

Potential integration of endemic disease agent in the Family Health Strategy

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Dear editor,

An article published in n. 1 of vol. 30 of this journal¹ addressed integration of endemic disease control workers into the Family Health Strategy in the fight against *Aedes aegypti*, pointing to the need to make adjustments to this integration. With the aim of contributing to the reflection about such adjustments, we present some considerations.

Assimilation of adequate knowledge does not necessarily result in effective action in the elimination of breeding sites;² this dimension needs to be taken into consideration and reinforces the pertinence and relevance of endemic disease worker interaction in the Family Health Strategy. It is important to take into account the difficulties – including those of these workers themselves – in reaching urban *Aedes aegypti* breeding sites, as well as to bear in mind the limitations common to our citizens (illness, obesity, age, disabilities, phobias, among others) which hinder or prevent them

from reaching and eliminating breeding sites.² Blaming others should be avoided, and preference should be given to planning effective strategies that circumvent the limitations in each context.²

It would be convenient to reflect on the pertinence of training the teams with new skills, especially skills aimed at promoting collaborative and cooperative actions,² in order to circumvent social and environmental obstacles and to enable interaction with other services, such as garbage collection, and with professionals from other areas, such as social workers.

Ideally, it is strategic to propose wide actions to combat the vectors, because the same urban environment where *Aedes aegypti* proliferates can also be favorable to the proliferation of other vectors that are important for public health, such as mosquitoes, flies, cockroaches and rats.

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