Free Papers - Leprosy Control and Elimination

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Evaluation of Programmatical Actions Leprosy
Decentralization: A Case Study

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Leprosy, is an endemic disease in Brazil, that constitutes a public health problem, although in the last year it has presented an important reduction in the number of cases. To revert this picture, strategies have been adopted for its elimination as a public health problem. Amongst these strategies it is stressed the decentralization of the programmatical actions of leprosy for all the basic health services of the country. An evaluation model was constructed using the Logical Model, based 1 a theoretical-methodological revision of evaluation in health, which essence use of matrices according to the studied object. A Descriptive Matrix, a Matrix of Analysis and a Matrix of Judgment had been created. This Logical Model of Evaluation was applied in the city of Nova Iguacu, Rio de Janeiro state, for the evaluation of the process and the results obtained with the intervention.

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Telemedicine in Leprosy: My Experience

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Introduction: Leprosy is problem of public health in Brazil and decentralization of the new attendance to the patient strategies of education in the health will have to appear. Most modern, then, it is the sprouting of the telemedicine promote equity to the health. Methods: Participation of the Telemedleprosy Project of the department of telemedicine and dermatology of the university of São Paulo- (FMUSP) - the 2005-2006. Recall: The suspicious patient to be with leprosy was examined in the clinic* and the digital data of the clinical fiches and photographs were repassed to the computer and later envoyer to the site of the project. The patient was evaluated in the FMUSP and the people who orientates repassed its virtual and actual evaluations to the clinical fiches on line. The quarrels were kept daily. It had acceptable correlation between the diagnostic virtual and actual. Conclusion: Although very laborious, the training on line it was important for my auto-esteem and without a doubt it is the ideal for the qualification of the professionals who are participating of the program of leprosy.

Key words: Telemedicine-leprosy.

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Methodology of Concurrent Monitoring of New Leprosy
Case Detection in India

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Introduction: India has achieved the elimination of leprosy in 2005. Majority of states have achieved the elimination of leprosy and the remaining states on the verge of elimination in near future. The new case detection rate is 2-3 times of prevalence rate of the state. However there is wide variation on clinical profile of new cases reported across the country. The Leprosy Elimination Monitoring carried out at different interval of time covered mostly on aggregate data and a fraction of cases cross-examined for diagnosis and obtaining social data. It reveals that there are considerable number of wrong-diagnosis and re-registration. Further, the epidemiological features of leprosy are also ambiguous. It is essential to have a system converging the potential of Information Technology for studying the profile of new leprosy cases as well as its epidemiological features so as to sustain the elimination of leprosy and progress towards eradication. Methodology: A Methodology for concurrent monitoring of new leprosy case detection in India is proposed by means of internet web based system. Data on individual patient from districts of sentinel states will be entered into a web based system every month. The independent evaluators will collect the list of new cases reported from web system and cross-examine the new cases for diagnosis including the impairment, delay in diagnosis etc.,. The evaluator’s data will be entered into the other module of the system and necessary tables generated yearly. This proposed system strengthen and promote accuracy of micro level data at National level and enhance our knowledge on leprosy.
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Integration of Leprosy Control into Primary Health Care Services at District Level in the Republic of Yemen

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Summary: The aim of this work is to test the effectiveness of more training for the Primary Health Care Workers (PHCWs) to help integration of Leprosy control in Primary Health Care System (PHCS). It was started in Nov. 2006 in eight (8) Districts in Republic of Yemen. The selected districts were known as moderately endemic areas for leprosy. A convenience sample of 120 Health Center and units (HU) was selected as a pilot project. 127 Health workers were subjected to one day training on Leprosy diagnosis and treatment. They were subject to evaluation of their knowledge before and after training. The results showed poor knowledge before training and marked improvement after training. After training, the trainer distributed MDT blister packs, registers and health education materials to all participants. In the following nine-month a follow up visits to the PHCWs were done by the Leprosy focal points in the targeted districts. Fifteen new leprosy cases were detected by the trained Health Workers in 9 months. Suspicion of leprosy and diagnosis abilities of the PHCWs were improved and the cases detection increased in the period after training. This intensified the need of repeated training for PHCWs, monitoring and supervision in leprosy control especially where ever a weak primary health care services existed and in hypo endemic areas where leprosy is fading away. Keywords: leprosy, integration, primary health care services, Yemen.

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Modified Leprosy Elimination Campaigns - Why, How and What?

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The World Health Organization recommended the Leprosy Elimination Campaign (LEC) with aims to detect leprosy cases, particularly the cases of consequences, remaining hidden in the community and treat these with MDT. Passive case detection was advised. India got it slightly modified to suit its need. The modification mainly was in introducing active house to house search and shortening of each campaign period to a month with only 6 days for case search. While WHO proposed LEC as a one time intervention, India carried out 5 such MLEC during 1998 to 2004. Each of the five campaigns varied in the area of coverage based on epidemiological need. Similarly case detection procedures also varied. Methodologies adopted in these five campaigns give a clear picture of changes that were needed at the time in the country. The MLEC, changed the entire scenario of NLEP in India, bringing out a number of lesson to be learnt and utilized. The impact of these campaigns started showing after about 5 years of the 1st MLEC, in stabilizing the new case detection and also actually bringing down new cases thereafter. The MLECs were a boon to the people of India, supported strongly by the community and had political as well as administrative backing, resulting in unexpected achievement in a very short period of time.

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Can We Reconsider Skin Smear Examination in NLEP?

