

# IMA EXPERT COMMITTEE STRATEGIES ON FEVER CONTROL

## Deliberations and Conclusions

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### INTRODUCTION

The present fever epidemic is the biggest in recent years and is causing considerable morbidity and mortality. The primary aim of the committee is to ensure that there are No more deaths due to fever in the state. The four districts with maximum burden which require special attention are Trivandrum, Kollam, Kozhikode and Palakkad. Proper treatment has to be ensured to the affected individuals. Urgent mosquito control is very much required.

### MANAGEMENT OF FEVER

1. Government has published guidelines on management of fever. IMA will promote the guidelines and will ensure percolation to all the doctors of the state. IMA will also seek expert opinion on the guidelines and suggest modifications, if required to the health department.
2. The role of platelets in the therapy of Dengue fever is widely misunderstood. The expert committee is of the opinion that routine therapy with platelets for thrombocytopenia is not required and should be reserved only for those with severe thrombocytopenia (<10,000) or for those with bleeding manifestations.
3. NSAIDs and corticosteroids should never be used in the treatment of fever especially when Dengue is suspected.
4. Oseltamivir should be made available in private hospitals also.
5. Different types of fever are occurring currently and all of them are not Dengue or H1N1. Common cold and viral fever are still the most rampant. Proper treatment according to the guidelines should be ensured based on the type of fever.
6. Only people with fever and danger signs need to be referred to higher centres for specialized care.

The vast majority can be managed in primary care settings. People with fever should report for medical attention if the fever is severe and associated with co morbidities. Rest and adequate hydration is essential.

### MEDICAL RESOURCES

1. IMA will empower all the doctors in the state to treat fever scientifically. CMEs will be conducted by all the branches within a week based on the slides provided by the state IMA to ensure standards of care.
2. IMA will conduct fever clinics in needy areas. Additional medical man power will be provided in Government institutions to treat fever upon request from the Government authorities.
3. Pool of doctors will be kept ready in all branches to address any emergency medical event.
4. The service of house surgeons, PGs and medical students will also be sought.
5. Reporting of fever cases will be strengthened from private institutions also.

### PUBLIC PARTICIPATION

1. IMA will form fever care consortium in all districts with members from the Government agencies, LSGs, NGOs, political parties, social groups and associations.
2. Sensitisation and awareness programmes will be held to empower the LSGs for effective control of mosquitoes and proper disposal of waste.
3. Awareness programmes will also be held in schools and institutions with the help of branch leaders and medical students.
4. IMA will partner with KILA to impart scientific training to Local Self Government on health, hygiene and environment.

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5. Educational institutions should conduct awareness programmes. They should ensure that all students and staff attending classes are free from the febrile illness. No fever cases should be permitted in school premises and medical certificates should not be insisted upon.

## **SOURCE REDUCTION**

1. Control of mosquito density is of utmost importance. IMA demands measures for urgent reduction of mosquito density especially in the districts with high incidence of Dengue.
2. IMA will publish and circulate mosquito control guidelines.
3. The service of field staff (JPHN, JHI etc) has to be ensured and proper field work should be carried out. Various resources like Police, political parties, NCC, NSS, NGOs should be mobilised to strengthen field work to ensure reduction of mosquitoes.
4. Proper respiratory hygiene should be ensured to control H1N1. Hand washing and cough etiquettes should be promoted.
5. Posters and pamphlets will be printed and circulated by IMA to high light the DOs and DONTs for control of fever.

## **MEDIA**

1. Medias role in promoting safe health is utmost important and has to be properly channelised. Scientific and relevant information has to be provided to media.
2. Resource persons will be made available for interaction with media.

3. Media workshops will be held at least in two districts, one in south and one in north zone.
4. Social media also will be properly utilised to disseminate scientific information.

## **RESEARCH**

1. Adequate data compilation should be ensured through proper reporting of all cases.
2. Studies should be held on the pattern of fever prevalence.
3. Morbidity, mortality patterns should be established for each infectious agent. Any change in behavior (clinically or genetically) should be ascertained. The help of agencies like RGCN and Achutha Menon Centre should be sought.
4. Thorough audit on the fatal cases have to be done to ascertain the cause and possible areas for future intervention.

## **UNSCIENTIFIC APPROACHES**

1. IMA is highly concerned about the practice and propaganda by unscientific systems which is causing wide spread damage.
2. The so called preventive drug offered by homeopathy is shifting focus from mosquito control as the only preventive measure to control Dengue and hence is strongly discouraged.
3. Claim boosting immunity and blanket therapy by some alternate systems also lack any credible evidence and has to be strongly discouraged.
4. It has been observed that people are indulging in self medications with various toxic substances including Papaya leaves and stem. Such measure have no role in treatment of low platelet count.