Poster Presentations
Leprosy Control and Elimination

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The Exhaustion in the Detection of Leprosy Cases in Brazil

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Objective: To analyze the expanding strength of the magnitude of leprosy in Brazil, according to the speed in the increase of detection and of the decentralization and deconcentration process during the period from 1987 to 2007. Material and Methods: Ecological study of the trend of the number of leprosy cases diagnosed in the period from 1987 to 2006, analyzing the number of cases detected and the number of health units and municipalities reporting at least one case of this disease and utilizing data from the National System on Diseases of Compulsory Notification and from state leprosy programs. Results: The reduction in the strength of the increase in new cases diagnosed, inversely to the number of primary care units and of municipalities diagnosing at least one case of this disease. Over the past 5 years, 4 times as many municipalities and almost 10 times as many primary care units made a leprosy diagnosis. Conclusion: Decentralization and deconcentration of care for leprosy patients characterized the increase in offering early-diagnosis service within the healthcare network. Maintaining coverage for leprosy patients should lead to an exhaustion in case detection at the subnational level.

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The Twenty First Century Surge

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To highlight the continuing reporting of new patients in advanced stages of leprosy after 2001, which was not seen after 1980s. All new patients were screened at the above hospital including skin smears, POD assessments and HPE wherever indicated. 3984 new patients were seen since 2001, the number of skin smear positive were 420, those with grade II deformities were 640 and the number was almost constant since then. There were patients with 1000 lesions, with lesions more than 50 cms, florid histoid lepromatous leprosy with nasal ulcers, parent child patients and young persons with deformities. The individual sufferings of patients have enormously increased, the patients have to go from pillar to post to get treatment. The importance of universal early diagnosis has to be emphasized to each health worker to avoid human sufferings.

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Importance of Temporary Hospitalization Ward in Supporting Referral System and Providing Training Opportunities for the PG/UG Medical and Nursing Students

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The THW at the Kurnool Medical College, Government General Hospital has 20 beds (12 male/8 female). A total of 60 patients (55 males and 5 females) were admitted during April 2006 to March 2007 out of which, 8 Patients were with Reversal reactions, 12 with ENL reactions, Drug allergic reactions 3, and 37 were with complicated ulcers. Long time or permanent stay of leprosy affected persons is strictly avoided. Patients with complications attend through referral or by voluntary reporting. The THW operated as Referral Centre supporting the referral system for NLEP/District Nucleus. Specialized care is provided through collaboration with Medical, Surgical and other related departments. Training programme (Dermatology PG students, undergraduate Medical students and Nursing students) is a regular activity; patient models are available for learning following Objective Structured Clinical Examinations and Problem Based Learning techniques. The importance of the THW are analysed and discussed. The limitations and prospects of THW as a referral centre in the present scenario to provide quality leprosy services are discussed.
Integration of Leprosy, Lymphatic Filariasis and Onchocerciasis
Control – Success Story in Republic of Yemen

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Leprosy, Lymphatic Filariasis and Onchocerciasis are disfiguring and deforming diseases. The first and second diseases are the most common causes of disabilities world wide and in their long history often associated with intensive stigma. Both diseases are in the bottom of the list of priorities. In Yemen The National Leprosy Elimination Programme (NLEP), was established in 1990 as vertically structured, had intensified its effort during the past 15 years to eliminate leprosy and other neglected endemic skin diseases as Onchocerciasis, locally known as Sowda and Lymphatic Filariasis, with its chronic manifestation Elephantiasis. The result is decreasing in the prevalence of leprosy from 2 cases per 10,000 population at the start of the programme to 0.19 by the end of 2006, decreasing grade 2 disabilities from 50% to 10%, identifying the focus area and vector of LF, decreasing in the prevalence of microfilarimia to 0% in low endemic focus area and to 0.6% in high endemic areas, and remarkable decrease in the clinical cases of onchocerciasis (sowda). The following article explain the experience of NLEP in controlling the 3 neglected skin diseases. Keywords: Leprosy, Lymphatic Filariasis, Onchocerciasis, neglected, control, Yemen.

Three Decades of Leprosy Services - Hospital Study

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Introduction: Management of leprosy patients during and after active disease is unique in hospital setup. Sacred Heart Leprosy Centre, Sakkottai, South India, is a referral hospital functioning since 1916 catering to the needs of leprosy patients in the surrounding 12 districts and nearby states. A retrospective analysis was done to evaluate 30 years of work and to assess the trend. Method: Data was collected from hospital records since 1976. Results: Out Patient details: Year Total Attendance New Cases New cases daily average 1976-1980 27967 10947 (39%) 7 1981-1985 29876 6414 (21.4%) 4.25 1986-1990 21799 6408 (29.0%) 4.25 1991-1995 19953 6302 (33.2%) 4.25 1996-2000 23370 5160 (22.0%) 3.5 2001-2005 19154 3160 (16.4%) 2.25 Admission Details: Year Total Admission Ulcer Treatment Reaction Treatment 1976-1980 10800 7510 (69.50%) 1352 (12.5%) 1981-1985 12229 8335 (68.15%) 1195 (9.7%) 1986-1990 12154 7997 (65.7%) 953 (7.8%) 1991-1995 11821 8083 (68.3%) 260 (2.1%) 1996-2000 10923 8001 (73.2%) 181 (1.6%) 2001-2005 8060 6212 (77.07%) 57 (0.7%) Surgery, Physiotherapy, Eye and medical complaints were other admissions. Discussions: Being a referral hospital, OPD attendance remain the same. Though new cases number is declining, ulcer complaints tops the list of hospitalization. Conclusion: Hospital treatment/care for ulcer and deformity is needed in the backdrop of cure and elimination. Keywords: Leprosy, Hospitalisation, Ulcer treatment.

An or Model of Training Cum Service Through D.T.S.T.

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Introduction: The ILEP funded, 16 District Technical Support Teams (DTSTs) and one State Coordination Unit in Orissa supported the NLEP programme from May, 2004 to March, 2007. It has achieved its objectives and was appreciated at all fora. Along with regular activities, DTSTs have conducted 30 district and sub-district level POD camps in 2005 & 2006 though not a set objective. These camps were conducted for capacity building of the GHC staff, service delivery for the needy. This paper aims to present the outcome of these camps. Methodology: Each camp had the theoretical session for MOs & HWs on examination of patient and filling up of pre designed POD format. The practical session were conducted by dividing the trainees in to 4-5 groups. Each group examined 3-4 cases. At the end, each group has presented their findings of one interesting case and was discussed among the participants. Simultaneously all the patients were trained on the self-care practices and use of protective appliances. Results: Thirty such camps were conducted This Operational Model resulted in building the capacity of 1386 health providers in GHS and benefitted 1957 persons with disabilities. Conclusions: Training and service provision can be one of effective operational model in providing care in leprosy. Key words: DTST, POD or model.
Integration Status of NLEP During DTST & After DTST

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The vertical leprosy services have been integrated into General Health Care System (GIS) from 2000-2001. The District Technical Support Team (DTST) provided by International Federation of Anti Leprosy Association (ILEP) was providing technical support in all 38 districts of Bihar. Damien Foundation India Trust (DFFT) was providing support in 23 districts, LEVRA Society in 9 districts, Netherlands Leprosy Relief Association (NLRA) in 5 districts and The Leprosy Mission (TLM) in 1 district. An impact was made to assess the inputs of DTST in improving the leprosy services through GIS, for doing so in analysis of various aspects of leprosy program was done. All the hospitals and PHCs were providing the leprosy service as per NLEP guidelines. Medical Officers and Para-medical staffs have been trained in leprosy, MDT and various aspects of the program. Simplified Information System is in vogue in all the health facilities. MDT drug procurement cycle is maintained and monthly meeting was done to monitor the program. The future challenge after DTST is regular supervision & monitoring of program by GIS and developing Core Trainer Group, reduction the delay detection & treatment, identification & management of complicated cases, RCS & POD, defaulter retrieval. The details information will be shared during presentation.

