CBSE/AFF./CIRCULAR/2010

Dated : 13.10.2010

Circular No. 02

All the Heads of Schools
Affiliated to the CBSE

Subject: Campaign for controlling Dengue

Dear Principal,

1. Current reports indicate that the dreaded viral disease “dengue” may strike our country with unprecedented fury. The figures are likely to go higher and are expected to peak in October. Control of dengue, especially in Delhi is therefore a national challenge. CBSE schools can play very significant and effective roles in meeting this national challenge.

2. Dengue is a viral disease having no effective vaccine. It is spread through mosquitoes. Prevention and control of mosquito population is the easiest and most effective way to contain dengue. This year, intermittent rains and a warm humid weather have provided mosquitoes with ideal conditions to multiply.

3. Wide and enthusiastic public participation is the key to success for any anti-vector campaign. To make this happen, each student has to act as an “informed champion” of the anti-vector campaign. This will help us to instill the values of civic sense and societal commitment among school children apart from securing to them practical knowledge on issues of environment, sanitation, public health etc. All schools should therefore consider this challenge as an opportunity.

4. The most important measures each school should take is to appoint a “nodal teacher” to organize various activities in the anti-vector campaign. There should be at
least one period every week earmarked for dengue awareness for every class. Schools can organize talks by entomologists, public health specialists on various aspects of the topic. Students can be encouraged to undertake projects on dengue or mosquito control as part of the study. There is lot of material available in newspapers, magazine and internet on the topic, which could be used for organizing debates, quiz competitions etc. Each student should be tasked to identify 4 to 5 breeding sites like coolers, plastic cups, uncovered water tanks, flower pots in schools, their respective homes, public places etc. Organizations working in schools like eco clubs, scouts, NCC etc could be increasingly involved in the campaign. The extent of participation of each student may be a benchmark for assessing the student’s performance in extra curricular activities. Each school should forward a report of the campaign at the close of every fortnight.

5. You are requested to take initiatives to spread awareness of the dreaded viral disease “Dengue” among teachers, students and parents of your school and encourage maximum public participation by joining the mass movement to control “Dengue” in your city.

A small write up on dengue and mosquito control is attached herewith.

With regards,

Yours faithfully,

(Piush K. Sharma)
Assistant Secretary (Affiliation)

Encl : as above
WRITE UP ON DENGUE AND MOSQUITO CONTROL

Dengue fever is a disease caused by a family of viruses. It is an acute illness of sudden onset that usually follows a benign course with symptoms such as headache, fever, exhaustion, severe muscle and joint pain, swollen glands (lymphadenopathy), and rash. The presence (the "dengue triad") of fever, rash, and headache (and other pains) is particularly characteristic of dengue. Other signs of dengue fever include bleeding gums, severe pain behind the eyes, and red palms and soles. Dengue strikes people with low levels of immunity. Because it is caused by one of four serotypes of virus, it is possible to get dengue fever multiple times.

Dengue is a vector borne disease. The virus is contracted from the bite of a striped *Aedes aegypti* mosquito that has previously bitten an infected person. After being bitten by a mosquito carrying the virus, the incubation period ranges from three to 15 (usually five to eight) days before the signs and symptoms of dengue appear. Dengue starts with chills, headache, pain upon moving the eyes, and low backache. Painful aching in the legs and joints occurs during the first hours of illness. The temperature rises quickly as high as 104 F (40 C), with relative low heart rate (bradycardia) and low blood pressure (hypotension). The eyes become reddened. A flushing or pale pink rash comes over the face and then disappears. The glands (lymph nodes) in the neck and groin are often swollen.

The *Aedes aegypti* mosquito flourishes during rainy seasons but can breed in water-filled flower pots, plastic bags, and cans year-round. One mosquito bite can inflict the disease. The virus is not contagious and cannot be spread directly from person to person. There must be a person-to-mosquito-to-another-person pathway.

Currently, there is no vaccine available for dengue, although research and trials are on. The easiest and most effective strategy against dengue is the control of the vector population. Vector control typically has three components. First is prevention of breeding. Anything around us, that can collect rain water and act as a small or big water receptacle, in myriad forms, like abandoned used tyres or used plastic cups, empty
coconut shells, desert coolers left with water, flower vases, flower pots, uncovered water tanks, uplifted garbage can act as breeding sites for mosquitoes. Such potential sites are to be minimized in all places around us – our homes, schools, theatres, auditoriums, offices, hostels etc. through continuous and conscious efforts. But breeding can’t be stopped completely even with best of efforts. Mosquitoes still breed in places escaping our notice. Application of larvicides on breeding sites, which have escaped our notice is the second step. In places, where adult mosquitoes are numerous, which are sure to breed and proliferate, use of insecticide by fogging can be effective.

Any of the vector control methods can be effective only with public participation. Mosquitoes need to be fought against cohesively and valiantly. Individual alertness, on the part of every person is the need of the hour. A mass movement has to be created for this purpose.