

# Leprosy Control in Sind

Pages with reference to book, From 255 To 258

Ruth Pfau ( Marie Adelaide Leprosy Centre, Karachi. )

Number of organizations involved:.....6 Marie...Adelaide.Leprosy Centre, Karachi. K.M.C. Manghopir Leprosy Hospital, Karachi. Lions Club, Hyderabad. Sukkur Leprosy Association, Sukkur. Larkana Leprosy Association, Larkana. Tharparkar Leprosy Association, Mirpurkhas Leprosy is a problem of no great significance among the original Sindhi population; however, the disease is found among Baluchi tribes mainly settled in Dadu and Jacobabad District, as well as among certain Brohi speaking groups, and the Indian immigrants in the smaller and larger towns of the Province. Recently, immigrants from Bangla Desh (originally from Bihar/India), have brought a new wave of Leprosy into the Province (1971/72).

The Leprosy Service in Sind Rural has been established with the help of small voluntary organisations; as the disease shows a markedly focal pattern, most of the patients are attended to by mobile services.

## **Analysis of Statistical Data of Sind**

Leprosy control measures are showing already their first impact on the epidemiological situation:

- Deformity-and infectiosity rate have successively declined over the years, indicating that new patients are being registered in the early stages of the disease.
- An increasing number of patients (18%) has reached inactivity, with additional 113 patients already discharged from treatment as arrested/ cured.

Female rate, increasing over the past years and reaching 43% during the last 4 years of operation, shows that the population is well covered; however, child rate remained high, giving an indication that Leprosy will spread further if control measures are being relaxed.

## **- Case holding has improved steadily and markedly since 1976.**

Leprosy Services in Greater Karachi, with one Leprosy control unit established for every 500,000 population, have achieved definite success in early case detection; infectiosity rate is low, deformity rate is showing a dramatic drop over the past 8 years.

However, the number of new cases detected per year is still steadily increasing, further studies are under way to determine whether patients are originating in the area itself, or are immigrating to Karachi seeking treatment. Statistical evaluation of the Greater Karachi Control programme has not yet been completed, as multiple entries have not been eliminated, and the informations of Manghopir not yet been incorporated.

Leprosy Centres/Hospitals:	Greater Karachi	Sind Rural
Leprosy Hospitals	2	1
Beds	260	15
Leprosy Control Centres	8	4
Staff:		
Medical Officers	8 (2honorary)	%
Leprosy Field Officers	%	1
District Leprosy Controller	1	%
Senior Leprosy Technicians	17	2
Junior Leprosy Technicians	15	2
Nurses	4	%
Drivers	4	1
Transport:		
Cars	3	%
Jeep/Land Rovers	4	1
Pick-up	1	%
Motor Cycles/Scooters	15	4
Patients:		
Total number of patients	11,591	1,232
Of them, discharged	2,035	113
Average regularity rate 1979	63%	75%

Case holding has resulted in the improvement observed in all provinces of Pakistan which adopted the revised case holding measures in 1975.

Fig. 1-11 show clinical and epidemiological features and the Leprosy services epidemiological and

Karachi.