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Introduction: When MDT was introduced in the leprosy control programme in 1983, skin smear examination was a prerequisite for diagnosis and classification. But after a few years of experience, it was observed that this test remained the weakest link and was viewed as a serious obstacle in wide use of MDT. In the subsequent WHO guidelines, it was suggested that skin smear examination is not mandatory. KORALEP continued this service for referred as well as voluntary reporting cases. This is an analysis on smear report of such cases. Methodology: Skin smear examination of OPD patients continued in Koral. The smears are mostly taken from 4 sites, stained with standard procedure and graded in Ridley scale. A total of 1180 smears were examined in this laboratory from January 2005 to July 2007 and the result is presented in the following table. Results:

<table>
<thead>
<tr>
<th>Year</th>
<th>Slides</th>
<th>Neg.</th>
<th>%</th>
<th>Pos.</th>
<th>%</th>
<th>0.1-1</th>
<th>%</th>
<th>1-1.1</th>
<th>%</th>
<th>1.1-2</th>
<th>%</th>
<th>2-3</th>
<th>%</th>
<th>3-4</th>
<th>%</th>
<th>4-5</th>
<th>%</th>
<th>5-6</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
<td>491</td>
<td>424</td>
<td>86.3</td>
<td>67</td>
<td>13.7</td>
<td>25.5</td>
<td>10.5</td>
<td>11.5</td>
<td>22.5</td>
<td>27.5</td>
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<tr>
<td>2006</td>
<td>555</td>
<td>496</td>
<td>89.3</td>
<td>59</td>
<td>11.7</td>
<td>16.9</td>
<td>22.3</td>
<td>11.8</td>
<td>23.7</td>
<td>15.2</td>
<td>10.1</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7/07</td>
<td>134</td>
<td>108</td>
<td>80.6</td>
<td>26</td>
<td>19.4</td>
<td>23.1</td>
<td>23.1</td>
<td>11.5</td>
<td>15.3</td>
<td>19.2</td>
<td>7.8</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1180</td>
<td>1028</td>
<td>87.1</td>
<td>152</td>
<td>12.9</td>
<td>21.8</td>
<td>18.6</td>
<td>11.6</td>
<td>20.5</td>
<td>20.4</td>
<td>7</td>
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</table>

Attempt was also made to find out the approximate distance from which the patients came to avail the service. Among the 152 persons whose skin smears were positive, 92 cases (60.5%) was found to be in the radius of 25 kms. from the laboratory. High BI is found in about 50%. Conclusions: 1. Of the 1180 examined, 152 (12.9%) were positive for AFB. 2. Skin smear examination needs to be reemphasized at least through few surveillance units. 3. This analysis gives an impression that ‘if there is facility there are patients’ Keywords: Skin smear, MDT, AFB.

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How Much Does It Cost to Find One More Leprosy

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Various interventions have been introduced for improving early case detection in leprosy without assessment of their cost in relation to expected impact. This study in Bangladesh compares the cost and effectiveness of two interventions using lay people. After studying the help-seeking behavior of registered leprosy cases, we selected two interventions: “street drama” and “house to house visiting”. Sixty trained volunteers were deployed for 6 months. Weekly data on suspects presenting and new case detected was collected for 12 months from concerned two subdistricts and a “control” subdistrict. Both interventions were associated with an increase in suspects presenting, and in the new case detection rate. Cost per extra new case detected was approximately 13000 taka for street theatre and 6000 taka for house-visiting. In this district, Street drama seems to be the more efficient of the two methods to raise public awareness. This methodology could be adapted for assessing effectiveness of other interventions elsewhere. key words: early case detection, Public awareness, volunteers, street drama.

Time Taken by New Patients to Seek Treatment in a Year of Less Field Activities

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Introduction: The highest new case detection rates of 17 and 12 per 100,000 in Sri Lanka were observed in 1990, the first year of Social Marketing Campaign and in 2001, the first year of the integration of leprosy respectively. In both years, the launching of the program was accompanied with aggressive media campaigns throughout the country. Steady decline of NCDR was observed in the following years since launching of both SMC and integration. With a launching of community awareness programme, increase in NCDR, PB rate, and patients reporting in the early stage of the disease (low lag time) and decline in deformity rate have been observed. The lowest NCDR of 9/100,000 after integration was observed in 2005, where no special field activities due to various reasons, one being the changes in the two partners (Novartis Foundation of Sustainable Development and Lepra.ch). The present study attempts to find out the relationship between the lag time and few selected variable in a year of low activity from retrospective data. Methodology: At the first stage of the study, annual statistics of national and provincial data relevant to selected variables for the year 2001 (high NCDR) and 2005 (low NCDR) were compared using contingency tables. Chi Square is used to find out significance of relationship. Of the 9 provinces of Sri Lanka, Northern Province was excluded as the number of new cases is very low and also due to the incompleteness of some of patients forms. Provinces were classified as high, intermediate and low endemic based on the prevalence from 2001 to 2005. New patients seeking treatment within one year of the onset of symptoms were classified as ‘early reporters’ while those who seek treatment after 2 years were classified as ‘late reporters’. Both grade 1 and 2 patients were grouped as those with disabilities. At the second stage, national and provincial data of 2005 were analyzed in order to find out the relationship between the lag time and three selected variables i.e sex, type and disability. Results: High endemic Western Province has shown less number of late reporters in 2005 (low activity) when compared to that of 2001 (intensified activity). It is highly significant. The second high endemic Eastern Province has shown statistically significant number of MB patients among late reporters in 2005. One of the ‘intermediate’ endemic provinces, North Central has shown significant reduction of late reporters and females among them. High endemic western province has shown significant increase of patients with disabilities among late reporters in 2005. Conclusions: Western province though with high literacy rate and easy accessibility to MDT services, patients report in the early stage as the awareness is high. In high endemic areas deformity rates are high and these patients take long time to seek treatment.
O-159 Working Performance of Regional Leprosy Coordinators and Related Factors

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Introduction: As information was needed to develop human resource strategies, this study aiming at identify working performance of Regional Leprosy Coordinators (RLCs) and related factors. Methodology: Descriptive study using in-depth-interviews in 42 health officers consisted of 12 RLCs working at different regional areas, and 30 involved health officers. Results: RLCs perform vertical role despite of integration era, and not being able to conduct supervision sufficiently. Related factors were; attitude, ability, and motivation. RLCs had positive attitude and enough abilities. Motivation contributing factors were; courage and discourage. Courage factors were; positive attitude, cooperation from colleague, task suit their abilities, and colleague’s acceptance and respect. Discourage factors were; unsupported policy, and uncomfortable and inconvenience communication with national leprosy staff. Recommendations from interviewees were; RLCs should improve themselves, national leprosy organization should help RLCs to overcome their difficulties individually. National leprosy staff should work in multidisciplinary team and the same direction. Conclusion: Issues should be taken into consideration to develop human resource strategies were; RLCs’ vertical role, unsupported policy, unfavorable communication with national leprosy staff, and interviewees’ recommendations.

Key words: leprosy, working performance, leprosy coordinators.

