



POTENTIAL OF MALARIA TRANSMISSION WINDOWS IN AN URBAN AND RURAL AREA OF WEST BENGAL, INDIA



IJPRBS-QR CODE

R. BHATTACHARYA*, R. BANIK, P. BARMAN
G. BISWAS, A. BHATTACHARYA



PAPER-QR CODE

1. Department of Environmental Science, University of Kalyani, Kalyani.
2. M.G.M. Medical Collage, Kishanganj.

Abstract

Accepted Date:

22/12/2012

Publish Date:

27/12/2012

Keywords

Malaria,

Transmission,

Meteorological
Parameters,

Diurnal temperature
range

Corresponding Author

Dr. R. Bhattacharya

Department of
Environmental Science,
University of Kalyani.

Periodic epidemics of malaria occur every five to seven years in West Bengal. According to IPCC (Intergovernmental Panel on climate change), the vector borne diseases will be increased day by day due to global climate change. Ambient temperature, relative humidity, rainfall and wind speed are the major influencing factors of the dynamics of vector borne diseases. The breeding activity of Anopheles mosquitoes in association with meteorological parameters may be considered as one of the major environmental causes of malaria transmission. Our study addresses the malaria transmission probability in an urban and rural site of West Bengal. Kolkata (22.57°N, 88.37°E) and Digha (22.38°N, 87.32°E) are selected as an urban and a rural site in this study. Meteorological Parameters for the period 1997 to 2007 of these sites are analyzed to find the probability of malaria transmission windows throughout the year along with the malaria incidences. It is observed that broad transmission window (Temp: 160 – 40°C, RH: 55% – 80%) extends eight months in a year. The two sites have equal probability of transmission but malaria incidences in Digha are too small. Hence other environmental parameters such as slum area, drainage, population density, agricultural practices and health services are to be considered for monitoring malaria transmission.

INTRODUCTION

Malaria is one of the devastating infectious vectors borne disease in developing countries. Vectors and parasites are very sensitive to climatic parameters particularly of ambient air temperature. Our environment is under threat due to climate change. Intergovernmental Panel on Climate Change¹ has reported the probability of the increase of temperature by 1.8°C- 4°C at the end of 2100 and hence the vector borne diseases will spread both temporally and spatially all over the tropical countries. An increase of temperature will cause the transmission of malaria to higher latitudes and altitudes whereas the present locations of vector borne disease have negative feedback^{2, 3}. Hence impact on public health due to the dynamics of vector borne disease will strongly depend on local meteorological parameters and geographical locations. The distribution and abundance of mosquitoes directly or indirectly will controlled by the climate to some extent. Climate is the deciding factor of the survival range of malaria parasites⁴⁻⁷. However mosquito populations may be controlled by the use of insecticides or modifying the habitats⁸. Modernization of

live stocks, farming and development of socio economic status has prevented the possibility of malaria epidemic in Europe. The use of quinine in malaria fever and keeping cattle's from human settlements may reduce the malaria incidences. However the degree of prevention by improving social economic structure, health education and agriculture practice is not yet crystal clear due to the fact that malaria is a disease of tropical and developing countries⁹⁻¹². The distribution of malaria at present and ten years back have pointed out that the shift and new introduction of malaria prone regions in Tropics.

The impact of climate on malaria has been carried out in different countries by several investigators^{5, 13-19}. Existing opinion regarding the dependence of different meteorological parameters on malaria are conflicting each other. To some opinion, the spread of malaria are due to drug resistance rather than temperature change while some reported the cause due to meteorological conditions²⁰⁻²². The transmission of malaria is a complex interaction among anopheline mosquitoes, Plasmodium parasites and human²³.

