

Letters to the Editor

THE ACTUAL LEPROSY SITUATION WITHIN KATSINA STATE, NIGERIA

Sir,

Katsina State, one of the 21 states of Nigeria, is situated in the central upper north of the country bordering Kano State in the east, Kaduna State in the south, Sokoto State in the west and Niger Republic in the north. It covers an area of 23,400 sq km and has a population of 3·5 to 4 million people.

As calculated from the only data available to us (C M Ross 1951, WHO–LAT survey 1960, NSL survey 1977 and our own findings 1983–88), the actual leprosy situation at the present time seems to be the following:

With a prevalence of 1·5–2 per thousand, there are in total some 6500 leprosy patients with signs of either active or inactive infection, of whom 1200 patients have multibacillary and 5300 paucibacillary leprosy.

Of these 6500 leprosy patients, a minimum of 5500 patients have been registered at least once in their life and as such have received or are still receiving antileprosy drug therapy, so far only monotherapy with DDS. At the moment there are still some 3300 leprosy patients on the treatment registers.

We regard any patient who is still active after 5 years of treatment for multibacillary leprosy, or 2 years of treatment for paucibacillary leprosy, as being dapsone resistant. On this basis, there are at present a maximum of 120 patients with probable dapsone resistance between Babbar Ruga Hospital Clinic and the other clinics in this area.

There are a maximum of 250 new leprosy patients a year, giving an annual incidence rate of 0·0625 per thousand; this reflects the transmission of some 2–5 years ago. But it is important to record that we have in this State over 60% disability grade 2 or more (involving hands in 50%, feet in 30% and eyes in 15% of all 6500 patients). There are therefore at least 4000 leprosy patients with gross disability of hands and/or feet and/or eyes.

Conclusion and prognosis

Reviewing the trend over the last 35 years, the leprosy 'epidemic' in Katsina State is almost under control, and with an intensified control programme involving better organization/documentation/recording/supervision, active case finding, introduction of MDT etc., it should be possible to almost completely interrupt transmission by the year 1995, so that by the year 2000 there will be no more than 200–300 leprosy patients in need of drug treatment.

However, in view of the enormous disability rate, care (rehabilitation, footwear, ulcer care, reconstructive surgery, etc.) for some thousands of patients has to be continued at least until the year 2010—if not longer.

K WAALDIJK

*Babbar Ruga Leprosy Hospital
PO Box 5
Katsina, Nigeria*