A. P. State's Status Report

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A.P. state's status report 1) State: Andhra Pradesh. It is surrounded by Tamilnadu, Karnataka, Maharashtra, Chattisgarh and Orissa States. It consists of a population of 7.5 Crores. Major Communities living in the State are Hindus, Muslims and Christians. 2) No. of Colonies: It has 78 Leprosy Colonies in 23 Districts. 3) Population: The total Leprosy affected population living in the Community and in Colonies is about 55,000. The total population living in the colonies is 15,289 out of which Leprosy affected Persons are 9365. 4) Networking: Great number of colonies is found in Godavari districts. Until very recently, there was no useful networking system among the Leprosy affected people in A.P. 5) State Society: Society of Leprosy affected Persons in the State is constituted only in 2006 and it is now trying to develop networking among the different colonies. 6) Rehabilitation: As Leprosy is still facing stigma and discrimination, our persons are not provided with rehabilitation facilities, though they have knowledge about provisions to some extent. 7) Major Problems: Leprosy cured persons are included in the list of disabled persons by the Government. But Categories other than Leprosy affected Persons are considered mostly for Rehabilitation purpose in job placements in concessional reservation for travelling and Food provisions, Education Facilities, Vocational Training etc., 8) NGO's: When the Leprosy Service was verticle and under special consideration, NGOs played an important role in treatment and welfare activities of the Leprosy Community in the State. The NGOs Contributed excellent service in this field are Lepra, GLRA, Swiss Emmaus TLM etc., But now, when the P.R. is stated to have been brought down to less than 1 per 10,000, NGOs also lose adequate service due to restricted funds. 9) Major Requirements: 1) Increase of monthly pension to avoid begging. 2) Provision of food material at confessonal price. 3) Provision of Rehabilitation. 4) Provision of free education to the Children.

Role of School Survey in Detecting Child Leprosy Cases

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Following the integration, a high MB rate among new leprosy patients is reported. However the child cases remained unchanged. Leprosy among children is a crucial indicator in the natural evolution and the epidemic profile of the disease. Realizing its importance, ALERT-INDIA undertook Selective Special Drives in schools under its Leprosy Elimination Action Programme (LEAP) during integration phase. During 1982 to 2006, an intense school survey of leprosy in N, S and T wards of Mumbai was carried out and 16,05,286 school children were examined. The case detection rate was 19.2 per 10,000. Although there has been a steady decline in the NCDR since 2000, the range of NCDR was from 2 to 10.6 per 10,000 children. It was observed that the MB rate among child cases was much lower and age of the students showed no relation to the occurrence of leprosy. Leprosy was more common among the male students. The examination of the family contacts of these child cases has resulted in detection of scores of new adult leprosy cases. School survey for child cases, despite limitations, is a useful, cheap and rapid method for detection of leprosy cases in the community. Additionally awareness campaigns among school children are an effective means to reach the family and the community.
Operational Problems in Disease Control and Elimination

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From the migrated and emigration population the leprosy cases were missed and not taking MDT regularly. So the disabilities were developed and also infections raised operation problems of floating population and their strategies. Lack of health education of leprosy in floating population. Lack of routine health check up for the above population based upon the results suggested that it is necessary to strengthen the management of floating population established the regulations of routine health check up to mobilize the role of the Primary Health Care conduct health education and practice patients self-reporting. Some communities have not been cooperating our routine check up for case finding Poor transportation and communication facilities Vacant post of public health care system since a long] Tribal and Hill areas and remote areas Irregular patients have not been taking MDT Due to illiteracy the villagers are not aware of the leprosy Solutions to be implemented are suggested. For migrated patients AMDT should be given We have taken cooperation with community leaders from those communities that were not cooperated with PHC staff for case detection For some village have not availability of transportation in that village. PHC staff had detected the case and given regular treatment in their routine programme Also taken every cooperation not only from patient’s family members but also from the patient’s family doctor Rehabilitatin should be arranged for discharged cases and disability cases.

Delayed Presentation of Leprosy at 2 Urban Centres in India

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A significant number of patients still delay reporting till deformity occurs. Factors contributing to such delay are many and varied. Ignorance, as well as availability of expertise, stigma and fear of diagnosis poses obstacles to early reporting. In this paper, our experience at 2 urban leprosy hospitals at Delhi and at Kolkata is described and the strategies for reducing delays discussed. Relevant data including grade of disability and bacteriological index are extracted from the hospital registers and patients’ charts on 415 newly diagnosed leprosy cases at Delhi and 406 at Kolkata during 2003 and 2004. Overall, 20% of newly diagnosed leprosy patient presented with grade 2 disability, 15% at Delhi and 25% at Kolkata. In Kolkata, the disability grade 2 is more in the outside (35%) than the within (24%). Nearly 20% of the newly diagnosed MB patients had bacterial index 2 + or more, 22% at Delhi and 17% at Kolkata. It is concluded that there is still a high proportion of patients, especially with multibacillary leprosy, who report late. That a majority of these patients are within the state itself calls a review of our awareness programmes and strengthening of our general health services. Key words : delayed presentation, delay in leprosy.

The Decade of Success for National Leprosy Eradication Program in India

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The NLEP was a programme run vertically through leprosy only staff with strong support from NGOs. In the year 1996-97, ANCDR was 51.2/100,000 with PR at 5.75/10,000. During the decade (1998-2007) main programme changes were in duration of treatment, use of ROM, campaigns, decentralization, flexibility in approach, state society formation, integration of services, discontinuation of ROM, simplified information system, modified SET scheme for NGO and urban leprosy control programme. Partners supporting NLEP were WHO, ILEP, DANIDA, SMHF & TWF, NOVARTIS and local / international NGOs. Drastic changes in indicators like ANCDR, PR, Proportion of MB, CHILD and GR. If DISABLED among new cases seen in 2006-07 as compared to the year 1996-97. Other programme achievements were decreasing new case detection since 2002-03, improvement in cure rates availability of integrated services from all health centres, establishment of referral services, involvement of Govt. medical colleges/ PMR centres and increased awareness about leprosy resulting in reduction of stigma. Future expectations under the 11th Plan period aims at further reduction in leprosy burden in the country and provision of high quality leprosy services and adequate Disability prevention and medical rehabilitation services. The decade 1998-2007 proved to be the most successful period for the NLEP in India giving benefit to more than a billion people of the country.

