

Filaria (Lymphatic Filariasis): The Disease, The Data, and The Situation in Chhattisgarh and Durg District

*Nalini, Dr. Harischandra Darro, Ujjwal Swarnkar, Himanshu Khandekar, Rajeshwari Nag, Ramesh Kumar Dhrve and Saket Kumar Kosma

Mahatma Gandhi Udayaniki Evam Vaniki Vishwavidyalaya, Sankara, Patan, Durg Chhattisgarh, India

*Corresponding Author's email: hinalini.nirala93@gmail.com

Lymphatic filariasis (LF), popularly called *filaria*, *elephantiasis* or *Hathi Paon*, is a mosquito-borne parasitic disease that damages the lymphatic system. It rarely kills, but it disables. Years after infection, many patients develop grossly swollen legs, arms or genitals (hydrocele), which bring pain, repeated infections, loss of livelihood and social stigma. It is therefore classed as a neglected tropical disease and a leading cause of permanent disability. India carries a very heavy share of the world's burden; one published review puts it at about a third of the global filarial burden, with hundreds of millions of people living in endemic districts. The Government of India has committed to eliminating LF as a public health problem by 2027, three years ahead of the global target of 2030. Chhattisgarh is one of the states where this effort is still under way.

Cause, Vector and Transmission

LF is caused by thread-like parasitic worms. In India, *Wuchereria bancrofti* accounts for about 99.4% of cases, while *Brugia malayi* causes only about 0.6%. The parasite is carried by the *Culex quinquefasciatus* mosquito, which breeds in dirty, stagnant water such as clogged drains, soak pits, septic tanks and polluted ponds. This is why the disease is common in crowded towns and semi-urban settlements as well as villages.

Life cycle in brief: an infected person carries tiny larvae (microfilariae) in the blood, mostly at night. A mosquito bites and picks them up; they mature into infective larvae in the mosquito; at the next bite the larvae enter a new person, move to the lymph vessels and grow into adult worms that live for several years and release fresh microfilariae. Because the larvae circulate at night, diagnosis traditionally uses a **night blood smear**.

Symptoms and Stages

- **Asymptomatic stage:** infected people feel well but carry microfilariae and keep the transmission going.
- **Acute stage:** recurring episodes of fever with painful swelling and redness in a limb, groin or genitals (acute adenolymphangitis).
- **Chronic stage:** lymphoedema, elephantiasis of legs, arms or breasts, and hydrocele in men. Skin thickens and bacterial infection becomes frequent.

Men are generally more affected than women in survey data. For example, a Bilaspur (Chhattisgarh) survey found microfilaria in 2.17% of males against 1.19% of females.

Elimination Strategy in India

The WHO started the Global Programme to Eliminate Lymphatic Filariasis in 2000. Its core strategy has two parts: (a) yearly **Mass Drug Administration (MDA)** of the whole eligible population in endemic areas to stop transmission, and (b) **morbidity management and**

disability prevention (MMDP), meaning home-based limb care, hygiene and hydrocele surgery for existing patients.

Drugs used in India: DA (double drug) is Diethylcarbamazine citrate (DEC) + Albendazole. **IDA (triple drug)** is Ivermectin + DEC + Albendazole, used in selected districts. Children below 2 years, pregnant women and seriously ill people are excluded. The drugs are taken once a year, in front of a health worker, after food, and are given free of cost door to door.

National milestones

Year	Event
1955	National Filaria Control Programme launched
2000	WHO global elimination programme (GPELF) begins
Feb 2023	Nationwide MDA launched in 10 states, including Chhattisgarh; officials noted that earlier rounds failed mainly because of poor coverage
Aug 2023	Second phase: 81 districts in 9 states, including Chhattisgarh
Feb 2025	MDA across 111 endemic districts in 13 states, including Chhattisgarh, reaching over 17.5 crore people
2027	National elimination target

Chhattisgarh: Situation and Data

Chhattisgarh is among the endemic states included in every recent national MDA round. In February 2023 the state ran its round in two endemic districts and deployed rapid response teams to handle any adverse reactions. Later campaigns have widened the map: a February 2024 national circular lists Chhattisgarh districts for the round, with **Bastar, Khairagarh-Chhuikhadan and Rajnandgaon** on the double-drug regimen and **Raigarh and Sarangarh-Bilaigarh** on the triple-drug regimen. Coverage and compliance of MDA in the state have also been studied, for example in Surguja and Surajpur districts.

