Lymphatic Filariasis (LF) is not fatal, but it is a debilitating disease leading to ill-health and disability and the resulting loss of productivity and treatment costs can further impoverish already vulnerable families. A morbidity management camp held at the Pisawana CHC was a pilot intervention towards developing a community-based programme for Filaria management. This camp was organized by the UP Health Department, with consultants from SATHI (a Delhi-based NGO) and support from the O.P. Gupta Foundation and Sangtin (field organization in Sitapur district).

The success of the camp offers hope that LF can be eliminated in this region. With continued collaboration between the Department and various organizations, the following can be achieved:

1. Better compliance with the Mass Drug Administration (MDA) programme, leading to the reduction of microfilaria and elimination of new infections.

2. Long-term morbidity management through the establishment of a Filaria clinic, where patients can be regularly examined, provided the necessary care and supported to manage their symptoms and achieve better quality of life.

Background

Lymphatic Filariasis (LF) is endemic in 51 districts of Uttar Pradesh, including Sitapur district. Here an NGO Sangtin, along with its field organization Sangtin Kisan Mazdoor Sangathan (SKMS), took up this issue due to the suffering of patients and the lack of treatment options. Their search led them to Dr. S.B. Gogia and Mrs. Arun Rekha Gogia, who have been working on the issue for decades as well as attempting to start Filaria Care clinics across India through their NGO called SATHI (www.sathi.org). Mrs. Gogia operates a voluntary clinic within AIIMS, where patients suffering from lymphoedema are taught to manage their condition through hygiene, exercise and compressive bandaging.

Sangtin representatives, on the advice of Dr. P. K. Srivastava at the National Vector Borne Disease Control Programme (NVBDCP), took up line-listing of LF patients. An informal survey in 13 villages yielded a list of 262 patients.
patients – 136 with hydrocele, 121 with lymphoedema and 5 with both conditions. With this list, Sangtin representatives met the UP Principal Secretary (Health), Shri Arwind Kumar, who promised full support from the Health Department. Next, a plan was developed for a camp on morbidity management with Dr. Satya Mitra, Director Communicable Diseases.

A planning meeting was held on 3rd November in Lucknow. On 4th November, SATHI and Sangtin held a preliminary camp at CHC Pisawan with active help from its in-charge Medical Officer Dr Bharati. 85 patients attended it and were examined and counselled. Meanwhile the Health Department agreed to make all the arrangements and provide medicines for the camp, but officials said that they were unable to cover the cost of the compressive bandages, which came to about Rs. 2000 per patient. Sangtin representatives then approached the local MLA, Shri Anup Gupta, who expressed great interest in the camp and the broader goal of eliminating LF in his constituency. He supported the cost of bandages through the O.P. Gupta Foundation, set up in honour of his late father.

**Report of workshop and camp**

On 19th November, a workshop on Lymphatic Filariasis was organized at the Sitapur CMO office, which was chaired by Dr. Tripathi, Chief Medical Surgeon, Sitapur District Hospital. Various aspects of the disease were presented by Dr. Rashmi Shukla, WHO Consultant, and Dr. Shaukat Kamal, Regional Director, Lucknow. Dr. Gogia then talked about surgical interventions and morbidity management of the disease. Mrs. Arun Rekha Gogia described her work at AIIMS and the transformation in the lives of lymphoedema patients after compressive bandaging, administration of penicillin (to reduce ADLA and infections) and promotion of self-care.

While Sangtin had identified 136 patients with hydrocele, many were reluctant to come forward for surgery. The lack of facilities for surgeries at the Pisawan CHC led to the shifting of the process to the Sitapur DH and the sowing time for the rabi crop were other deterrents. Finally, 14 men got screened at Sitapur DH and a few more at Pisawan. Of these, 6 required an operation and 3 agreed to get operated (and were on 21st November). Yet another patient was operated for a testicular tumour. The positive outcome of these patients may encourage more to get operated.
Of the lymphoedema patients, 55 arrived in time at the Pisawan CHC on November 20th to get registered and complete the initial procedures. These included photography, examination and measurement of their limbs as well as administration of penicillin injections. All the patients then underwent leg washing and the Grade I lymphoedema patients were counselled on hygiene, exercise and the need for regular administration of penicillin. The 33 patients with Grade II and Grade III lymphoedema were shown how to bandage themselves using the compressive bandages. Follow-up with these patients was done on the 21st and 22nd and 3 of them received bandaging for their other leg as well. The patients reported feeling better and many had **visible and measurable reduction in circumference of their affected limbs (up to 4 cm)**.

Additional patients, including those not from the previously surveyed areas, turned up on the afternoon of the 20th and on the 21st after hearing of the camp. Many of them had Grade II and Grade III lymphoedema. Due to the unavailability of penicillin injections and of Dr. Gogia (who was at the DH on the 21st), these patients could not be treated. However, they received counselling on exercise and hygiene and **62 of them were registered at the Pisawan CHC**.

**Next steps**

- In consultation with Dr. Bharti (MO, Pisawan CHC), the **follow-up session** for the 55 lymphoedema patients has been scheduled for **December 17th, 2015**. All arrangements, including supply of penicillin injections, should be made for this.

- The Mass Drug Administration (MDA) programme for LF is scheduled for **December 14th-16th**. In preparation for this, an **accurate line listing must be conducted in Pisawan**. Further, awareness activities should be organized to improve compliance. Sangtin Kisan Mazdoor Sangathan is willing to collaborate with the Health Department for this.

- Finally, a plan must be developed for **long-term morbidity management of patients suffering from lymphoedema and hydrocele**. This would involve training of health staff and community workers, establishment of a filaria clinic for continuing care and organizing awareness activities.