

Leprosy and the Community

MASSIVE ATTACK ON LEPROSY: WHO PRESS RELEASE WHA/12 OF 14 MAY, 1977

A massive attack on leprosy under WHO's special programmes for Research and Training in Tropical Diseases (TDR) was reported today to one of the main committees of the Thirtieth World Health Assembly meeting in Geneva.

A report presented to the Assembly said leprosy remained in many countries an important public health problem. The total number of cases in the world is conservatively estimated to be between 10 and 11 million. A rough breakdown by regions gives the following figures: Asia, 6.5 million; Africa, 3.5 million; the Americas, 350,000. In 1970, there were 2,877,481 registered patients in the world.

A chronic ailment caused by a bacillus, *Mycobacterium leprae*, leprosy produces lesions in the skin tissues and the peripheral nerves. It affects people at all ages and of all races. There are 2 main forms: the tuberculoid form, in which the body's strong defences prevent the bacillus from reproducing, and the highly contagious lepromatous form, in which the bacillus grows unchecked.

Under the special TDR programme, priority is being given to 2 main lines of research: immunology and chemotherapy. Research in immunology concentrates on development of a safe and effective vaccine and on finding a simple diagnostic test for subclinical infections. Progress made over the past 3 years strengthens the hope that a vaccine against leprosy can be developed. However, a vaccine for large-scale application cannot be expected in the immediate future.

One of the major research problems is the resistance of the leprosy bacillus to the sulphone drug, dapsone, the most widely used drug to treat the disease. Some other drugs, such as clofazimine, rifampicin and thiacetazone, have been shown to be active against leprosy but they are much more expensive or else more toxic than dapsone. Another challenge to research is the persistence of bacilli in the body of the treated patient that could lead to a relapse later.

These research programmes and other research activities (in epidemiology operational research and in *Mycobacterium leprae* cultivation) are being developed with maximum involvement of investigators from leprosy endemic countries. In this connection, a regional plan for research in leprosy was adopted by the Regional Advisory Committee on Medical Research for the South-East Asia Region during its last session.

A scientific working group met in Geneva last April to finalize a standard protocol for chemotherapy trials, making it possible to determine fairly

rapidly the most appropriate drug regimen for leprosy control services. Plans have also been made for drug development, including the identification of active principles in plants. The working group will also study proposals for further research into dapsone resistance, better animal models, development of better and safer drugs and proposals for training young investigators from leprosy endemic countries. The ethical aspects of drug trials as well as the question of co-operation with pharmaceutical firms will also be studied.

The report to the Assembly pointed out that, if the treatments available so far are not perfect, the progress that has been made is far from negligible. In some countries where it has been possible to mount well-organized programmes against leprosy, it has proved possible to reduce the total number of cases by as much as 75% after 15 years of effort. The slow evolution of leprosy, which is preceded by a long incubation period (3-9 years or more), and the equally long periods needed for treatment and follow-up of leprosy patients and their household contacts, single out leprosy control as an activity particularly well suited for inclusion within community health care systems.

ILEP: GUIDELINES FOR THE CAMPAIGN AGAINST LEPROSY

ILEP (then ELEP) published in 1970 a booklet summarizing the common grounds on which its member Societies and Associations approached leprosy control. This booklet now appears in a new Edition, updated by the Medical Commission of ILEP to July, 1976. Adopted by the General Assembly of ILEP, the largest world agency actually operating in the field of leprosy control, this is a policy document of great importance and interest to leprosy workers everywhere, a companion booklet to the Memorandum on Leprosy Control, written by Dr Browne and issued jointly by OXFAM, Lepira and The Leprosy Mission.

The ILEP Guidelines appear to be addressed as much to supporting agencies and supporters as to actual field workers. While presenting up-to-date scientific information regarding leprosy and the approach to its control, the booklet also aims to correct out-dated attitudes and prejudices, and includes a Section by Dr Brand on the Economics of Leprosy Control. There is an interesting Section on the Technique of "Barrier Nursing" in Contagious Leprosy, which, accepting the thesis that leprosy patients needing hospital treatment can and should be nursed in general hospitals, offers guidance to nursing staff. There are uncompromising Sections on the segregation of patients with lepromatous leprosy and the segregation of the children of leprosy patients.

A great deal of reliable information and trustworthy judgment is condensed in this valuable booklet. One aspect included at some length in its British counterpart receives only scant mention here, namely the education of the public regarding leprosy. There is now a mass of evidence that it is not sufficient to include leprosy in programmes of health education without giving leprosy special emphasis. Nothing but sustained and specific carefully planned emphasis seems capable of defeating the stubborn prejudice so widely associated with leprosy, and this is true not only at the receiving end of the leprosy control programme, but at the supporting end as well.

