

LETTERS TO THE EDITOR

Critique of article: "Prevalence and distribution of intestinal and blood parasites among Ibans in the Nanga Atoi in the Second Division of Sarawak" (sic)

by Neo CB, Cheah YK, Chin PW, et al. *Medical Journal Malaysia* 42: 294–298

Out of the 205 inhabitants in the long house, the authors collected 142 (69.3%) stool samples and 163 (79.5%) blood films for examination. There was no description of how the sampling was done. On the other hand, if the authors had intended to include the whole longhouse population in their study, they (the authors) have failed to give the characteristics of those from whom the samples were not collected. Because of these uncertainties, all that the data showed was that 67.3% of the samples were infected with intestinal parasites and it is debatable whether the findings can be extrapolated to the whole longhouse population. To extrapolate the findings to the whole Iban community as the authors have done is even more tenuous.

To use the findings to say that the prevalence of intestinal parasitism was higher among the Ibans compared to the Penans is not valid for reasons already stated above as well as the fact that among the Penans, the study was done among children. Thus the two studies may not be comparable. And even if the two studies were comparable, there is no data in the present study to support the authors' claim that the difference in prevalence rates of parasitism among the two groups were due primarily to differences in their way of life.

The authors were also wrong in attributing the high (47.2%) hookworm infection rate among the study subjects to be due to "human faeces would be used as a source of fertilisers . . ." (sic). We would like to inform them that the Ibans, in common with the other indigenous people of Sarawak, do not use human faeces as fertiliser.

They also stated that "the low prevalence of giardiasis among the Ibans indicated that their source of water is relatively safe and uncontaminated". Our comment is that giardiasis is not a good indicator of water safety and contamination.

The authors' statement that "malaria has not been reported in the state so far" is a gross error. Malaria had been reported in Sarawak since colonial times. In 1960, there were 1137 cases of reported malaria in Sarawak. In 1970, there were 1529 reported cases, in 1980, there were 765 cases and in 1987, there were 1132 cases.

The authors also wrongly stated that there is no suitable vector for malaria and filaria in Sarawak. The vectors of malaria in Sarawak are: *Anopheles leucosphyrus*, *A. balabacensis*, *A. sondaicus*, *A. donaldi*. The vectors of Brugian filariasis in Sarawak are: *Mansonia bonnea*, *M. dives*, *M. uniformis*, *M. annulata*.

Dr Stalin Hardin MD, MPH
Director of Medical Services
Sarawak

Dr Andrew Kiyu MBBS, MPH
Medical Headquarters Kuching
Sarawak

Mr Chang Moh Seng, B.Sc, M.Sc, D.A.P. & E.
Medical Headquarters Kuching,
Sarawak

In response to the critique on the above article, I would like to point out that this is an attempt by second year medical students to produce a paper on their survey done in Sarawak.

As stated under materials and methods, stool packets were distributed to the entire population of inhabitants (205) in the longhouse, out of which only 163 returned stool samples. I do agree that a table showing the pattern of stool returned according to age groups would give a better picture of the infection rates with intestinal helminths. Nevertheless, even when considering infection rates among children (0–12 years), the infection rate was 33.3% to 85.2% (Table II) or 62.5% (30/48) and this was still higher than the 35.0% observed among children in the Upper Baram in Sabah. Blood samples for filariasis and malaria were obtained from finger pricks during visits to households from 10.00 – 11.00 pm and were collected mostly from adults who were in and not sleeping.

The differences in life-style was suggested as one of the main reasons that accounted for the differences in infection rates as modes of transmission with soil-transmitted helminths are primarily due to contamination of food and drink due to poor environmental sanitation and personal hygiene. We do apologies for the misinformation about usage of night-soil as fertilisers and suggest that high infection rates with hookworms may be due to the habit of walking about bare-footed in their semi-nomadic habitats. While giardiasis may not be a good indicator of water contamination, it is accepted to be one of the commonest water-borne protozoan infections.

The statement that “malaria has not been reported in the state so far” should read “malaria has not been reported in the study so far”. The mistake is regretted. We also appreciate the critique’s information on the vectors of both malaria and filariasis in Sarawak. Besides the annual report from the various ministries which are not always accessible to scientists, there is a dearth of information about parasitic infections, especially intestinal helminth and protozoan infections, among the native tribes in East Malaysia.

Yours sincerely

S P Kan, et al.
Department of Parasitology
Faculty of Medicine
University of Malaya