

NATIONAL FILARIA CONTROL PROGRAMME



Presented by-
Prof. Dr. Ashia Qureshi
Dean SON
Galgotias University

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School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

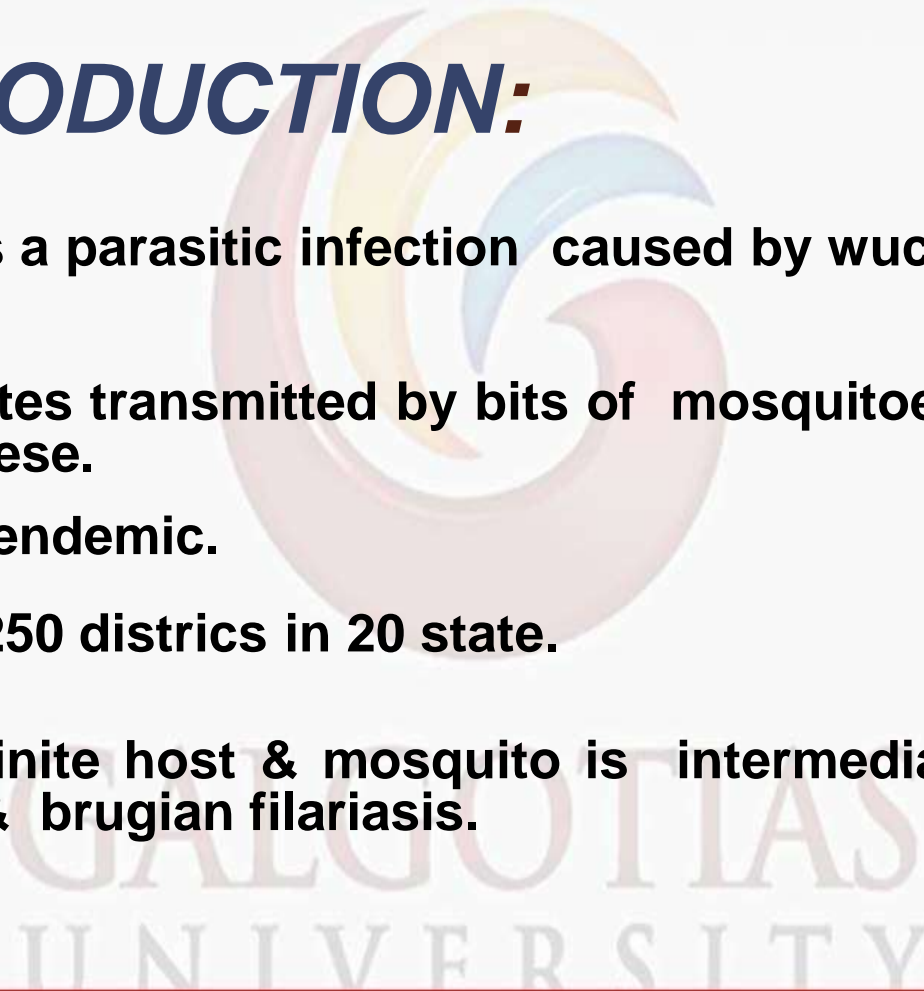


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❖ ***INTRODUCTION:***

- ✓ **Filariasis is a parasitic infection caused by wuchereria bancrofti.**
- ✓ **This parasites transmitted by bits of mosquitoes – anopheles & mansonias adese.**
- ✓ **Disease is endemic.**
- ✓ **Found in 250 districts in 20 states.**
- ✓ **Man is definite host & mosquito is intermediate host of bancroftian & brugian filariasis.**



- The adult filaria worm lived in lymphatic vessels & microfilaria lived in blood and infect mosquito at the time of when they come to feed.
- This infection caused by lymphadenitis with involvements of body parts like
 - Genital area
 - Leg
 - Arm
- 600 million people have risk of infection.

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Lymphatic filariasis is prevalent in 18 states.

- Filariasis is widely distributed, brugian filariasis is restricted to 6 states- UP, Bihar, Tamilnadu, Kerala, Andhra Pradesh & Gujarat.
- According to survey & control unit:
 - 420 million are exposed to risk of infection.
 - 19 million manifested.
 - 25 million have filarial parasites in their blood.