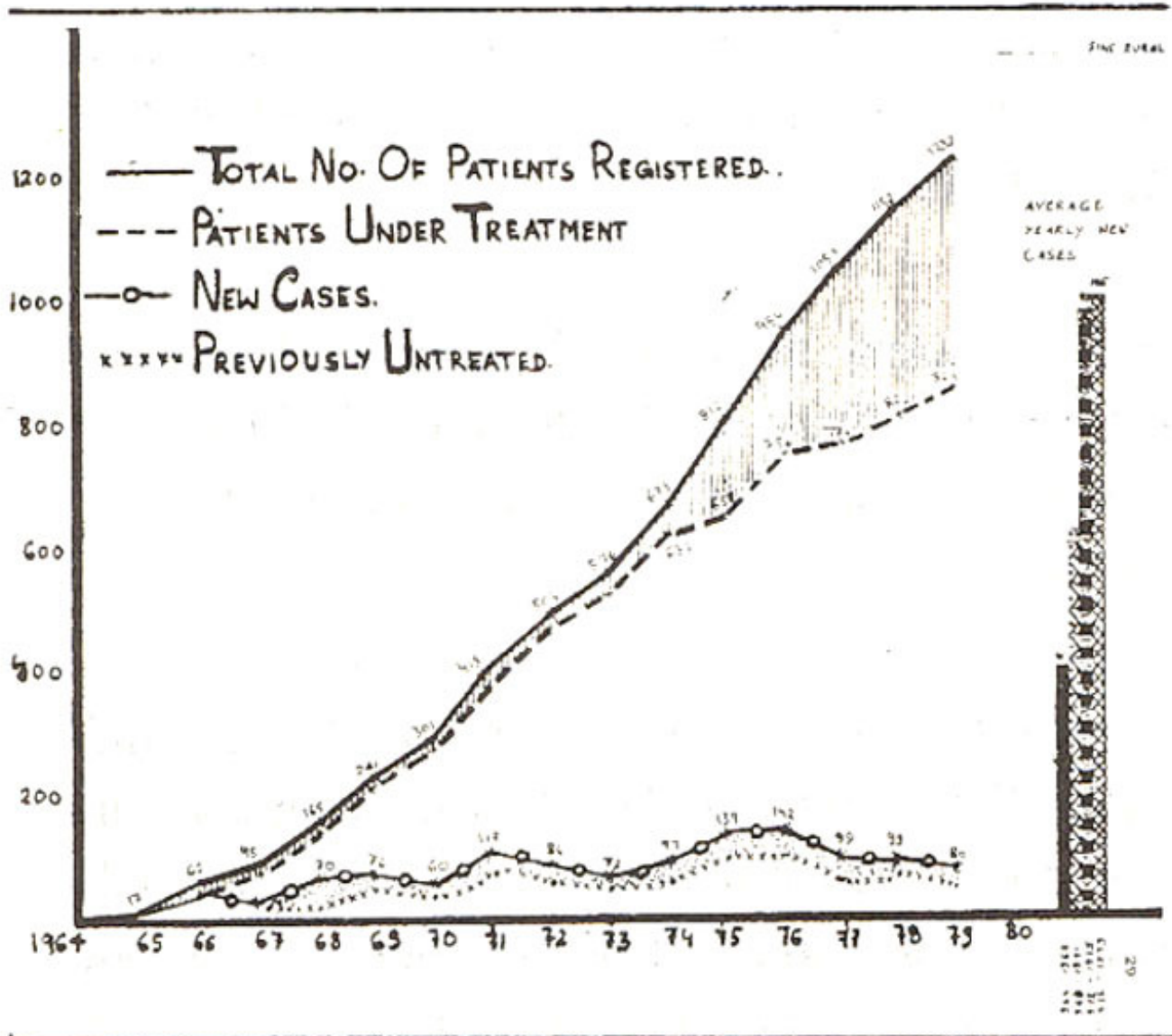


Fig. 1 Total registration and yearly new admissions.

