

REPLY. LEPROSY SURVEYS IN URBAN SLUMS – POSSIBILITIES FOR EPIDEMIOLOGICAL INVESTIGATIONS

Sir,

Greater Bombay (district place) is a very heterogenous complex urban area (deserving to be called super urban) housing a population of 8.2 million (1981 Indian Census). About 40% of population is believed to be living in 840 officially known slum pockets, spread in different municipal wards. The 8 slums included in this study are situated in 2 different municipal wards. No statistical sampling technique was employed. One of the wards (part of H ward) has been adopted by this project for intensive leprosy control programme. The accurate data on population living in these 8 slums were not available from any census source. The approximate size of the population was judged by contacting local leaders or social organizations of each slum. Each slum was surveyed in the quickest time possible so as to obtain fairly valid data. Four to 5 teams were deployed, consisting of at least 1 male and female trained paramedical worker, for house-to-house surveys. The clinical examination was carried out on the doorstep. Children were stripped completely, adults to the maximum extent possible. Satisfactory examination of female population could be done as female workers were employed. Such surveys were always preceded by discussing the importance of case detection with local leaders and by health education programmes, like film and slide shows on leprosy. And even during survey coloured folders on leprosy were shown and facts about leprosy were explained to them. This approach induces awareness about the disease and encourages community participation leading to good co-operation for examination. On average each worker could examine about 40 subjects thoroughly in about 4 h of actual survey period in the field.

In spite of good co-operation from the community only about 60% of the population could be examined during the first visit as the male adult population were at work. However a minimum of 80% examination is aimed at and always could be achieved by undertaking absentee visits (examination of missing population) starting at a different time and even on holidays; in spite of such an approach the remaining 20% of the population, mostly adults, cannot be examined. As soon as a person was examined the date was recorded against his/her name and entered in a family survey form which avoids duplicate examination.

It is interesting to observe that even during and after the survey, suspected cases reported voluntarily to the clinics. Medical teams were posted for case confirmation but not for initial survey programmes. Such surveys have to be planned exclusively with trained paramedical workers as there is acute shortage of medical manpower for leprosy work and medical personnel may not be required for routine survey.

Once the survey was started, the detected leprosy cases were called to the nearest skin clinic established by this project right in the midst of groups of slums or a single slum. About 20% of cases were under treatment in different leprosy centres or at private doctors in Bombay prior to their detection. The common skin conditions like scabies, pyoderma and tinea etc. which were detected during population surveys were also referred to our clinics for simple treatment. In survey forms common skin diseases were alone noted, other complicated medical as well as dermatological conditions were referred to nearby general hospitals where we run our clinics.

With proper planning and approach with a sufficient health education programme, paramedical workers, including untrained workers with sufficient knowledge of leprosy, one can easily survey an urban slum population though certain difficulties are encountered. This study was undertaken only to find out leprosy endemicity in different slum pockets.

74 *Letters to the Editor*

Similarly the population living in high income flats also could be surveyed satisfactorily and data on this will form a future communication.

C R REVANKAR

Bombay Leprosy Project
6/27 Amar Bhuvan
Sion East
Bombay 400 002 India