Developing consensus of evidence to target case finding surveys for podoconiosis: a potentially forgotten disease in India

Article (Supplemental Material)


This version is available from Sussex Research Online: http://sro.sussex.ac.uk/id/eprint/92815/

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

Copyright and reuse:
Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

http://sro.sussex.ac.uk
S1. Methods: Linkage of data to shapefile for mapping

Due to redistricting and differences in the uptake of new district configurations between states, some of the districts described by state representatives corresponded to districts in the GADM shapefile from 2015 while others corresponded to the shapefile representing districts in 2012.

Districts represented in 2015 were linked directly to the 2015 shapefile based on the state and district name while districts represented in 2012 were linked to the 2015 shapefile using spatial tools implemented in R. The two shapefiles were overlaid and the proportion of the area of each of the 2012 districts overlapping with a district from 2015 was calculated. Each of the 2012 districts was linked to the 2015 district that contained the greatest proportion of its area. This link was used to join the districts listed in the workshop to those represented by the 2015 shapefile.

In instances where districts had been merged in 2015 to create a single new district, the evidence from all constituent districts described in the workshop was combined to represent the evidence in the new district. For instance, if participants indicated evidence of lymphedema cases in a district which was merged to one that didn’t, the new district was considered to have evidence of lymphedema cases. If participants indicated that MDA was done in one district which was merged with another with no MDA, the new district was considered to implement MDA.