

REPORTS

The Gambia Leprosy Control Project. Summary of Annual Report for 1961. By I. A. SUSMAN, M.B., CH.B., D.T.M.&H. Medical Officer, Leprosy, Mansakonko, Gambia

1. Introduction

This year has been one of re-organisation of the department, which is still in the "Project" stage and is not yet a "Service".

A "Service" must include facilities for medical and surgical treatment, physiotherapy, rehabilitation, laboratory procedures, isolation accommodation, etc.

The former Medical Officer, Leprosy, left the Gambia early 1960 and was replaced in March 1961. Meanwhile BELRA had supplied a layworker, Mr. F. Mead who, as Leprosy Control Officer, supervised the Project until the arrival of the Medical Officer.

The activities until March were apparently carried on according to the former plan of the Project using static clinics at Health Centres, dispensaries and sub-dispensaries, for the distribution of DDS tablets. For various reasons, given below, a high percentage of absenteeism was prevalent throughout the clinics.

The M.O. Leprosy did an initial tour of the whole country in March/April and then proposed a new plan of operations based on Mobile Treatment Circuits which was later put before, and discussed with representatives of WHO and UNICEF

Several difficulties and drawbacks were experienced including the absence of a Leprosy Headquarters and Centre, lack of efficient transport, no laboratory facilities, etc., and the difficulties of travel on very poor roads, especially during the rainy season when floods, broken down bridges etc., at times completely prevented trekking.

A new dosage schedule with DDS which still remains the standard treatment of patients, and is administered orally to a maximum of 600 mgm. once per week, was introduced.

Although facilities are not yet available to carry out controlled trials with new drugs, three patients at Allatento Isolation Village were started on Etisul (Etip, Diethyl dithiolisophthalate) in addition to DDS towards the end of the year.

A system for the prophylactic treatment of child contacts of contagious patients using a mixture containing DDS and Multivite was introduced for trial.

New specially designed printed registers replaced the old foolscap books; and clinic tickets, and Transfer Certificates (in English and French) were put into use.

A new system of compiling Monthly Return Forms by the Staff was introduced.

Stress was laid on the importance of propaganda, using posters in English and Vernaculars.

The Gambia News Bulletin published an article headed "Leprosy Sufferers Cured" to show that the first batch of patients ever in the Gambia had been issued with Discharge Certificates.

The Inspecteur lèpre de l'O.C.C.G.E. of the Institut Marchoux, Bamako, Mali, paid a liaison visit in July.

Courses of Instruction were held at the station of the M.O. leprosy, for all old and new staff, during the year, consisting of the elements of Anatomy, Physiology, Public and Personal Hygiene and First Aid and a more detailed study of Leprology, including the keeping of necessary records.

2. Statistics

At 31st December 1961 there was a total of 4,135 cases registered for treatment of whom approximately 39% were children, 33% women and 28% men.

At the beginning of 1961, for comparison, there were 6,275 patients registered but the rate of absenteeism was high and only about 30-40% of this total were regularly attending.

During the year, 1,152 new patients were put on to the registers.

From the last quarterly return of patients under treatment for 1961, the following figures were obtained.

| <i>Men</i> | <i>Women</i> | <i>Children</i> | <i>Total</i> |
|------------|--------------|-----------------|--------------|
| 1,144 | 1,357 | 1,634 | 4,135 |

These patients were distributed in the various Divisions as follows:

| | <i>Men</i> | <i>Women</i> | <i>Children</i> | <i>Total</i> |
|---------------------------|------------|--------------|-----------------|--------------|
| Colony | 53 | 33 | 15 | 101 |
| Western Division | 203 | 184 | 169 | 556 |
| Lower River Division | 365 | 494 | 569 | 1,428 |
| MacCarthy Island Division | 321 | 386 | 455 | 1,162 |
| Upper River Division | 202 | 260 | 426 | 888 |
| Grand Totals | 1,144 | 1,357 | 1,634 | 4,135 |

Therefore, by calculation, 3,292 patients had been removed from the registers during the year. 72 had died, 229 were discharged and 2,991 had absconded.

