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Letter to the Editor

Monitoring of malaria, Japanese encephalitis and filariasis vectors: What to be concerned?

Dear Editor,

I read with extreme interest the article on “Monitoring of malaria, Japanese encephalitis and filariasis vectors” by Gopalakrishnan et al. published in MJAFI 2014; 70: 129–133 which reported that “targeted interventions are needed to reduce the disease burden and vector activity in the villages adjoining the military station.”¹

In fact, it is no doubt that vector control and self-prevention for mosquito bite are important in prevention of mosquito borne infections. In the present report, the vector monitoring is done and can be a good epidemiology data. However, it should be noted that the data on the vector is only a part in consideration for the situation of the diseases among the military staffs. In fact, military staffs can move to other places, far away from the military station. This might be due to the duty or training session. As Taylor et al. noted, “military operations are conducted in a variety of settings”,² hence, it is no doubt that the military staffs might have chance to get the infection from the other settings away from the military station.²

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Reply

Dear Editor,

I would like to thank the reader for his observations on article titled ‘Monitoring of malaria, Japanese encephalitis and filariasis vectors’. It is widely accepted that monitoring of disease vectors is an important component in the management of vector borne diseases. In the case of many arboviral diseases prevention of mosquito bites is the only effective method to prevent disease incidence and transmission. The information on the density, diversity and seasonal prevalence of disease vectors assumes great significance in the context of vector borne diseases¹ and is not merely ‘a part in consideration for the diseases among the military staffs’.

Although ‘military operations are conducted in a variety of settings’ the staff spend a considerable time, especially night hours in the military station. Most of the disease vectors especially malaria, Japanese encephalitis and filariasis vectors bite during the night. The family members of the staff especially children staying within the military stations are also exposed to the bites of disease vectors. The staff and their family members belonging to non-endemic areas will be having low levels of immunity and are thus more vulnerable to malaria and other mosquito borne disease than the native population.² The villages situated around the cantonment areas often serve as the reservoirs for malaria infections