TRACHOMA PREVALENCE IN LEPROSY AND NON-LEPROSY POPULATION OF BICHENA DISTRICT, GOJJAM ADMINISTRATION REGION, ETHIOPIA

Sir.

Between February 1 and May 14 1981 a mass survey was carried out in the Bichena District of the Gojjam Administrative Region of Ethiopia to investigate the magnitude of leprosy and trachoma in the population. The regional medical officer of health, government officials, chairman of farming groups, youth and women's associations, community leaders and health workers were all briefed about the operation well in advance. Extensive health education, especially on trachoma, was organized, using filmstrips, loudspeakers and posters. Each peasant and Kebele association contributed to the survey by assigning one or two of their own men to assist our surveyors in guiding and mobilizing people for physical examination. Three members of the trachoma project were assigned and they worked in close association with our leprosy control personnel throughout. During the above period, no fewer than 223,402 people were examined. Our findings are shown in the accompanying tables. It has to be acknowledged that there are many difficulties in obtaining accurate information from patients under these circumstances. It is, for instance, possible that some of the 814 leprosy cases regarded as 'new' may in fact have been previously registered, or received treatment elsewhere. We believe that such difficulties do not, however, detract from the value of the figures overall, which show that trachoma affected 82.2% of patients with leprosy, compared with 45.5% of patients in the general population. The high incidence of trachoma in this part of Ethiopia may be attributable to lack of personal hygiene, inadequate community sanitation, high density of flies, scarcity of water and limited access, often at great distance, to health services. As regards the even higher incidence of trachoma in leprosy patients, it is presumably possible that immunological or genetic factors may play a part, and it may also be that one disease predisposes the development of the other. Our data give no indication, however, of which disease came first, though the high figures and wide age-spread in the general population suggest that any patient acquiring leprosy would have had a high chance of being already infected with trachoma. On the other hand, patients with anaesthesia of the cornea or defects in lid closure (due to leprosy) may be unusually vulnerable to infection with trachoma. Finally, it should be kept in mind that the environmental and socio-economic factors listed above may be even more important in patients with leprosy whose social status may be lower than average.

We are encouraged to present these preliminary findings by the recent publication of data in Egypt on 'Leprosy in a Trachomatous Population' —which reviews the relevant literature and draws attention to the disastrous effects of the association of these two diseases in the eye.

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Reference

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Table 1. Active Trachoma cases, percentage distributions and prevalence rate per thousand population in four sub-districts of Bichena District

Sub-district	Population examined	No. of cases	Percentage (%)	Prevalence rate per 1000 pop.
Deboy Tilatgin	42,404	19,653	46.3	463.5
Enar je Enawga	71,225	32,174	45.2	451.7
Enemoy	68,932	28,916	41.9	419.5
Shebd Berenta	40,841	21,004	51.4	514.3
Total	223,402	101,747	45.5	455-4

Table 2. Active trachoma cases in leprosy patients percentage distribution by sub-districts of Bichena District

Sub-district	No. of leprosy cases	No. of leprosy cases with trachoma	Percentage (%)
Deboy Tilatgen	235	168	71.4
Enar je Enawga	248	199	80.2
Enemay	182	171	93.9
Shebel Bereta	149	136	91.3
Total	814	674	82.8