Older survey evidence (Bilaspur district, published 2005)

Indicator	Finding
Night blood smears examined	3,426 (24 localities: 13 rural, 11 urban)
Positive for <i>W. bancrofti</i>	62 people (microfilaria rate 1.80%)
Males vs females	2.17% vs 1.19%
Rural vs urban	2.05% vs 1.45%
Trend	Declining over time; <i>B. malayi</i> infection had disappeared

This study showed that infection had spread beyond the one block thought to be endemic, and that LF is not only a rural problem. It is an old survey, so it should be read as history rather than today's prevalence.

Durg District

Durg lies in the central Chhattisgarh plain and includes the industrial city of Bhilai, large peri-urban colonies and a rural belt of paddy-growing villages. This mix matters for filaria, because *Culex* breeds readily in blocked drains, waterlogged low-lying areas and unplanned settlements, all of which exist around fast-growing urban centres. What can be said confidently for Durg, and for any non-MDA district, is the following: (1) people with limb swelling or hydrocele should be reported to the nearest PHC or CHC; (2) night blood surveys are the tool used to decide whether a district needs MDA; and (3) a study in neighbouring Madhya Pradesh found microfilaria in districts once classed as non-endemic, with rates from 3.8% to 11.2%, which shows why such surveys must continue even where official maps show no problem.

Prevention and What Citizens Can Do

- **Take the MDA tablets** every year in front of the health worker, even if you feel healthy, since most infected people have no symptoms.
- **Control mosquitoes:** clear stagnant water, cover tanks, clean drains, and use nets, repellents and screens.

- **Care for patients:** wash the swollen limb daily with soap and water, dry it, keep it raised, treat cracks and wounds early, and exercise gently. Hydrocele can be treated surgically at government facilities.
- **Reduce stigma:** filaria is not caused by a curse or by touch; patients deserve support.

Role of NSS Volunteers

NSS volunteers can help with door-to-door awareness before MDA rounds, with sanitation and drain-cleaning drives, with school rallies and posters, with tracing people who missed doses, and with referring suspected patients to health centres. Community trust is the missing ingredient in past rounds, and volunteers from the local area are well placed to build it.



फाइलेरिया मुक्त अभियान

सर्वजन दवा सेवन

फाइलेरिया (हाथीपाँव) से बचाव के लिए ज़रूरी दवा सेवन ज़रूर करें

10 अगस्त से शुरू – दवा ज़रूर खाएं



फाइलेरिया क्या है?

फाइलेरिया एक परजीवी रोग है जो संक्रमित मच्छर के काटने से फैलता है। यह शरीर की लसीका तंत्र (Lymphatic system) को नुकसान पहुँचाता है, जिससे हाथ-पाँव में सूजन (हाथीपाँव) हो सकती है। समय से दवा लेने और पूरी तरह ठीक नहीं हो पाता – इसलिए समय पर दवा खाना ही सबसे अच्छा बचाव है।

संक्रमण कैसे फैलता है?



मच्छर के काटने से परजीवी शरीर में प्रवेश करते हैं और लसीका तंत्र में बढ़ते हैं। इससे मच्छर काटने पर संक्रमण आगे फैलता है।

फाइलेरिया होने पर दिखते हैं ऐसे लक्षण

इंफ्लेमेशन  ओवर एक्टिव इम्यून सिस्टम के कारण शरीर में सूजन।	लिम्फेडेमा  टिशूज में अतिरिक्त फ्लूइड इकट्ठा होना।
हाइड्रोसील  अंडकोष में सूजन और फ्लूइड जमा होना।	एडेमा  शरीर के टिशूज में सूजन और फ्लूइड बनना।

स्रोत: डॉ. पंकज वर्मा, सीनियर कंसल्टेंट, इंटर्नल मेडिसिन, नारायण हॉस्पिटल, गुरुग्राम

फाइलेरिया के लक्षण



अचानक बुखार में कमी



हाथ-पाँव में सूजन



बिना कारण बुखार



सर्दी लगना या ठंडा महसूस होना

क्या फाइलेरिया रोधी दवाएं सुरक्षित हैं?

