

## Leprosy and the Community

### REPORT OF THE SECOND WEST AFRICA LEPROSY CONFERENCE, HELD AT THE UNIVERSITY OF CAPE COAST, GHANA, JULY 1977

This report comes from the West Africa Leprosy Secretariat, P.O. Box 673, Freetown, Sierra Leone, following a Conference in July 1977 at which the participating countries were Ghana, Nigeria, the Gambia, Sierra Leone, Liberia and Togo. Workshop groups consisting of about 12 members, dealt with the following subjects—"Treatment and Control", "Health Education and Rehabilitation", "Training", and "The Role of Surgery", and the Report shows that they did this in a commendably practical way, giving every evidence of people talking about a problem, and about countries, which they know extremely well at first-hand. Under the first of these headings, it is heartening to see a section devoted to "The Follow-up of Patients Crossing Borders", with emphasis on the importance of a Transfer Certificate and the need to make treatment freely and easily available by International Agreement in the 6 countries concerned. Another heading which catches the eye is "How to Attract Indigenous Doctors to Work in Leprosy" and this is followed up, in the Section on Training, with a detailed consideration of the "Future for Leprosy Workers", concluding that "recruitment of special staff for Leprosy Control, if required, should be at the same level as that required for parallel cadres in the general health services" and that more attention should be focused on a career structure for leprosy staff.

In the light of current concern about dapsone resistance, perhaps one of the most interesting paragraphs is on page 3, under "Suggestions for Combined Treatment". It is advised that multi-bacillary leprosy should be treated with combined treatment, dapsone being given in full doses in all cases, together with another drug, but, unfortunately, as set out here, it is not clear if this should be rifampicin *or* clofazimine, or both at the same time. The next sentence is remarkable: "Drug resistance is not a major problem but is present in West Africa—in a relatively small percentage of patients". The participants included a number of experienced observers, and the statement contrasts strangely with the concern that is currently being expressed by workers in, for instance, Ethiopia, and by WHO.

This interesting report should be read in conjunction with—  
*LEPROSY SURVEY, Sierra Leone, August 1976–August 1977, by Dr E. S. Johnson.*

This also comes from the West Africa Leprosy Secretariat, P.O. Box 673, Freetown, Sierra Leone, W.A., and the basic reasons for carrying out the survey are worth quoting in full (from p. 2):

“On account of this rapid expression of leprosy control activity and the resulting extensive coverage of the population achieved over the past 3 years since the National Programme was launched, a serious discussion among leprosy workers in the country began to surface, that probably most of the leprosy cases existing were now under treatment. Moreover, there was general suspicion that the level of endemicity of the disease may not be as high as previously estimated. Accordingly, it was decided to conduct a prevalence study in 1976, with the following objectives:

- (1) To determine as accurately as possible, the true leprosy prevalence rate in Sierra Leone and therefore determine the exact number of patients in the country yet to be detected and put under treatment.
- (2) To identify what parts of the country the disease was more prevalent.
- (3) To evaluate the progress of the 3-year-old national leprosy programme.
- (4) To study the epidemiological pattern of the disease.
- (5) To collect data that will be used to plan the next 3–5 years of the leprosy programme.”

Dr Johnson’s survey was based on the “Enumeration Areas” which were established in the 1974 Nation-Wide Population Census and 6 of these were eventually selected in each district, each containing about 6000 people, as giving a statistically satisfactory sample. The survey was carried out by experienced leprosy supervisors and the leprologist later saw and confirmed virtually all the cases detected. On pages 4–8, the author analyses the results in considerable detail, and later concludes: “The results of this survey strongly suggest that a highly successful National Leprosy Control Programme is well established in Sierra Leone”. There was a prevalence rate of 0.9% (standard error  $\pm 0.1\%$ ) in a population of 3 million and the estimated number of cases was about 27,000. The leptomatous rate was 7.3%. There was a close correlation between (1) the figure of 27,000, (2) the number of patients actually known to be registered in Sierra Leone, which is 15,120, and (3) the survey’s estimate of the number of cases still to be diagnosed and brought under treatment, which was about 14,742. A disconcerting finding (p. 10) and one which needs careful confirmation, is that “40% of the cases yet to be found are actually living in localities where clinics are held and 80% are within 3 miles of existing clinics”. Dr Johnson rightly concludes that serious thought should be given to this rather disturbing revelation.

