Promoting early diagnosis

Introducing the symposium

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Early diagnosis

Diagnosis: The decision that leprosy is present
Early= before the occurrence of nerve damage

Characteristics of newly detected cases point to sustained (in some cases) increasing delay in diagnosis.
Some basic facts

Capacity of peripheral health workers to deal with diagnosis (and other essential tasks) a key element of quality leprosy services.

The involvement of health workers should be preceded by suspecting the diagnosis.

Diagnosis based on clinical signs (so called cardinal signs) is subjective Sensitivity about 50%

Particularly in low endemic settings, new cases are more likely to be found among contacts of known cases than in the general population.
Benefits of early diagnosis

The most effective way to prevent leprosy related disabilities and to interrupt transmission
Methods

(i) Clinical (eliciting sensory impairment in skin lesions and peripheral nerve involvement)
(ii) Bacteriology (slit skin smear examination)
(iii) Histopathology
(iv) Immunodiagnostics
(v) Molecular biology
(vi) Serology
Objective of the symposium

To re-examine the existing and potential tools for promoting early diagnosis of leprosy in the context of:

- declining disease incidence
- declining clinical skills

but in which sensitive diagnostic tools are required in order to ensure that all cases that need treatment are diagnosed and cured.
Some reflections on delay of diagnosis

Health service factors (Health service delay):

• Lack of knowledge and skills, (decreasing exposure as there are few cases)
• Accessibility of services and ineffective referral systems
• Stigma
• Lack of sensitive enough diagnostic tools to use under field conditions
• Others
Reflections on delay of diagnosis, continued

Factors relating to patients and Communities:

• Lack of awareness
• Health seeking behaviour in general
• Access to health services
• Special population settings: cities, slums, tribal areas
• Stigma and discrimination
• Others
Possible interventions

1. Integration of leprosy services into health systems
2. Instituting referral systems for diagnosis
3. Interventions to improve community awareness:
4. Training of health workers and interventions to sustain health workers awareness and skills.
Possible interventions continued

5. Active case finding:
   • Contact surveillance around newly detected cases especially in low endemic situations
   • School surveys or other targeting 10-14 age group

6. Engagement of leprosy affected persons in case-finding interventions

7. Research (Basic and operational)
   • Developing diagnostic tools that can be used at point of care
   • To understand disease patterns, causes of diagnostic delay.
Patient/family/school delay approx 2 years and health service delay another 1 year in a low endemic setting; how can we prevent this?

Missed opportunities:

• As contact of an MB parent
• People in his village
• Village Health team
• School child
  (children/parents/teachers/school health services)
• Primary Health Care facility
Introduction to sessions in the symposium

Not possible to cover the whole spectrum in a short time: The 5 presentations will cover:

• Diagnosis of leprosy in the United Kingdom
• Leprosy in Children*
• “Touch your skin” a new method for suspecting leprosy
• Safety and efficacy of 2 new leprosy skin test antigens
• Disability among children affected by leprosy still a challenge
Procedures during the symposium

Presentation for 15 minutes including reactions from the audience.

There are other presentations as posters on this same subject (opportunities for further discussion)

Time limits to be observed so members of the audience do not miss out on subsequent presentations in other rooms.