozoans transmitted through bite of infected female Anapheles mosquito. It is still a public health problem in many of countries.

Globally, an estimated 3.4 billion people in 99 countries were at risk of contracting malaria with approximately 207 million reported cases and an estimated 627,000 reported deaths. India is the most populous country affected by malaria, having over 400 million people affected with infection. Future climate changes may lead to an increase in malaria transmission in the marginally-suitable highland areas of Africa, South America and southeast Asia etc. 4-8

A wide discrepancy in various figures in estimating actual burden of malaria in India.<sup>3,9,10</sup> This disparity may be associated with under-reporting of malaria from rural regions, involved of the private sector and misdiagnosis.<sup>9,11</sup>

Temperature and rainfall influence the life cycle of female *Anopheles* mosquito vector and therefore the viability of the *Plasmodium* parasite within <sup>12,13,14</sup> so there may be seasonal trend of Malaria. So this present study was conducted to assess the burden of Malaria in Rajasthan, India and its seasonal variation.

## II. METHODOLOGY

This present study was conducted from records of year 2018 regarding Malaria at Directorate Medical and Health Services (DMHS) Jaipur (Rajasthan) India

Data for the study were collected from the records of DMHS, where the data from whole Rajasthan accumulates through seasonal disease reports from all over Rajasthan. Data regarding Malaria was collected. Month wise occurrence of Malaria cases were also observed to know the seasonal variation.

Data thus collected were entered in MS Excel worksheet 2010 in the form of master chart. Observations were presented in the form of percentage and proportions.

# III. RESULTS

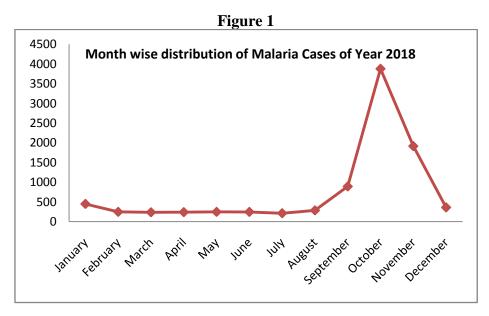
The present study observed that total 9205 cases of Malaria occurred in year 2018. (Table 1)

For seasonal variation, month wise distribution of these cases was analysed. It was observed that maximum cases were found in October followed by November, September, January, December, August, February, May, June, April, March and July. (Table 1)

Table 1
Month wise distribution of Malaria Cases of Year 2018

S. No.	Month	Number of Malaria Cases	Percentage of Malaria Cases
1	January	449	4.88
2	February	247	2.68
3	March	236	2.56
4	April	239	2.60
5	May	247	2.68
6	June	246	2.67
7	July	212	2.30
8	August	285	3.10
9	September	892	9.69
10	October	3877	42.12
11	November	1915	20.80
12	December	360	3.91
	Total	9205	100.00

On further analysis it was found that cases start increasing from September with peak was in October. Majority (72.61%) of cases found in September to November. (Figure 1)



IV. DISCUSSION

The present study observed that total 9205 cases of Malaria occurred in year 2018. Majority (72.61%) of cases found in September to November. The present study also found total 9205 cases of Malaria occurred in year 2018.

The seasonal cycle was also successfully reproduced, capturing peak temperatures in May and the seasonal monsoon rains between June and September, with the rains starting slightly earlier in May in NE India compared to June in NW India.<sup>15</sup>

Another study reported the maximum prevalence of malaria in most parts of India in July to November months. Rainfall provides mosquitoes, a breeding ground giving rise to epidemics. <sup>16</sup>

Regarding seasonal variation of Malaria is almost similar of above study with the present study. In the present study the peak is in September to November which is post monsoon seasonal.

## V. CONCLUSION

The present study concluded that Malaria cases start increasing from September with peak was in October. Majority (72.61%) of cases found in September to November i.e. post monsoon seasonal. The present study also found total 9205 cases of Malaria occurred in year 2018.

## CONFLICT OF INTEREST

None declared till now.

## **REFERENCES**

- [1] World Health Organization: World Malaria Report 2012. 2013, Geneva, Switzerland, <a href="http://www.who.int/malaria/publications/world-malaria-report-2013/report/en/">http://www.who.int/malaria/publications/world-malaria-report-2013/report/en/</a>
- [2] Hay SI, Guerra CA, Patil AP, Tatem AJ, Noor AM, Kabaria CW, Manh BH, Elyazar IRF, Brooker S, Smith DL, Moyeed RA, Snow RW, Gething PW. A world malaria map *Plasmodium falciparume* ndemicity in 2007. PLoS Med. 2009, 6: e1000048-http://dx.doi.org/10.1371/journal.pmed.1000048
- [3] Hay SI, Gething PW, Snow RW. India's invisible malaria burden. Lancet. 2010;376: 1716-1717
- [4] Bouma MJ, Dye C, van der Kaay HJ. *Falciparum* malaria and climate change in the Northwest frontier province of Pakistan. Am J Trop Med Hyg. 1996; 55: 131-137
- [5] Bhattacharya S, Sharma C, Dhiman RC, Mitra AP. Climate change and malaria in India. Curr Sci India. 2006; 90: 369-375
- [6] Van Lieshout M, Kovats RS, Livermore MTJ, Martens P. Climate change and malaria: analysis of the SRES climate and socio-economic scenarios. Global Environ Chang. 2004;14: 87-99
- [7] Caminade C, Kovats S, Rocklov J, Tompkins AM, Morse AP, Colón-González FJ, Stenlund H, Martens P, Lloyd SJ. Impact of climate change on global malaria distribution. Proc Nat Acad Sci. 2014;111: 3286-3291
- [8] Siraj AS, Santos-Vega M, Bouma MJ, Yadeta D, Carrascal DR, Pascual M. Altitudinal changes in malaria incidence in highlands of Ethiopia and Colombia. Science. 2014;343: 1154-1158
- [9] Kumar A, Valecha N, Jain T, Dash AP. Burden of malaria in India: Retrospective and prospective view. Am J Trop Med Hyg. 2007;77: 69-78
- [10] Das A, Anvikar AR, Cator LJ, Dhiman RC, Eapen A, Mishra N, Nagpal BN, Nanda N, Raghavendra K, Read AF, Sharma SK, Singh OP, Singh V, Sinnis P, Srivastava HC, Sullivan SA, Sutton PL, Thomas MB, Carlton JM, Valecha N. Malaria in India: The center for the study of complex malaria in India. Acta Trop. 2012;121: 267-273
- [11] Dhingra N, Jha P, Sharma VP, Cohen AA, Jotkar RM, Rodriguez PS, Bassani DG, Suraweera W, Laxminarayan R, Peto R. Adult and child malaria mortality in India: a nationally representative mortality survey. Lancet. 2010;376: 1768-1774
- [12] Lindsay SW, Birley MH. Climate change and malaria transmission. Ann Trop Med Parasitol. 1996; 90: 573-588
- [13] Reiter P. Climate change and mosquito-borne disease. Environ Health Perspect. 2001;109: 141-161
- [14] Jones AE, Morse AP. Application and validation of a seasonal ensemble prediction system using a dynamic malaria model. J Climate. 2010;23: 4202-4215
- [15] Krishnamurthy V, Shukla J. Intraseasonal and interannual variability of rainfall over India. J Climate. 2000;13: 4366-4377
- [16] K. T. Madhavan, Ulhas Jajoo and A. Bhalla. Seasonal variations in incidence of severe and complicated malaria in central India. Indian Journal of Medical Science. Feb 2001;55(1):43-6