

## Mosquito control: A review

Stephen K. Tidi\*

Department of Biological Sciences, Federal University Wukari, Taraba State, Nigeria

### ABSTRACT

Mosquitoes are small insect which comprises the family culicidae. They are World wide except for Antarctica and polar or subpolar regions of the World. Mosquitoes are vectors of many diseases such as malaria, yellow fever, West Nile Virus, dengue fever, filariasis, and some arboviruses. They are regarded as the most deadliest animal family ever known in the World. Filling, leveling and drainage of breeding sites are measures intended to reduce the population of mosquitoes. Provision of window screens, insecticides and insecticide treated nets are some effective control methods of mosquito. Application of natural enemies, genetically modified method and sterile insect release technique are other measures for the successful elimination of the vector. At least many literatures discussed the control of mosquito vectors. However, this report is to review the importance of mosquitoes, its methods of control and challenges encountered during its control.

**Citation:** Tidi SK (2015). Mosquito control: A review. *Biosciences Research in Today's World* 1: 97-105.

**Received** November 11, 2015; **Accepted** November 18, 2015; **Published** December 6, 2015.

**Copyright:** © 2015 Tidi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. BRTW is the official journal publication of BRSF.

**Competing Interests:** The authors have declared that no competing interests exist.

\* E-mail: [stephentiddi@yahoo.com](mailto:stephentiddi@yahoo.com)

**Keywords:** mosquito; control; challenges.

### 1. BACKGROUND

Mosquito control activities like other vector control have historically represented a major component of malaria and other disease control programmes [1]. These activities involve measures designed to eliminate or reduce the mosquito population through cultural, biological, chemical and genetical control [2]. However, there is no single control measure which is exclusively adopted for mosquito control but rather multidisciplinary approaches are best suited for better results. The multidisciplinary approach is through the combined efforts of the entomologist, Agricultural biologist, parasitologist, veterinarian, medical/health workers and those alike to bring all their experiences and skill through the use of integrated control method [3]. Despite these combined efforts to control mosquitoes, the problem continues to persist especially in the tropics. This is particularly as a result of insecticide resistance, environmental conditions, socio-cultural values, political and economic problems. Mosquitoes transmit various organisms viz; nematodes (filarial worms), protozoa (plasmodia) and viruses which causes disease in man and other animals [4]. It is against this back ground that this review is

aimed at highlighting the control of mosquitoes due to its economic importance. In providing information concerning the subject matter, the following set aims and objectives are to be reviewed: (a) To review the importance of mosquito; (b) To review various ways by which mosquito is controlled; (c) To review the challenges of mosquito control.

### 2. MOSQUITO BIOLOGY

Mosquito are two-winged fly grouped in the phylum arthropoda, Class-Insecta, Order-Diptera, Sub-order-Nematocera, Family-culicidae. They are found in the tropics, temperate zones as well as in the arctic circles. They are divided into three subfamilies. The culicinae; this is made up of three tribes, anophelines, culcines and mergharines. The chaoborinae and Dixinae both of which are of no medical importance [2]. The tribe of anophelini consists of three genera but only the genus anopheles is of medical importance, while the tribe culicinae consist of twenty five genera, only three of which are of major medical importance. These are Aedes, Culex and mansonina [5]. The major genera of medical importance can be distinguished based on the following features listed on the Table 1 below.

**Table 1.** Distinguishing features of mosquitoes of medical importance.

Form	Anopheles	Culex	Aedes	Mansonia
Egg	Boat shaped laid singly with floats	Cylindrical or concave shaped eggs laid in batches.	Cylindrical or concave shaped, eggs laid in raft or singly.	Eggs laid in rafts.
Larvae	Palmate hairs present on dorsal surface of abdomen, no siphon tube surface feeders.	Palmate hairs absent on surface abdomen, siphon tube well developed for bottom feeders.	Palmate hairs absent on surface abdomen, have dorsal breathing tube surface feeders.	Bottom feeders.
Pupa	Breathing tube short and broad anteriorly.	Breathing tube long and rectangular in shape.	-	-
Adult	Body colour yellow/orange have colour patches on scales. Nocturnal in habits. A pair of thick clubbed palp is present. Abdomen rest directed away from resting surface. Antennae pilose in male and plumose in female.	Body colour brownish, no patches on scales, nocturnal in habits. A pair of slender palp but not clubbed. Abdomen rest almost parallel with resting surface. Antennae pilose in male and plumose in female.	Body colour black, no patches, diurnal in habits. Rest with abdomen pointing towards resting surface. Antennae pilose in male plumose in females.	Large mosquitoes legs markings conspicuous wings covered with triangular broad scales of mixed colours usually white and brown.

Source [5]

## 2.1 Mosquito Breeding Habitats

The breeding places of mosquitoes include practically any kind of water except the open sea [6]. According to WHO [7] the following factors are incriminated in the breeding mosquitoes.

### 2.1.1 Salt Marshes

These serve as breeding areas for several species of mosquitoes, primarily *Aedes sollicitans*, *Aedes cantator* and *Aedes taeniorhynchus*. Areas such as depressions and neglected ditches can breed millions of mosquitoes. Adult females deposit their eggs on the marsh surface where the eggs must dry 24 hours. When the monthly high tides flood the marsh the egg laden depressions is fill with water and the larvae hatch and develop rapidly. The adult mosquitoes emerge within one or two weeks following the moontides.

### 2.1.2 Temporary wood and pools

Shallow temporary pools are common in wood land areas during the spring and wet summers. A variety of mosquitoes usually breed in such areas, some of the commonest are, *Aedes canadensis*, *Aedes excrucians* and *Aedes vexans*. These mosquitoes lay their eggs along the edges of the pool and rely on rain water or melting snow to hatch the larvae.