O-160 Participation Development of Leprosy Control at Bangroud District, Buriram Province, Thailand

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This participatory action research mainly emphasized on participation of leprosy workers who could expressed their opinion about pattern of leprosy control service in Bangroud district, Buriram province Thailand. The study is aimed to develop the appropriate pattern of leprosy control services to reach the goal of sustainable elimination of leprosy. We used technique future search conference (FSC) and appreciation influence control (AIC) and collected data to plan for adjustment leprosy control services and analysed their results by further content analysis. The overall results revealed that they had appointed Bangroud district’s leprosy committee organizing, leprosy training program for leprosy workers and establishment of anesthetic skin clinic as private and one stop services. They had together conducted activities in active and passive case findings and had made the leprosy guidebook, or with organizing meeting every 3 months. The anesthetic skin clinic was under responsibility of by a register nurse at the out patient departments of Bangroud hospital. In additions they also established a rapid village survey team, in which including also performance screening leprosy cases for students in the school. Further more, primary health care sector units had been established in order to prepared community for rapid village survey, Giving the leprosy health educations, screening and followed up of the default leprosy patient. They finally conclude and recommended that: this study would be useful for the development of the system of leprosy control services, as for planning for further activities, it was necessary to follow the principle of Mutual participation. Mean while, the established anesthetic skin clinic should be responsible by registered nurses of the out patient department of the district Hospital. Last but not least, not working of any related organization beyond the hierarchy of the ministry of public health should be clearly developed in order to achieve better systematic collaboration for supporting the more effective, Sustainable and integrated leprosy control service. Key words: participation development.
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Impact of Universal Coverage of Health Care Insurance on Effectiveness of Leprosy Control and Elimination Program in 12 Provinces with High Prevalence Rate (over than 0.50 to 10,000 populations) 2001-2006 Thailand

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**Summary Objective**: To determine the impact of universal coverage of health care insurance on effectiveness of Leprosy control and elimination program in 12 provinces with high prevalence rate in 2001-2006. **Method**: Descriptive study using questionnaire in 345 staffs of Leprosy control and elimination program department of PCU, CUP, CUS and CUT from central hospital, general hospital, district hospital, local health center and co-ordination staffs in central, district, province, community by mail. Analysis by content analysis. **Result**: Impact of universal coverage of health care insurance are 1) Leprosy is more accepted and no problem 2) Less staff and work load 3) Less effectiveness in term of control and prevention, cure and care is more difficult, search for patient activity is more difficult to do, refer system from one department to another make the patients waste time and opportunity to be cured. Prevention of disability is reduced. 4) Budget allocation is reduce and no direction depends on yearly government budget. 5) The patients are not confident in local service, they do not prefer to use local hospital because they want to keep secret. **Conclusion**: Implementation of universal coverage of Leprosy control and elimination plan has reduced effectiveness of working therefore opportunity to have the disease spread in the community is higher. Suggestion 1) Organize the clear planning and integration with other diseases. 2) Allocate sufficient budget 3) Instill motivation to staff. **Key words**: leprosy, universal coverage, effectiveness.

**O-162**

Epidemiologic Situation of Leprosy in Minas Gerais State, Brazil, From 2001 to 2006

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The leprosy prevalence in the State of Minas Gerais have been decreased 22 times in the last 15 years, but the number of new cases in leprosy is around 3,000 which reflects the necessity of other strategies to control this endemic. In 2006, 406/853 (47.6%) from the municipalities of Minas Gerais notified new cases of leprosy, being 19.7% of them hyper endemics, 21.1% with very high detection, 30% with high detection, 27.3% with medium detection and 2.2% with low detection. The rate of general and children detection show decreasing tendency. The rate of accumulated detection shows that the biggest problems of the state are in 18% (5/28) of healthy regions. At the diagnosis 96.7% of new cases detected have been the disability degree evaluated, but the same situation didn’t occur when finish treatment. The cure rate is higher than 80%. Although the decreasing of general detection rate and in the number of new cases, different strategies will be necessary in order to control the endemic. **Key-words**: leprosy, leprosy/epidemiology, leprosy/control.

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Satisfaction of Leprosy Patients Under MDT Services at Lepra Project, Bargharh

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**Introduction**: LEPRa Society started a project in Bargharh in the year 2001 when the PR was 27.7. MDT services gradually integrated into the GHC system and the PR came down to 10 in the year 2004. The patients received leprosy services from the GHC system with additional support from LEPRa mostly in IEC, capacity building and complication management. To assess the satisfaction of the beneficiaries this study was undertaken. **Methodology**: All MB cases declared RFT during the period from April 2003 to March 2004 and PB cases during October 2003 to March 2004 were included in the study. The information was collected through a structured questionnaire and the findings were analysed. **Result**: Distribution of male, female and child, MB/PB ratio, deformity rate is similar with that of the district and the State. Regular MDT collection and patient counselling are more than 98% whereas regular patient examination is around 92%. 78% of patients reported disappearance of patches whereas 44.8% reported improvement in nerve lesions. About 94% patients perceived that they are cured from leprosy. 40% patients felt of being discriminated of which 8% at home and 92% at institutions. 88% patients receive treatment within 3 kms. from their home. Around 46% of patients still want to know more about leprosy. **Conclusion**: This study clearly indicates that the leprosy services are successfully integrated in the GHC system. The study does not compare with the situation, where only GHC system provides MDT services. **Key words**: GHC, MDT, IEC.
Added Value of DTSTs in Mainstreaming Leprosy Services in Andhra Pradesh
A 5 Year Experience

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Andhra Pradesh was one of the high endemic states for leprosy and NLEP was implemented as a vertical programme. The leprosy services were integrated into general health care since 2002. District Technical Support Teams were introduced by ILEP to mainstream leprosy services. The DTSTs were placed with an objective of enhancing the capacity of health facilities to diagnose and treat leprosy patients with MDT and improve community participation. DTST comprised of a trained and experienced medical officer and para medical supervisor with additional facilities of mobility. Capacity building is the major activity and DTSTs trained all the health staff using lecture and case demonstration as teaching tools. With the five year period, 13480 (1618 PHCs; 11802 Subcentres) health facilities were covered by the DTSTs. In addition to capacity building, support was given to the district leprosy officers and his team in managing the information and MDT supply. At the end of five years, the proportion of Health facilities providing correct diagnosis and MDT increased from 60% to 98% in Andhra Pradesh. 95% of the health facilities reported availability of MDT as per the guidelines of NLEP. All the health facilities submitted NLEP reports in prescribed Simplified Information System (SIS) formats for monitoring the programme. Details of DTST activities and the achievements will be discussed in the paper to indicate the added value of DTSTs in NLEP.