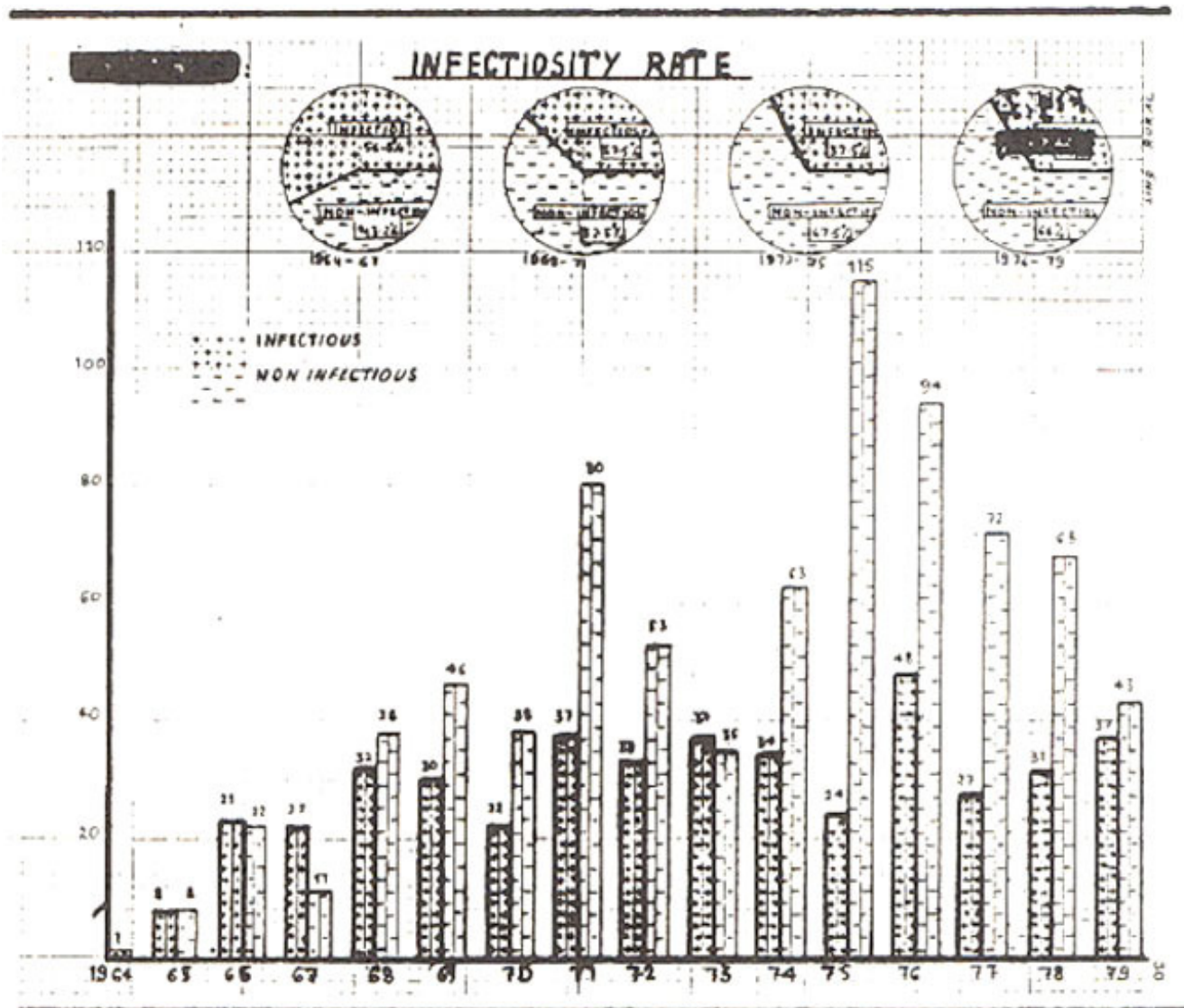


Fig. 2 Infectiosity rate.

FIG. 3.