### 2.1.3 Road side ditches

These are suitable habitats for many species of *Culex* mosquitoes. The larvae of *Culex pipiens* and *Culex restuants* survived in waters with high organic content. *Culex* mosquitoes lay their eggs directly on the surface of water for extended period of time breed large numbers of mosquitoes.

### 2.1.4 Fresh water ponds

The larvae of *Anopheles* are found primarily in small ponds clogged with vegetated growth breed huge numbers of these mosquitoes because fish and other aquatic predators cannot easily find and feed on them.

### 2.1.5 Artificial containers

Tires, tin cans, bottles, buckets, tanks and flooded basements provide an excellent predator's free mosquito breeding habitats. Mosquito that prefer natural habitat such as tree holes have adapted to using these man made nurseries. In such instance, abundance of litter and other debris allow proliferation of millions of mosquitoes during a season. *Aedes albopictus* notorious for transmitting several diseases is one of such species that have capitalized on breeding in tires and other artificial containers.

### 2.1.6 Tree holes

Natural containers such as pitcher plants serve as a good source for breeding moquitoes. *Aedes triseriatus* known to transmit several disease agents prefer tree holes and can be very common mosquitoes in wooded areas. Frequent rainfalls maintains standing water in these areas and breed mosquitoes throughout an entire summer.

### 2.1.7 Fresh water marshes

Mosquitoes breeds very prolific in cattail marshes as well as areas with other emergent water vegetation. The larvae attach themselves to the stems and roots of the vegetation to obtain oxygen. They do not swim in water to feed and breath. Because of this adaptation, the larvae are not exposed to the predators.

### 2.1.8 Hardwood and coniferous fresh water swamps

These swamps breed variety of mosquitos' specie. They are primarily breeding habitat for the mosquito *Culiseta melanura*, the enzootic vector of Eastern Equine Encephalitis (EEE) virus. The larva lives deep within the recesses of the root cavities of the large trees.

### 2.1.9 Running water

Streams with running water produce few mosquitoes. Mosquitoes need still water to lay their eggs. However, anopheles and culex mosquitoes are sometimes found in isolated pockets of water away from the main flow of the stream.

## 3. IMPORTANCE OF MOSQUITO

### 3.1 Disease transmission

Among all the existing insect pests' mosquitoes are the most important vector of diseases transmitted to man and other warm blooded animals [3]. Anopheles mosquitoes are responsible for the transmission of plasmodium which causes malaria fever in man. The infective form called sporozoite is introduced into man by the female anopheles mosquito. They are inoculated into the blood in the sub-cutaneous tissue, when the mosquito feeds on man [5]. The sporozoites penetrate a parenchyma cell and grow within it to form schizont. The schizont divides and form merozoites which finally ruptures and liberate into the blood circulation. The cycle involve the production of haematin pigments which sensitizes the host and produces in him, clinical manifestation of malaria fever such as head ache, muscular aches, anorexia, nausea, vomiting and diarrhoea. Complications may also occur due to malaria infection such as cerebral, algid malaria, hypoglycaemia and black water [8].

The filarial worms are transmitted by several species of mosquitoes, especially species of Anopheles, Culex and Aedes. When an infective mosquito feeds on man, the microfilariae escape on to the skin. They penetrate the skin usually through the bite of the mosquito. They pass through the peripheral lymphatic where they migrate and grow. Finally they settle down in lymph nodes and become matured [5]. The adult worm causes blockages of the lymph gland resulting in elephantiasis. The circulating larvae produce metabolites which induce some allergic manifestation shown as urticaria or fugitive swelling with oedema [9]. Sasa [10] reported that infection with *Wuchereria bancrofti*, *Brugia malayi* and *Brugia timori* are the most common cause of severd filariasis. Periodic *W. bancrofti* is transmitted by *Culex*, *Anopheles* and *Aedes* mosquitoes. Sub-periodic *W. bancrofti* is transmitted by *Aedes*

mosquitoes. Nocturnal periodic *B. malayi* is transmitted mainly by mosquitoes belonging to the genera anopheles and mansonina. Sub-periodic *B. malayi* is transmitted by mansonina.

Yellow fever is a viral infection transmitted by species of Aedes. The infection is transmitted by forest dwelling species e.g. *Aedes simpsoni*. These mosquitoes do not feed on man and thus not responsible for transmitting the infection to man. However, infected monkeys often leave the forest for the plantation to feed on banana and other crops. They are then exposed to biting species of Aedes, which therefore become infected. Man becomes infected when he visits the plantation and is bitten by infected *A. simpsoni* [11,12].

Mosquitoes also transmit a disease causing organisms such as encephalitis. While human malaria does not occur in some developed countries, an outbreak of encephalitis is constantly reported in such areas. In 2002, a type of encephalitis caused by the "West Nile Virus" was found in Washington state. The viral disease is transmitted by various species of mosquitoes belonging not only to genus Aedes but also Culex and others. West Nile Virus is primarily a virus of birds and transmitted from infected birds to other birds by mosquitoes. Other animals and people are incidental hosts and obtain the virus from infected mosquitoes [13].

Oyerinde [5], reported that several species of Aedes are known to be capable of transmitting "dengue" a viral disease. The important species in Nigeria is *Aedes aegypti*. The disease is transmitted to man by inoculation when mosquito is obtaining a blood meal. No animal reservoir has been reported but monkeys may serve as reservoir host.