The extrinsic incubation period of parasites in a mosquito changes with diurnal temperature range provided the temperature is in between 16°C- 36°C²⁴. Moreover the digestion speed is increased with temperature resulting the increase of interaction between vector and host^{25, 26}. The average duration of sporogony is illustrated in Table 1. Sporogony cycle stops below 16°C and if the life span of mosquito is less than the development of pathogen, the transmission stops^{27, 28}. Optimum temperature for anopheline mosquito to mature takes 10 days at temperature 28°C. The duration is reduced with increase of temperature. Lifespan of mosquito may changes by one week with 1°C temperature change provided the temperature remain 18°-26°C and malaria vectors cannot survive above 40°C²⁹⁻³¹. The survival rate is 90% when the temperature is 16-36°C. Social, economic, environmental stresses and climate may influence the malaria burdens. It is therefore needed to highlight the probable days (either seasonally or annually) of malaria transmission in a regional basis so that prevention can be taken to combat the burst of malaria incidences.

METHODOLOGY

Study area: The study is conducted using ground based meteorological data of two India Meteorological Centers Alipur (22.57°N, 88.37°E, 9 m above msl) and Digha (22.38°N, 87.32°E, 6 m above msl). Alipur is in Kolkata and Digha is coastal station of East Midnapur district of West Bengal. Population density of Kolkata is high 25,000/sq.km and slum population per square km is 32.55. Digha is a tourist place at the coast of Bay of Bengal. Local population is low but the place is very congested throughout the year due to presence of large number of hotels, markets, travelers, cars, different types of local vehicles etc.

Methods: Daily records of temperature, relative humidity, wind speed, rainfall and rainy days are used in our analysis for the period 1997 to 2007. The data are taken twice daily at 8:30 hrs and 17:30 hrs respectively. In addition, report of malaria incidences are collected from the vector control office of Kolkata Municipal Corporation for the same period. Daily surface weather data are classified into four windows I to IV according to the reports of different investigations and practical

entomology ^[27]. Temperature ranges (20^o-25^oC), (25^o-30^o C), (30^o-35^oC) and (16^o-40^oC) are assigned as transmission windows I, II, III and IV respectively. Ranges of relative humidity for all categories are kept in between 55% and 80%. Inter annual variation of meteorological parameters and frequency of the occurrences of different windows is computed from the available data.

RESULTS AND DISCUSSION

The time series of all the surface data at two observing times 08:30 and 17:30 hrs (IST) for the two locations Kolkata and Digha are shown in Fig 1(a) and Fig 1 (b). The variational pattern of surface temperature, relative humidity, wind speed and rainfall are almost identical for both the observing sites. Rainfall is observed from March to November but dominates from June to October with maximum at September. Relative humidity is low from the month December to February. Mean annual variation of the parameters in a month expressed by standard deviation is given in Fig 2. It is observed that standard deviation of relative humidity is high from January to March and from June the variation decreases and again starts to

increase in November. However both the sites show similar trend of temperature, average wind speed and precipitation throughout the year.

Table 2 represents the frequency of mean monthly distribution of transmission windows for both the sites. Frequency of the occurrences of transmission window on both sides is similar. Analysis shows that possible transmission is high in months April and May. It was reported earlier that 20^o-30^oC temperature with RH> 60% is optimal for the survival of anopheles mosquito ^[28, 32]. According to the report of vector control office (KMC) mean positive cases of malaria increases from the month May and attains maximum in September. Then it starts to decrease and become minimum in January (< 2000). Malaria incidence is negligible at Digha though there is a possibility of malaria transmission as obtained from the computation of different categories of temperature windows. Correlation between mean monthly temperature and malaria incidences for the study period is found to be 0.84. The relation of vector and parasite with temperature is not linear^{31, 33, 34}.

Longevity is one of the key factors for malaria spreading³⁵. *P. vivax* needs 10.7 days and *P. falciparum* take 13 days to breed sporozoite in mosquito body²⁷. However temperature range may persists over a period for completion of sporogony. Again the survival depends on wet and dry season. Completion of sporogony of *P. vivax* at 16°C needs 55 days but at 28°C it takes only seven days. Anopheles mosquito cannot survive above 40°C. At relative humidity 20% to 100% and 35°C temperature the mosquitoes survive only for 4-10 days³⁶. The mean monthly temperature remains 20°C-30°C throughout the year which falls within the transmission window and hence endemic region of malaria.

