Coping with Leprosy in a low-endemic country: the surveillance perspective

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Background

• 1992; Uganda Ministry of Health formed the National TB/Leprosy Program (NTLP)
• 2004; Uganda achieved the World Health Organization Leprosy elimination target
• Need to sustain leprosy control activities
• No established rationale for focusing programmatic leprosy specific interventions
Objective

• Analyze the trends in the characteristics of new leprosy cases from 2002 to 2011 in Uganda by region of initial registration
Methods

• Retrospectively extracted patient and disease characteristics of newly diagnosed leprosy cases from 2002 to 2011 from the German Leprosy & TB Relief Association (GLRA)-Uganda electronic database.

• Information was verified using copies of submitted district specific NTLP quarterly reports on leprosy control kept at the GLRA office.

• Data were analyzed using STATA version 11.2.
Results—National trends
A total of 4198 new leprosy patients were registered on multidrug therapy (MDT) from 2002 to 2011.

A sharp increase in notification from 330 cases in 2002 to 622 cases in 2004.

A gradual reduction to 340 cases in 2011.

Over 2/3 of annual notifications were of Multibacillary (MB) leprosy type with increasing proportion in the last five years.
• Male to female proportions were similar
Most of the new cases were aged between 25 and 64 years.

10% of annual notifications were children (<15 years).
• New cases presenting with grade 2 disability annually has remained high recording 26% in 2011
Results-Regional trends
Annual Leprosy notification by NTLP region/zone

• North and North Western zones of NTLP contributed half of the overall notification
75% of all notified children (<15 years) were from North and North West zones.
Regional notification trends by age group

- The productive age group (25<65years) remained predominant in the regions except North East which showed no trend.
Regional notification trends by sex

- Four (Kampala, South West, North East and South East) of the nine zones registered more males than females at least in the last 5 years and others showed similar proportions of males to females.
Regional notification trends by leprosy type

• The proportion of MB leprosy was lower in North and North Western zones compared to the rest of the zones that registered fewer new cases.
Regional notification trends by disability grading

- Proportion of new cases presenting with grade 2 disability was higher in zones that notified fewer cases annually
Conclusions

• North and North Western zones of NTLP should be priority areas for a full range of leprosy specific interventions and they consistently notify high number of leprosy and child cases compared to other zones.

• Due to the high proportion of visible disability in zones notifying fewer leprosy cases; measures to sustain community and health worker awareness of leprosy with the support of an appropriately integrated referral system are recommended for such areas.
Thank you