In search of remaining foci:

Mapping newly registered leprosy cases in 14 states in southern Nigeria.

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Introduction

• Nigeria achieved the WHO leprosy elimination target at national level in 1998, two years ahead of the global target year of 2000.

• Since then, the country has been notifying between 3,000 and 4,000 cases annually.

• There are 272 local government areas (districts) with a population of 53.2 million in the 14 GLRA-assisted states.
Introduction (contd.)

- The 14 states account for about a third of the national total case notification.

- As is the case in many leprosy endemic regions of the world, the burden of the disease appears to be markedly unevenly distributed between and within Nigeria’s 36 states and the Federal Capital Territory.
Introduction (contd.)

• To provide policy-makers and programme managers an easily accessible appreciation of the remaining foci of disease in the region, GLRA embarked on a systematic mapping of newly registered leprosy cases in the area.

• The result of the exercise was expected to inform programming and greater efficiency in allocation of scarce programme resources.
Methods

• A cross sectional mapping of the burden and distribution of new leprosy cases across and within the 14 southern states supported by the GLRA was done.

• All newly registered cases in 2011 were captured according to their areas of residence in the local government areas (district) in each state.
Methods (contd.)

• The data were processed with WHO HEALTH MAPPER software using the individual state geographical maps as backdrop.

• The colour coding was such that red, yellow and green represented high, medium and low burden respectively.
Results

Mapping of Leprosy Endemicity using Case Detection Rate (CDR) per 100,000 population, by LGA in southern Nigeria in 2011.
The results (presented on maps of the various states) indicate that residents of 19 local government areas in 5 states:

- have ‘high endemicity’ (≥ 5/100,000 population)

While 25 local government areas in 9 states:

- met the conditions for ‘moderate endemicity’ (2-4/100,000 population).
Conclusion

• The exercise provides empirical evidence for the continued existence of foci of leprosy in southern Nigeria.

• It makes the problem more easily appreciated by policy-makers/programme managers.

• Uneven distribution which appears to be a hallmark of the disease elsewhere in the world is also evident here.
Conclusion

• Arguably, using only one year notification data for the exercise impedes ability to take account of annual variations in case-finding and should therefore be considered a limitation.

• It is planned to repeat the exercise using appropriate Global Positioning System (GPS) equipment for greater accuracy and wider applicability.