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Relevance of Referral Centre in an Integrated Leprosy Care Model

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Hyderabad Leprosy Project as an NGO delivered MDT in NLEP through drug delivery centers and a central clinic, which functioned as a referral centre. Following integration of leprosy services in the year 2002, cases were registered at urban health posts. Technical support was provided by Hyderabad Leprosy project at the implementation level. The referral centre catered for consultation in diagnosis of leprosy, treatment of reactions and care of deformities for cases mainly in the district and also from neighbouring area. Active leprosy cases were referred to urban health posts. At the centre cases with reaction were treated, deformity care with required physiotherapy and foot wear is provided. Following a sensitization of private practitioners’ referrals for diagnosis, skin smears has increased. During the last 4 years, 791 patients reported for diagnosis of whom 195 (25%) are from neighbouring districts. Among these 360 are MB cases of whom 66 (18%) were positive. Examination of 791 registered patients showed 30 (3.8%) with Grade II disabilities and 28 with anaesthesia. The efforts of the referral centre to enhance access to services, clinical data of cases registered during years 2003 to 2006 are presented. Based on the data the relevance of referral centres in comprehensive treatment and care of persons affected by leprosy is discussed.

Trend of New Case Detection in Bihar

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The goal of leprosy elimination has been achieved in many districts & states. As the prevalence of leprosy reduced dramatically, the leprosy program integrated with General Healthcare System. The influence of operational factors on new case detection has been reduced significantly. New case detection has gained more important. The trend of new case of leprosy over a longer duration will provide insight to various epidemiological and operational factors affecting NCDR. Bihar has fully started with MDT in 1995-96 in all over the state. A trend analysis of data pertaining to Bihar was carried out for a period of over 12 years from 1996 to 2007 and various characteristics like PR, NCDR, MB%, child % were analyzed. There was dramatic decline of PR. Similarly there was steady declining in NCDR but since 2005 it was found more or less static. The child and MB proportion did not show much difference over year. The detail study will be shared during presentation.

Second Opinion in Leprosy a Strategy for the Leprosy Elimination and Control Program

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Leprosy diagnosis is based on case history (anaesthesia) and clinical examination (skin discoloration). The studied of 106 cases sent of 8 Health Unity of different places of São Paulo, for history and clinical images to technologically advanced centers showed moderate concordance by Kappa method. The results suggest that this methodology can be an initiative to broaden opportunities for diagnosis and treatment and a strategy for the leprosy elimination and control program. Key words: second opinion, education distance, program leprosy.
Role of DTSTs in Improving Quality of Leprosy Services in General Health Care in Orissa

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**Introduction**: Leprosy services were integrated into general health care, in state of Orissa and the integration was supported by WHO and ILEP as partners in the NLEP. ILEP provided technical support teams as DTSTs comprising of a public health expert and a Non Medical officer with suitable mobility. The main task was to train all levels of health staff to improve diagnostic accuracy at PHC and documentation. **Methodology**: In the state of Orissa, 16 teams were formed in 2004. In two and half years of the project tenure, 2701 medical and 8990 para-medical staff were trained on diagnosing leprosy and prescribing MDT. In addition to training, cases detected by medical officers at PHCs were validated to facilitate good quality leprosy services. Besides re-examining cases detected by PHC medical officers, the process of registration was also assessed to improve the process. **Results**: During the project tenure, a total of 13,137 cases were re-examined by the DTSTs. The accuracy of diagnosis at PHCs improved from 50% before induction of DTSTs in the programme to 91% in the last quarter of the year 2006. Details of the technical support provided and improvement observed in the leprosy services at PHCs are presented in the paper. **Conclusions**: Validation exercise improved the skills in diagnosing leprosy. **Key words**: WHO, NLEP, ILEP, DTSTs.

LEPRA Projects Serves as a Model for Comprehensive Care in Leprosy

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**Introduction**: LEPRA Society initiated leprosy control activities in Orissa with one project in 1990 and extended to seven projects, in eight comparatively in-accessible districts, inhabited mostly with tribal population. The activities of the Society included quality MDT service and comprehensive care for the consequences of leprosy, starting from teaching self-care practices to RCS and rehabilitation has been an important activity of its projects. This paper examines the trend of residual problems and their management. **Methodology**: In addition to MDT services as per the WHO guidelines, POD/POWD were undertaken through training on self-care, supply of protective appliances, Physiotherapy and RCS. The entire activity schedule from assessment of NFI to regular supervision, SER have been designed and followed in all the projects. The exercise indicates the pattern and extent of services needed for different problems faced by leprosy affected persons. **Results**: Since inception till December, 2006 about 76,260 persons have been cured from the disease. Of them, 8,279 (10.8%) persons had disabilities with Gr.I-2,591 (31.3%) and Gr.II 5,688 (68.7%). All were taught about practicing self-care, use of assistive devices. Of the 5,688 persons with Gr. II disabilities, 1,717 (30.2%) have availed the facilities of RCS. 2,781 surgeries were conducted on these persons with an average of 1.6 surgeries per a person. Around 45,304 MCR footwears were distributed among the persons with foot disabilities to protect their vulnerable feet. Indoor care has also been extended to all the needy. About 8,017 persons (10.5%) have been rehabilitated under various welfare schemes. **Conclusion**: The consequence management followed in LEPRA projects more or less serves as a model for GHCS. **Key words**: Comprehensive care, Rehabilitation, Self-care, Disabilities.

States’s Status Report – Outline – West Bengal

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**State-general introduction**: Location- In the Eastern part of India, Population-near about 9 crore, Communities- People of all communities stay in the State. (Hindu, Muslim, Christian, Jain, Buddhists, etc.) Number of Colonies: 35 Total Population – near about 9 crore, totals leprosy affect- 2.75 lakh Total leprosy –affected living in the colonies: 4127 among total 11946 colony peoples. Major distribution and Net working within Leprosy affected people: Through regular meetings in different set up of the organization and information through messengers, telephone, inter net and postal correspondence. Present government support for social rehabilitation: Very little. A number of colony people gets 12kg of rice only per month, Old Age pension-219 in seven Colonies. Housing-322 by Panchayet and Municipality Major Problems in social rehabilitation: Stigma and economic insolvency , NGOs. **Working in the State**: GLRA, TLM, GMLF, HKNS, MKNS, RKM, BKKP, LAMP, MLRC , Missionaries of Charity, etc. Three major immediate requirements of the leprosy affected people in your State: 1) Treatment, dressing and shoes supply. 2) Socio-economic Rehabilitation. 3) Special attention with economic-package for improvement of education & cultural among colony children.
MDT Management in the States