Contact Intervention : An Effective Measure for the Reduction of Leprosy

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One of the most important risk factors for acquiring leprosy is close contact with a patient. Objective: To estimate the reduction rate of leprosy among contacts induced by their index case (IC) treatment or by both their BCG vaccination and IC treatment. The study was carried out at the Outpatient Clinic, FIOCRUZ, between 1987-2007. The attributable risk was obtained by comparing the difference between the cumulative incidence (CI) of leprosy among contacts at start MDT of index cases, compared with CI among contacts after starting IC treatment in both vaccinated and not vaccinated contacts. Results: Out of the 5,966 contacts from the 1,180 IC examined, 305 (5.1%) were diagnosed with leprosy concomitant to their index cases (co-prevalent cases). An additional 125 (2.21%) contacts were diagnosed during follow-up (incident cases). The highest CI at intake was observed in contacts under 15 years without BCG scar (14.7%). The reduction of leprosy among contacts was highest when MDT plus BCG vaccination were used (67%). Contact examination and BCG vaccination are an effective measure for reducing the risk of leprosy and the transmission of the disease especially in children under 15 years. Keywords: Leprosy, contact tracing, cumulative incidence, Brazil.

Scaling-Up Leprosy Diagnosis and Management in Coast Province, Kenya

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Introduction: Although leprosy care has improved through the introduction of multi-drug therapy and prevalence has continuously declined in Kenya. It remains a problem in a few districts, with approximately 200 cases reported annually. Therefore, it’s important for health care workers to maintain adequate knowledge and skills required to detect cases early and treat. Methodology: 3-day educational workshop was developed to strengthen clinical and diagnostic skills of health care workers. This was carried out in Coast Province where leprosy prevalence is the highest in the country. Results: Post workshop, case detection rose from 54 in 2005 to 101 in 2006. This indicates the importance of maintaining clinical skills for health care workers in leprosy endemic regions. Conclusion: As the TB epidemic continues to grow despite control efforts, it consumes a significant amount of the available funding. Leprosy post-elimination activities are left with insufficient funding to carry out necessary control activities required to eradicate leprosy. If additional funding was available, it could be used to provide continual education to maintain clinical skills and improve case detection. An improvement in these activities could lead to earlier treatment, reduction in deformities and a decreased prevalence.
The Participation of Civil Society in the Definition of Political Control of Hansen’s Disease in Brazil

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The National Policy of the control of Hansen’s disease in Brazil recommended compulsory segregation of all cases until 1961 when the treatment and care became ambulatory. Nowadays the infected person is admitted to hospital only when there is clinical indication and therefore, the leprosy hospitals that practiced segregation are going through a transformation process and insertion in the general net of the health system. The objective of this study is to present the participation of the civil society in the definition of control policies through a bibliographical review identifying its influence in the norms and laws which established the policy control of Hansen’s disease in the country. The results show that the civil society had an important role from the beginning of the past century even though exercised little influence in the government and only made real changes being noted from 1981 on with the creation of the Movement for the Reintegration of people affected by Hansen’s disease (MORHAN). The propositions of this movement have been slowly incorporated in the norms of control showing a real participation process in the definition of the national policies of control of this endemic disease.

Lot Quality Assurance Sampling of Leprosy Cases in An Urban Municipal Ward in Mumbai and in A Rural Unit in Raigad District - India

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Introduction: India declared that it had reached the goal of leprosy elimination in December 2005. This was achieved through campaigns and focused activities in endemic areas, while simultaneously strengthening the general health services to take over leprosy activities. Maharashtra is also one of the states which reported a prevalence of 0.95/10000 population in 2005. Objective and methods: The Foundation for Medical Research in collaboration with 2 NGOs, all experienced in leprosy work over three decades, was conducting a survey using lot quality assurance sampling (LQAS) method, combined with a scientific diagnostic approach in 2 different health settings i.e. rural and urban with the aim of confirming the prevalence, where the reported PR was 1.2 and 0.7 respectively, Results: In the rural set up a house to house (primary) survey carried out by field staff detected 98 active cases, where 120’649 people were examined out of which 35 were MB and 63 were PB cases, PR being 8.1/10’000. In the urban municipal ward 78 active cases were detected, where 343’639 people were examined out of which 24 were MB and 54 were PB cases, PR being 2.2/10’000. Evaluation by FMR: Of the 153/176 cases examined (23 cases yet to be evaluated) 147 were new cases and 6 were found to be relapse cases. Study of lesional biopsy done in 106 cases, showed a good concordance between clinical and histopathological classification in 101 cases (95.2%). Among the confirmed new cases, in the rural set up 11/22 (50%) of MB cases were smear positive. From overall cases 27% of were children, 16% of rural cases presented grade 2 disability at diagnosis (G2D). In the urban area 7/24 (29%) of MB cases were smear positive. From urban area of all cases 37% were children, 5% of all urban patients presented with G2D at diagnosis. Delay in diagnosis of more than 1 year was seen in 29% of all the detected cases The study will eventually be extended to a 200’000 (rural) and 700,000 (urban) population. Conclusion: House to house survey, using lot quality sampling in the rural and urban setting revealed a considerable backlog of active leprosy cases in the population under observation. The actual PR was found to be 3 to 7 times higher than what was projected by the leprosy programme. The high proportion of child cases and the large number of smear positive MB cases imply ongoing active transmission of mycobacterium leprae. Together with the high grade 2 disability rate, these indicators suggest an impaired access to the health services for the population. The concept of leprosy case detection based on voluntary reporting seems not to be sufficiently effective in the two examined settings. Key word : LQAS, leprosy, scientific diagnosis, prevalence, grade 2 disability, active case detection, voluntary reporting, access to health services, India. Funding: Swiss Emmaus Leprosy Relief.
Changing Trend in the Profile of New Case Detection in Leprosy Before and After Integration – A Comparative Study

