

Leprosy in Punjab

Pages with reference to book, From 292 To 294

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Institutions Involved

Provincial Government - (Mayo Hospital Lahore)

Red Crescent (Leprosarium in Faisalabad)

Protestant Mission (Leprosy Hospital; Rawalpindi)

Aid to Leprosy Patients (Mobile Services Rural Punjab Leprosy Hospital Rawalpindi)

Hospitals	Government	Private
Skin Department	1 (Lahore)	1 (Rawalpindi)
Leprosy Hospitals		2 (Rawalpindi/ Faisalabad)
Beds	1 -3	82 (?)
Field Units	%	?
Staff		
Medical Officers	1 Dermatologist	2
Senior Leprosy Technician	1	%
Junior Leprosy Technician	%	?
Drivers	%	?
Transport		
Cars	%	2 ?
Motor cycles	1	?
Total number of patients registered*	281	
of them, discharged	3	
Still under treatment	254	
Average regularity rate 1978	13%	

* Only data from Leprosy Cell, Mayo Hospital, Lahore available.

Analysis of Statistical Data

Leprosy Cell/Mayo Hospital/Lahore

Though the case-load of the Leprosy Cell at the Dermatological Department of Mayo Hospital/ Lahore does not mirror the situation in Punjab,

nevertheless analysis of the data is giving a few important informations. A total of 320 patients have been registered since opening of the unit in 1972 the majority of them (84%) have been diagnosed in Lahore, emphasising the need for such a unit.

The number of yearly new admissions has increased anew during 1979, showing that the present work

has no effect on the epidemiological situation of the arEa.

Most common case finding is by notification the Dejmato logical OPD of Mayo Hospital has sent 71% of all registered patients (Fig 1).