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As per directives of Central Leprosy Division (CLD), Govt. of India, states have to keep two months MDT drug stock at PHC, two months stock at district, and two months stock at state head quarter stores and have to indent from states to CLD every quarter i.e. in April for April-June, in July for July-September quarter and so on. As it is self explanatory from guidelines that for the month of April state have to indent in April and for July in the month of July. When states indents, it takes one full month or even more till MDT reached to the states i.e. not before May for April-June and in August for July-September quarter and so on. Resulting there is paucity of MDT drugs or even nil stock in state stores in April-May, and in July-August and thus a situation of chaos arises in the states, when indents are pouring in from districts and states have to told them that there is no MDT drugs in store, please come next month or states will inform them, when MDT will be available in states and a storm also came in states that why there is paucity of drugs or nil stock? At that time an awkward situation arises at state level and is very difficult to reply every body from top to periphery. To avoid this awkward situation authors reached to the conclusion that indenting month should be changed i.e. at least a quarter earlier - in January for April-June quarter and in April for July-September quarter and so on. So if states indent in January it will materialize latest by February and stock will be available for April to June quarter and similarly for other quarters also. Thus state will not face any paucity of MDT drugs and will be in position to supply to the periphery without any interruption and there will also not be any wastage of drugs.

Scenario of Bharuch District

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In the bharuch district National Leprosy Control Programme and then after national eradication programme run by Government of Gujarat health department by support of Govt. of India health department and world health org. Bharuch Dist. is High endemic Dist. in Gujarat State located in south Gujarat on costal belt so leprosy dieses highly positive and infection other then north Gujarat and sourashtra Dist. In the year of 1989 M.D.T. Treatment start for the leprosy patient and get good result M.D.T. in bharuch Dist. At the time of started M.D.T. in bharuch Dist. Prevalence rate is more then 22 per 10,000 population and after 5yr M.D.T. programme new case detection rate below 5 (five) in Bharuch Dist. In bharuch Dist. Socials stigma present in two talukas Hansot block & ankleshware block case of deform patient leprosy patient Now today no socials stigma present in our bharuch dist. Any blocks due to less deformity ratio in new case dictation and RFT leprosy patient. Now last 5yrs in show in the graph of NLEP indicators as below Sr.No Indicators March-04 March-05 Mar-06 Mar-07 Apr. to Aug.07 1 NCD 119.4 469 586 748 254 2 ANC9R 8.23 24 3 87.4 84.4 11.3 Pts. on Treatment 656 270 364 394 435 5 P.R. 4.5 59.5 22.4 15.5 5 RFT 118 785 4 40 2 49 26 2 49 2 M.Ratio 27.88 32 36 24 5 17.48 11 37 32 38 5.05 10 7 Child Ratio 26.88 32 16 88 81 21.33 125 12.70 95 14.96 38 8 Deformity Ratio 0.9 1 (30) 12 13 (10) 1 1 0.80 10 0.39 18 Female Ratio 44 46 32 41.16 49 3 (193) 43.10 27(8) 42 56 35 2 49 61 (126) Deformity ratio taluka wise as on aug-07 is only Ankleshware block 5 and seven block is nil deformity in new cases Ankleshware block has largest industrial area and the migrated labour/people belong other state. So more deformity in new cases then other block but no social stigma in local population/labour for the bharuch dist. Health department man power is below for the total midyear population of bharuch district 15,14,932 No. of PHCs 37 and No.of village 657 total Multipurpose Health worker Male165, and Female Health worker/Auxiliary Nurse Mid-Wife 189 Male Health Supervisor 27 and female health supervisor 20 the vertical staff of leprosy are 27 para medical worker leprosy and 8 leprosy supervisor so good setup and manpower of health services for the bharuch dist then other dist. Leprosy programme integrated in general health services started as on Apr-03 now IEC/IPC activities and treatment given to the patient of leprosy by general health staff deformity and comprehenciv Leprosy care activities and monitoring leprosy programme activities by vertical staff under supervision of Chief District Health Officer and District Leprosy Health Officer so we do this they are surely we create world without Leprosy.
Selective Special Drive (SSD) - A strategic Intervention to Promote New Case Detection Through Community Partnership

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Integration of leprosy into the General Health Care System is the crucial policy change by the National Leprosy Eradication Programme (NLEP) in India. This policy change has adversely affected the early new case detection. Presently, the new case detection is totally dependent on the voluntary reporting. This calls for an effective strategy to reach the community to promote and sustain voluntary reporting of new leprosy cases. Selective Special Drives (SSDs) initiated by ALERT-INDIA under its Leprosy Elimination Action Programme (LEAP) is a community partnership strategy to promote and sustain new case detection by involving the community — specifically, local volunteers, teachers, students, health workers of CBOs / NGOs, traditional healers, angamwadi and ASHA workers etc. SSD equips and enables them to act as leprosy spokesperson in their community and refer leprosy suspects during integration phase. Under the LEAP Partnership programme, 12 NGOs from health, developmental and educational sectors had implemented SSDs in 6 rural districts of Vidarbha region of Maharashtra and in 1 district of Chhattisgarh states. More than 707,000 tribal and rural population living in 707 villages from 18 blocks of 7 districts were reached through SSD with emphasis on focussed IEC by the trained community based volunteers / groups. The paper will discuss the operational methodology of SSD intervention that resulted in sustaining leprosy awareness and improving the new case detection.

Leprosy Detection Rates by Health District in Brazilian Indigenous Population

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Introduction: In the last 5 years the occurrence of leprosy in indigenous people who lives in special communities has been registered and elimination and control activities have been gradually implemented. This study analyzes the trends and behavior of leprosy detection rates between indigenous people. Methods: Analyze of leprosy data registered from 2003 to 2006 by Special Indigenous Health District (DSEI) using as data source the Indigenous Health Information System – SIASI which is maintained by the National Health Foundation, a foundation of Ministry of Health which is responsible by the health care of this population. Results: Twelve of thirty four DSEI registered leprosy cases in indigenous people. These districts are in the areas of higher detection rates in the general population. In 2003 06 DSEI informed cases and in 2006 08 informed as result of trainings carried out to indigenous health professionals. In the period the detection rates observed were from less than 1/10,000 until 18/10,000 inhabitants.

