

The current state of leprosy control activities in Sri Lanka

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Summary In Sri Lanka the overall prevalence of leprosy was 0.14 per 1000 population and the incidence 0.07 per 1000 population at the end of 1987. Although the endemicity is low in the island, disease transmission has not yet been achieved as the annual detection of new cases and the child rate has been gradually rising. The major activities of the leprosy control programme are case-finding, treatment and defaulter retrieval, health education, rehabilitation and training. The field programme is implemented through 15 specially trained paramedical workers. In addition there are 5 medical officers attached to the Anti-leprosy Campaign. The Director of the Anti-leprosy Campaign is in overall charge of the National Leprosy Programme and is also project manager for the Sri Lanka Emmaus Leprosy Control Project.

Introduction

Sri Lanka, a small island in the Indian Ocean close to South India, has an area of 65,610 square kilometres. Its length is 445 kilometres, breadth 225.3 kilometres, and it has a population of 16.34 million.

There is a belt of high prevalence of leprosy ranging from 0.3 per 1000 population to 0.13 per 1000 in the Western and Southern Provinces extending to the Eastern Province along the coast, with endemic foci in certain districts. The Northern Province is moderately endemic. The rest of the country has a very low endemicity with prevalence rates below 0.07 per 1000 population.

Though leprosy has a low degree of endemicity in the country, interruption of disease transmission has not yet been achieved. This observation is based on the following indicators: New cases detected annually have risen gradually from 329 in 1947 to 1194 in 1986, but there was a decrease to 1074 in 1987 probably because the case-finding programme, planned was not fully implemented.

Child rate which was only 5.4% in 1959 has increased to 20.4% in 1987.

Situation analysis

The statistics at the end of 1987 showed that the overall prevalence in the island was 0.14 per 1000 population and the incidence 0.07 per 1000 population. During the first half of 1987 on the recommendation of a WHO Consultant (who was in Sri Lanka to review the National Leprosy Control Programme) updating of patients' registers were done and many cases were taken out of the