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❖ ECONOMIC LOSS:

- About 102 million people dies due to filariasis every year.
- That leading to an economic loss of RS.3500 crores.

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❖ CURRENT STATUS & DISTRIBUTION OF LYMPHATIC FILARIA IN INDIA:

- ✓ The disease was recorded in india as early 6th century by susruta in his book susruta samhita.
- ✓ In 1709 ,clarke called 'elephantoid legs' in cochin as 'malabar legs'

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- The discovery of microfilariae in the peripheral blood was made first by Lewis in 1872 in Kolkata city.
- Indigenous lymphatic filaria cases are reported from 20 states. From these total of 250 districts have been identified to be endemic for filariasis, & 600 million population at risk.
- The north western states, Jammu-Kashmir, Himachal Pradesh, Maharashtra, Orissa, Tamil Nadu, Kerala are known to be free from filarial infection.

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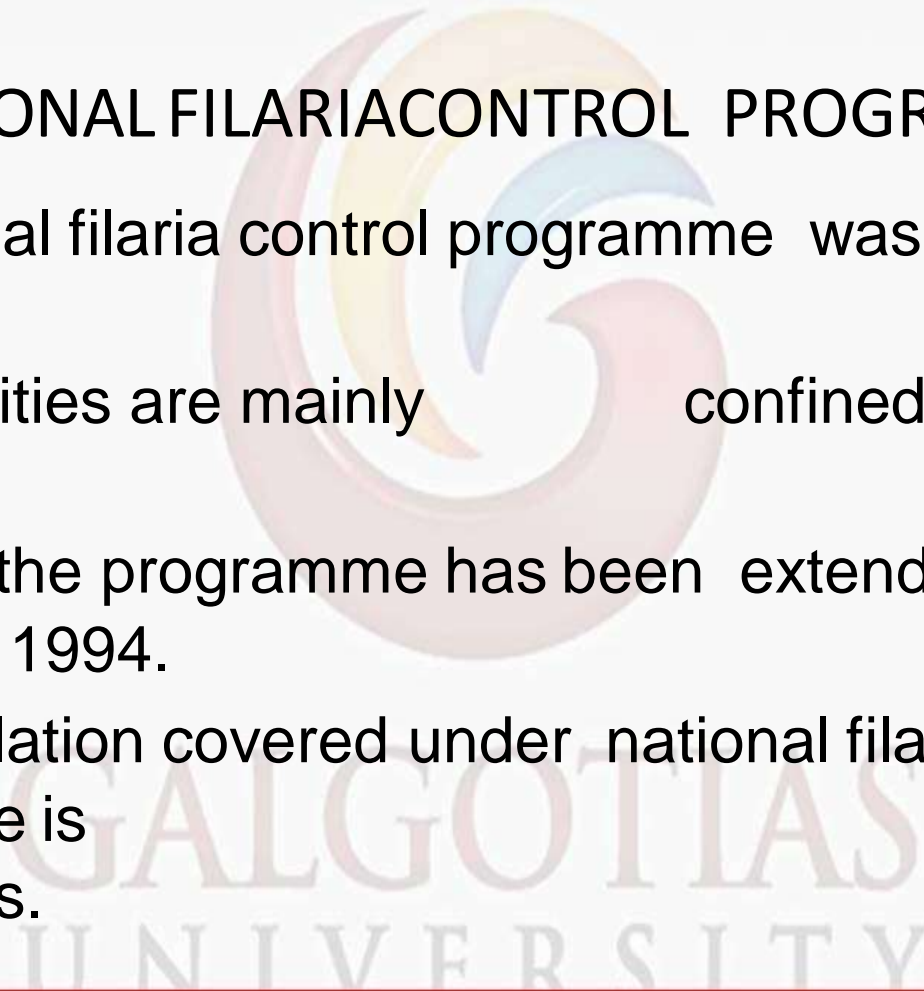