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Despite the involvement of a large number of GHC staff following the integration, the number of new cases detected has not shown an increased trend. This can be partly attributed to the cessation of active case finding activities. Profile of 1650 new leprosy cases registered in the leprosy clinics of ALERT-INDIA (3 Municipal wards of Mumbai) from October 2001 to September 2007 were analysed. Trends such as sex, age and clinical features were analyzed and compared with active (population and school surveys) and the passive (voluntary reporting propelled by intensive IEC campaign) methods of case detection. The proportion of new cases detected through active and passive methods were similar. The proportion of MB cases (34%) and Gr. II deformity cases (8%) has increased in passive than active method. Study also revealed that more number of male cases (7%) and smear positive MB cases (13%), but less number of child cases (43%) were detected by passive method. A downward trend in new case detection with both the methods was observed, thus indicating a possible gradual reduction in the incidence. The profile of new cases detected clearly indicates late detection after integration. This calls for an effective measure that can contain this trend during the integration phase. Need for focused and sustained leprosy awareness activities through community participation were stressed. The limitations of key indicators used to measure the leprosy burden today need to be defined differently due to discontinuation of active case detection methods following integration.

Health Systems Research Training in Brazil: Seven Years of Experience for More Effective Hansen’s Disease Control Programmes

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In Brazil, although progress has been made in Hansen’s disease control (HDC), efforts have been hampered by information gaps. Health Systems Research (HSR) aims to collect the necessary data to provide information. Five HSR courses on HDC were organized by two NGOs, Netherlands Leprosy Relief and British Leprosy Relief Association, in association with Brazilian Federal Universities between 2001-2007. Key personnel working in HDC were invited to participate. The research proposals were developed during an HSR workshop and carried out in the field, and included: the integration of HDC programmes into the primary health care system; the high percentage of the new patients diagnosed/treated at referral centres; the psychological/social impact of surgical rehabilitation; the efficacy of neurolysis; the quality of contacts evaluation; the impact of migration in HDC; the quality of the national health information system; the effectiveness of new case detection and health education campaigns. Following the completion of the field work, the data were analysed and a research report written. Practical outcomes include the drafting of new HDC guidelines; improvement of national databases and the revision of epidemiological data. HSR is an important vehicle for human resource development and a practical tool to improve the effectiveness of HDC programmes.

Delay on Leprosy Diagnosis in Childhood Leprosy

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Introduction: Brazil has the highest childhood leprosy detection rate all over the world and in 2006, 8% of the total leprosy patients were children. The objective is to determine the about the delay and its reasons on leprosy diagnosis in patients younger than 15 year-old. Methodology: Prospective study carried through in Vitoria, Brazil, with 18 children diagnosed and treated for leprosy in 3 Health Units. As statistical package and data base was used SPSS 8.0 for Windows. Results: Of the 18 studied patients, a half was boys and a half, girls. The mean of age was 8.83. Fourteen (78%) were PB and 4 (22%) were MB. The delay on leprosy diagnosis was higher in MB than in PB (p=0.031). In 9 (50%), the delay occurred because the parents failed to seek medical attendance; 5 (28%) because difficulties on getting medical consultant; 4 (22%) because many wrong diagnosis made by the physicians. Conclusions: Delay on leprosy diagnosis is associated with MB form, the most serious and infectious forms. Therefore, the population and physicians need to acquire more knowledge about leprosy occurring in childhood, made the diagnosis and start treatment as soon as possible in order to avoid disabilities caused by leprosy. Key Words: leprosy, childhood, delay on diagnosis.
Independent Study to Establish the Efficacy of the Six Doses Uniform MDT Regimen for Leprosy Patients

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The proposed 6 months uniform MDT (UMDT) regimen for all leprosy patients may not be easily accepted without evidence of efficacy for high BI leprosy patients. This study plans to include 2 122 patients from north-northeast Brazil, at least 400 with high BI. The intake of single lesion patients will be limited to 100 patients. Histopathology, skin smear bacilloscopy and ML Flow anti PGL-I serology have been performed. Adverse reactions and MDT side effects are also monitored once a month. The follow up of patients will be for six years. Up to now, 250 patients were included, 60% of them are multibacillary, 40% of patients present AFB and 40% were seropositive. Among leprosy patients, 25% present Blê’³, which will totalize around 500 patients within this category. Few patients (4.4%) needed to be dropped out of the study mainly due to dapsone side effects. Funding : Brazilian Ministry of Health, National Counsel of Technological and Scientific Development (CNPq) / MS-SCTIE-DECIT – Protocol No 403293/2005-7. Keywords : leprosy, treatment, epidemiology, control.

The Potential Role of Telemedicine in Improving Leprosy Control to Remote Underserved Areas of Amazonas State, Brazil

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There is current interest in the role of telemedicine in improving dermatological care to remote underserved areas. The Brazilian Amazonas State has a large territory with disproportion of specialist expertise covering due to existence of 62 dermatologists in Manaus, the capital, and none in the interior and high incidence of dermatological diseases including leprosy. This study aims to evaluate whether a low-cost telemedicine system could provide technical supervision, advice, referral services within an integrated leprosy control approach. Four municipalities in the interior and a Reference Center in Manaus participated in the study. Skin conditions were imaged with analogical or digital cameras and sent by regular or electronic mail along with standardized history form from basic health units to the Reference Center. From January 2006 to September 2007, a total of 83 patients were included. The study population contained a variety of dermatological conditions, including leprosy. These data support that telemedicine could contribute for leprosy specialized referral services to be part of general health services, giving technical support to the rural health teams. Key-Words : Telemedicine, Leprosy, General Health Services.
Dynamic and Quality Care for Leprosy Patients in Urban Area - Jakarta