### 3.2 Economic importance of mosquito

Among the disease transmitted to humans by mosquito is malaria. It remains the most important of the tropical disease as a major cause of morbidity and mortality and accounts for over one million deaths a year in Africa alone. Nearly 90% of the 200 million estimated malaria infected people in the World are in Africa. About 300-500 million acute attacks per year it is estimated occurs worldwide with about 80% of the cases (including deaths) occurred in tropical Africa. Most of these victims are pregnant women, infants and young children [14]. Molta [15], reported that at least 50% Nigerians suffer from one form of episode of malaria or the other making the most significant health problems in Nigeria. Malaria contributes to the slow economic growth in Africa by about 1.3% yearly and has lowered down the African GDP level by about 32%. Malaria causes man-hour loss, absenteeism from school/work and causes reduced productivity, income lost, low birth weight, anaemia, still birth and death [16].

Sasa [10] reported that infection with lymphatic filarial worm affect an estimated 200 million persons and put more than a billion people at risk of infection. In may 1997, the World Health Assembly passed a resolution calling for global elimination of lymphatic filariasis as a Public Health Problem. The human suffering that results from lymphatic filariasis can scarcely be imagined. An estimated 14 million persons suffer from lymphoedema or elephantiasis of the leg and as many as 25 million men have urogenital disease caused by lymphatic filariasis. The obvious effects of these conditions on physical mobility and capacity to work have led the World Health Organization to rank lymphatic filariasis as the second leading cause of long term disability in the world [17]. Perhaps even more important, however the devastating is, but often hidden psychological and social effects of disfigurement, uncontrolled odour, sexual, disability and painful acute bacterial infection are caused by filarial worm, Gerusa *et al* [18]. The economic impact of repeated episodes of illness and long term disability is a major cause of under-development in many countries today [17]. Lymphatic filariasis has steadily increased poverty especially in Africa, and that there is tremendous handicap in adults and children.

Other disease of economic importance transmitted by mosquito especially of the *Aedes species* may include; yellow fever, encephalitis and dengue fever. In 1793, a yellow fever outbreak occurred in Philadelphia killing about 10% of the city's residents and sickened another 20%. Encephalitis another flavivirus has had epidemic out breaks in the central United States. The virus is a potential for la crosse encephalitis (LAC), a bunyavirus, which is usually associated with the mid-west. Dengue fever is a mosquito borne problem throughout the Caribbean and Mexico. The disease is haemorrhagic in form and fatal [3].

### 3.3 Mosquito Nuisance

In addition to those indirect effects of mosquitoes on health, they also affect human health directly by their presence which may be a cause of annoyance often leading to loss of sleep and consequently result in nervous breakdown in some people. The mosquito bite is often associated with pruritus especially in sensitised persons. This provokes scratching and may lead to secondary bacterial infection [5]. Rozenda, *et al* [19], reported that where nets are commonly used, people perceive mosquitoes to be a great nuisance and thus perceive the nets to be of high benefits. Nebe *et al* [20], reported that nearly about 94% of women in coastal area of Lagos use mosquito nets because of nuisance effects of mosquitoes.

## 4. MOSQUITO CONTROL

### 4.1 Cultural Method in Mosquito Control

According to Nebe *et al* [20], protection against vectors such as mosquitoes involve the application of aromatic herbs, smoking and swatting of rooms with leaves of plants such as *Azadirachta indica* is popularly used in parts of Western Nigeria. Gunnar [21], reported that ointment made with eucalyptus or neem pounded and mixed with groundnut oil is used in parts of northern Nigeria to repel mosquitoes at night. Some plants are generally mosquito repellants. *Citronella* and *geraniol* deter mosquitoes to come close when crushed in hands. Lemon balm (*Melissa officinalis*), which is easy to grow from seed, contains the repellents *citronella*, *geraniol* and *geranial*. The essential oil in catnip (*Nepeta cataria*), nepetalactone, was found to be about 10 times more effective at repelling mosquitoes than DEET. Crushing hands with lemon thyme (*Thymus x citriodorus*) and lemongrass (*Cymbopogon citratus*) repel mosquitoes for some time [22]. F.M.O.H [1] reported that replacement of humans settlements away from vector breeding habitats have drastically reduced mosquito bite in some areas. It is usually seen in rural areas that walls of mud huts are white washed to avoid attracting mosquitoes [23].

### 4.2 The use of insecticides

Arrese [23] reported that successful environmental hygiene programmes have been conducted in Nigeria by massive spraying of insecticides such as Diobchlor-diphenyl-trichloethane (DDT), benzene hexachloride, dieldrin, and the organ phosphorus compound as diazion, fenthion (Baytex), malathin and dichlorvos (DV) to kill mosquitoes and larvae. A trusted method is by spraying the breeding sites with the insecticides. Studies have reported that the use of DDT is still one of the most effective and economical forms of insecticides in the control of mosquitoes. The use of DDT was partly responsible for the reduction of mosquitoes in areas where it is now mainly eradicated. There has been report on the use of larvacides in Nigeria which involves the application of petroleum products on surface of stagnant water which blocks the spiracular opening of the larvae which become asphyxiated. Application of poisonous substance like paris green which when ingested by feed larvae result to the death of the larvae. Dieldrin and aldrin also have larvicidal properties. They are mixed with sand and cement and thrown into shallow ditches of water where insecticides are released.