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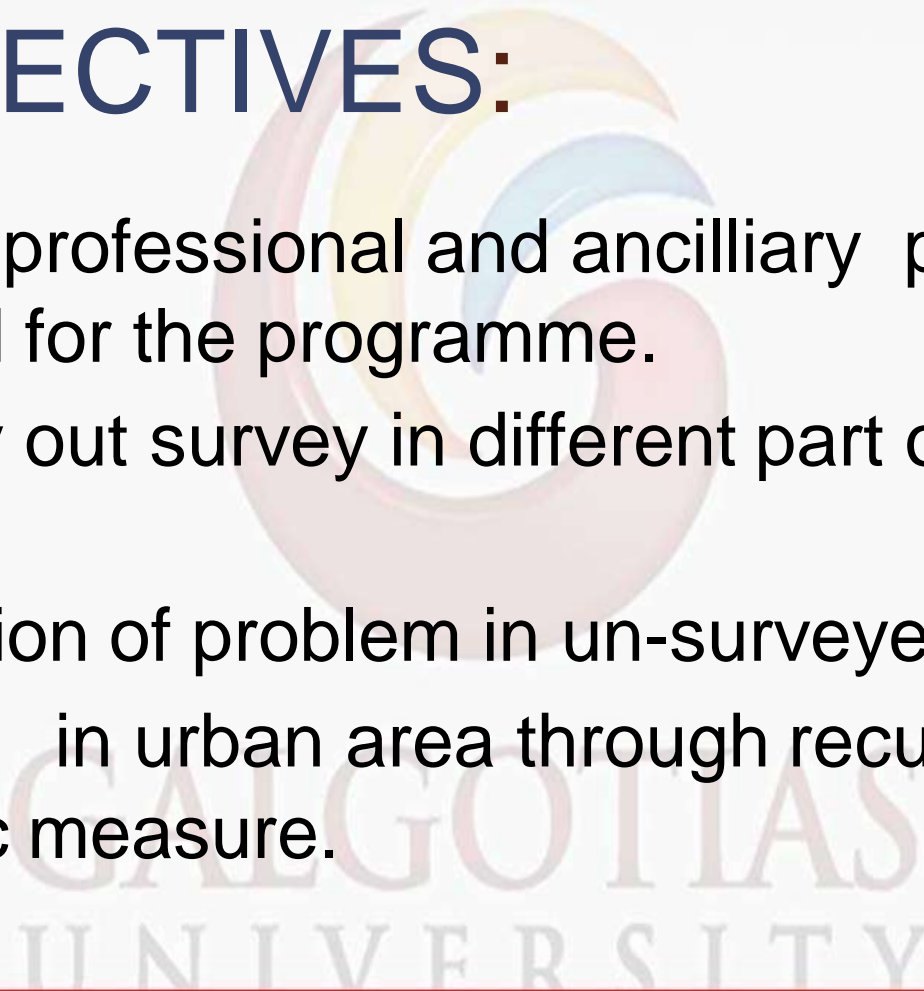
NATIONAL FILARIA CONTROL PROGRAMME:

- The national filaria control programme was launched in 1955.
- The activities are mainly confined to urban area.
- However the programme has been extended to rural area since 1994.
- The population covered under national filaria control programme is 53.68 lakhs.



❖ OBJECTIVES:

- To train professional and ancillary personnel required for the programme.
- To carry out survey in different part of the state .
- Reduction of problem in un-surveyed area.
- Control in urban area through recurrent anti-parasitic measure.



❖ **ACTIVITIES OF NFCP:**

- Recurrent weekly antiviral operations and biological control of vector through larvivorous fish.
- Source reduction through environmental and water management.
- Diagnosis and treatment of microfilaria carriers & management of cases.
- Information, education & communication for community awareness.

A. DETECTION OF CARRIERS:

- ✓ Through the immuno- chromatographic card test is used to detect the infection in human & mosquitoes.
- ✓ It is done with night blood smear examination.
- ✓ It is costlier.

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B. MASS DRUG ADMINISTRATION:

- Chemotherapy:
- EX-Diethylcarbamazin.
- 1. Bancroftian filariasis: Dose: 6mg/kg/body -
 - weight/day/orally
- 2 Brugian filariasis: Dose: 3-6mg/kg/body -
 - weight/day

❖ STRATEGY:

- Revised control strategy for lymphatic filariasis was adopted in 1996.
- The components of the revised strategy were:
- Single dose mass diethylcarbamazine therapy at dose of 6mg/kg body weight once a year.
- management of acute & chronic filariasis through referral services at selected centres.
- Continuation of antivector measures in all the national filaria control programme towns as complimentary to anti-parasitic measures.