The correlation between rainfall and malaria incidences at Kolkata is found 0.48. Strong association between malaria incidences and rainfall are reported by several investigators^[37-40]. Rain may have both beneficiary and adverse effect to mosquitoes. Wet day or moderate rainfall may increase the breeding while torrential rainfall may flush out the larvae. Usually malaria transmission occurs after heavy rain^{41, 42}.

In addition to mean temperature and relative humidity, temperature fluctuations around low temperature may intensify the transmission speed. Transmission rate also depends on the daily maximum and minimum temperature. Diurnal temperature range (DTR) *i.e.* the difference between maximum and minimum temperature was found an important driver of malaria transmission. Variation of mean monthly malaria incidences with DTR are depicted in Figure 3. Many malaria transmissions are reported for DTR varying from 5 to 20. Fluctuation may increase the potential of transmission at lower temperature and block at higher temperature^{3, 24, 43-45}. In our case the observed malaria incidences with DTR $\geq 12^{\circ}\text{C}$ increase with decrease of DTR and vice versa.

Table 3 shows the percentage of positive malaria cases in West Bengal. It is evident from the table that more than 70% cases are registered in Kolkata. Positive cases of malaria incidences in Midnapur district negligibly small though the analysis shows equal probability of malaria transmission windows when compared with Kolkata. Digha is not vulnerable to malaria indicating

other factors viz socio-economic development, geographical locations, health services, drainages and slum areas may be responsible for malaria spreading.

CONCLUSION

Malaria caused by *P. falciparum* has raised sharply (50%) and remaining are *P. vivax* and a small proportion of *P. malariae*. Chloroquine resistant *P. falciparum* was first reported in 1973 in Assam^[46]. No evidence has yet got for chloroquine resistance of *P. malariae*^[47, 48]. Climate has both positive and negative feedback on malaria transmission. Meteorological parameters are not alone the deciding factors of malaria spreading. Abundance of anopheles mosquitoes varies with time of the year, habitats and mobility of human hosts^[49-51]. 40% of the world population is under malaria threat. About 2 million deaths out of 500 million cases of malaria have reported each year. Risk factors for fatal include lack of medical care and diagnosis.

It can be controlled by Socio economic conditions, accessibility of medical health services, integrated environmental management to destroy breeding sites and regular monitoring. This study gives the climate determinants and potential of malaria transmission but is not conclusive one. The transmission also depends on the prevailing socio economic status and adaptability of population. Hence integrated study covering all the factors will give better result and useful tool for control measure of malaria transmission.

ACKNOWLEDGEMENT

The authors are thankful Dr. D. Biswas, Senior Vector Control officer and Chief Entomologist, KMC, West Bengal and National Data Centre, India Meteorological Department, Pune for providing some of the relevant data. Thanks are also due to DST PURSE Programme Kalyani University and University Grants Commission, New Delhi for financial support.

