Chapter-8

CONCLUSION AND RECOMMENDATIONS
8. CONCLUSION AND RECOMMENDATIONS

The salient findings of the study are: the tribal study area has a stable malaria situation and malaria continues to remain the most important morbid condition and cause of mortality. Children (less than 14 years) contribute to about 56% of parasite reservoir in this area. The children suffer the most of the acute episodes and complications. The DALYs lost due to malaria is highest in the age class of 5-9 years suggesting that the burden of malaria is highest in this age class and the overall DALYs lost is 30 times higher than that of the Indian average. Highest conversion rate was in the age class of 5-9 yrs. Among the complications of malaria, involvement of central nervous system (including cerebral malaria), hyperpyrexia and respiratory tract are very common. Co-morbidity with respiratory tract infection, both upper and lower (especially pneumonia) is commonly observed. Therefore Co-trimaxazole may be a better option to control both the diseases, malaria and respiratory tract infection, especially in children in this area. There is high degree of transplacental transfer of maternal antibodies to off springs protecting them up to 6 months of age. The malaria parasite index among the pregnant women varied between 10.8 and 25.6 % with peak incidence during post-monsoon months. There was a significantly higher parasite incidence between the primi than in multigravidae but significant difference was not observed between trimesters. Miscarriage, stillbirth, premature deliveries, perinatal and neonatal mortality, were the predominant causes of foetal mortality. From these observations, it can be concluded that the contribution of children and women
during pregnancy to malaria burden in these areas remain very high and therefore special control strategy package is necessary for these vulnerable population.

Presumptive treatment of fever cases with chloroquine of 10mg/kg single dose has a definite effect in reducing the morbid days due to fever and reduction in the number of malaria related deaths. However, in the study area with perennial transmission, this measure alone could not reduce the overall fever and parasite burden in the community. Therefore, immediate need is for additional measures like vector control or personal protection measures with insecticide treated bed nets especially for pregnant women and children might be required to reduce or contain malaria incidence. Due to the location, terrain and socio economic condition of the study area and in similar other parts of the country, specially north-eastern state where falciparum parasite is predominant, the present strategies can be modified and extensive researches are needed to develop newer strategies for the containment of malaria in this part of the world.