Leprosy Occurrence by Operational Classification in Brazilian Indigenous Population

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Introduction: In the last 5 years the occurrence of leprosy in indigenous people who lives in special communities has been registered and elimination and control activities have been gradually implemented. This study analyzes occurrence of leprosy by operational classification in indigenous population. Methods: Analyze of leprosy data registered from 2003 to 2006 by Special Indigenous Health District (DSEI) using as data source the Indigenous Health Information System – SIASI, maintained by the National Health Foundation. Results: Most of the register leprosy cases 68,9% (data in revision) in the period were multibacillary, but an important part (9,6%) does not have operational classification. The register this percent of MB cases means that it is necessary to strength the surveillance and assistance activities on leprosy in order to improve early diagnose.
ULEP - Tamil Nadu Experience

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Why urban leprosy control? 44% of the Tamilnadu population is Urban Rural health system has a good Structure, Strategy and resources (Uniform, well structured Primary Health Care delivery system) PHC – Subcenter – VHIN for every 5000 population for each and any contingency is an excellent arrangement (may not be perfect in some places but the potential for Ideal exists) Urban Health Care is lacking in Uniform, well structured Health Care delivery system Existing Urban Health Care is complex and pluralistic Hence partnership between existing service providers (both Govt. and NGOs) and stakeholders necessary Political commitment, Partner support and Community involvement are indispensable PROJECT OBJECTIVE - ULEP To establish sustainable MDT services in identified Urban areas resulting in mainstreaming of leprosy cases in to general health care services. Highlights 29 Urban Facilitation Teams appointed by ILEP Agencies in Tamil Nadu. The whole programme of operationalising is done without expenditure from Government (Eg) District capacity building and IEC was done jointly by Govt.& ILEP agencies with local resources. Ownership for Urban Leprosy Programme have been successfully taken up by local administration and General Health staff. ULEP is operationalised in 29 districts of Tamilnadu having approximately 1210 Health centres/posts with a population of 2.72 (out of total 6.4) crores. 90% of Medical Officers and Health staff have been oriented in Urban strategy. Advocacy and follow up action are given top priority at this stage. Special groups like Self Help Groups, Service Clubs, NSS, Scouts, Volunteers & Students ICDs are fully utilized in this unique community based project. At State level GO/ NGO have amalgamated excellently in planning and operationalising the Urban Leprosy programme. At District level Local Elected Representatives, Community leaders, Commissioners are involved to strength the ULEP.

A Rapid Study on Assessment of Level of Awareness About Leprosy

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Introduction: Leprosy Services in Tamil Nadu had integrated with public Health Services form 1.8.97. In Chennai city, the vertical setup is being continued under the control of Deputy Director of Medical Services (Leprosy). Working in urban Leprosy elimination program is a unique experience. As a part of anti leprosy day Celebrations, we have conducted awareness raising Programmes at 40 selected important IOCL (Petrol Bunk) outlets in the heart of Chennai city with the cooperation and active support of Indian Oil Corporation Ltd, Chennai Region (to fulfill their social obligations – corporate social responsibility). Nearly 400 city college students (Both gender) from different colleges actively participated in this programme. Objectives of the Study: To assess the level of awareness about Leprosy disease relating to curing, availability of Medical facilities at free of cost, among various sections of people. Methodology: The researchers have selected the ex-post facto (descriptive) research design. Primary data were collected in the questionnaires that were administrated to the customers, visitors, Passengers, Drivers and others from two, three, four wheelers who have visited the outlets. College students, who had undergone sensitized training programmes, collected the data under the supervision of NLEP staff. Total Number of Respondents:

<table>
<thead>
<tr>
<th>Two Wheelers</th>
<th>Three Wheelers</th>
<th>Four Wheelers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2076</td>
<td>1242</td>
<td>822</td>
<td>4140</td>
</tr>
</tbody>
</table>

The collected data were subjected to statistical analysis (Simple average and Percentage) Results: 1. More than 95% of the respondents believed that Leprosy is a completely curable disease. 2. Nearly 82% of the respondents knew that free medicine is available for Leprosy in Government Medical Intuitions. 3. Significant difference was found between four wheelers travelers and two wheelers riders on knowledge about Leprosy. Detailed reports in facts, figures, and diagrams will be presented in the original Presentation paper. Key words: Elimination, Integration and Awareness.
Importance of the Applicatory Hanswin in the Update and to Observe the Evolution of the Abandonment of Cases of Leprosy in the State of Paraná-Brazil

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Introduction: The present work looks for to demonstrate the importance that instrument “Applicatory Hanswin”, propitiated in the update and analysis of the situation of abandonment of the cases of leprosy in the state of the Paraná - Brazil. After its implantation also allowed, beyond analysis epidemiologist and operational, to better elaborate the profile of the endemic disease in the hierarchic levels for taking of decisions in differentiated and quiet areas of risk, elaboration of you inform of the situation of the evolution of the elimination of leprosy in the state. Methodology: Historical Retrospect, Implantation of the Applicatory Hanswin in the 399 cities of the State, in 2004, Applicatory disponibiliza emission of at least 18 nominal reports, according to category of the attendance cities, with possibilities of magnifying. Results: It made possible the identification of the real situation of the abandonment of the cases of Hanseniasis of the state and its reduction of 51.5% in 2003 for 8.3% in 2006, comment of the evolution of the cases in opportune time of high; better using the time for activities of Hanseniasis with attention to the contacts. Conclusions: Application of some pointers facilitated, it facilitated to the programming and planning of action of control of leprosy. It improved the evaluation and taking of relative decisions to the allocation and distribution of financial resources, Evaluation of the impact of the carried through interventions made possible better, Identification of the areas of risk and in phase of consolidation of the elimination of the endemic disease, More necessary elaboration of studies on the evolution of the illness in the state, Update of the data base. Words Key: abandonment, applicatory, support, analysis, decision.

Comparison of New Case Detection in CLTRI RFOA and Kancheepuram District in Tamil Nadu

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The introduction of MDT and successful implementation of MDT has resulted a dramatic decline in prevalence of leprosy. The new cases detection has also reduced significantly in endemic areas. Though the indicators on PR and NCDR remains same in a pocket of area and larger area, other indicators on clinical profile of leprosy are varying. Thus a comparison analysis of CLTRI Rural Field Operation Area and Kancheepuram district is carried out to study the differences for the period 1986 to 2007. Both of the areas are endemic in leprosy and CLTRI RFOA is located in the Kancheepuram district itself. Both areas achieved the elimination of leprosy in 2005. There is a significant difference in MB and Female case detection. The trend of deformity cases among new case shows relative population size is important for drawing inference. This analysis throws light on formulating different strategies on new case detection.

Knowledge of Leprosy Among Basic General Health Service (BGHS) Staff at Periphery Level After Leprosy Training

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Nepal Government adapted to integrate Leprosy control programme into general health service in 1987. Then government asked Anandan leprosy hospital to undertake responsibility to train “Basic General Health Service” staff from 19 districts of Central Development Region (CDR) of Nepal in 1993. The aim of the course was make them capable to diagnose, classify and treat the people with leprosy. It included contents to recognize if the patient had complications & manage it at basic health facilities. There are about 1300 government health facilities in CDR which provide service to population of 7850000. In period of 13 years, from 1994 to 2006, about 2500 individuals received training in leprosy. Report showed that BGHS in peripheral health facilities have diagnosed only 36% of total new cases of leprosy. In this study we have assessed reason behind low-number of case detection by trained BGHS staff. Could it be due to low level of knowledge imparted to them, poor attitude of individual and burden of work is beyond their capacity. This study had focused in 3 endemic districts Chitawan, Bara and Parsa of Terai (Bordering to India). 75 BGHS staff were interviewed at their place, that was 25 individual from each district.
Disability and Deformity Trends Due to Leprosy in the Elimination Era. A Retrospective, Descriptive, Analysis of Newly Registered Persons Affected by Leprosy, in an Outpatient Setting in Uttar Pradesh, North India

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Introduction: In spite of 25 years of MDT implementation and coverage as the most effective anti-leprosy treatment on a nationwide scale, disabilities and deformities continue from the past into the future. The post MDT residual [disability and deformity] content added with the incident D&D pose a greater challenge than expected. With drastically reduced leprosy care facilities more patients may have to put up with their D&D. Summary: Visible leprosy remains as the core of the problem through the ages and now as well. Treatments, programmes, projects, drive both public and private, voluntary and from NGOs come and go. Every self-reporting/referred case would be screened for sensory and voluntary muscle assessment. Disability and deformities are graded according to protocol. Careful individual and registers are kept and maintained. Necessary informed gleaned from existing patient records, registers and other records. Data compiled and analyzed for PB and MB for trends and presented. Conclusion: This study shows and reinforces that it is absolutely safe to give MDT during pregnancy. Counselor’s and Nurses’ supportive role plays a significant role in removing fears, anxieties and worries for pregnant women patients. Key words: disability and deformity in leprosy, trends of deformity in leprosy, deformity in leprosy.