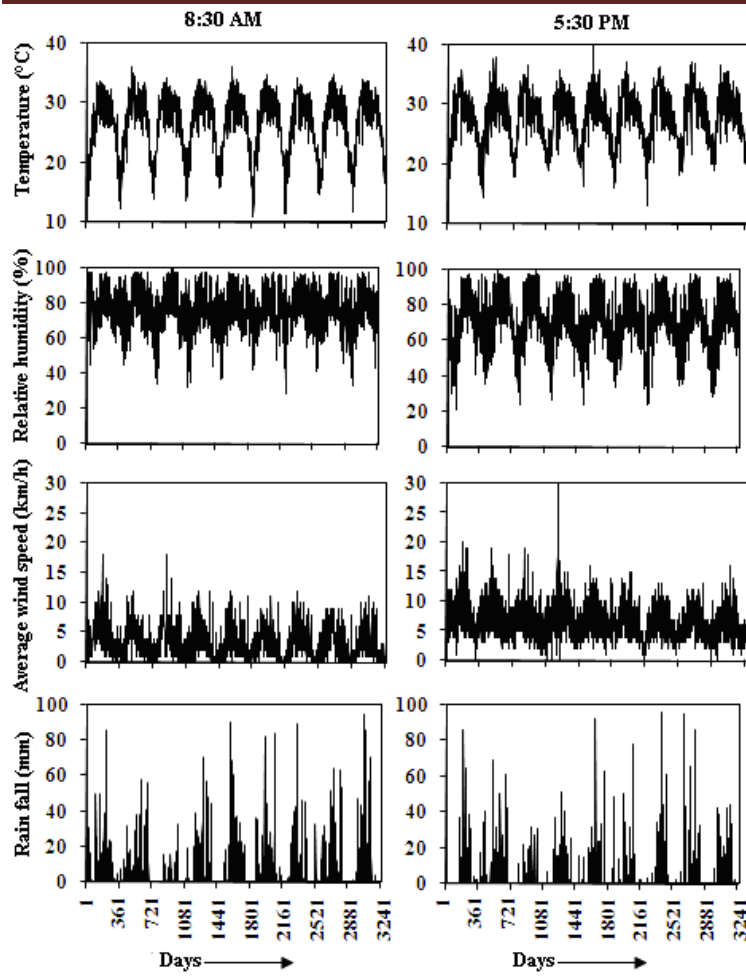


Figure 1(a) Time series of surface weather parameters at Kolkata during 1997 – 07