DEFORMITY RATE

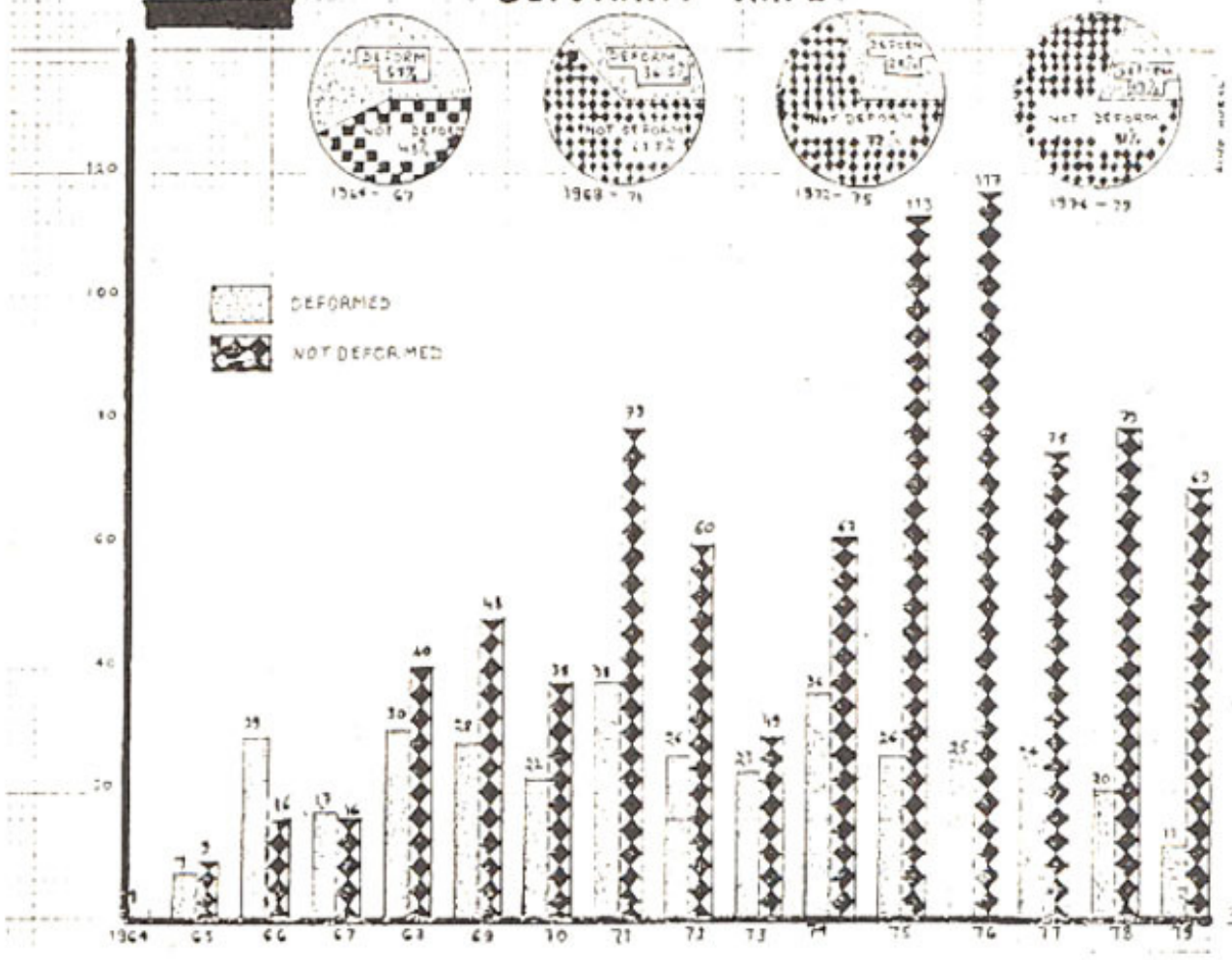


Fig. 3. Deformity rate.

