Letters to the Editor

THE FALCIPARUM MENACE IS NO LONGER CONFINED TO THE NORTH EAST: THE ARMY EXPERIENCE

Dear Editor,

In addition to its specific role as a major global public health problem, malaria as a military medical problem goes back into antiquity [1]. Malaria has the potential of incapacitating such a large number of troops that military operations may be jeopardized [2]. In India the Vedic medical literature recognized it as the 'king of diseases' [3]. Coming to more recent publications on malaria among our troops and the general populations we get an impression that the problem of malaria, particularly of falciparum malaria, is more acute in the north-east [4,5]. The present policy in the army whereby majority of the troops in the north-east are on chemoprophylaxis with chloroquin also

indicate that the Eastern Command is considered a high-risk sector [4].

However, since the eighties, falciparum malaria has increasingly become a problem in other parts of the country and same is reflected in command-wise incidence compiled from the annual reports on the health of the army, and presented for two decades (1975-82) and (1982-91) for comparison (Fig 1 and Fig 2).

It is a matter of concern that falciparum malaria which in the seventies (Fig 1), was mainly a problem in the Eastern Command seems to have gained a foot-hold in other Commands particularly Central, where it showed a very high incidence in the first half of the decade. This may be because central India was showing an increase in falciparum malaria cases in the early eighties because of labour movement to the north-east and back for occupational reasons.

Army medical services need to maintain a close liaison with their civil counterparts to monitor the situation. As we have better surveillance we can serve as an early warning system to the civil authorities. We cannot live in isolation from the civil population. Our medical officers should endeavour to play a more active role in the National Malaria Programme. We can take inspiration from the fact that some of the early pioneers in the field e.g. Laveran and Ross were military medical officers.

Lt Col A BANERJEE

Classified Specialist (Preventive Medicine)
Offrs Trg School, AMC Centre & School
Lucknow 226002

MT Malaria incidence(per 1000)
commandwise (1973-1982)

Fig. 1 : MT malaria incidence (per 1000) command wise (1973-82)

MT Malaria incidence(per 1000)
commandwise (1982-1991)

Fig. 2 : MT malaria incidence (per 1000) command wise (1982-91).

REFERENCES

1. Diggs CL, Wister R, Reeve P. The United States Dept of Defence Malaria Vaccine Programme. In: Siddiqui WA, editor. Proc of the Asia Pacific conference on Malaria. Hawaii, Apr 21-27, 1985. Dept of Trop Med, John Burns School of Medicine. University of Hawaii, 471-81.
2. Duguid JP, Marmion BP, Swain RHA. Mackie and McCartney's Medical Microbiology Vol 1. ELBS 13th ed. 1978; 582.
3. Bang FB. Malaria. In: Sartwell PE, editor. Maxy-Rosenau's Preventive Medicine and Public Health, 9th ed. New York. 1965; 332-341.
4. Krishnan SK, Nayar KR, Kalra AS. Resurgence of MT Malaria amongst troops serving in the North-East. Medical Journal Armed Forces India 1994; 50: 5-9.
5. Ray AP. Some aspects of *P. falciparum* control programme. Indian J Med Res 1979 70(suppl): 1-13.