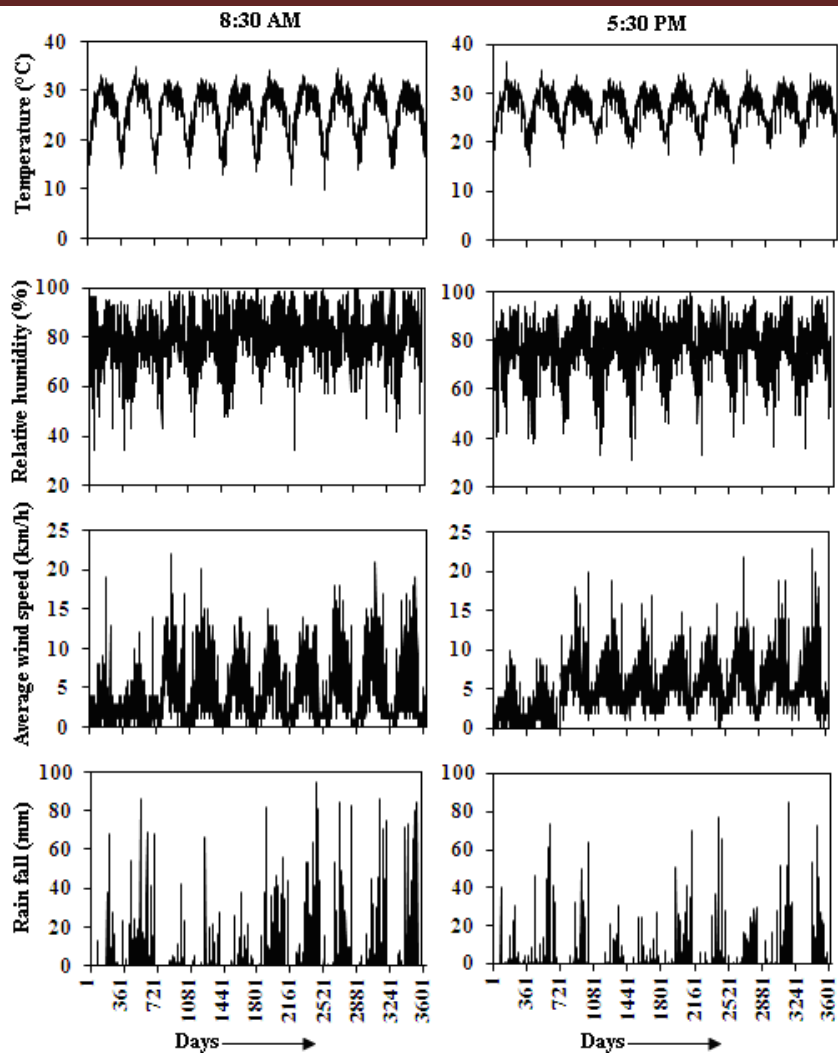


Figure 1(b) Time series of surface weather parameters at Digha during 1997 -07

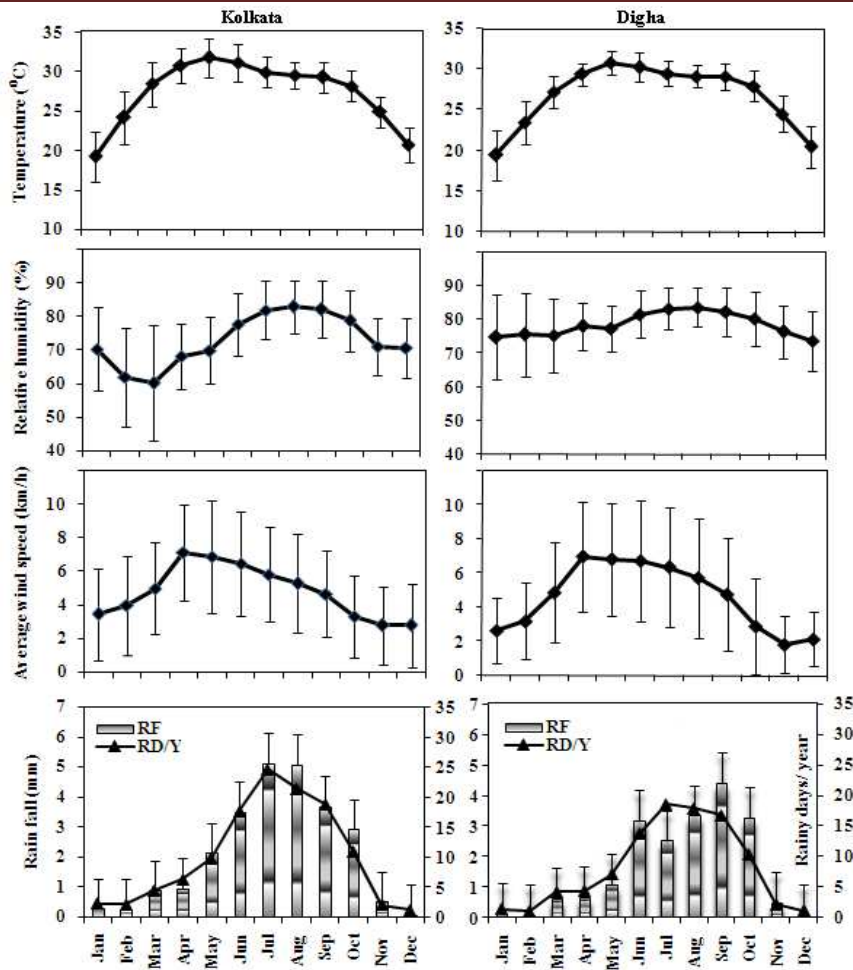


Figure 2 Mean monthly variations of surface weather parameters

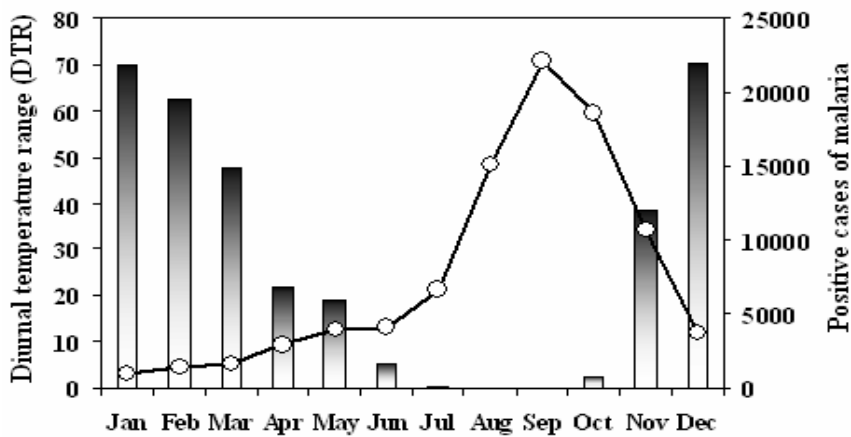


Figure 3 Diurnal temperature range and malaria incidences

Table 1
Temperature and malaria parasites

Temperature (°C)	life cycles (days)	Temperature(°C)	Sporogony cycles (days)
15-20	15-25 (Pv)	≤ 16°C	Stops
20-25	10-20 (Pv)	20°C	16-17 (Pv)
	20-30 (Pf)		22-23 (Pf)
25-30	06-10 (Pv)	25°C	9-10 (Pv)
	15-25 (Pf)		12-14 (Pf)
30-35	08-12 (Pf)	DTR ≥ 12°C	Intensify transmission

(Pv) *Plasmodium vivax*, (Pf) *Plasmodium falciparum*

Table 2
Frequency of malaria transmission windows

Sites	Kolkata				Digha			
	I	II	III	IV	I	II	III	IV
January	32.66	2.00	0	63.32	30.21	0.33	0	48.77
February	30.32	16.66	0.60	53.61	27.19	17.53	0	53.31
March	5.04	33.51	9.01	47.57	6.78	48.95	0.48	56.22
April	0.74	19.18	66.85	86.78	1.01	30.32	25.79	57.12
May	0	11.51	68.70	80.22	0	9.60	53.17	62.77
June	0	2.97	56.61	59.40	0	5.69	38.29	43.97
July	0	2.16	38.56	40.90	0	5.52	31.82	37.34
August	0	4.32	34.41	38.74	0	6.97	22.37	29.34
September	0	6.69	38.29	44.98	0	12.39	30.82	43.22
October	0	37.83	22.52	60.36	1.13	37.70	16.67	55.50
November	39.21	45.16	0	84.39	36.12	33.78	0	71.74
December	61.12	1.26	0	94.76	47.41	1.29	0	77.66

Table 3