❖ ROLE OF NURSE:

- The functions of a community health nurse have been classified as follows:
 1. Administration
 2. Communication
 3. Nursing
 4. Teaching
 5. Research

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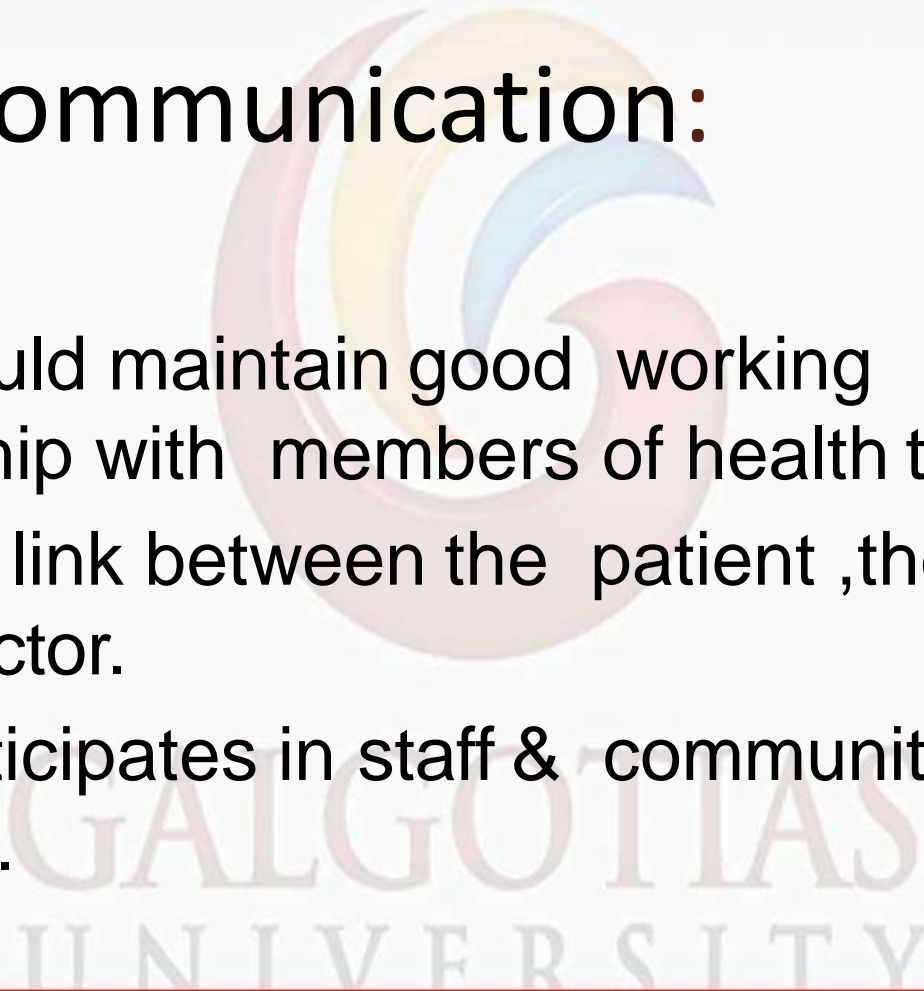
1. Administration:-

- She provides direction & leadership to those whom she supervises.
- She is responsible for planning, implementation, & evaluation of a practical plan of nursing administration in the primary health centres & its associated subcenters.

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2. Communication:

- She should maintain good working relationship with members of health team.
- She is a link between the patient ,the family & the doctor.
- She participates in staff & community meetings.



3.Nursing:

- She provides comprehensive nursing care to individuals & families.
- She should support to the patient & family.
- Provides proper health education & proper administration of drug.

4. Teaching:

Nurse should teach to the patient & family regarding:

- Disease condition
- Risk factors
- Treatment
- Prevention
- Home care

5. Researcher:

- The nurse should have knowledge regarding current updates.

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❖ RESPONSIBILITIES OF NURSE:

- ✓ To go for home visit in community.
- ✓ To find out the cases of filariasis in the community.
- ✓ To provide proper nursing care to the patients.
- ✓ To provides health education to the patients & family members.
- ✓ Advise to the patients for follow-up.
- ✓ Advise to patient & family for proper sanitation.

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THANK YOU

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