Knowledge of Leprosy Among Medical Officers of Vizianagaram District, Andhra Pradesh, India

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Vizianagaram District of Andhra Pradesh is an endemic area for leprosy and one of the districts which pioneered MDT in the 1980s. The Philadelphia Leprosy Hospital, Salur had conducted many training programme programmes in Leprosy for Medical Officers earlier. Recently District Technical Support Teams (DTST) have worked in the district to build the capacity of Medical and Para medical staff. While the Primary Health Centres / Community Health Centres and District Hospitals in the district are working for leprosy control, in the absence of the support from DTST, it is felt essential to assess the knowledge level of the medical staff in leprosy. Knowledge of leprosy of all the available Medical Officers (70) working in the Primary Health Centres / Community Health Centres and District Hospitals was ascertained by administering a standardized questionnaires. Results show that correct knowledge is found regarding duration of incubation period among 81%, effects of MDT among about 79%, spreading of leprosy 100%. About 68% has knowledge about reactions in leprosy and 86% showed understanding about prevalence rate etc. Key words: knowledge of leprosy, in medical officers

Micro-Economics Surrounding MDT, A Calculation of Cost to the Self-Reporting Patient at an Outpatient Facility in Uttar Pradesh

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Introduction: MDT covered most patients through statewide [and nation-wide] field implementation, reached elimination target. But yet many patients active and never treated before, still self-report to the OPD facility. They hail from the same district as well as from 7 districts afar from northwest Uttar Pradesh. Their health seeking behavior/drive incurs significant cost to the patient. A calculation of cost by distance is analyzed and presented. Summary: For many persons affected by H/ID, treatment does not come easy. In the elimination era it is more difficult to find a proper place of treatment. The search for a reliable treatment centre not 01-11y takes time, but also has a bearing on his disease course. The pressures of his/her household, community, friends and advisors mount. The self-reporter does not report alone, but with at least one person who would accompany him on his/her maiden journey to the point of treatment. Conclusion: The study concludes that it costs significantly to the patient’s household to go and get treatment especially from a referral centre. Patient’s financial position has a direct bearing on his treatment (MDT/Complication) compliance. Key words: micro economics, leprosy
Role of Non-Economic Factors In Economic Empowerment of Leprosy Affected People

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Problem Statement: Providing financial assistance to the leprosy affected and their families has been a common means of economic empowerment. However, it is observed that many of the beneficiaries could not achieve any improvement economically and the underlying reasons are not known. Objective: To find underlying reasons for the inability of leprosy affected to develop their life economically even after receiving financial assistance. Method: A set of questions has been framed and the questionnaire survey has been conducted among all the SER beneficiaries through our mission. Results: The response from the finding shows that 60% of people report that they are not uplifted in their life through the loan. In addition, those who feel that the assistance uplifts them said they are only 25% improved as compared to their previous stage. The people who fail in income generation through SER Loan state that they need some training for the purpose of the loan given. And some report that the effective way should only through the providing of job instead of loan. Most of them feel the best repayment amount per month of the loan should be as standard as that of Rs. 200 per month. They need more ideas from the CBR supervisor and motivation for proper usage of the money and income generation even with their physical disability and social stigma. Key words: economic empowerment in leprosy, non economic factors in leprosy, empowerment in leprosy.

The Fight Against Leprosy Need To Go On

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During nineteen eightes the governmental and the non governmental organisations worked harmoniously for the care of leprosy patients. The rate at which the prevalence declined made some experts believe that the eradication of the disease could be an achievable task. In Tamilnadu, there was also a significant reduction in the case detection rate. Unfortunately, this success story has a sad ending. In the old project area of Christian Medical College, Vellore, new cases continue to emerge thought at a much lower rate. Majority of them are MB (56.25%) and BI positivity is 25%. We have referred 16 cases to PHC and none of them were registered or treated by them. 21 year old Somsundaram who had recently completed a course in polytechnic presented with extensive infiltration and was found to have 5+ BI. There was no family history of leprosy. It is obvious that he has been transmitting mycobacterium leprae to others for the past several years. Primary health centres in this region do not carry out skin smears. There is a need to review the reluctance on the part of Primary Health Care system to register cases. Leprosy continues to cause significant social consequences. Better relationship between the governmental and non-governmental agencies need to be nurtured so that our fight against leprosy reaches its logical conclusion.

Integration of Leprosy Services into GHC Services - Delhi Experience

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In the state of Delhi the leprosy services were integrated with GHC services since 2001. Earlier the services of leprosy diagnosis and treatment were available through 10 leprosy clinics. Following integration there was steep increase in the number of health care facilities providing leprosy services. The process of integration has helped improve leprosy care facilities. Although there was some resistance by GHC staff, the overall results have been encouraging. Despite these advances in integration there are few operational issues that need attention such as lack of guidelines to calculate indicators in urban setting. We have noted that awareness level among patients and their relatives is limited to clinical signs & symptoms and diagnostic services however there is lack of awareness on other leprosy related services at health care facilities and rehabilitation services. We propose that there be a policy to retain trained personnel in a particular location for a period of 2-5 years and better coordination among different government agencies. We envisage the future challenges as access and affordability to quality leprosy services to the poor. The sustainability of leprosy services under integrated setup needs strengthening. Key words: integration of services, integration in leprosy programs.
Factors Influencing the Development and Strength of Community Participation in East Godavari District

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Community participation is of key importance to the sustainability and effectiveness of community projects. The specific factors influencing the development and strength of community participation in East Godavari district, Andhra Pradesh were clearly assessed. It is a retrospective non-experimental study about Community participation for a successful mega camp in East Godavari district in November 2005. The goal of this program was to enable the district disabled to get free artificial limbs, assistive devices & free Corrective surgeries for general deformities. Since it is a large district having 60 blocks and 4900000 populations, it was decided to concentrate only twelve blocks surrounding the TLM Hospital, Ramachandrapuram. Camp was successfully organized for two days (23-11-05 and 24-11-05) with the full cooperation from the community as well as from the like-minded stake holders. Reviewing the involved stake holders after the camp provided an opportunity to assess the nature of participation rendered and factors which promoted it. Social relationships and the popularity of the TLM hospital influenced community networks, and helped to determine the direction, Success and Sustainability. Prior involvement of the stake holders in social work and perceived effectiveness of the senior staff in implementing plans were important factors. Eventually sustainability was also improved by the fact that TLM Hospital was very familiar with the community’s locale and enjoyed pre-existing reputation within the community more than 100 years. Similar methodology can also be used in other TLM Hospitals where they have community projects.