District wise annual mean malaria incidences to the total positive cases

Districts	Cases (%)	Districts	Cases (%)	Districts	Cases (%)
Bankura	0.76	Hoogly	0.20	Midnapur(W)	2.63
Birbhum	0.48	Howrah	3.33	Murshidabad	3.37
Burdwan	0.12	Jalpaiguri	4.06	Nadia	0.73
Coochbihar	0.58	Kolkata	71.73	North 24 Parganas	3.03
Darjeeling	0.27	Malda	1.40	Purulia	3.36
Dinajpur(N)	0.11	Midnapur(E)	0.80	South 24 Parganas	2.79
Dinajpur(S)	0.26				

REFERENCES

1. IPCC, Climate change, Impacts, Adaptations and Assessment Report of the Intergovernmental Panel on Climate Change, Cambridge University Press, New York, 2001.
2. Lieshout MV, Kovats RS, Livermore MIJ and Mautens P: Climate change and malaria analysis of SRES climate and socio-economic scenarios. Global Environmental Change 2004; 14: 87–99.
3. Randolph SE: Perspectives on climate change impacts on infection diseases. Ecology 2009; 90: 927-931.
4. Rogers DJ and Randolph SE: The global spread of malaria in a future, warmer world. Science 200; 289: 1763-1765.
5. Kovats RS, van Lieshout M, Livermore MT, McMichael AJ and Martens P: Climate change and human health: final report to the department of environment, food and rural affairs. London School of Hygiene and Tropical Medicine/ICIS, London/Maastricht, 2003.
6. Bhattacharya S, Sharma C, Dhiman RC and Mitra AP: Climate change and malaria in India. Curr. Sci. 2006; 90: 369-375.