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### **HIND KUSHT NIVARAN SANGH ANDHRA PRADESH BRANCH SEMINAR ON LEPROSY**

A Seminar on leprosy under the auspices of the Hind Kusht Nivaran Sangh Andhra Pradesh Branch was held on 28 and 29 November 1977 at the Osmania Medical College, Hyderabad. About 550 delegates, consisting of medical and para-medical workers, together with social workers from

Government and Voluntary Organizations, attended the Seminar, which was led by distinguished specialists and men in public life. The State of Andhra Pradesh has an enormous leprosy problem. In his report on the Leprosy Control Programme in the State, Dr Anand Raj, Zonal Leprosy Officer, Hyderabad stated that the official estimated number of persons with leprosy in Andhra Pradesh was 620,000, with a prevalence rate of 12.8 per thousand, rising to 17 per thousand in some very large densely populated Districts. The Government National Leprosy Control Programme has been operating in the State since its inception, working along well established lines, but it is clear that much remains to be done. In addition to discussing current problems the Seminar also had an important educative function. Much credit for its success must be given to Dr S. N. Mathur, the dynamic State Secretary of the Hind Kusht Nivaran Sangh. In a series of resolutions adopted by the Seminar emphasis was laid on the need for hospital care for patients with acute reaction at local rather than District level; the need for better leprosy education of local hospital and health staff; the need for refresher courses for senior medical staff; the need for references to leprosy on the mass media to be screened for accuracy; and in addition it was recommended that leprosy control services should not be integrated into the State general Health Service until the results of the present "attack phase" on the disease have been evaluated, and the whole medical profession have been mobilized to deal with the problem in its later, diluted form.

T. F. DAVEY

**TENTH BIENNIAL CONFERENCE OF THE INDIAN ASSOCIATION  
OF LEPROLOGISTS AND XIVTH ALL INDIA LEPROSY WORKERS  
CONFERENCE, BARODA 10-14 APRIL 1976**  
(*Leprosy in India*, Vol. 48, No. 4, Supplement)

The Biennial Leprosy Conferences conducted by the Indian Association of Leprologists and the Hind Kusht Nivaran Sangh are always an important stimulant to research and the sharing of experience in a country with over 3 million sufferers from leprosy. The Baroda Conference in 1976 was no exception. Among the wide range of subjects covered by original articles and discussion, the following merit special note.

**EPIDEMIOLOGY**

"Epidemiological surveys in 3 areas of Maharashtra where leprosy control is well established, have shown", said P. V. Kapoor, "that there has been a definite fall in leprosy incidence in children in all 3 areas, with lepromatous rate and deformity rate virtually down to zero. Among adults progress after 15 years has become slower." S.K. Noordeen and P.N. Neelan found chemoprophylaxis with dapsone effective in preventing leprosy among household contacts below 15 years of age exposed to non-lepromatous leprosy, though the efficacy rate was only 35%. B. R. Chatterji, following up over several years clinically normal persons who harboured AFB in the ear lobes, failed to show any incidence of leprosy among them higher than in

controls. R. Ganapati, S. S. Naik and S. S. Pandya reported important studies in school children in Bombay [see *Lepr. Rev.* 47(2), 133].

#### MICROBIOLOGY AND PATHOLOGY

K. V. Desikan reported experiments in which multiplication occurred in mouse footpads using an inoculum of AFB in which no normal staining rods were found, based on a count of 100 bacilli. E. J. Ambrose, N. H. Antia and S. R. Khanolkar with a view to developing a rapid *in vitro* assay for the viability of *M. leprae* combined radioactivity labelled metabolites with high resolution autoradiography and found a significant correlation between MI and labelling index. D. K. Dastur reported on the role of the perineureum in leprosy neuritis. V. Sengupta, M. J. Worms and R. J. W. Rees presented evidence that *M. lepraemurium* can be transmitted mechanically by mosquitoes (*Aedes aegypti*).

#### THERAPY

One full session was devoted to *clofazimine therapy*, and well exposed the established facts with this drug. L. M. Hogerzeil reported that long term steroid therapy had no adverse effect on the bacteriological decline in lepromatous patients provided they were treated with clofazimine at the same time. In the Session on *Immunology*, V. Mehra, S. N. S. Hanjan, Zera Kidwal, L. K. Bhutani and G. P. Talwar presented evidence of an alteration in the surface characteristics of lymphocytes derived from the peripheral blood of untreated lepromatous leprosy subjects. K. Saha reported dramatic improvement following the transplantation of human foetal thymus tissue into severe reactional cases of lepromatous leprosy. An important Session on Deformities and Rehabilitation concentrated on the long term results of surgical procedures in leprosy. The technical sessions of the Conference were succeeded by the very important Leprosy Workers Conference, concerned with many practical problems in the vast undertaking of leprosy control in India, and on this occasion, especially with assessing progress and evaluating control procedures.

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