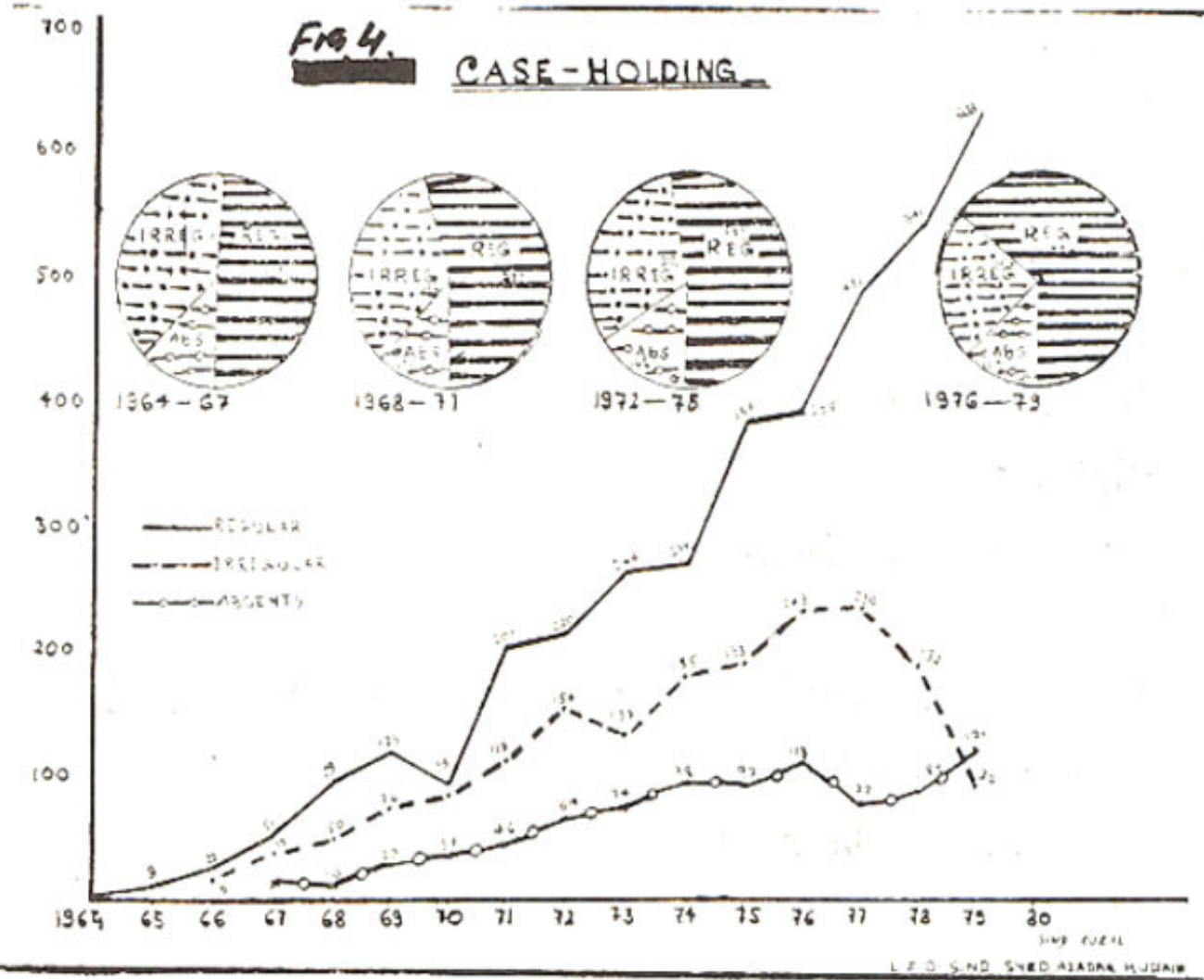


Fig. 4 Case Holding.