7. Dhiman RC, Pahwa S, Dash AP: Climate change and malaria in India: Interplay between temperatures and mosquitoes. Regional health Forum 2008; 12: 27-31.
8. Cox J, Mouchet J and Bradley DJ: Determinants of malaria in sub-Saharan Africa. In: Casman, E.A., Dowlatabadi, H. (Eds) The contextual determinants of malaria, Determinants of malaria in sub-Saharan Africa. In: Casman, E.A., Dowlatabadi, H. (Eds) The contextual determinants of malaria, Washington DC, 167-186, 2002.
9. Lines J, Harpham T, Leake CJ and Schofield C: Trends, Priorities and policy directions in the control of vector-borne diseases in urban environments. Health Policy and planning 1994; 9: 113-129.
10. Reiter P. From Shakespeare to Defoe: Malaria in England in the little ice age. Emerg Inf Dis. 2000; 6: 1-11.
11. Tol RS and Dowlatabadi H: Vector-borne disease, development and climate change. Intregrated Assessment 2001; 2: 173-181.
12. Patz JA: A human disease indicator for the effects of recent global climate change. Proc. Natl. Acad Sci, USA, 2002; 99: 12506-12508..
13. Dobson MJ: Malaria in England: a geographical and historical perspective. Parassitologia 1994; 36: 35-60.
14. Martin PH and Lefebvre MG: Malaria and climate: sensitivity of malaria potential transmission to climate. Ambio 1995; 24: 200-207.
15. Prakash A, Bhattacharyya DR, Mohapatra PK and Mahanta J: Seasonal prevalence of Anopheles dirus and malaria transmission in a forest fringed village of Assam, India. Indian J. Malariol. 1997; 34: 117-25.
16. Githeko AK, Lindsay SW, Confalonieri UE and Patz JA: Climate change and vector borne diseases: a regional analysis. Bull WHO 2000; 78: 1136-1147.
17. Ezzati M, Lopez AD, Rodgers A, Vander Hoorn S and Murray CJL: Comparative risk assessment collaborating group, selected major risk factors and global; and regional burden of disease. Lancet 2002; 360: 1347-1360.

-
18. Frank C, Transer BS and David Le S: Potential effect of climate change on malaria transmission in Africa. *Lancet* 2003; 362: 1792-1798.
19. Craig MH, Kleinschmidt I, Nawn JB, Le sueur D and Sharp BL: Exploring 30 years of malaria case data in Kwazulu-Natal, South Africa: part 1. The impact of climatic factors, *Trop. med. Int. Health*, 2004; 9: 1247-1257.
20. Shanks GD, Biomndo K, Hay SI and Snow RW: Changing patterns of clinical malaria since 1965 among a tea estate population located in the Kenyan highlands. *Trans R Soc Trop Med Hyg* 2000; 94: 253-255.
21. Hay SI, Rogers DJ, Randolph SE, Stern DI, Cox J, Shanks GD and Snow RW: Hot topic or hot air? Climate change and malaria resurgence in East African highlands. *Trends Parasitol.* 2002; 18: 530-534.
22. Teklehaimanot HD, Lipsitch M, Teklehaimanot A and Schwartz J: Weather-based prediction of Plasmodium falciparum malaria in epidemic-prone regions of Ethiopia I Patterns of lagged weather effects reflect biological mechanisms. *Malar J.* 2004; 3: 41.
23. Zhou G, Minakawa N, Githeko AK and Yan G: Association between climate variability and malaria epidemics in the East African highlands. *Proc. Nat. Acad Sci USA*, 2004; 101(8): 2375-2380.
24. Krijn P, Paaijmans SB, Andrew SB, Justine IB and Andrew FR: Influence of climate on malaria transmission depends on daily temperature variation. *PANS* 2010; 107: 15135-15139.
25. Detinova TS: Age-grouping methods in Diptera of medical importance with special reference to some vectors of malaria. *Monogr Ser WHO, Geneva*, 1962; 47: 13-191.
26. Craig MH, Snow RW and Sueur D: A climate-based distribution model of malaria transmission in sub-Saharan Africa. *Parasitol. Today* 1999; 15: 105-111.
27. World Health Organization, Manual on practical entomology in malaria, Part 1, Vector bionomics and organization of anti-malaria activities. 160: Geneva, 1975.
28. Lindsay SW and Birley MH: Climate change and malaria transmission. *Ann. Trop. Med. Parasitol* 1996; 90: 573-588.