### 4.3 Insecticide-treated bed nets (ITNs)

Insecticide-treated nets (ITNS) have been shown to be effective and cost-effective means for the control of mosquito bites especially among children less than five years [24]. The Abuja Declaration on Roll Back Malaria by African Heads of States in April, 2001 committed National Governments and their

development partners to the goal of increasing coverage with ITNS to 60% of target group WHO [25]. There continues to be debate about the specific mechanisms through which the target for increasing coverage set in Abuja [3]. The debate is echoed about appropriate means of delivering this key public health tool. The Nigerian National malaria control strategy emphasizes sales of ITNS on the user free basis [1]. This is why the Federal Government announced free distribution of ITNS to pregnant women and children. Sexton *et al* [26], reported that apart from controlling mosquito bite, nets offered protection from cold weather and kept the bed clean. Bradley *et al* [27], also reported that nets offer privacy and often implying a role in beautifying the home. For many years scientist have known that bed nets would be more effective in mosquito control measures, if insecticide were applied to them, mosquito are naturally attracted to the humans sleeping inside the nets and alight on the net, the insecticide kills them [28].

This form of personal protection has been shown to reduce severe diseases due to malaria in endemic regions. Untreated bed nets form a protective barrier around persons using them. However, mosquitoes can feed on people through nets with even small holes without any protection [29,30,31]. The application of pyrethroid a residual insecticide enhances the protective efficacy of bed nets. It kills mosquitoes and other insects. It has a repellent property that reduces the number of mosquitoes entering houses to feed on blood and also reduces the longevity of mosquitoes [32,33]. Pyrethroid insecticides have very low mammalian toxicity, but they are highly toxic to insects and have rapid knockdown effect, even at very low doses [34, 35]. The pyrethroid insecticide has a high residual effect which does not rapidly breakdown unless washed or exposed to sunlight [36]. The nets are treated at intervals of 6-12 months, and more frequently if the nets were washed. It is treated by simply dipping them in a mixture of water and insecticide and drying them in a shady place [37].

The frequent re-treatment is a major barrier to full implementation of ITNs in malaria endemic areas. A long lasting insecticide treated nets that retain lethal concentrations of insecticides for at least 3 years have been developed for an effective malaria control strategy [38].

#### 4.4 Indoor residual spraying

Most malaria vectors are endophilic; resting inside houses after taking a blood meal. These vectors are susceptible to indoor residual spraying (IRS) [29]. Indoor residual spraying involves coating the walls and other surfaces of a house with a residual insecticide [39, 40]. Indoor residual spray does not directly prevent people from being bitten by mosquitoes; rather, it usually kills mosquitoes

after feeding, when they come in contact with the residual sprayed surfaces [41, 31, 42]. Indoor residual spray prevents transmission of infection to other persons, and for it to be effective it has to be applied in a high proportion of household area. Dieldrin and dichlorodiphenyltrichloroethane (DDT) are the primary residual spray used for malaria control during the global malaria education campaign because of their cheapness and durability. The campaign did not achieve its stated objectives but it eliminates malaria from several areas and reduces the burden of the disease in other areas [29, 43]. The resistance of mosquitoes to DDT and dieldrin and their impact on environment, led to the ban of the use of DDT and dieldrin in malaria control programmes. Dichlorodiphenyltrichloroethane applied in houses was found to be accumulating in food chain, making it inappropriate for spray in houses [44]. Residues of DDT were also found in breast milk due to intake of contaminated food. The DDT was in turn replaced with organophosphate or carbamate such as malathion and bendiocarb. However, DDT has been re-introduced for malaria control in some parts of Africa with some success; and it has reignited debate over whether or not DDT should have a place in malaria control [29,45].

#### 4.5 Environmental control

Developing countries, especially Africa, are involved in many developmental projects; such as; water schemes, construction of dams and bridges, oil drilling, mining activities, urban planning development, logging activities, building of airports, road and railway construction [46]. These projects have been responsible for the increase in mosquito breeding sites, thereby increasing human mosquito contact and transmission [47]. Other environmental changes that can generate larval breeding sites include deforestation, agriculture and irrigation [48]. Some rivers in the dry season have sandy bed, and as the dry season continues the river bed reduces, leaving small spots of water which are perfect breeding sites for mosquito larva [49]. It will be good to reduce the bed of the river such that there are no longer spots of breeding sites during the dry season [50]. Developmental project that affect the environment should include health personnel for proper evaluation of the health risks associated with the project [41]. Good drainage systems will reduce mosquito breeding sites and improve sanitary conditions [47]. According to Oyerinde [5], F.M.O.H. [16], the control of mosquitoes through environmental manipulations and modifications include activities such as irrigation system, filling drainages, clearing, disrupting the life cycles of mosquitoes periodically by denying them their food plants, burying all receptacles and other measures that tend to reduce mosquito breeding. Others include altering water levels, changing water salinity, clearing vegetation and afforestation/deforestation.

#### 4.6 Larval control

Larval control can mainly be attained through environmental management, chemical and biological control [50]. The larval habitats may be destroyed by filling depressions that collect water by draining swamps or by ditching marshy areas to remove standing water. Containers breeding mosquitoes are to be removed or standing water in cans, cups and rain barriers around houses are to be covered [51]. Mosquito species with difficult habitat elimination are to be targeted with chemical insecticides in the habitats. Biodegraded oils are to be applied to the water surfaces; thus, suffocating the larvae and pupae. Toxins from bacterium *Bacillus thuringiensis var israelensis* are specific to mosquitoes, midges and black flies, and these are to be applied as chemical insecticides [52]. Methoprene is specific to mosquitoes and it is applied in the same way as chemical insecticides. Mosquito fish (*Gambusia affinis*) are effective in controlling mosquitoes in larger water bodies. Other potential biological control agents such as fungi (*Laegenidium giganteum*) or mermithid nematodes (*Romanomermis culicivorax*) are widely used for mosquito control [41, 53]. Some fungi species such as *Cephalosporium*, *Penicillium rubrum* and *Phialopora redicicola* when inoculated into infected areas regulates the growth and survival of mosquito larvae by providing unfavourable conditions for its growth. Protozoa species such as *Nosema algera* and *Vavraia cuticis* reduce the population of mosquito larvae by affecting the larvae or by forming bacilliform spores which infect the eggs of insect vectors. The application of nuclear polyhedrosis viruses and iridoviruses attack the mid gut epithelial tissues of mosquito larvae which results in their deaths [2,54].