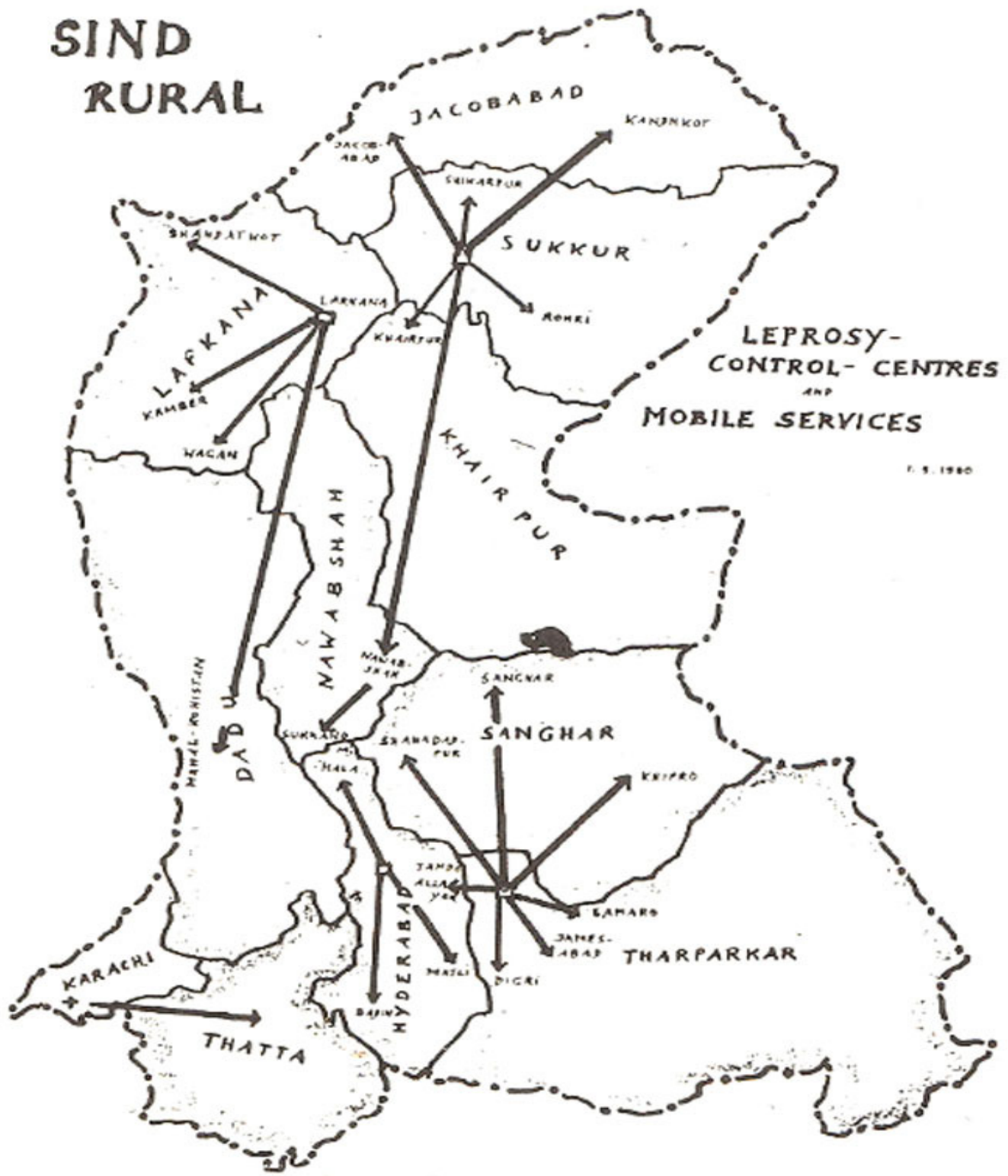


Fig. 5 Leprosy control centres and mobile services.



