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**ABSTRACT** India is a developing country ,incidence and prevelance of different types of fevers and epidemics are very usual.our aim in this study is to identify the most common types of fevers and make the judicial usage of specific antibiotics wherever necessary

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**SAMPLE SIZE** : 100 cases of inpatients admitted with fever in the year 2015 were selected at random.

The present study is a retrospective study where 100 cases of fever at random were selected among the total number of inpatients admitted with fever in medical wards at ASRAM, ELURU.

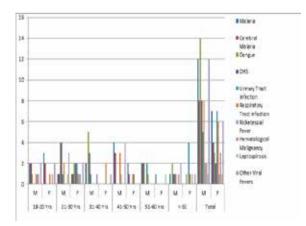
In this study age,sex,aetiology of fevers were included.(aetiology confirmed by biochemical and pathological reports)

### INCLUSION CRITERIA

- 1. Age between 18-70 years
- Infective and Hematological malignancies are considered in this study

## **EXCLUSION CRITERIA**

- 1. Chronic fevers
- 2. Age more than 70 years
- 3. Age less tha n 18 years
- 4. Surgical conditions



#### DISCUSSION :

In our study of 100 cases of fever selected at random among the total inpatient cases admitted in ASRAM during 2015.

As per the statistics incidence of malaria fever is more common among other fevers and is more common in age groups of 18-20; 41-50.relatively more common in males. Incidence of cerebral malaria is about 63% among the malaria cases<sup>[1],[2]</sup>

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Dengue fever incidence is 17% , Out of which dengue hemorragic feveres are more. Incidence is more in males, 21-30 is the most common affected age group  $^{\rm [3],[4]}$ 

Respiratory tract infections stood third in incidence accounting for 14%, Age group most commonly affected is 41-50 years.male preponderance present.

Urinary tarct infections incidence is 12% ,it is more common among elderly group age more than 60,more among  $\mathsf{females}^{[7]}$ 

leptospirosis accounted for 2% incidence having equal incidence among males and females.[5]

Rickettesial fevers accounted for 2% cases incidence is more in males  $^{\rm [6]}$ 

Other viral fevres like influenza, chikungunya etc accounted for 18%, incidence is more in males.

Fevers associated with hematological malignancies accounted for 5% of which AML are 40% and MDS are 60% (2 and 3 cases respectively).

#### CONCLUSION:

The incidence of mosquito borne fevers are more common at west godavari district area, owing to presence of more water bodies and warm,marshy climate.Male preponderance is due to increased exposure during work period. In females UTI is more common etiology, especially in elderly. Rickettesial and Leptospirosis are more seasonal. Viral fevers are common here accounting for 18% especially in winter. So judicious use of antibiotics is warrented during winter. Hematological malignancies accounts for 5% in our study, may be due to excessive exposure of agricultural toxins in this area.

# REFERENCES

- Murray CJL, Lopez AD. Evidence-based health policy—lessons from the Global Burden of Disease Study.Science. 1996;274:740–743
- Murray CJL, Lopez AD. The Global Burden of Disease 1990-2020: alternative projections of mortality and disability by cause for eight regions. Lancet. 1997;349:1498–1504.
- Cherian T, Ponnuraj E, Kuruvilla T, Kirubakaran C, John TJ, Raghupathy P. An epidemic of dengue haemorrhagic fever & dengue shock syndrome in & around Vellore. Indian J Med Res. 1994;100:51–6.
- Dar L, Broor S, Sengupta S, Xess I, Seth P. The first major outbreak of dengue hemorrhagic fever in Delhi, India. Emerg Infect Dis. 1999;5:589– 90.
- Edward A., Hodder, Staughton. Leptospirosis. Quoted in Topley and Wilson's Principles of Bacteriology, Virology and Immunity. 8th edn. Vol. 3, 619, 1990.
- Brooks GF, Carroll KC, Butel JS, Morse SA, Mietzner TA. Jawetz, Melnick, and Adelberg's Medical Microbiology. China: McGraw-Hill Medical; 2007. p. 349-58.
- Bryan CS, Reynolds KL, Metzger WT. Bacteremia in diabetic patients: Comparison of incidence and mortality with non-diabetic patients. Diabetes Care. 1985;8:244–249.