

PROBLEMS DUE TO MIGRATION OF LEPROSY PATIENTS INTO URBAN AREAS

Sir,

The increasing migration of people into the fast-growing megacity of Delhi¹ is posing more problems with less time to tackle them. In addition to job opportunities, the Government of Delhi had been giving concessions to patients suffering from leprosy, namely allotment of land at highly subsidized rates, ration allowance for procuring food and other forms of financial help when

applicable. These privileges have over the years attracted a large number of people who have housed themselves in the outskirts of Delhi in separate colonies. Some of these colonies, who had demanded the concessional facilities, were rejected because the Government had considered their disease to be inactive and hence cured. However, they filed a law suit and the Honourable Supreme Court of India directed us to have them examined to assess the activity of the disease.

A total of 788 patients including 163 children were taken from six colonies in the periphery of Delhi. Of these 626 were available for examination which included, apart from a general health appraisal, a thorough cutaneous examination and slit-skin smear for acid-fast bacilli (AFB) from six sites for assessing bacteriological index (BI). Only two children had active disease. The total number of persons with active disease were 24 giving an overall activity rate of less than 4%. BI positivity ranged from 1+ to 3·4+. A total of 153 patients had various deformities (including anaesthetic hands and feet, claw hand and eye problems; ranging from exposure keratitis to corneal opacities) giving a total deformity rate of 24·44%. Among them those with eye complications alone accounted for 14·32%.

The continuous flow of migrants into cities, particularly Delhi, from other states in search of jobs has certainly created major problems for the already subsidized health care system.² This has to be tackled not only to help these sufferers but to check the spread of infection to the low endemic areas like Delhi. Though our survey revealed that in the majority of patients the disease was inactive and therefore did not qualify them for the concessions given to those suffering from leprosy, it brought to the fore the need for developing centres for rehabilitation and correction of deformities that would help the victim to lead a productive self-supporting life.

The main areas that need to be strengthened are:

- 1 Some patients discontinue the treatment for whom adequate case holding activities will be required till the completion of the surveillance period. Follow-up of the infected persons and their co-habitors will have to be ensured particularly for the children.
- 2 In some others who are more unfortunate, the crippling complications of the disease set in, such as ulcers and deformities. Adequate provision for their management should be provided in the city hospitals.
3. Some basic health care institutions such as Primary Health Centres or Rural Health Training Centres will have to be identified in the periphery of the city for delivering specialized care and follow-up of these patients. They should also be entrusted with the task of certifying the patients, both bacillary and multibacillary as either active or inactive and may take the help of urban leprosy centres if needed. To avoid further legal complications which can lead to misuse of the concessions granted to the victims of leprosy, a statutory body must specify these facilities for the truly deserving cases and not simply to all persons with active disease who can otherwise compete with a normal individual.
4. Reconstructive surgery though well developed elsewhere is still not available to the leprosy patients in Delhi. Specialized training in this area should be given to surgeons of the institutions and major hospitals where leprosy centres are located.
5. Health education with an emphasis on the early signs of leprosy may be disseminated so that apparently normal individuals know where to report when the need arises.

It has been pointed out that this situation has also arisen in other countries,³ and so leprosy control activities in cities is intimately related to migration and steps to tackle this should definitely be considered in all effective programmes.

A similar situation would have perhaps been inevitable in Bombay which is another metropolis catering to a large migrant population in this country. However this has been remedied to a large extent owing to its good medical care provided by both governmental and non-governmental organizations and its being the capital of the endemic state of Maharashtra.

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