#### 4.7 Genetically modified (GM) mosquitoes

Mosquito-transfer method in the transmission of malaria is an effective mode in the spread of the disease [55]. Female Anopheles mosquito laying eggs require extra protein which she gets by sucking blood from vertebrate animals. When the animal she feeds on is carrying malaria parasite the mosquito picks it up. The next time she feeds on the animal, she transfers the parasite to the animal blood stream [56, 57, 58].

The genetically modified (GM) mosquitoes can help in wiping out the malaria carrying mosquitoes [59]. Better, stronger mosquitoes that are unable to spread malaria can be created and released into the wild [60]. The created mosquitoes will eventually win the survival game and replaced the mosquitoes that are able to spread malaria [61]. A gene is activated to make the mosquitoes immune to any particular parasite and lose the ability to pass it on. In this case a gene that controls the SM1 peptide in the mosquito's gut is turned on. The protein, SM1 peptide stops the development of malaria parasite while living in the mosquito. These allow the genetically modified mosquito to live longer than the wild mosquito [62]. The

engineered mosquitoes are safely introduced into the population and out-compete the wild mosquitoes [63]. The released strains have to mate with the target population in order to drive the transgenes into the resultant population [64]. Before the release of the mosquitoes, an international agreement has to be reached, the genetics of the target population has to be characterized and compared to the released strains [65]. In this technique, a resistant strain may be developed and the transgenes can make the mosquitoes a viable carrier for other diseases. An increase in the genetic variability of the transgenic mosquito will help to minimize and completely eliminate the risk involved [66].

#### 4.8 Sterile Insect Technique (SIT)

This is a method in which millions of sterile mosquitoes are released into the wild [67, 65]. The released mosquitoes are males as it is the females that usually cause damages to humans through the taking of blood meal [68]. The sterile males compete with the wild males for female mosquito [69, 70]. If a female mosquito mates with the sterile male, then, it will have no offspring, thus, reducing the population for the next generation [71, 72]. Repeated releases of the sterile male mosquitoes will eventually wipeout the population.

The application of the sterile insect technique (SIT), entails the mass production, sterilization and release of sterile male insects into a target population in a wide area, usually integrated as a pest management strategy [73]. The sterile insect technique has proven to be safe, effective and environmentally friendly to suppress, eliminate or contain particular insect pest population [74]. The insects to be released into the wild are irradiated with cobalt-60 Gamma-cell (Noridon 220) [71]. A dosimetry system is used to verify the dose received by the mosquitoes [75]. Before irradiation, the mosquitoes are sexed manually by looking at the terminals under a stereoscope [76]. The mosquitoes are irradiated either in the pupal or adult stage [73].

#### 4.9 Use of other preventive measures

William *et al* [39], reported that the widely used preventive measures against mosquitoes include, killing mosquitoes with broom, fan, or hand, using a mosquito coil, covering the body with thick cloth while sleeping or wearing long clothes, closing doors and windows before dark and using insecticide sprays. Other personal protection measures against vectors of malaria may include the use of window screens, wearing of light-coloured clothes and long pants [50].

### 5. Challenges in mosquito control

#### 5.1 Cost of control

Vyas *et al* [77], reported that about 10-12% of household own at least one untreated net and

negligible number of treated net in Nigeria. The explanation for the low coverage is due to affordability problems as household economic status has been related to net ownership [78, 79]. There have been other inconsistencies in ITN policy in Nigeria for example; custom duty on imported nets was reduced from 40% to 5% in 2002. Later that year, it was raised again to 70%, it was reduced once more in May, 2003, Onwujekwe *et al* [24]. Sponsler [80], reported that there is a low coverage in the use of insecticides to control mosquitoes in developing countries due to high cost of the insecticides. In Nigeria mosquito control programme have been deteriorated or been abandoned because of cost and lack of commitment [16].

## 5.2 Resistance to insecticides

Mosquitoes are developing resistance to the major classes of insecticides which have been used to control the vector. Portions of the effect to eradicate mosquitoes during the 1950s and 1960s were scientifically naive and politically uncommitted. Funding for vector control was cut prematurely leading to resurgence of insecticide resistant vector population [3]. Arrese [23] reported that DDT, the most effective and economical form of insecticide is becoming resistant to mosquitoes. WHO [3] reported that the over use of any insecticide products lead to the appearance of insecticide resistance. Insecticide resistance can arise through overly-aggressively targeting certain species or life stages with a single product, such that the small percentage of any species or life stages of any species population might be naturally resistant to whatever insecticide used. As such for avoidance of resistance problems alone, it is important to rotate a variety of insecticides in the control of vectors.

## 5.3 Effects of mosquito control on health

The performance of mosquito control, present challenges like its effects on health. Alonso *et al* [81], reported that some villagers mostly complained of the smell of the insecticides on treated bednets, and the fear that the chemical might be harmful to their health. Sexton *et al* [26] reported that people complained that sleeping under nets makes them feel hot during hot season. Sponsler [80], also reported some people are allergic to insecticide repellents and coils due to the smoke that this devices emit. Studies have shown that environmental laws are leading towards the total ban of the use of DDT. This is due to its persistence in the environment and effects on the ecosystem, it is regarded as a persistent organic pollutant.

