

# Leprosy and the Community

## REPORT ON AN INTER-COUNTRY CONSULTATIVE MEETING ON LEPROSY

New Delhi, India, 18-20 December, 1975. WHO Project SE ICP MBD 002

This Consultation, organized by the World Health Organization, brought together health authorities and research workers from 7 countries in S.E. Asia, India, Bangla Desh, Nepal, Burma, Sri Lanka, Thailand and Indonesia, for a discussion of matters of mutual interest in leprosy control. The report, by Dr K. S. Seal contains numerous items of general concern, and demonstrates the value of such Regional Consultations, in this case concerned with an area in which there are believed to be over 4.5 million sufferers from leprosy. The objectives of the meeting were:

- (1) To review and analyse the magnitude of the leprosy problem in member countries;
- (2) to develop strategies for the control of the disease;
- (3) to develop guidelines relating to the necessary steps needed to implement the strategies;
- (4) to review the methods of control, treatment and rehabilitation in the programme, and
- (5) to review the present research activities and to identify areas for further research in order to strengthen leprosy control programmes.

The following are some of the important conclusions of the Consultation.

### CASE FINDING

(a) Intensive health education of the community at all stages of case-finding is of fundamental importance.

(b) It is necessary to define in broad terms the nature and extent of the problem. This can often be best done by means of a random sampling survey to provide data on age, sex, form and specific prevalence in addition to overall prevalence.

(c) The case-finding programme should be systematic by defining operational areas so that epidemiological and operational evaluation can be made periodically.

(d) The actual choice of case-finding methods should be related to the level of endemicity in the country or region in which leprosy control is to be carried out.

(e) It was accepted that a country, region or area with a prevalence of more than 10/1000 should be considered hyperendemic.

(f) Even in areas with a prevalence of less 1/1000 active case-finding methods are necessary, and the lepromatous rates should always be taken into consideration.

(g) The most practical methods of case-finding are the examination of

contacts, especially child household contacts of infectious cases and of persons reported to be suffering from leprosy.

(h) In areas where the rate approaches that of hyperendemicity, school or child surveys provide a good indication of the prevalence in the adult population.

(i) In highly endemic areas, mass surveys may be justified. They should be conducted by teams and should aim at examining not less than 95% of the target community.

(j) Mass surveys are no substitute for the effective case-finding potentialities of the conscientious, well-motivated worker at village level.

(k) The support of the general health staff, doctors and paramedical and auxiliary workers is important as an adjunct to active case-finding.

#### EFFECTIVE TREATMENT

The increasing evidence of sulphone resistance among lepromatous and borderline cases on ambulatory treatment is due, it is believed, to inadequate and/or irregular treatment and necessitates the review of drug regimens and treatment arrangements. Bacilliferous cases should be rendered non-infective as early as possible.

In general the treatment intervals for patients to receive tablets should, whenever possible, be reduced in order to obtain better clinical control.

Where it is possible, lepromatous patients should have part of the treatment by a supervised dose.

During the first 3 months of chemotherapy, careful supervision should be exercised over the lepromatous patients to ensure adequate therapy in anticipation of a significant reduction in infectivity.

It was recommended that in order to shorten the period of closely supervised therapy, collaborative field studies should be conducted on the value of rifampicin as a single initial dose and in daily doses during the first month in bringing the Morphological Index below 1. In addition, trials should be conducted with DDS and clofazimine.

#### CASE MANAGEMENT—REACTIONS AND PREVENTION AND TREATMENT OF DEFORMITIES

The management of reactions in the field and the prevention and treatment of deformities were regarded as rather neglected areas in the management of leprosy cases. It was recommended that the staff of all leprosy units should be skilled and equipped to undertake the prevention and treatment of deformities.

#### TRAINING

A review was given by each delegate of training facilities in their respective countries for all types of health personnel. In general, the area where such training was the weakest and yet the most necessary in endemic countries was that of undergraduate medical education. It was considered that greater efforts should be made to provide short courses for private medical practitioners, and that each country should have a working manual for the guidance of workers engaged in leprosy control.

#### INTERNATIONAL VOLUNTARY AGENCIES

Dr Sansarricq highlighted the assistance provided by the international voluntary agencies to the leprosy control programmes in the countries of the South-East

Asia Region. The meeting emphasized the importance of greater involvement of these agencies in the leprosy control activities.

#### RESEARCH

Dr Sansarricq provided a succinct but interesting survey of current problems and recent advances in research on leprosy and outlined WHO's special programme. Since the Central Training and Research Institute, Chingleput, India, is collaborating with WHO in research on the chemotherapy of leprosy in India, a brief review of recent work was given by Dr Iyer, Director of the Institute.

### Conclusions and Recommendations

#### OBJECTIVE

The aim is to bring about sufficient reduction in the amount of infection in the community to interrupt transmission of the disease, so that it is controlled at a level where it ceases to be a serious public health problem.

#### TARGETS

(1) In addition to preventing indeterminate cases from progressing into lepromatous leprosy, at least 75% of the estimated lepromatous and borderline cases should become bacteriologically negative and should remain so. The meeting felt that this should be possible in the Region within a period of 10-15 years.

(2) To achieve this target in the highly endemic areas at least 95% of the population should be examined in the expectation of detecting 95% of the infectious cases.

(3) All patients detected should be brought under regular supervised treatment immediately on detection, priority being given to the infectious or potentially infectious forms. This operation, in the opinion of the meeting, should be completed within a period of 3-5 years, in the highly endemic areas, after the launching of the programme.

(4) The existing national control programmes in each country should be maintained and further strengthened so that the intensified programme can be built upon them.

Strategies for implementation and needs were also discussed. This was clearly a very valuable Consultation.