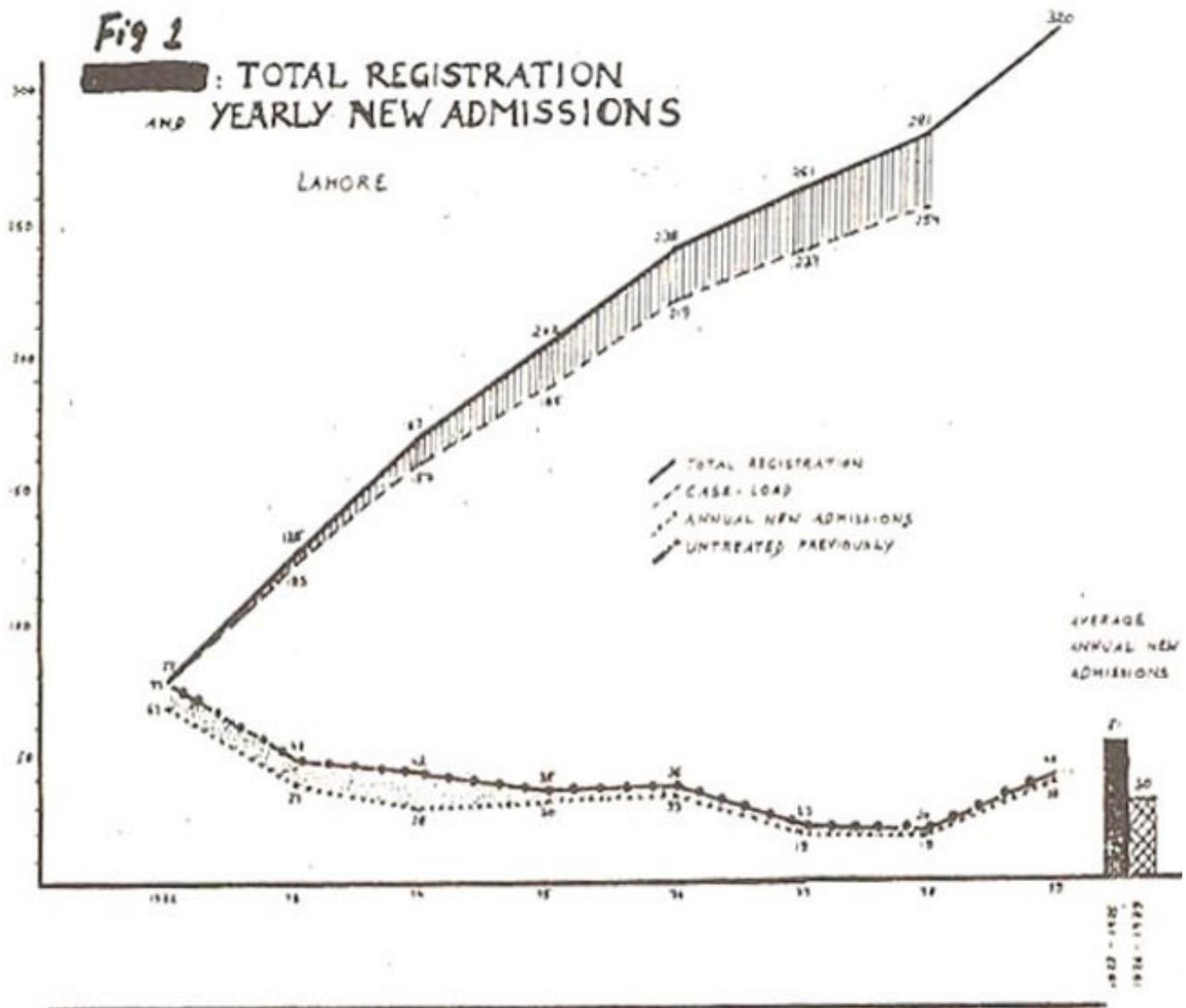


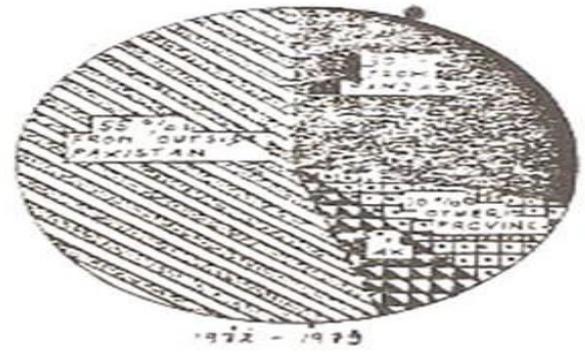
Fig. 1. Total registration and yearly new admissions.

Though Leprosy is indeed endemic in Punjab, doubtlessly the problem has been aggravated considerably by immigration of Leprosy affected population groups from India, during partition, and after independence of Bangla Desh, when a large number of Btharis came from East to West Pakistan. Moreover, seasonal labour is contributing its share bringing labourers from Leprosy affected areas of Pakistan into the towns of Punjab. Only 30% of the entire case-load is constituted by patients originating from Punjab (Fig 5).

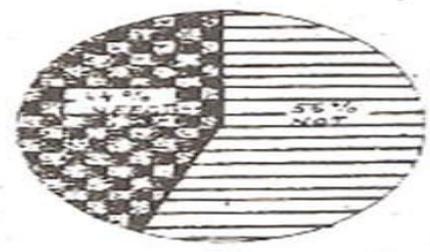
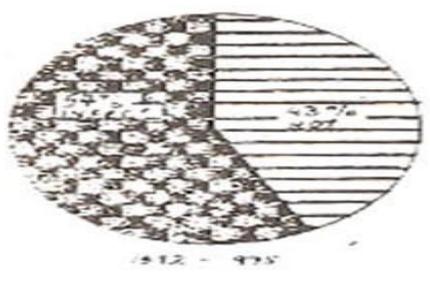
Infectiosity shows a certain, deformity rate a dramatic decline over the past 8 years, indicating that possibly Leprosy awareness among the medical staff has increased, or that population is making more - frequent use of health facffities offered, possibly reporting earlier at Health- Institutions (Fig 2 & 3).