## 5.4 Recommendations

- (i) Public enlightenment campaign. This should involve a sustained public health education on vector and strategies to control them.
- (ii) Human environmental changes such as road building, mining, deforestation, logging

and new agricultural and irrigation projects have created new breeding sites for mosquitoes. Government should therefore endeavour to bring out a rolling plan that will take care of such project during the cause of executing them to avoid mosquito breeding.

- (iii) Proper funding should be allocated to the health sector for research and vector control.
- (iv) Government should take look at their various edits with the aim of stipulating appropriate penalties for violation of environmental laws.
- (v) Government should set up their campaigns and public awareness on environmental sanitation.
- (vi) Customs duty on imported products for mosquito control should be reduced by the government.

## REFERENCES

1. F.M.O.H. National Strategic plan for Roll Back Malaria Abuja. Federal Ministry of Health Nigeria; 2001.
2. Larry, P.P. Entomology and pest management (2nd eds). Macmillan publishing company, pp. 311-402; 1996.
3. WHO. Decoding a major malaria vector. International network established. *Tropical Disease Research (TDR)*.2001;65:40-44.
4. Chadee, D.D. Indoor and outdoor host seeking rhythms of *Anopheles albiparvus* (Diptera: Culicidae) in Trinidad, West Indies. *Journal of Medical Entomology*. 1992; 29 (3):567-569.
5. Oyerinde, J.P. Essential of Tropical Medical Parasitology (1st eds), University of Lagos Press, pp. 123-124;1998.
6. Laird, M. The Natural History of Larval Mosquito habita. New York Academic Press, pp. 140-146; 198.
7. WHO. Mosquito breeding habitats . Mosquito contro programme. *Bulletin of the World Health Organization*. 1990;32:101-106.
8. WHO. Megatrials shows impregnated mosquito nets could save 500000 African children a year at a very low cost. *TDR News*. 1996; 50:1-2.
9. WHO. Lymphatic filariasis. WHO press release 2000 fact sheet No. 102; 2000.
10. Sasa, M. Human filariasis. A global survey of epidemiology and control University Park Press, Baltimore, pp. 16-27; 1976.
11. Chandler, A.C. and Read, C.P. Introduction to parasitology (1st eds). John Wiley and sons, inc. New York London, pp. 725-735; 1961.
12. Smyth, J.D. Animal Parasitology (3rd eds), Cambridge University Press, pp.126-136; 1996.
13. Lilja, J. Mosquito-borne disease Response Plan. Washington State, Department of Health, 2002, edition; 2002.
14. Menakaya, T. Introduction, objectives and expected outcome of the meeting. A paper presented by the Honourable Minister for health, Nigeria at Africa summit on Roll Back Malaria Abuja Declaration. 24th April, 2002.
15. Molta, N.B. Burden of malaria in Africa. A paper presented at the African Summit on Roll Back Malaria. Technical Session, 25th April, 2002.
16. F.M.O.H. Guidelines for malaria control in Nigeria, Federal Republic of Nigeria. 1989;1:23-26.