29. Jepson WF, Moutia A and Courtois C: The malaria problem in Mauritius: The Bionomics of Mauritian anophelines. Bull. Entomol. Res. 1947; 38: 177-208.
30. Minakawa N, Omukunda E, Zhou G, Githeko A and Yan G: Malaria vector productivity in relation to the highland environment in Kenya. Am. J. Trop. Med. Hyg. 2006; 25: 448-453.
31. Pascual M, Dobson AP and Bouma MJ: Underestimating malaria risk under variable temperatures. Proc. Natl. Acad. Sci. USA, 2009; 106: 13645-13646.
32. McMichael AJ and Martens WJM: The health impact of global climate changes: grasping with scenarios, predictive models and multiple uncertainties. Ecosyst Health 1995; 1: 23-33.
33. Pemola ND and Jauhari R: Climatic variables and malaria incidence in Dehradun, Uttaranchal, India. J Vect Borne Dis 2006; 43: 21-28.
34. Paaijmans KP, Read AF and Thomas MB: Understanding the link between malaria risk and climate. Proc Natl Acad Sci USA, 106, 2009; 138: 13844-13849.
35. Ree HI and Hwang UW: Comparative study on longevity of *Anopheles sinensis* in malarious and non malarious area in Korea. Korean J. Parasitol 2000; 38: 263-266.
36. World Health Organization, Manual on practical entomology in malaria, Part II, Geneva. 1995; 13.
37. Van der Hoek W, Konradsen F, Perera D, Amerasinghe PH and Amerasinghe FP: Correlation between rainfall and malaria in the dry zone of Sri Lanka. Ann Trop Med Parasitol 1997; 91(8): 945-949.
38. Singh N and Sharma VP: Patterns of rainfall and malaria in Madhya Pradesh, central India. Ann Trop Med Parasitol 2002; 96: 349-359.
39. Peng BT, Tong S, Donald K and Parton KA Jinfa Nt: Climatic variables and transmission of malaria: A 12 year data analysis in Shuchen Country, China. Pub Health Rep. 2003; 118: 65-71.
40. Ramasamy R, Ramaswamy MS, Wijesundera DA, Wijesundera AP, Dewit I and Ranasinghe C: High seasonal malaria transmission rates in the intermediate rainfall zone of Sri Lanka. Ann Trop Med Parasitol 1992; 86: 591-600.

41. Gupta R: Correlation of rainfall with upsurge of malaria in Rajasthan. J. Assoc Phys Ind 1996; 44: 385-389.
42. Banik R, Bhattacharya R and Bandhpadhya PK: On the relation of meteorological parameters and malaria transmission. Proc. 22nd National Congress on Parasitology, Oct. 30 to Nov. 01, 2010; 206-212.
43. Martens WJ: Climate change and malaria: exploring the risks. Med. War. 1995; 11: 202-213.
44. Guerra CA, Gikandi PW, Tatem AJ, Noor AM, Smith DL, Hay SI and Snow RW: The limits and intensity of *Plasmodium falciparum* transmission implication for malaria control and elimination worldwide. Plos. Med. 2008; 5: 300–311.
45. Lafferty KD: Calling for an ecological approach to studying climate change and infectious diseases. Ecology 2009; 90: 932-933.
46. Sehgal PN, Sharma MID, Sharma SL and Gogai S: Resistance to chloroquine in falciparum malaria in Assam state of India. J. Commun. Dis. 1973; 5: 175-180.
47. CDC. Treatment of malaria, Dept. of Health and Human Services. Report, June 28, 2004.
48. Kumar A, Valcchab N, Jain T and Dash AP: Burden of malaria in India: Retrospective and prospective view. Am. J. Trop. Med. 2007; 77: 69-78.
49. Hati AK. Medical Entomology Allied Book Agency, Kolkata, 2001.
50. Singh N, Chand SK, Mishra SK and Nagpal AC: Migration malaria associated with forest economy in central India. Curr Sci. 2004; 87: 1396-1399.
51. Yadav SP, Sharma RC and Joshi V: Study of social determinant of malaria in desert parts of Rajasthan. India, J. Vect. Borne Dis. 2005; 42: 141-146.