ETHNIC COMPOSITION

LAHORE



INFECTIONITY-RATE



LAHORE

Fig. 2 Infectionity rate.

1972 - 1975

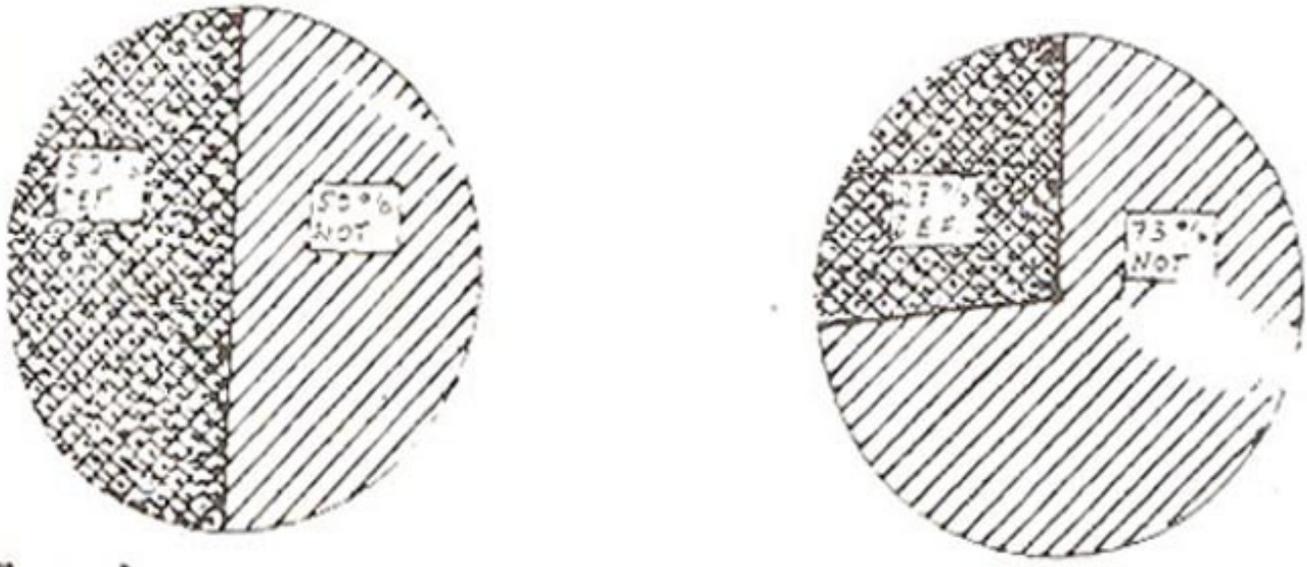


Fig. 3

 : DEFORMITY-RATE

Fig. 3 Deformity - rate

As active case finding has not increased, increase in admission of non-deformed cases is not caused by improved control measures. Unfortunately, while during the first period of operation, still 62% of all classifications were supported by bacterial investigations, this percentage has dropped during the 2nd period of operation to a mere 8% decreasing the reliability, and thus value, of the infectiosity rate. Case Holding (Fig 4)