The reasons for this large number of patients who abandoned treatment appear to have been long distances to travel to the clinics, ulcers and deformities of the feet, self transfers of Gambians to clinics in neighbouring Senegalese territory, and the return home of

“French” subjects. In addition, loss of interest by the patients due to irregularity of attendance of the Assistant Leprosy Inspectors at the clinics, especially due to lack of transport, also contributed to this large degree of absenteeism.

However, a number of absentees were starting to return to treatment and the attendance rate was increasing with the inauguration of the new system of Mobile Circuits.

After the Clinics had been re-organised with the new registers, which did not record those patients who had been absent for more than ten weeks prior to the new entries being made, there was an increase in the attendance rate to between 50 and 90% at most clinics. This was, as stated, mainly due to the establishment of Mobile Treatment Circuits in some districts.

The Lepromatous rate has been estimated at 5-6%.

It has also been estimated in previous surveys that the incidence of Leprosy in the Gambia is between 20 and 30 per thousand, that is, between 8-10,000 cases.

A country-wide tour of all the leprosy clinics was started in November by the M.O. Leprosy in order to examine all the patients attending, to verify diagnoses, to record particulars of the disease and to issue Discharge Certificates to those in whom the disease was cured or arrested.

No. 1 certificate was issued to a young woman, completely recovered and fit without any residual stigma of the disease, at Kiti in the Western Division.

At 31st December, the following numbers of patients had been examined at clinics in the Colony, Western and Lower River Divisions:

| | <i>Men</i> | <i>Women</i> | <i>Boys</i> | <i>Girls</i> | <i>Total</i> | <i>%</i> |
|----------------------|------------|--------------|-------------|--------------|--------------|------------|
| <i>Lepromatous</i> | 35 | 16 | 5 | 1 | 57 | 6 |
| <i>Dimorphous</i> | 17 | 28 | 5 | 2 | 52 | 5.4 |
| <i>Tuberculoid</i> | 240 | 291 | 153 | 156 | 840 | 87.5 |
| <i>Indeterminate</i> | — | 6 | — | 9 | 15 | 1.1 |
| Grand Total | 292 | 341 | 163 | 168 | 964 | 100 |

Of this grand total, 229 (24%) were issued with Discharge Certificates and are hoped to be kept under periodic (six monthly) observation.

The tour is being continued till May 1962, after which it is hoped to have a complete pattern of the types of leprosy and its complications occurring throughout the Gambia.

3. Staff

The Staff of the Leprosy Project on 31st December consisted of:

1 Medical Officer, Leprosy, i/c at Mansa Konko, L.R.D.

- 1 BELRA layworker, as Leprosy Control Officer, at Bansang, M.I.D.
- 1 Leprosy Inspector, grade II at Mansa Konko, L.R.D.
- 12 Assistant Leprosy Inspectors—2 in W.D.
 - 4 in L.R.D.
 - 4 in M.I.D.
 - 2 in U.R.D.
- 2 Clinic Assistants (Leprosy)—in L.R.D. and U.R.D.
- 1 Clerical Assistant at Mansa Konko, L.R.D.

The assistance of some Dresser/Dispensers was retained for conducting leprosy clinics at certain stations.

4. Transport

Two UNICEF Land Rovers were in use by the M.O. Leprosy and the L.C.O. (BELRA).

Four of the eight motor cycles supplied by UNICEF had to be withdrawn owing to constant break-downs and long periods of unserviceability. (The remaining four were withdrawn at the beginning of 1962.)

A few government bicycles were in use and new ones were awaited for all the A.L.I.'s.

5. Out-Patient Treatment

At the beginning of the year, treatment was being carried out solely at static clinics—that is, at established Health Centres, Dispensaries and Sub-dispensaries. This system meant that many of the patients had to walk anything up to 10 miles and even more, each way, in order to get their DDS. This was one of the main reasons for the high rate of absenteeism.

In May, the first Mobile Treatment Circuit was introduced in Brikama, W.D., area by means of a motor cycle.

By this system, treatment is taken as near to the patients' homes as possible.