T. F. Davey

CHRISTIAN KUSHT NIRMULAN YOJNA

This is a new leprosy control project in North India, commendable for its location in an area of unusual deprivation. This first summary report not only reveals an unsuspected degree of leprosy activity, but illustrates both the problems and the approach appropriate to such situations.

**Christian Leprosy Eradication Project, Seorahi, Dist. Deoria,
U.P. India 274406****BRIEF SKETCH OF ACTIVITIES FOR THE YEAR 1976**

The Project was started in June, 1975 under the auspices of the Fellowship of Free Baptist Churches in N. India. It covers an area of 100 sq. miles with a population of 120,000, and is situated on the U.P.-Bihar border in an area ravaged by floods year after year during the months of July to September.

The area is noted for its economic backwardness and abject poverty and the resultant malnutrition. A great majority of the people are illiterate, and live in make-shift congested huts, sleeping huddled together, especially during the cold season.

The goal of the Project is the eradication of leprosy from this area within the next 10 years.

Five trained paramedical workers are working under the direction of a Medical Officer, doing systematic house to house survey in their respective zones. Patients detected during the survey are referred to any of the 5 clinics situated in vantage points for confirmation and treatment. Twenty villages with a total population of 20,156 have been surveyed. The overall incidence of leprosy is 1.6%. But there are pockets where the incidence is alarmingly high. In a village hamlet with a population of 256, 27 persons have been found to have leprosy, and in another hamlet, 33 persons were diagnosed to be suffering from leprosy out of a total population of 323. Even in affluent homes, a number of leprosy sufferers were found where domestic servants with the infectious type of leprosy and congested living conditions were contributing factors for the infection.

A 20-bedded hospital with all amenities has been built to accommodate those of the patients who may need hospitalization. Dr V. P. Das, Secretary for S. Asia, the Leprosy Mission, declared the hospital open on 15 August, 1976.

Public response and co-operation were abundantly forthcoming in the initial stages, but received a set-back when ignorant village people who are set against the Family Planning Campaign of the Government mistook us for the Campaigners and refused to co-operate with our Paramedical workers in their survey work. We had to explain our position and do much persuasion before they gave their co-operation once again. We have 2 anti-leprosy films which have very good reception and have high education value. A good number of early leprosy cases come to us voluntarily for diagnosis and treatment, because of the films. We display anti-leprosy posters in schools and other public places and distribute literature on leprosy to teachers and students, who are helpful in our outreach work in the villages.

The whole Project is administered by the Project Officer, who is responsible for its proper day to day functioning.

P. Ratnaswamy
(Project Officer)

POONA URBAN DISTRICT LEPROSY CONTROL PROGRAMME

The progressive outlook on leprosy control in Maharashtra State, India, is reflected in the vigorous urban leprosy control programme now in progress in the city of Poona, Dr J. M. Mehta, Honorary President of the Poona District Leprosy Committee has sent the following summary report on the first 21 months of the programme.

Pune Urban Leprosy Investigation Centre Conducted by Poona District Leprosy Committee and Supported by Deutsches Aussatzen-Hilfswerk E.V. of West Germany

A summary of the work done for the period 1 April, 1975 to 31 December, 1976 is given below:

During the period under report work was being done in 7 different areas (called sectors) of the city of Poona.

Sector no.	Sector name	Total population (approx.)	Slum population (approx.)	School population (approx.)
1.	Bhavani Peth	125,000	35,000	25,000
2.	Mangalwar Peth	125,000	15,000	20,000
3.	Wadarwadi	100,000	20,000	20,000
4.	Tadiwala Road	75,000	15,000	10,000
5.	Parvati	125,000	20,000	20,000
6.	Hadapsar	100,000	20,000	10,000
7.	Yerawada	100,000	25,000	10,000
	Total	750,000	150,000	115,000

(1) SURVEY WORK

Type of population	No. of families/schools covered	Population enumerated	Population examined	No. of cases detected	Suspicious cases known under observation
Slum dwellers	17,340	81,923	58,866 (71.9%)	374 (6.4/1000)	25
School children	234	142,328	119,796 (84.2%)	203 (1.7/1000)	36
Voluntary	—	—	—	347	—
Total	17,340/234	224,251	178,662 (79.7%)	924 (5.17/1000)	88