Early Diagnosis and Management of Leprosy in Non-Prevalent Region of China

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It is common that leprosy was misdiagnosis and missed diagnosis in clinic, especially in non-prevalent region of China, such as Shanghai. Most of the new patients with leprosy were fluid population and 85% patients came from the prevalent region in Shanghai. The patients with leprosy from the prevalent region in Shanghai were much more than that of others provinces in China, which average level was 2.1%. The managements should be different because the constitutions of the patients were much different in prevalent and non-prevalent regions. Some management of leprosy was not suit to treat the patients in non-prevalent regions. Normally, most of the patients with leprosy saw a dermatologist firstly in clinic because of the lesions on their skin. However, it was common that dermatologist misdiagnosed and missed diagnosed of leprosy. Many factors contributed to it. The vigilance, the skill of diagnosis and check-up of the dermatologists were the most important factors. We suggest that the education on leprosy for dermatologist should be pays more attention in non-prevalent region. The functional community in Shanghai was very important for the prevention and cure of leprosy. In the future, the prevention and management of leprosy should be brought into the public health care in community.

Analysis of 86 Cases of Leprosy of Floating Population in Shanghai

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Objective: Analyse the sources of leprosy patients, findings, and clinical features about millions of floating population in Shanghai between 1990 to 2006, in order to provide a basis for making related measures in the future. Methods: Collect and inspect out-patient cases of leprosy in our hospital since 1990, do statistical analysis for external floating population who are diagnosed as leprosy patients. Diagnostic criteria, classification and grading reference residual’11 “Leprosy Prevention Manual”. Results: Since 1990, Shanghai has detected 100 cases of leprosy patients, which are among the floating population in 86 cases. They mainly come from neighboring Jiangsu, Anhui, Zhejiang which has been a high incidence of leprosy. In 86 cases, male and female ratio is 2.58:1 and in the mainly young and middle-aged, 62 cases (73%) to inquire positive bacteria, the disability of grade2/36 cases (42%). Contact history with leprosy were 14 cases (16%); Appointments to the incidence of 18.5 months. Most of the patients with erythema, plaque and / or nodular lesions mainly associated with varying degrees of peripheral nerve damage. Diagnosed before 79 cases went to various hospitals dermatology, neurology and other outpatients, some long and repeated outpatient treatment or hospitalization. One of them was misdiagnosed as a skin disease in 51 cases, neurological disease in 13 cases, 20% errors, missed time £5 years, 1/3 leprosy patients errors, missed £5 times. Leprosy performance to be significantly before transferring to hospital diagnosed. Conclusion: floating population of leprosy patients in some cities in China under the new situation and new problems, their mobility, difficult to manage, consolidate and develop leprosy control is an important part of, medical personnel at all levels should be on high alert to the presence of leprosy. Update improve diagnosis and treatment of leprosy and inspection skills, early detection and treatment of patients rules guarantee is particularly important. Keywords: Floating Population, Leprosy, Analysis.
The Prevention and Cure of Leprosy for Fifty Years in Shanghai

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Objective: To evaluate the prevalence trend and the experience on prevention and cure of leprosy in Shanghai. Expect to search for the optimization management on leprosy in Shanghai. Methods: Retrospective review the data of prevention and cure of leprosy. The total patients with leprosy were 5,441 patients with leprosy of inhabitant in Shanghai since 1954 to 2004. Results: We have got a great achievement of leprosy control in Shanghai. Many managements have been performed, such as nice prevention and cure net in all of the country, educated the special doctors and governors of leprosy, whole population survey, basic and recovery research work, domestic and international communication on leprosy, healthy education of the inhabitant, paying more attention to the patients with leprosy and so on. The incidence rate of leprosy have reduced from 2.92/100,000 in 1960s to 0.005/100,000 in 1990s. Only one patient was found in Shanghainess in the last 10 years. The children with leprosy were commen in 1950s and 1960s. However, no one patient was found after that time. Conclusion: Leprosy have been almost eliminated in Shanghai after doctors, governors, and other peoples contribution for 50 years. However, more and more fluid population came from prevalent regions of leprosy. Among them, some patients have been found in Shanghai in the last several years. Therefore, careful long-term surveillance for the fluid population especially from prevalent regions is mandatory.

Survey on Elementary Knowledge About Leprosy Control Among Rural Doctors and Effect Evaluation on Intensive Training in Jiangxi Province

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Objective: To compare the elementary knowledge about leprosy control among rural doctors in counties (cities, districts) of different epidemic levels, evaluate the effect of intensive health education training pattern and improve the ability to find the suspect leprosy cases of doctors in grass roots. Methods: The survey on related knowledge about leprosy control was conducted among rural doctors from 17 counties (cities, districts) in the form of unified questionnaire. After the doctors were trained by intensive training, they were investigated by the same questionnaire. The difference of the answers to the same questions before and after training was analyzed. Results: The average knowledge rate of the doctors from 17 counties (cities, districts) was less than 70% before training. After the intensive training, the doctors in project counties (cities, districts) primarily mastered the basic knowledge about leprosy control. Conclusion: There is not certain relation between doctors’ knowledge rate and epidemic level. The training pattern of intensive health education is an effective and economical method to increase the knowledge rate rapidly and is worthy of extend. Key words: leprosy control; knowledge rate; rural doctors; training effect.

The Effect Evaluation of Leprosy Integrative Control in Liangshan Prefecture

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Objective: To evaluate the achievement of Leprosy Elimination Campaigns and leprosy integrative control in liangshan and to explore the sustainable methods of leprosy control. Methods: The detecting rate of patients and acknowledge rate of leprosy control knowledge were elevated through governments instruction, adjustment of leprosy control agency, leprosy doctors training, health education, quality control, and rewards & punishments. Results: from 1995 to 2004, the number of average detected cases was 93.6 every year and the detecting rate was 2.38/100,000. After Leprosy Elimination Campaigns, the number were changed into 137 and 3.29/100,000 correspondingly. According to 2004, the detecting methods and construction were both changed in 2005. The the 2nd degree disability rate decreased from 23.6%(2004) downto 18.25%(2005). The average delay periods of new cases shortened from 33 months(2004) to 25 months(2005). We checked the acknowledge rate by sampling 340 villagers and students from 17 counties and 34 villages, the acknowledge rate of village people and students was 45.6% and 75.42% respectively. Conclusions: The detecting rate of new cases arose obviously after the launching of LEC, the disability rate of new cases decreased, the primary achievement was gained after leprosy integrative control was performed in Liangshan.
Analysis of New Recur Patients and Situation in the Counties at the Stage Towards Leprosy Elimination in Gansu China