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Jakarta is the capital city of Indonesia, that is occupied by for almost 10 million people and consists of 5 municipalities and 1 district. Even though Jakarta has already declared as a Leprosy eliminated province since 5 years ago, it does not mean that the leprosy problem is being resolved. Data from Provincial Health Office (PHO) indicated that there has no significant declining trend of new case detection for the last five years. The leprosy still evenly spreads in Jakarta. 185 out of 264 PHCs in Jakarta had leprosy patients. Urbanization was thought to be as one of a potential cause. This study aim to identify the dynamic and of quality of treatment and also contribution of leprosy patient who living out side Jakarta to the leprosy burden registered in Jakarta. The study subjects were all of registered leprosy cases in 40 PHCs and 4 public hospitals in Jakarta in 2005. The secondary data was gathered from patient register using a template that developed for this purpose by trained interview. Analysis was done descriptively. The completeness of the patient register is a main problem both in PHC and Hospital. In some variable the uncompleteness is ranged from 20% to 39.5%. Hospital was more preferred than PHC. Two out of three leprosy patient sought medical care in hospital. Case detection rate was 9.2 per 100,000 population. The proportion of child case was 7.6-8.1%, disability rate was 5-20.7%. Only 10% of the respondent followed by contact tracing examination. The proportion of leprosy patient in Jakarta who reside out side Jakarta was 11.7%. Most of leprosy patients reside in West and South Jakarta sought medical care in Central Jakarta hospital. Meanwhile the respondent who reside in Central and East Jakarta sought medical care in their area. Only 16% of respondent could be interviewed. Reasons for not interviewing were; the address was not complete, wrong address, the address was not exist, moving to unknowing and unidentified place, out of city; and refused to be interviewed. The proportion of leprosy PB patient who received 6 blisters was 31.9%. The proportion of leprosy PB patients who were over treatment was 45.5%. The proportion of over treatment were higher in Hospital compare to Puskesmas (two fold). The figure for MB patient had not been analysed yet since some of them were still in the course of treatment during data collection. PHO should put the capacity building as a higher priority in their program by increasing the knowledge and skill of health provider in dealing with completeness of patient register. Introducing the direct observed treatment (like TB patient) for leprosy patient to increase the adherence for treatment should take to be consideration. Employ cadre for contact tracing examination is one alternative to increase the contact tracing rate.

Leprosy Control Programme in the Dominican Republic: 40 Years of Work (1966-2006)

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Dr. Huberto Bogaert and followers created the Patronato de Lucha Contra la Lepra in 1963, a non-profit organization to raise funds to control leprosy. Active and passive surveys for leprosy detection had been carried along with education to populations and training to physicians. So far 12,156 patients had been treated, 10,954 are already released, 307 are taking multidrug therapy and 882 are on surveillance. The prevalence reached a peak 8.29/10,000 in 1979. Afterwards it has been decreasing reaching the 1.00 World Health Organization goal in 1994 and 0.35 at the end of 2006. The highest incidence were recorded in 1974-1977 with more than 400 new cases each year. 1988 was the last with 300 and 2003 with 200. The predominance of new cases has changed to paucibacilar the last few years. The proportion of children among new cases has decreased from 20-25% during 1966-1988 to 16% in 2003-2005 and 8% in 2006. The degree of disability of the new cases has decreased to 3%. Keywords: Leprosy, mycobacterium, Dominican Republic.
Knowledge, Attitude and Practice Towards Leprosy of the Population in “Urban Health District of Kinshasa”

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Context: In Kinshasa, DRC, the proportion of leprosy patients having disabilities among new cases remains high. Reasons for late consultations were investigated in a survey conducted in the Urban Health District of Kinshasa. Objective: Describe in the population of Urban Health District of Kinshasa, the level of Knowledge, Attitude and Practice towards leprosy and determine the sources of information. Methods: A descriptive cross-sectional survey was conducted in September 2005 in Kinshasa Urban Health District among adults of 18 years and over in household. Investigators interviewed 300 persons using a standard questionnaire. Results: Majority of interviewees ignore early signs of leprosy. Churches appear as main sources of information about leprosy awareness. Stigma about leprosy is high. Conclusions & Recommendations: Lack of awareness and stigma about leprosy are evident. Emphasis should be put on recognition of leprosy early signs. Revealed sources of information should be efficiently used.

On Elimination of Leprosy in Russia

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The aim: monitoring of leprosy in Russia. The methods: sanitary-statistical, epidemiological. The incidence of leprosy in Russia has sporadic character, during the last 20 years 15 new patients were found, mainly with LL. There are 544 leprosy patients registered on 01.01.07. mainly of old age (80%). In this conditions the task is medical and social rehabilitation, prevention of disability and relapse, development of diagnostic methods, methods of treatment of accompanying diseases, increase of life quality, work with disease distribution. The growth of leprosy prevalence may be caused by change of biological properties of M. leprae, appearance of resistant strains with increased virulence and pathogenicity persisting for a long time in organism of treated patients. There are some other ways of distribution: reservoir of infection in animals, soil, water, sporaformation M. leprae. Serological methods of leprosy control with immunodiagnostic test-system became significant. Sanitary-educational work must not be decreased to increase effectiveness of social rehabilitation, avoidance of leprophobia. It is necessary to continue to study the epidemiology of leprosy (source of infection, ways of transmission), pathogenesis of nerve damage, to develop methods of early diagnostics, prognosis of relapses and complications, cultivation and vaccine creation. Key words: dispensarization, elimination, leprosy control.

Strategy of Leprosy Elimination in Republic of Uzbekistan

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The purpose: Studying of dynamic of leprosy elimination. Methods: epidemiological. The registration of leprosy's patients in republic was regulated to 1930, and in 1931 was opened the first hospital for leprosy patients, and the second in 1933 in Karakalpakstan. By the prevalence of leprosy Uzbekistan is divided for strike zone (North part) and successful (South part). To the North part is belonging Republic of Karakalpakstan (Muynaksikiy, Tahtakupirskiy, Chimbaysikiy, Nukusskiy, Hodjelinskii regions), and to South part – Horazmsskiy, Surhandarinskii, Kashkadairiynsliy regions and districts. The highest index of leprosy in Karakalpakstan was in 1960 and formed 30.4 for Karakalpakstan at all and 43.7 for North zone, while in South zone it was sporadical. The highest prevalence was registered in near Aral North zone of Republic. As a result of complex antileprosy actions in combination with improvement of population's economical and cultural life, in 1978 the leprosy prevalence fell till 0.56 to 100 000 of population. During the next 25 years the leprosy prevalence was falling till 0.06 (in 435 time in period since 1960) i.e. it accepted strictly sporadical character. Key words: Leprosy, Elimination.
Defaulter Status of MDT Treatment in An Integrated Service in the Year 2006, in Bihar

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Introduction: Regarding the course of therapy, we do not have any information about the defaulter leprosy patients, who did not turn up here, after being referred to their respective PHC, after initiation of the first monthly dose of MDT, from this hospital. This study will enable us to know the reason behind this, and the completion of their course of MDT therapy from the respective PHC.