- ✓ दवाएं सबके लिए सुरक्षित हैं – पीड़ित और स्वस्थ, दोनों के लिए।
- ✓ दवा खाने पर हल्के लक्षण जैसे बुखार, ठंड लगना या जी मिचलाना हो सकते हैं, जो सामान्यतः एक-दिन में ठीक हो जाते हैं।
- ✓ ये दवाएं आंतों के कीड़ों जैसे अन्य परजीवी संक्रमणों का भी इलाज करती हैं।

बचाव के उपाय



रात में मच्छरदानी लगाकर सोएं



मच्छर भगाने वाली दवा व कीटनाशक का उपयोग करें



हाथ, पैर और नाखून साफ रखें

“फाइलेरिया दिवस – सामूहिक दवा सेवन (MDA) “करें चुनाव, फाइलेरिया या बचाव”

फाइलेरिया क्या है?

फाइलेरिया मच्छर के काटने से होने वाला एक संक्रामक रोग है, जिससे समय पर हाथीपाँव का नाम से जाना जाता है।

फाइलेरिया कैसे फैलता है?

गंदगी में मच्छर पनपते हैं। संक्रामित मच्छर स्वस्थ व्यक्ति को काटकर उन्हें भी संक्रमित कर देते हैं। संक्रामित व्यक्तियों को हाथीपाँव या हाइड्रोसील का खतरा रहता है।

फाइलेरिया की दवा कैसे काम करती है?

- यह दवा फाइलेरिया के परजीवों को मार देती है।
- मरे हुए परजीवों के प्रतीक्षण खत्म, उन्नी लवा बुखार, ठंड लगना, उल्टी तथा अन्य पर लक्षणों हो सकते हैं।
- धक्कापे नहीं, आमतौर पर ये लक्षण स्वतः ही ठीक हो जाते हैं।

फाइलेरिया के लक्षण

- सामान्यतः कोई लक्षण दिखाई नहीं देते हैं।
- बुखार, हाथ पैर में दर्द या सूजन तथा घुर्खों के जन्मनांगों (हाइड्रोसील / अंडकोष) में व उसके आसपास दर्द या सूजन

फाइलेरिया का रोकथाम/नियंत्रण

सोते समय मच्छरदानी का प्रयोग करें। आवा-वायु साफ-सफाई रखें। सामूहिक दवा सेवन (MDA) अभियान में फाइलेरिया से बचाव की दवा लें।

सावधान रहें

- जब तक दवा के सभी लोगों का दवा खाया नहीं हुआ है तब तक रात में सोना बंद न करें।
- MDA की दवा अस्वास्थ्य द्वारा मरने से बचाव जाती है।
- डॉ. डी. सी. जी. को गोली खानी देते नहीं जानें। वे जीव-वैद्य/प्राणी चिकित्सक हैं जो जानवरों को ठीक करते हैं।
- ये दवाएं डॉ. डॉक्टर की सलाह से हैं।
- जो दवा के काम उम्र के बच्चे, गर्भवती महिलाओं और स्तनपान करने वाले बच्चों को दे दवा नहीं देनी है।

राष्ट्रीय वेक्टर जनित रोग नियंत्रण केंद्र
22, शाम नाथ मार्ग, दिल्ली 110054 | www.ncvdc.mohfw.gov.in

फाइलेरिया रोधी दवा खाकर हाथीपाँव को करें अलविदा

नियमित स्वास्थ्य केंद्र या स्वास्थ्य कार्यकर्ता से संपर्क कर दवा ज़रूर लें

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प्रस्तुतकर्ता: **नलिनी**
शोध छात्रा (Ph.D.)
स्कॉलर विभाग – फॉरेस्ट्री बायोलॉजी एंड डी इम्पूवमेंट
महात्मा गांधी उद्यानिकी एवं वानिकी विश्वविद्यालय
पाटन, दुर्ग, छत्तीसगढ़ (भारत)

Conclusion

Filaria is preventable and its transmission can be stopped by high-coverage yearly MDA, good sanitation and care of patients. India's 2027 target is realistic only if the large majority of every eligible community actually swallows the tablets, year after year. Chhattisgarh, including industrial and fast-urbanising districts such as Durg, needs continued surveillance, reliable local data and active public participation to reach a filaria-free future.

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