Fig 4

CASE - HOLDING

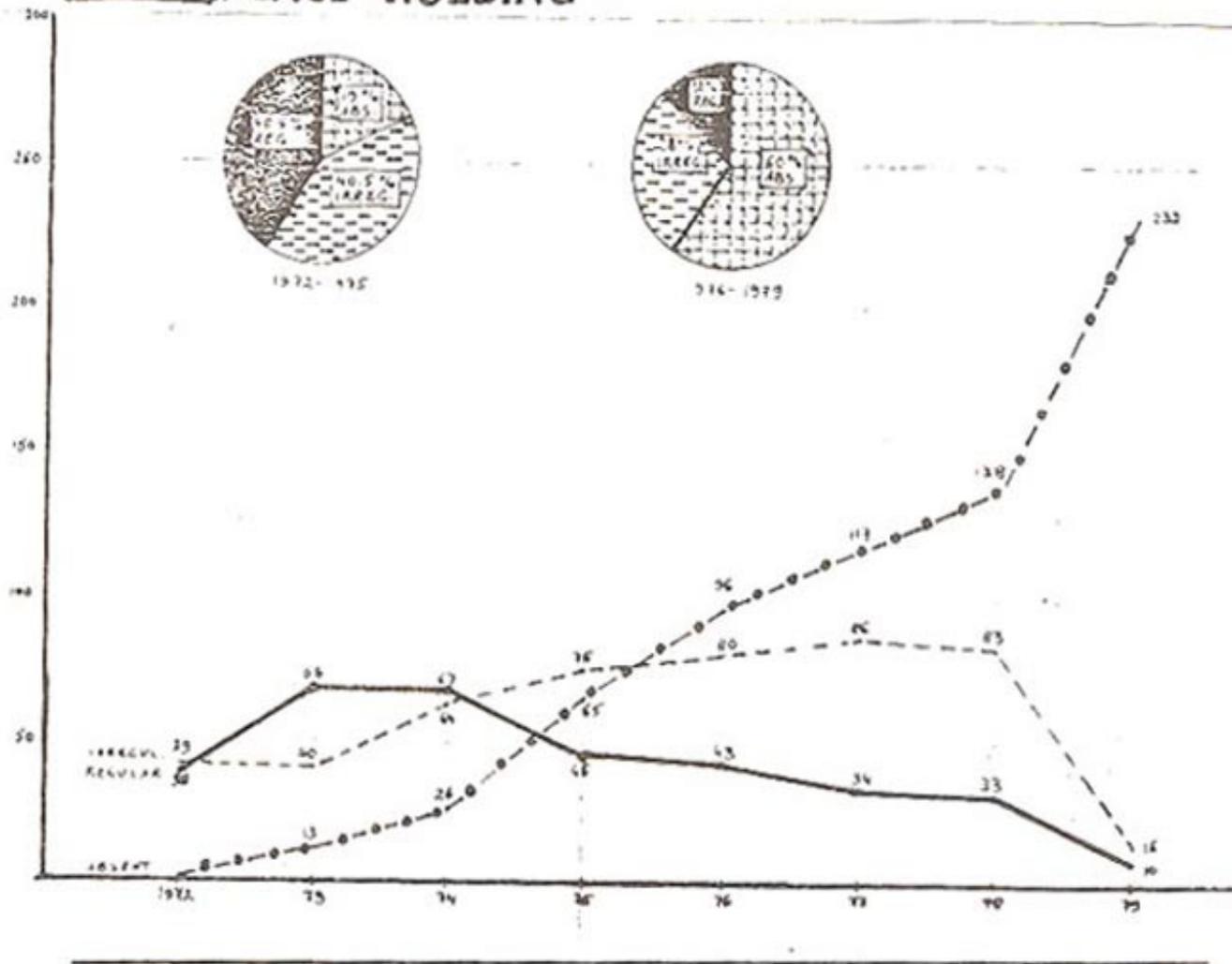


Fig. 4. Case holding.

While the unit serves a useful diagnostic purpose, and is invaluable as a teaching facility for the medical students, case holding is disturbingly poor, and is still further deteriorating (exact figures for 1979 not available).

The unit is staffed by one trained worker only, and as such, no follow-up or field work is done in Lahore. Moreover, many patients are coming from different places of Punjab and even Pakistan, and not sufficient attention is paid to referral of patients to the respective control centres. Defaulter rate is alarmingly high, increasing the danger of emergence of resistant bacilli.

The need for fieldwork is apparent, as without it, success in Leprosy Control cannot be expected.