REPLY TO 'DIAGNOSTIC EFFICIENCY OF PARAMEDICAL WORKERS IN LEPROSY'[1]

Sir,

Out of 630 new cases recorded during July 1982—July 1983 (8th Survey), 314 were not included for analysis in the present study because: 1, non-availability of 69 cases for confirmation; 2, voluntary reporting by 30 cases directly to mobile clinic for diagnosis/treatment as they were not detected by workers; and 3, the remaining 215 cases were screened/confirmed by a different doctor for inclusion in a chemotherapy trial.

In order to avoid bias as well as to make the results comparable, we included only those 316 new cases confirmed by the same medical officer who was involved in an earlier study.[2] However, review shows that 34 (15·8%) of 215 cases could not be included in a chemotherapy trial as they were not leprosy cases.

Since there is only one trained medical officer in a Leprosy Control Unit (LCU), he has to confirm the cases detected by his PMWs to decide about their treatment as well as to evaluate diagnostic efficiency of his workers. Because this operational study aimed to gather observations in a field (LCU) situation, it was preferable that, detected cases should be confirmed by the concerned medical officer rather than them be referred to a panel of doctors which may be desirable but perhaps not feasible in a LCU. Likewise taking biopsies for histopathological confirmation of leprosy diagnosis, especially in paucibacillary and early leprosy, has its obvious technical and operational limitations in field situations.

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References

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[2] Kumar A, Durai V, Sirumban P. Diagnostic efficiency of paramedical workers involved in leprosy case detection programme. *Ind J Lepr*, 1984; **56:** 626–32.