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Objective: To analyze the situation of newly recur diagnosed leprosy patients in the past 10 years in 71 counties at the stage towards leprosy elimination in Gansu Province. Method: The data on newly diagnosed leprosy patients from 1996 to 2006 in the 71 counties were analyzed. Results: 64 new cases including 49MB and 15PB were detected in 71 counties. In family 29 cases (45.31%) and 22 (34.38%) were disabled. Skin smear was positive in 76.56% of cases. 12 cases (15.58%) were detected through active case-finding methods. 65 cases (84.42%) by passive case-finding methods. The duration of the leprosy was within 2 years in 26 cases. The 13 recurrent cases including 10 MB and 3 PB were detected in 71 counties. 11 recrudescent cases after recovered for 20 years were detected. The prevalence was over 0.1/10000 in 3 counties. The incidence was over 0.5/100000 in the recent 5 years in 5 counties. Conclusions: There is not a rebound in leprosy in Gansu province and more effort should be made to detect hidden leprosy cases as early as possible. Key words: leprosy; case-finding.

The Integration Management of the Public Health Can Affect the Prevention and Cure of Leprosy

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Objective: Observed whether the integration management of the public health can affect the prevention and cure of leprosy. Method: analysis data about the incidence of the leprosy before and after 1991 when we carried out the integration management of the public health. Results: There were 43 new cases in 30 year, average 1.43 cases and the incidence was 0.57/100,000 per year, 2-grade mutilation and average lag period decreased from 1991. New patients received regular therapy and rehabilitation service, and promoted public health fair, and cost/efficiency of the prevention and cure of leprosy was raised, and had a good effect in consolidating and promoting the achievement of the prevention and cure of leprosy. Conclusion: The integration management of the public health can decrease the incidence of leprosy, may be an aspect the prevention and cure of leprosy. Key words: The integration management of the public healthy prevention and cure of leprosy.

Leprosy Inspection Result Analysis of Wuzhou from 1996-2006

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Objective: Probe into future prevention strategies according to research in leprosy cases from 1996 to 2000. Method: Look-back analysis on leprosy cases found over the past 11 years. Result: There are 38 leprosy cases in total and the discovery rate is 0.03-0.18/100000 in every year. The male case over the female case would be 2.8:1, 33 newly found cases and 5 recrudescence cases. Conclusion: Wuzhou, as a leprosy low-cause area, has thoroughly spread out its influence of prevention network including skin prevention organization0villages and towns0communities, mainly through professional clinic, clue research and physical examination for kins of patients, which are equally important for case detection during early stage. Key words: Leprosy Inspection.
Effect of MDT Therapy to Patients Found in Leprosy

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Objective: To study the effect of MDT to patients found in leprosy. Method: During 20 years MDT in local area, the clinical data from the new patients found, including sex, age, type, postpone diagnosis, naturally distribute et al. were analyzed comprehensively. Results: new patients 74 cases were found, Mb 39 cases, Pb 35 cases. The average age was 51.2 years old. The five years measure average descend speed was 37.73%. In the nature epidemic focus, the cases after ten years in MDT, were 12.12% less than before. It showed that the local leprosy epidemic degree could be reduced after MDT. Conclusions: If MDT covering rate reaches 100% and rule treatment rate is more than 95%, it will obviously lessen leprosy case-finding. Key words: Leprosy; MDT; case-finding.

Self-Care as an Intervention in the Community

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This paper presents the outcomes of self-care as practiced by people who were members of self-care cells in 3 districts of South East Nepal. All people with plantar sensory loss had also been supplied with protective footwear. Each self-care cell was lead by a peer facilitator who had undergone facilitator training at Lalgadh Leprosy Services Center. Using impairment summary forms, the changes in the impairments of 214 people were tracked. Data were collected at baseline and after one year. Only data that describe anhidrotic fissures and ulcers on hands and feet, and lid gap and inflammation of eyes is presented in this paper. After one year it was recorded that 97% of all ulcers had healed and that over 50% of all Anhidrotic fissures had been resolved. A small number of people presented with lagophthalmos or eye inflammation at the start of the program. Most of these impairments were well managed. A conclusion is that there is sufficient evidence to state that self-care (with a supply of protective footwear) is a good intervention for uncomplicated secondary impairments of the skin and eyes and that self-care cells facilitated by leprosy affected peers can be effective.

Estimation of the Hidden Prevalence of Leprosy During the Period 2001-2005, in Minas Gerais, Brazil

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Introduction: The estimation of the proportion of new cases presenting physical incapacities (grade I) and deformities (grade II) is known as hidden prevalence and has been used to estimate the patients that were not diagnosed during the period of the study. The hidden prevalence is used as epidemiological indicator to value the delay on the diagnosis of leprosy. If the diagnosis of leprosy is made as early as possible, the proportion of incapacities patients will be smaller. We estimated the hidden prevalence of leprosy during the period 2001-2005, in Minas Gerais, Brazil. Methodology: The present study is a retrospective, descriptive and exploratory analysis of a population of patients whose medical condition was notified to the Sistema Nacional de Informações de Agravos de Notificação (SINAN, Minas Gerais, Brazil) during the period 2001-2005. The hidden prevalence was estimated in accordance to the methodology proposed by Panamerican Health Organization in 1998. Results: The estimation of the hidden prevalence of the disease indicated that 6.407 cases (28.4%) were not diagnosed during the period of the study. The estimation of the real prevalence was 22.596 patients; in other words, only 71.6% of the new cases of leprosy were diagnosed in the period of the study. Conclusion: The results obtained indicate that the diagnosis of leprosy has been late and indicate operational problems. Since the risk of physical incapacity in the new cases remains very high, further intensive strategies must be employed in order to address this problem. Keywords: leprosy, hidden prevalence, physical incapacity.
Post Period of Elimination of Leprosy in India

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Elimination of Leprosy in India is a great achievement. Early treatment of the disease protects the new cases from deformities, social stigma and also from isolation. Lacs of leprosy cured persons, who isolated three or four decades back due to social stigma are settled in Asylums in all over India and even today they depends on alms for livelihood. They got medical relief but much more is to be done to change their life values. Leprosy affected persons are the most neglected and deprived section of the society since decades. After declaration of elimination of Leprosy in India the Govt hasn’t taken any steps for the Socio-Economical Empowerment of the affected persons. Strengthening them economically is only the way to bring them in to mainstream. Otherwise they live in poverty and opt begging for their livelihood as before. The Govt has made reservations for some other weaker and deprived sections like S.C., S.T. etc. and helping them in all spheres to regain their Social Status and also to strengthen them economically. The 11million leprosy affected persons are also deserve some reservations from Govt so that they may able to come up form the present worst living conditions and also their children may achieve employment by having good education and training. Also some proper mechanism should be set up to provide physical rehabilitation and to continue proper supply of drugs for the affected to prevent further deformities of the cases which the present affected persons facing though it is not fault. Keywords: social and economical conditions of leprosy affected persons.