17. WHO. World Health Organization Report on infections. Geneva WHO;1999.
18. Gerusa, D., David, A., Patricia, D. and Joaquim, N. Basic lymphoedema management (1st eds) Hollis Publishing Company, pp. 1-10; 2002.
19. Rozendal, J.A. Impregnated mosquito nets and curtains for self protection and vector control. *Tropical disease bulletin*. 1989;86(7):31-41.
20. Nebe, O.J., Adeoye, G.O., Agomo, P.U., Mosanya, M.E. Malaria in Coastal Area of Lagos State. A Survey of Perceptions and practices amongst mothers/care-givers of children under five years old. *The Nigerian Journal of Parasitology*. 2002;23:69-80.
21. Gunnar, B. Health Care and Biblical Teaching with Aids and Natural Medicine (1st eds). Baraka press and publishers, pp. 118-120;2001.
22. Barbara, P. Natural Mosquito Control Methods. Mother Earth Living, Natural Home Healthy Life; 2012.
23. Arrese, C. Malaria. Its human impact, challenges and control strategies in Nigeria. *HealthPolicy Review*. 2001;2:1-5.
24. Onwujekwe, O., Hanson, K., Fox-Rushobyu, J. In equalities in purchase of mosquito nets and willingness to pay for insecticide-treated nets in Nigeria: challenges for malaria control interventions. *Malaria Journal*. 2004;3:1-14.
25. WHO. African summit on Roll Back Malaria, Abuja, Nigeria, WHO/CDS/RBM/2000.17. Geneva. 2000.
26. Sexton, J.D., Ruebush, II, T.K., Brandling-Bennett, A.D., Breman, J.G., Roberts, J.M., Odera, J.S. and Were, J.B. Permethrin impregnated curtains and bed nets prevent malaria in Western Kenya. *American Journal of Tropical Medicine and Hygiene*. 1990;43(1):11-18.
27. Bradley, A.K., Greenwood, A.M., March, K., Bypass, P., Tulloch, S. and Hayes, R. Bednets (mosquito nets) and mortality from malaria. *The Lancet*. 1986;2:204-207.
28. WHO. The use of impregnated Bed nets and other materials for vector-borne disease control. Report of a WHO/VBC informal consultation. WHO Geneva; 1989.
29. Curtis, C. F. Should DDT continue to be recommended for malaria control? *Medical and Veterinary Entomology*. 1994;8: 107-112.
30. Mathanga, D. P., Campell, C.H., Taylor, T. E., Barlow, R. and Wilson, M. L. Reduction of childhood malaria by case-control study effectiveness in Malawi. *American Journal Tropical Medicine and Hygiene*. 2005;73(3):622-625.
31. Don, P. M. and Cameroon, B. Malaria control in Malawi. Are the poor being served? *International Journal for Equity in Health*. 2007;6:22.
32. M.O.H The coverage and utilization of insecticide treated nets and malaria prevalence level in Malawi. *Malawi Government*. 2004; 44-48.
33. Msyamboza, K., Senga, E., Tetteh-Ashong, E., Kazembe, P. and Brabin, B. J. Estimation of effectiveness of interventions for malaria control in pregnancy using the screening method. *International Journal of Epidemiology*. 2007;36(2): 406-411.
34. Dabiré, J. E., Diabaté, A., Baldet, T., Paré-Toé, L. and Gulmedé, R. T. Personal protection of long-lasting ITNs in areas of *Anopheles gambiae* s.s resistance to pyrethroids. *Malaria Journal*. 2006;5:12.
35. Olaf Müller, Manuela De Allegri, Heiko Becher, Justin teindrebo, Claudia Beiersmann, Maurice Ye, Bocar Kouyate and Ali Sie, Distribution system of insecticide-treated bed nets for malaria control in rural Burkina Faso: cluster-randomized controlled trial. *Malaria Journal*. 2008;3(9): 3182.
36. Philips-Howard, P. A., Nahlen, B. L., Kolczak, M. S., Hightower, A. W. and Terkulle, F. O. Efficacy of permethrin-treated bed nets in the prevention of mortality in young children in an area of high perennial malaria. *American Journal of Tropical Medicine and Hygiene*. 2003; 68: 23-29.
37. Kazumi, Y., Komang, G., Budasi, H., Aan, S., Nyoman, S. and Iskandarsyah, N. Malaria epidemiology and control methods in specific geographical foci in Lombok and Sumbawa Islands of Indonesia. *Epidemiology Tropical Medicine and Health*. 2008;36(2):81.
38. Kröger, A., Skovmand, O., Phan, Q. C. and Boewono, D. T. Combined field and Laboratory evaluation of a long-term impregnated bednet permanent. *Transaction Royal Society of Tropical Medicine and Hygiene*. 2004;98:152-155.
39. William, R. B., Onyido, A. E., John, D. S., Venatius, I. E., Joel, G. B. and Ekanem, O. J. Monitoring community response to malaria control using insecticide-impregnated bed nets, curtains and residual spray at Nssuka, Nigeria. *Health Education Research*. 1996;11:133-145.
40. Feachem, R. G. and Sabot, O. J. Global malaria control in the 21<sup>st</sup> century. *Journal American Medical Association*. 2007;297:2281-2284.
41. Kellen, G. F., Seyoum, A. and Knols, B. G. Rationalizing Historical successes of malaria control in Africa in terms of mosquito resource availability management. *American Journal of Tropical Medicine and Hygiene*. 2004;71:87-93.
42. Hueto, D., D'Hoore, W., Ouendo, E. M., Chaliar, D. and Deccache, A. Malaria control among children under five in Sub-Saharan Africa: the role of empowerment and parent participation beside the clinical strategies. *Rural and Remote Health*. 2007;7:840.
43. Curtis, C. F. and Mazara, A. E. Comparison of house spraying and insecticide-treated nets for malaria control. *Bulletin of World Health Organization*. 2000;78:1389-1400.
44. Dua, V. K., Sharma, V. P. and Sharma, S. K. Bio-environmental complex at Hardwar (U. P.). *India Journal of the American Mosquito Association*. 1988;7(12):6-9.
45. Collins, F.H. and Paskewitz, S. M. Malaria: current and future prospects for control. *Annual Review of Entomology*. 1995;40:195-219.
46. Daniel, M. and Okenu, N. An Integrated Approach for malaria control in Africa. *Malaria and infectious disease in Africa*. 1999;3:104-113.
47. Green, L. W. and Kreuter, M. W. Health Promotion Planning. An educational and environmental approach. *Mountain View*. 2005;5:56-59.
48. Staedke, S. G., Nottingham, E. W., Cox, J., Kanya, M. R., Rosenthal, P. J. and Dorsey, G. Short report: proximity to mosquito breeding sites as a risk factor for clinical malaria episodes in an Urban cohort of Ugandan children. *American Journal of Tropical Medicine and Hygiene*. 2003;69: 244-246.
49. Clive, S. Integrated approach to malaria control. *Clinical Microbiology Review*. 2002;15(2):278-293.
50. Yeya, T. Malaria vector control in Africa: strategies and challenges. Report from a symposium held at the 2001 AAAS Annual meeting. pp.44-50;2001.
51. Gu, W. And Novak, R. J. Habitat based modeling of impacts of mosquito larval interventions on entomological inoculation rates, incidence and prevalence of malaria. *American Journal of Tropical Medicine and Hygiene*. 2005;73:546-552.