During the year, such circuits were introduced from eight other centres, some being carried out by means of a motor-cycle, and others, a push-bicycle.

Unfortunately, the motor cycles had to be withdrawn and even some of the push-bikes became unreliable.

However, a reduced rate of absenteeism was attained, and also an increased number of patients registered, in those places where the circuit was maintained.

It was intended to extend this method of giving treatment to every station as soon as transport became available.

The circuits varied from about 70-200 miles covered each week, depending on the vehicle which was being used, and treated some 50-200 patients daily spread over 5-10 or more "Stops".

The "Stops", where no building such as a Dispensary was available, consisted simply of shelters of wood and leaves, or Krinting (bamboo) put up by the patients themselves or the Alkalo (Headman). In many cases, the clinics were held under the shade of a large tree at the outskirts of the Village.

6. Allatento Isolation Village

This is situated on the main road about 1 mile west of Bansang Hospital in the MacCarthy Island Division of the Protectorate.

It consists of ten mud huts with thatched roofs and a new treatment block. There are cooking and sanitary facilities.

Plans for improvements and extensions are being carried out.

On 31st December, there were 17 patients resident, as follows:

| | <i>Men</i> | <i>Women</i> | <i>Boys</i> | <i>Girls</i> | <i>Total</i> |
|--------------------|------------|--------------|-------------|--------------|--------------|
| <i>Lepromatous</i> | 7 | 2 | 1 | — | 10 |
| <i>Dimorphous</i> | 3 | — | — | — | 3 |
| <i>Tuberculoid</i> | 4 | — | — | — | 4 |
| | | | | | — |
| | | | | | 17 |

Weekly DDS has been the means of treatment. It is hoped to be able to introduce a daily routine in the future.

Although facilities were not available for controlled testing of new drugs, three severe lepromatous patients were put on to Etisul liquid (kindly donated by I.C.I.) in addition to their DDS, and clinically, were showing excellent improvement.

Several of the patients run their own private farms (groundnuts and coos) around the village.

7. Plans for the Future

The most important and pressing need is for a Leprosy Headquarters and Centre including, of course, hospital accommodation.

A laboratory service is vital—at least, facilities for bacteriological examinations even if only field work is being done.

It is hoped that Mobile Treatment Circuits by means of Land Rovers (provided by UNICEF), instead of bicycles, will eventually cover the whole country, bringing treatment as near to every patient's home as possible. It has, of course, been shown in other countries that the most efficient method of mass treatment is the Land Rover Circuit.

When sufficient and efficient transport (in the form of Land Rovers) becomes available, then the Project Staff (under present circumstances inadequate) will become available to carry out more extensive examination and supervision of contacts, detection of new cases, and investigation of patient absentees.

A survey of all school children in the Gambia is planned on the P.T.S. (Propaganda—Treatment—Survey) system in the future.

Additional Notes

The territory of the Gambia consists of the British Colony and Protectorate in West Africa extending along both banks of the River Gambia to a distance of 7-15 miles and for about 300 miles from its mouth. It is an enclave of the Republic of Senegal and it has an area of about 4,000 square miles and a population of about a third of a million. The country consists largely of creeks and swamps. Bathurst is the capital, situated on an island at the mouth of the river. Ground-nuts are the chief export.

The high estimate of 8-10,000 cases (2-3%) of leprosy in the Gambia, given above includes disabled and burnt-out cases and those still requiring to come under treatment.

A much smaller proportion of the children, as compared with adults, are of the lepromatous type.

Although a rather higher proportion of women than men are under treatment in the Gambia, a larger proportion of the lepromatous patients are men. Usually, the disease has a higher incidence in males, especially adults. This is said to be probably related to men's generally greater exposure to the disease by reason of their daily occupation outside the home, but this does not apply in the Gambia.

The predominant type of leprosy in the Gambia is tuberculoid in nature, but a large percentage of these cases appear to have suffered deformities and mutilations of the hands and feet.

In the Gambia, the stigma attached to the disease does not appear to be nearly as marked as in many other countries.

The Gambia Leprosy Control Project first came into the stage of implementation in August 1957.

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