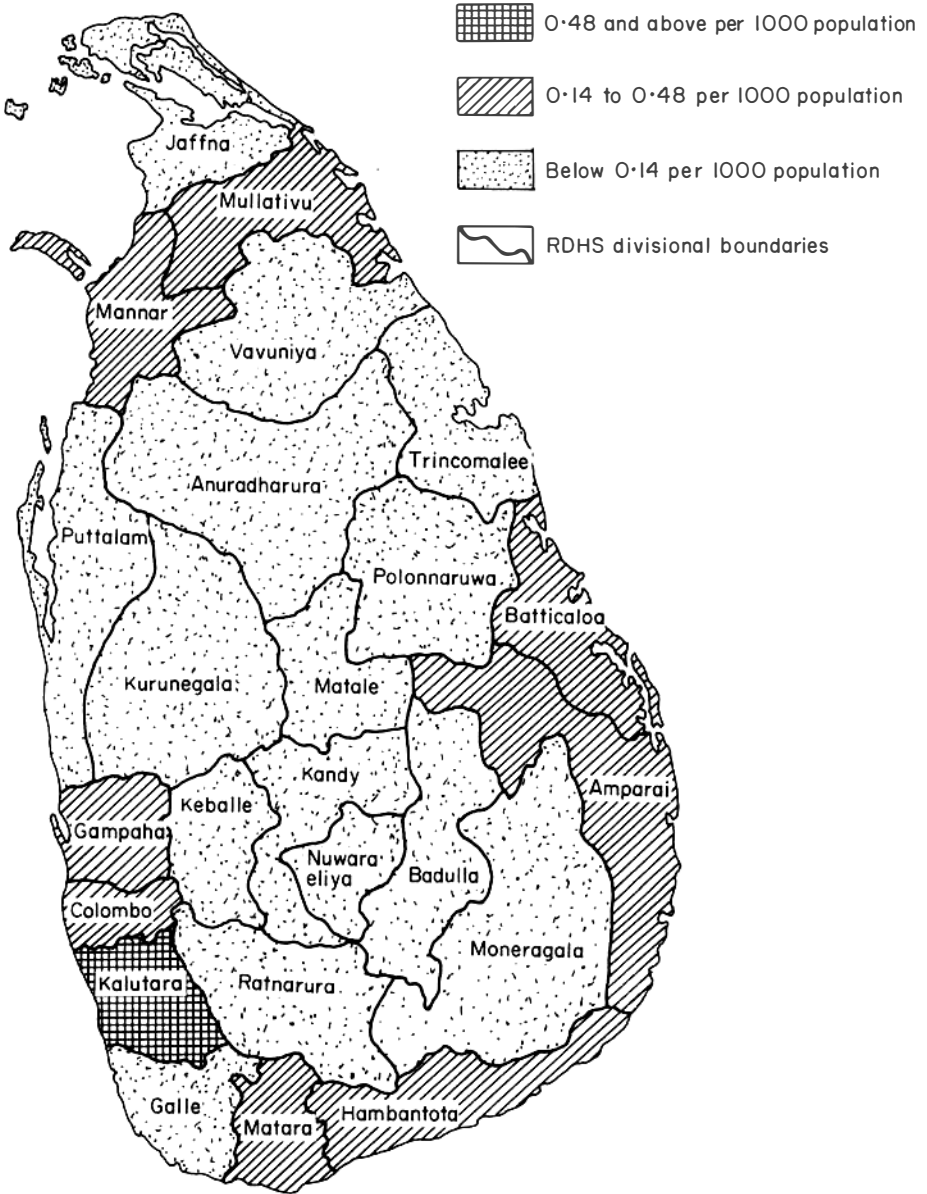


Figure 1. Endemicity of leprosy in Sri Lanka by Regional Director of Health Services Divisions on 31.12.87.

Table 1. Registered cases and new cases by Provinces as on 31.12.87

Regions	Population 1987	Registered 1987	New cases 1987
Western	4,238,000	4879	537
Southern	2,115,000	1102	124
Eastern	1,148,000	355	109
Sabaragamuwa	1,608,000	297	50
North Western	1,910,000	437	99
Northern	1,249,000	441	38
Central	2,095,000	208	45
North Central	952,000	228	41
UVA	1,007,000	147	31
Total	16,322,000	8094*	1074

*This has been made up as follows:

Active cases	2305
Cases under surveillance	4531
Cases for care only	1258
	8094

Table 2. Prevalence rates and incidence rates by Provinces as on 31.12.87

Province	Total no. of cases*	Prevalence rate	Incidence rate
Western	4879	0.30	0.13
Southern	1102	0.13	0.06
Eastern	355	0.17	0.09
Northern	441	0.12	0.03
North Central	228	0.07	0.04
North Western	437	0.07	0.05
UVA	147	0.05	0.03
Sabaragamuwa	297	0.05	0.03
Central	208	0.04	0.02

*Registered cases, 8094.

Table 3. Total number of active cases by ethnic groups as on 31.12.87

Race	Multibacillary			Paucibacillary			Total
	M	F	Total	M	F	Total	
Sinhalese	466	163	629	602	464	1066	1695
Cey. Tamil	96	55	151	198	227	425	576
Cey. Moors	09	04	13	10	9	19	32
Malays	—	—	—	—	—	—	—
Burghers	—	—	—	—	—	—	—
Ind. Tamil	—	—	—	—	—	—	—
Ind. Moors	—	—	—	—	—	—	—
Total	571	222	793	811	701	1512	2305

Table 4. Total number of active cases by age groups as on 31.12.87

Age group (years)	Multibacillary			Paucibacillary			Total
	M	F	Total	M	F	Total	
0-4	—	—	—	12	07	19	19
5-9	02	02	04	54	52	106	110
10-14	13	09	22	90	86	176	198
15-24	67	16	83	154	146	300	383
25-39	144	58	202	174	148	322	524
40-49	108	43	151	130	122	252	403
50-59	103	39	142	86	63	149	291
60-69	70	41	111	71	53	124	235
70+	64	14	78	40	24	64	142
Total	571	222	793	811	701	1512	2305