52. Gu, W., Regena, J. L., Beier, J. C. and Novak, R. J. Source reduction of mosquito larval habitats has unexpected consequences on malaria transmission. *Proceedings of the National Academy of Science*. U. S. A. 2006;103:17560-17563.
53. Rasgon, J. L., Ren, X. and Petidis, M. Can *Anopheles gambiae* be infected with *Wolbachia pipiensis*? Insights from an in-vitro system. *Applied Environmental Microbiology*. 2006. 72: 7718-7722.
54. Umaru, N.F. Isolation and screening of *Bacillus* species against culex larvae in the Zaria. M.Sc. thesis. Ahmadu Bello University Zaria; 2000.
55. Medical News, 2007. Glow in the dark Genetically modified mosquitoes prevent spread of malaria. <http://www.medical.newstoday.com/healthnews.php?newsid>.
56. Tadei, W. P., Thatcher, B. D., Santos, J. M., Scarpassa, V. M., Rodrigues, I. B. and Rafael, M. Ecologic observations on anopheline vectors of malaria in the Brazilian Amazon. *American Journal of Tropical Medicine and Hygiene*.1998; 59:325-335.
57. Taylor, D. J., Green, N. P. and Stout, G. W. Biological Sciences. 13<sup>th</sup> edn. Cambridge low prize edition university press, U. K. Ed. by Saper, R. pp.508-510; 2002.
58. Krishnappa, S (2007). Scientist comes up with unique mosquitoes to fight malaria. "The money times. <http://www.themoneytimes.com/articles/2007/0320/scientist-come-up-with-unique-mosquitoes-to-fight-malaria-id.html>.
59. BBC News (2007). Genetically modified mosquitoes could fight malaria. <http://news.bbc.com/uk/2/hi/science/nature/6468381>.
60. Lyimol, E. O. and Takken, W. Effects of adult body size on fecundity and the pre-gravid rate of *Anopheles gambiae* females in Tanzania. *Medical Veterinary Entomology*.1993.;7:328-332.
61. Ameneshewa, B. and Service, M. W. The relationship between female body size and survival rate of the malaria vector *Anopheles arabiensis* in Ethiopia. *Medical Veterinary Entomology*.1996;10:170-172.
62. Sample, I (2007). Genetic discovery may eradicate malaria. "the age" <http://www.theage.com.au/news/world/genetic-discovery-may-eradicate-malaria.html>.
63. Ito, J., Ghosh, A., Moreira, L. A., Wimmer, E. A. and Jacobs-Lorena, M. Transgenic *Anopheline* mosquitoes impaired in transmission of a malaria parasite. *Nature*. 2002; 417: 452-455.
64. Besanky, N. J. Hill, C. A., and Constantini, C. No accounting for taste: host preference in malaria vectors. *Trends in Parasitology in Press*. 2004;34-36.
65. Alphey, L. Malaria control with genetically manipulated insect vectors. *Science*. 2002; 298:119-121.
66. Enserink, M. What mosquitoes want: secrets of host attraction. *Science*. 2002 ; 298: 90- 92.
67. Helinski, M. E., El-Sayed, B. and Knols, B. G. J. The Sterile Insect Technique: Can established technology heat malaria? *Entomology Berichtenology*. 2006a; 66: 13-20.
68. Bailey, D. L., Lowe, R. E., Fowler, J. E. F. and Dane, D. A. Sterilizing and packaging males of *Anopheles albimanus* Wiedemann for field release. *American Journal of Tropical Medicine and Hygiene*.1979. 28:902-908.
69. Charwood, J. D., Thompson, R. and Madsen, H. Observations on the swarming and mating behaviour of *Anopheles funestus* from southern Mozambique. *Malaria Journal*. 2003;3:2.
70. Okanda, F. M., Dao, A., Njiru, B. N., Arija, J., Akedo, H. A., Toure, Y., Oduaja, A., Beier, J. C., Githure, J. I., Yan, G., Gouagna, L. C., knolls, B. G. and Killeen, G. F. Behavioural determinants of gene flow in malaria vector populations: *Anopheles gambiae* males select large females as mates. *Malaria Journal*, 2002;1: 10.
71. Helinski, M. E. , Parker, A. G. and Knols, B. G. J. Radiation-induced sterility for pupal and adult stages of the malaria mosquito *Anopheles arabiensis*. *Malaria Journal*. 2006b;5:41.
72. Helinski, M. E., Hood-nowtroy, R., Mary, C. and Knols, B. G. Stable Isotope-Mass spectrometric determination of semen transfer in malaria mosquito. *Journal Experimental Biology*. 2007;210:1266-1274.
73. Dyck, A., Hendrichs, J. and Robinson, A. S. The sterile Insect Technique: principle and practice in Area-wide intergrated pest management. Dordrecht: Springer. Pp.10;2005.
74. Benedict, M. Q. and Robinson, A. S. The first release of transgenic mosquitoes: an argument for the sterile insect technique. *Trends Parasitology*. 2003;19:349-355.
75. Malcolm, C. A., Welsby, D. A. and El-Sayed, B. B. Sterile Insect Technique for malaria vector *Anopheles arabiensis* in Northern state, Sudan: a historical review of the field site. In: Dordrecht:springer, editor. *Area-wide control of insect pests*. Vresen, M. J. B., Robinson, A. S., Hendrichs, J. pp.361-372;2007.
76. Catteruccia, F., Benton, J. P. and Crisanti, A. An *Anopheles* transgenic sexing strains for vector control. *National Biotechnology*. 2005;23:1414-1417.
77. Vyas, S. and Hanson, K. Assessing the impact of ITN Scalling-up activities consumer marketing surveys in Nigeria. In: The third MIM Pan-African Malaria Conferences, Arusha, Tanzania; 2002.
78. Kikumbin, N. Economic analysis of social marketing and commercial sector of insecticide treated net delivery models in rural communities of Tanzania. PhD thesis, University of London; 2002.
79. Nuwaha, F. Factor influencing the use of bed nets in Mbarara municipality of Uganda. *Americal Journal of Tropical medicine and Hygiene*. 2001; 65:872-882.
80. Sponsler, R.C. Malaria Control. Malaria Foundation International Press; 2000.
81. Alonso, P.L., Lindsay, S.W., Armstrong, J.R.M., Konteh, M., Keita, K., Marshall, C., Philips, A., Charm, K. and Greenwood , B.M. A malaria control trial using insecticide treated bed nets and targeted chemoprophylaxis in a rural of the Gambia, West Africa. *Transactions of the Royal Society of Tropical Medicine and Hygiene*.1993;87(2):31-36.