Methods: The study consisted of two teams. Each team consisted of two persons, i.e., a trained worker in the field of leprosy, and an accompanying volunteer. The duration of survey was of a month. The study started on 22.6.07 and concluded on 21.7.07. They went to the respective PHC and localities, and followed up the patients from there. Each team was given a motorbike for their means of communication. Their job was to visit the respective PHC and their locality, to enquire about the MDT treatment of the referred patients.

Results: The various reasons for defaulting included: migration to other states: 12 (28%), MDT not available at PHC: 11 (26%), not willing to accept the diagnosis: 4 (9%), expired: 2 (5%), incorrect mailing address: 4 (9%), social stigma: 2 (5%), other health problems: 2 (5%) and PHC far away: 6 (13%).

Key words: leprosy, defaulter in MDT.

A Study on Case Validation Done by District Technical Support Teams, Uttar Pradesh, India

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Introduction: After the Vertical Leprosy Programmes are integrated into the General Health Services, it is important to validate at least a proportion of the new cases detected at all the health facilities. ILEP supported DTS76 were advised to take up this activity together with the District Nucleus Staff in all the districts. The data obtained for July to September 2006 quarter is analysed and discussed.

Methodology: The teams visited the patients in their villages / at PHCs and validated them using a Standard Proforma. The new cases both MB and PB which were detected within one to three months were assessed. The data collected on 2308 cases is analysed and presented.

Results:
- No. validated: 1956 (84.7%)
- Not available on visit: 352 (15.3%)
- Found not existing on enquiry: 34 (1.7%)
- Re-registered: 44 (2.2%)
- Migrated: 21 (1%)
- Died: 0 (0%)
- Wrong diagnosis: 52 (2.8%)
- Wrongly classified: 55 (3%)

The intricacies and significance of the results of this exercise will be discussed during presentation.

Defaulting for MDT-Multicentric Study

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Adhering to a treatment schedule and completion are crucial to the control of any disease. Hospital-based MDT services have over the years shown much lower treatment completion rates than leprosy control programmes. This has been a cause of concern. Several studies in India have addressed the issue of compliance to treatment and defaulting. As long as defaulters continue to live in the district and have yet to complete the full course of MDT treatment, they remain potential sources of infection, and the patients suffer from irreversible complications. A total of 6291 new untreated cases of leprosy received MDT in the year 2000, 2001 & 2002 in six TLM hospitals were followed up of which 2754 are from within centers and 3536 from outside centers. The overall defaulter rate for both within & outside is nearly 46% & 60% for including 1st dose. While excluding the 1st dose, the defaulter rate reduces to 37% within and 50% outside. Detailed analyses by age, sex, type of leprosy and number of pulses taken are analysed by geographic area for defaulter rates and the possible reasons thereof. It is concluded that much education and motivation is needed to reduce the high defaulter rates. Key words: defaulters in MDT.
Timing of Self Reporting for Treatment; Myths and Practices: Some Interesting Findings Among Fresh Reporters at an Outpatient Treatment Centre in Uttar Pradesh

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Introduction: Patients report for diagnosis and treatment at different times during the course of their disease. This study aims to study various influences that ultimately drive the patients’ home. Summary: More than 500 [average annual no.] cases were counseled individually at their maiden visit to the hospital. During this an interviewer administered questionnaire was done for each patient on 5 most important drives. The results were pooled and analyzed. The results were presented according to patients’ own grading. A treated patient’s advice is found to be the top driving force followed by family and finances. Key words: self reporting, myths and practices.

A Single Dose of Rifampicin is Effective in Preventing Leprosy in Contacts of Newly Diagnosed Leprosy Patients. Results of a Cluster Randomised Controlled Trial

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Background: Close contacts of leprosy patients have an increased risk of clinical leprosy, the disease caused by Mycobacterium leprae. Uncontrolled and unblinded studies have shown that rifampicin is possibly an effective prophylactic drug against leprosy, but for routine application it is necessary to establish its effectiveness through a double blind, placebo-controlled trial.

Methods: A single-centre, field based, double blind, cluster-randomised and placebo-controlled trial was carried out among 21,711 close contacts of 1037 newly diagnosed leprosy patients. Prophylaxis consisted of a single dose of rifampicin given to close contacts in the second month after the beginning of treatment of the patient. The data were analysed blindly at follow-up 24 months after the intake. Results: Out of the 21,711 included persons, 19,957 (91.9%) were seen at follow-up. In the placebo group, 66 out of 10,006 developed leprosy. In the rifampicin group this was 29 out of 9951. The overall reduction in incidence by a single dose of rifampicin was thus 56% (p = 0.0003). The overall number needed to treat (NNT) to prevent a single case of leprosy among contacts was 271. There were differences between subgroups, both in reduction of incidence and in NNT.

Conclusions: The effectiveness of 56% of a single dose of rifampicin given to contacts of new leprosy patients in preventing the development of clinical leprosy is a promising finding with regard to the potential of this intervention in leprosy control. The effect however, is not consistent in all subgroups of contacts and this has implications for our understanding of the early pathogenesis of leprosy infection. Keywords: leprosy, chemoprophylaxis, contacts, randomised controlled trial.

Local Perceptions of Leprosy Control in Tamil Nadu, India

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Introduction: Despite achieving elimination of leprosy as a public health problem for the state of Tamil Nadu, questions remain about highly endemic areas, perceived trends and the quality of patient-centred care. While the professional literature considers epidemiological indicators with reference to targets, attention is also needed to consider local perceptions, a neglected aspect of leprosy control. Methodology: In-depth interviews were conducted with 4 experts and programme managers, 5 healthcare providers, 2 political (panchayat) leaders, and 6 leprosy patients. These interviews asked about respondents’ views and experience of epidemiological trends, care of people with leprosy and the current status of leprosy control. Results: Programme managers uniformly acknowledged decreasing trends in prevalence, which they attributed mainly to operational factors rather than successful control. Patients seeking treatment for disabilities indicated their leprosy had not been previously detected. Healthcare providers indicated concerns about failure to detect disabilities early and inadequate access and acceptance of reconstructive surgery. Conclusions: Notwithstanding progress in leprosy control, the absence of active case finding results in some patients presenting for treatment only after development of disabilities. Strengthening the liaison between peripheral services and specialty interventions was an identified need to improve the quality of patient-centred care. Keywords: Leprosy control, disabilities; Case identification; quality of care.
Leprosy - Utilization Profile and Disease Burden in the Era of Elimination

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Introduction: Leprosy elimination was achieved in India in 2005; however, ground reality seems to be different. The utilization profile and the disease burden of patients, newly registering at a tertiary care centre, were studied in the context of elimination.