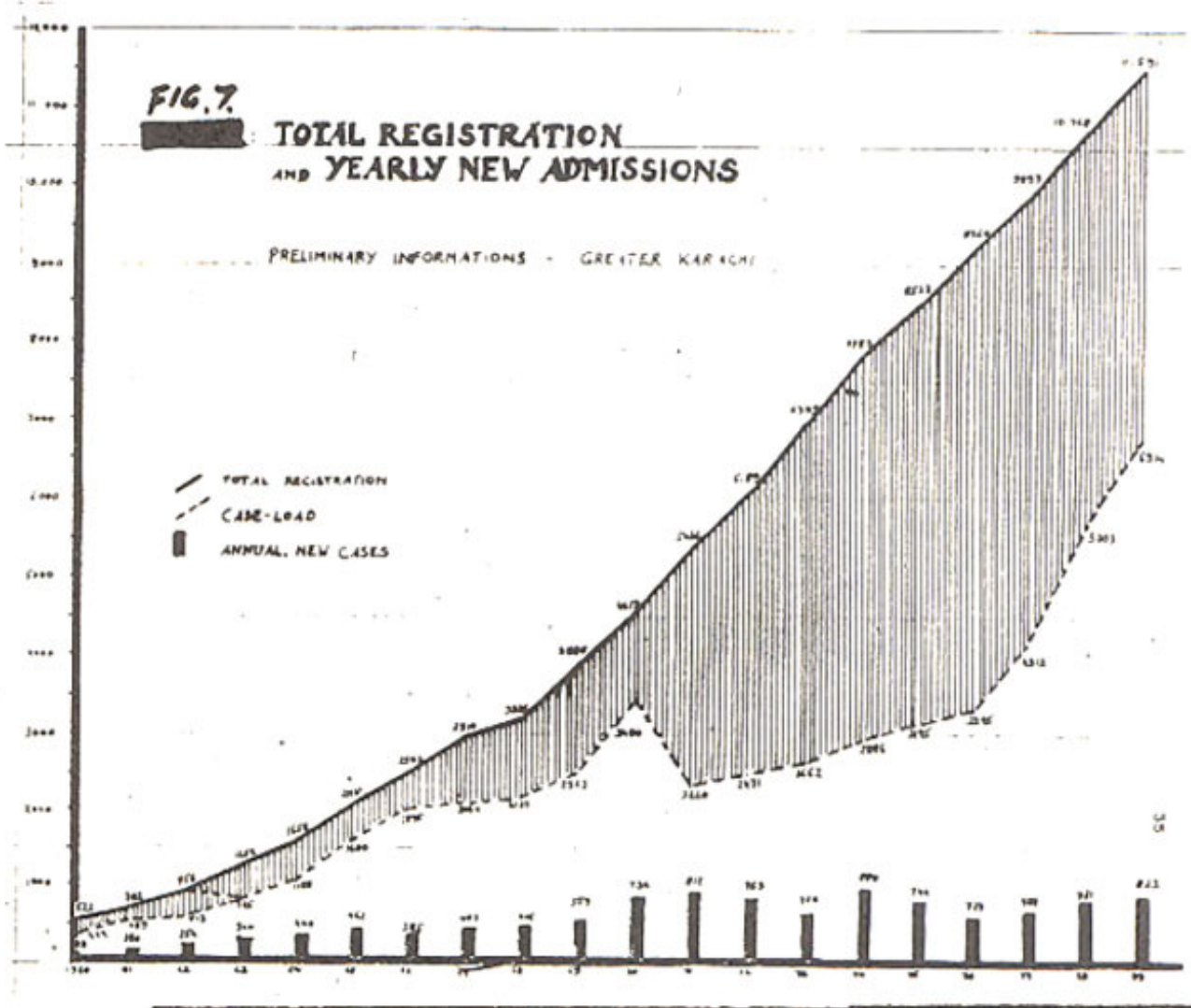


Fig. 7 Total registration and yearly new admissions.

**Fig 8**

**INFECTIOSITY-RATE**



1964-1967



1968-1971



1972-1975



1976-1979

**PRELIMINARY INFORMATIONS GREATER KARACHI**



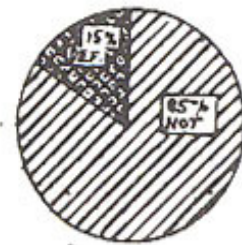
1964-1967



1968-1971



1972-1975



1976-1979

**DEFORMITY-RATE**

Fig. 8 Infectiosity - rate

Fig. 9.