Table 5. Total number of new cases detected in 1987 by age groups

Age group (years)	Multibacillary			Paucibacillary			Total
	M	F	Total	M	F	Total	
0-4	—	—	—	06	03	09	09
5-9	—	01	01	38	45	83	84
10-14	02	—	02	69	55	124	126
15-24	08	09	17	61	79	140	157
25-39	32	15	47	123	98	221	268
40-49	16	06	22	52	62	114	136
50-59	23	05	28	57	61	118	146
60-69	15	07	22	44	37	81	103
70+	06	01	07	27	11	38	45
Total:	102	44	146	477	451	928	1074

'active' cases register, hence there was a drop in prevalence rate of 0.6 per 1000 population in 1986 to 0.14 per 1000 population in 1987. The incidence was the same in 1986 and 1987 respectively.

Statistics of all the island as at 31.12.87:

Total number of active cases	2305
Total number of surveillance cases	4531
Total number of 'care' cases	1258
Of active cases:	
Multibacillary	34.5%
Paucibacillary	65.5%
Among active cases:	
Males	59.9%
Females	40.1%
Children below 15 years of age	14.2%
New cases were detected mainly by:	
Referrals	54.5%
Surveys	31.4%
Contact examination	10.7%
Self-reporting	3.4%
Among new cases detected during 1987:	
Multibacillary	13.6%
Paucibacillary	86.4%
Children below 15 years of age	20.4%

97.96% of new cases detected were without Grade II and III deformities.

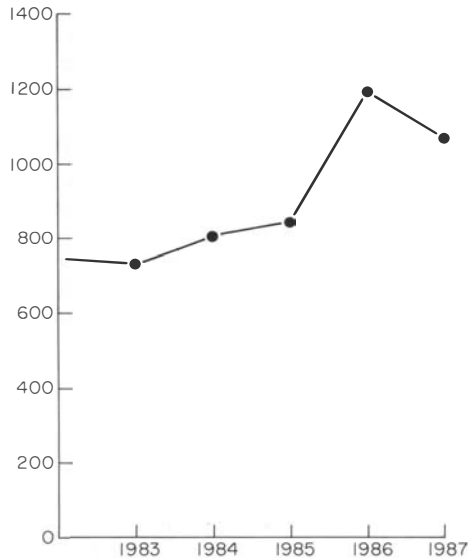


Figure 2. New cases detected since 1983.

Table 6. Total number of new cases detected in 1987 below and above 15 years of age

Age	Multibacillary			Paucibacillary			Total
	M	F	Total	M	F	Total	
-15	02	01	03	113	103	216	219
+15	100	43	143	364	348	712	855
Total	102	44	146	477	451	928	1074

The major activities of the Leprosy Control Programme are:

Case finding:

Active methods

Passive methods

Treatment and defaulter retrieval

Health education

Rehabilitation

Training

All cases on the Active Case Register are on multidrug therapy. The treatment regimen advocated by the WHO is being adhered to and carried out at 81 treatment centres throughout the country. Multidrug therapy commenced in 1982.

The field programme is implemented through 15 specially trained public health inspectors (paramedical workers). These public health inspectors are responsible for the above activities in their control areas (the country being divided into fifteen control areas). They integrate at the periphery with the primary health care workers and with voluntary workers. In addition to the 15 public health inspectors there are 5 medical officers attached to the leprosy campaign: 2 in Colombo at the Central Leprosy Clinic which is the headquarters of the Leprosy Control Programme, 1 as the Regional Medical Officer of the Southern province, and the other 2 are in charge of the 2 leprosy hospitals situated in the Western and Eastern Provinces. The former was constructed in 1706 during the period of Dutch occupation and the latter in 1921 during the period of British occupation of the country.

As government policy no new admissions have been made to the 2 hospitals since 1977 except those needing temporary hospitalization for reactions and ulcers.

The Director of the Leprosy Control Programme is in overall charge and is the National Programme Manager.

Emmaus Suisse a private voluntary organization assists and augments the National Leprosy Control Programme, in addition (since 1981) a model pilot project to intensify case detection was implemented in 1 district in the Western Province. This is being extended to 4 other districts in the Western and Southern Provinces now.