(2) CASES THROUGH SURVEY

Type of population	Children			Adults			Total
	L	N	Total	L	N	Total	
Slum dwellers	2	69	71	79	224	303	374
School children	—	180	180	—	23	23	203
Total	2	249	241	79	247	326	577

(3) CASES THROUGH VOLUNTARY REPORTING

Type of population	Children			Adults			Total
	L	N	Total	L	N	Total	
Slum dwellers	3	26	29	48	81	129	158
School children	—	6	6	—	—	—	6
Dapodi Colony	—	9	9	58	98	156	165
Miscellaneous	—	1	1	3	14	17	18
Total	3	42	45	109	193	302	347

(4) TREATMENT OF CASES

Area	No. of clinics	Total no. of patients detected		Total no. of patients under treatment	
		Slum dwellers	School children	Slum dwellers	School children
Bhawani Peth	2	152	84	98	60
Mangalwar Peth	3	196	49	168	35
Wadarwadi	1	24	52	20	30
Dapodi Colony	2	165	—	165	—
Tadiwala Road	1	35	—	35	—
Parvati	2	106	24	97	21
Hadapsar	1	—	11	—	11
Yerawada	1	26	—	20	—
Total	13	704	220	603	157

(5) PATIENTS HAVING DISABILITY*

Sector	Children			Adults			Total
	L	N	Total	L	N	Total	
Bhawani Peth	—	4	4	16	31	47	51
Mangalwar Peth	2	2	4	45	29	74	78
Wadarwadi	—	2	2	1	5	6	8
Dapodi Colony	—	—	—	55	93	148	148
Tadiwala Road	—	—	—	3	8	11	11
Parvati	—	—	—	5	14	19	19
Yerawada	—	—	—	1	4	5	5
Total	2	8	10	126	184	310	320

* Patients having only sensory loss of hands and feet are also included.

(6) SPECIAL TREATMENT

(a) *Temporary hospitalization*

During this year 41 patients were referred to Dr Bandorawalla Leprosy Hospital for treatment of ulcers, reconstructive surgery, reaction, other complaints and special investigations.

(b) *Other services*

Patients were provided with protective footwear, eyeglasses and other services as needed.

(c) *Dapodi colony*

The treatment centre for beggar leprosy patients is well attended and as a result the ulcers of these beggars are getting healed.

(7) HEALTH EDUCATION PROGRAMME

This programme is given due importance. Intensive health education is carried out with the help of audio-visual aids such as slide shows, photographs, film shows etc. The following table shows the abstract of health education work done so far:

Type of group	No. of programmes conducted	No. of persons attended
Teachers	128	1894
Students	44	3503
Others	177	9060
Total	349	14 457

(8) TRAINING COURSE AND OTHER ACTIVITIES

(a) A short training course was arranged for 26 leprosy technicians from Pune Zilla Parishad. This training included school survey, slum survey, lectures and a film show. The paramedical workers of the Pune Zilla Parishad worked with our workers and saw the way in which school surveys are conducted and how the patients are detected and treated.

(b) Dr P. Kapoor, Joint Director of Health Services (Leprosy) paid several visits to our surveys and clinics and demonstrated to our paramedical workers the correct method of examination and diagnosis of early cases. His visits were very valuable to the programme.

(c) A refresher's course was arranged by the centre for general medical practitioners. A large number of doctors participated in it. A film show accompanied by slide show and a lecture was arranged for this purpose. The discussions that followed were very fruitful.

J. M. Mehta (President Poona Dist. Leprosy Committee)

REPORTS RECEIVED

All India Leprosy Workers Conference Silver Jubilee & Centenary of Hansen's Bacillus Discovery, Sevagram, 12 to 16 October, 1973

This was an important Conference, covering all major aspects of leprology, and reflecting the emphases which have given such importance to the contributions of leprologists in India to our understanding of leprosy, its control and rehabilita-

tion. The Report is published by the Hind Kusht Nivaran Sangh, New Delhi. It is a pity that it has been so long delayed.

Sacred Heart Hospital, Kumbakonam, S. India, Diamond Jubilee

Founded in 1916, this hospital has rendered distinguished service to the cause of leprosy control in South India. Prior to modern chemotherapy the hospital cared for nearly 1000 patients, mostly neglected and abandoned people, but in more recent years, with the help of EMMAUS-SUISSE the hospital was able to develop into a modern leprosy control centre with outreach covering 4 Taluks and a population of 100,000, and a full range of specialist services at the centre. Research is actively encouraged. LEPRO and ILEP have also assisted the control project undertaken by this forward looking hospital, and we add our congratulations on its 60th anniversary.