**CASE-HOLDING** GREATER KARACHI

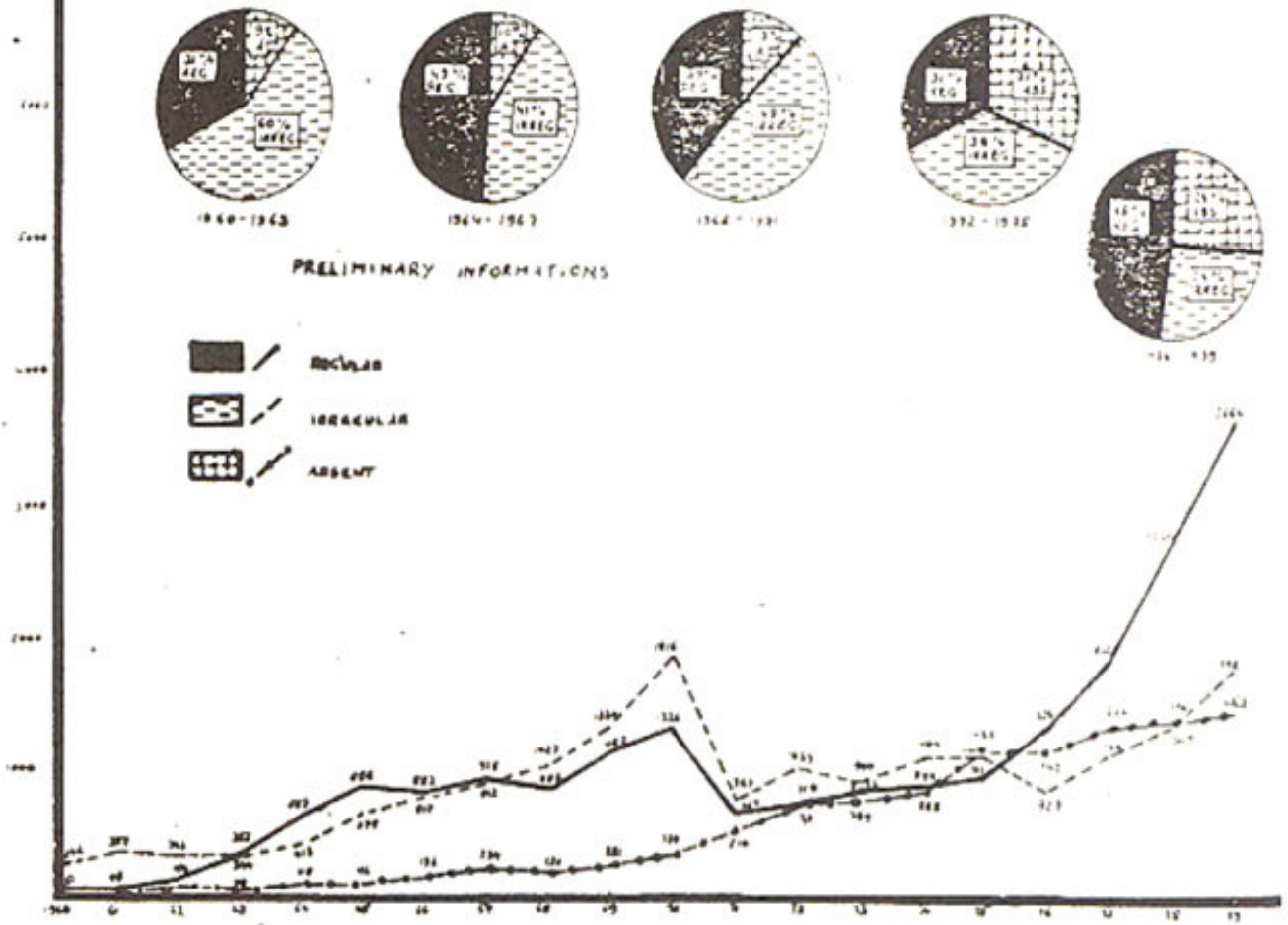


Fig. 9 Case holding.