Methodology: A cross sectional study was done on 198 patients, of whom 81 consented for assessment of utilization profile, activity and participation limitations, and mental health status. The P scale, SALSA and GHQ12 were tested as possible tools, for assessing non-employment burden. Results: Of 198 patients, 35 (17.7%) were newly diagnosed in our centre; of these, 71.4% were multibacillary. Average overall, patient and healthcare system related delays were 13.34, 7.9 and 5.44 months, respectively; 78.6% of patients presented themselves for “care after cure”. 19.4% were forced to lose/change their jobs. Using the P scale, 18 (13.1%) patients had mild, and 2 (3.3%) moderate restriction of participation. The P scale correlated with mental health status and SALSA scores. Mean SALSA scores were 24.30 (±6.26); scores increased with increasing disability. 50.9% were found to be depressed using the GHQ12, though specificity was only 54.5%, against ICD10 criteria. Conclusion: A continuum of care for ‘after cure’ issues, with continued emphasis on case detection is the need in this era of elimination. Key Words: Delay, P scale, SALSA

Is Leprosy Under Control in Ethiopia?

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WHO recently declared that Ethiopia has brought leprosy under control based on its standard that its prevalence rate since 2005 is below 1 per 10,000. However, we should look at factors which are peculiar to leprosy before we make such a conclusion. In this regard, I put forward two reasons:  Even if treated and cured, the stigma and social exclusion of disabled leprosy patients is evidently more deep rooted and persistent than other disabled persons.  The fact that even leprosy patients accept and believe the wrong perception forces them to isolate themselves from the society, compounding and affirming societal perception and stigma. As opposed to other western countries, which have managed economic prosperity, leprosy is prevalent and a major health problem in Latin American, African, and Asian countries. In my opinion, at least the following five basic public provisions should necessarily be improved before one conclude the disease is under control:  Socio economic fulfillment: housing conditions, nutrition, Hygiene; Enhanced health education and improved awareness about leprosy. I urge the WHO to re-think its decision that Leprosy is brought under control in Ethiopia because of two reasons:  A vaccination has so far not been developed for the disease;  The magnitude of the problem will be beyond control if the disease developed resistance to MDT. I hope all those concerned with eradication of the disease from the face of the earth will try their level best to persuade WHO to re-consider the issue in more detail.

A Study on the Model of Leprosy Control Program for Lower Leprous Epidemic Areas

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Objectives: To study the model of Leprosy Control Program (LCP) for lower leprosy epidemic areas. Methods: A county with lower leprosy epidemic was selected to be a pilot area to study the model for 5 years. To think of local real situation of leprosy and the definition of strategy of Integration the LCP into General Health Services advocated by WHO in 1986, the measures of administrative intervention etc. were carried out to set up a network combined professional agency for LCP with general health services which include county level hospitals, township hospitals and village clinics respectively. Certainly, the feasibility of implementing the strategy had been expounded and proved in qualitative study in pilot area in the beginning of the research. Results: The model have been come out by the study, namely, LCP of lower epidemic area should be supported by local government and depended on the measures of administrative and economical interventions to make the leprosy professional agency only to be the center for dealing with drafting local LCP plan, verifying diagnosis, training, supervising and evaluation etc. On the other hand, the general health services were made to undertake the duty of inspecting leprosy, managing people affected by leprosy(PAL), popularizing leprosy knowledge, near providing service for PALs with medical troubles and needs of rehabilitation, the function of the model has been showed aspects of pushing local government to pay more attention for LCP, improving medical stuff and the masses with the level of leprosy knowledge and precaution for leprosy, enhancing general health services in abilities of managing and recovering PALs, and making more disable PALs be offered near service on rehabilitation and so on. Conclusions: The model is feasible and can realize the sustainability of LCP in lower leprosy epidemic areas. Basic unit to carry out the model is on the county level. Support from local government is the key guarantee for running the model. Key words: Leprosy Lower epidemic Model of Control Study.

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Experience of a Community Health Project on Integration and Sustainability of Leprosy Programme

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Methodology of the Project: Krishna Community Health Interventions Programme (KRIKCHIP), a direct project of LEPRA Society is working in the field of Leprosy and other allied diseases by involving the Community in Krishna district of Andhra Pradesh. The Project has worked in an integrated setup with the General Health System in implementing the Leprosy Programme. Also involved the community in the Health Programmes by forming the Health Forums, identifying the Volunteers and capacity building to the community groups in 580 villages and 130 slums reaching population is 15.6 lakhs. After completion of 3 years i.e. from April 2004 to March 2007 the impact of the Community Health Interventions through multi sectoral approach and a Project and Non Project area interventions has been analyzed. Design/Methods Involvement: The Project works with the Community, General Health Staff and local NGOs to increase awareness on the communicable diseases includes leprosy, tuberculosis, HIV/AIDS and malaria. Approach of the activities is complete involvement and capacity building of Community Groups, 1. Volunteers identified by the Project those who are interested in helping/serving the Community. 2. Forum members include the representation from all Govt. departments, Panchayaths, Religion and Community leaders. 3. Service providers like, Private Medical Practitioners, NGOs and General health Staff. The approach serves as a model for the design of care packages for vulnerable people as part of development of comprehensive care within the context of the health reform process. Follow-ups and Reviews: After the capacity building and sensitization formed Health Forums at the Village and Slums based as Surpach / Corporator as chairpersons to the Forum which meets once in two months to discuss the health issues and regularity of the persons taking treatment for leprosy and other diseases. Also initiated a review method with the involved Volunteers and Forums in the form of “Participatory Community Reviews”. Conclusion: The different approaches resulted in increasing the referrals; follow up of patients and continued participation in health awareness by the Community groups and other service providers. This involvement sustains the health programme by which community groups just pass on the health messages and guiding them to approach the concern health facilities for diagnosis and treatment instead of approaching the private facilities which affects their family economically and psychologically. Case Studies, Project and Non Project area interventions will be presented.