

LEPROSY CONTROL

By Dr. V. Vellut*

THE POSSIBILITY of treating a large number of patients in a simple manner has resulted in the launching of leprosy campaigns based on early detection and treatment. There is a definite progress in the control of the disease, but it is a slow progress. Progress is more striking in the fields of immunology and of experimental leprology. These may have soon an important bearing of control.

Emphasis should be put on :

A. CASE DETECTION: Health education is the best way to make general public aware of the first symptoms of the disease and of the fact that leprosy, taken at this stage, is 100% curable without deformity. This education can be given in many ways and could also be combined with general information on health problems.

Regular examination of patients' contacts is the next step to detect early cases.

House to house survey is necessary in hyperendemic areas. It could be multipurpose. It is also a personal approach in educating the public about health.

B. CASE HOLDING: Irregularity of treatment continues to be one of the most important drawback in control. Absenteeism is due partly to the long duration of treatment and its complications, to the benign character of the non-lepromatous types, to the mistrust in treatment etc....Efforts in preventing disabilities and comprehensive health care given during leprosy clinics might help in improving regularity.

C. IN-PATIENTS CARE: Facilities for temporary hospitalisation for acute illness must be provided. Time of hospitalisation could be utilised for educating patients about their disease and prevention of deformity.

D. RELEASE FROM CONTROL: "This should be a continuous activity to avoid inflation of the prevalence and of keeping

patients under control for a longer period than needed, thus increasing the work load and expenses".†

E. PROTECTION OF THE HEALTHY POPULATION: There are still not enough evidence about efficiency and feasibility of DDS prophylaxis and BCG vaccination to make them a regular feature in leprosy control.

F. TRAINING : There is still fear and irrational behaviour about leprosy. The attitude of medical and health workers is often the first stumbling block. It is important that the teaching of leprosy is integrated in their teaching programmes, in proportion of the importance of the disease in the different countries.

As for leprosy workers, refresher courses should be given at regular intervals.

G. ADMINISTRATIVE MEASURES : Planning, data collection, evaluation, supervision, operational research are fields which are of the utmost importance

and which are often neglected.

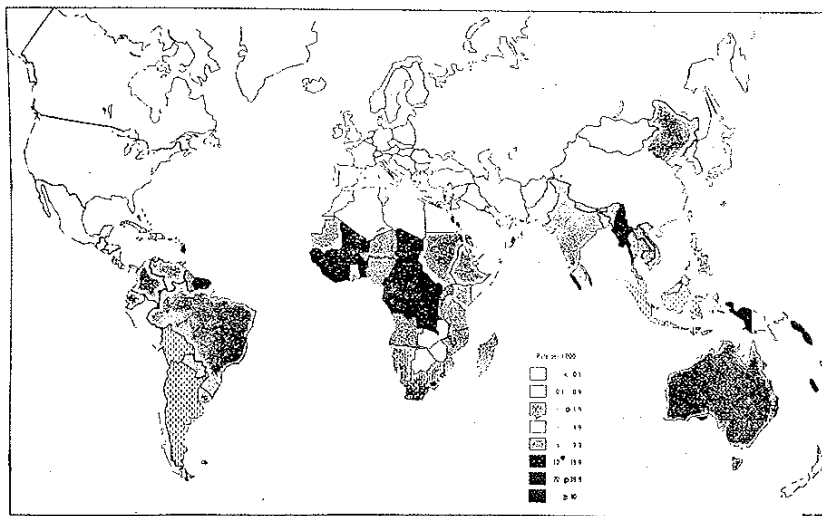
H. INTEGRATION : Integration of leprosy control activities into general activities is suitable and accepted in principle. In fact several leprosy control centres are or have been transformed into general health schemes. The training and supervision of polyvalent personnel at medical and paramedical levels is essential.

The Committee on leprosy control at the 10th International Leprosy Conference held at Bergen in August, 1973, concluded.

"Where the methodology is correctly and persistently applied and where 'there is cooperation of all concerned and where there has been motivation of the population, it can be expected that there will be an increase of' early benign cases, a decrease of disabilities, a slow and progressive decrease in the number of infectious cases and finally a gradual fall in the detection rate. The whole thing is such a long process that it requires a long time to achieve the end result. This prospect can only be improved by intensifying research."

†Committee on control Xth International Leprosy Conference.

DISTRIBUTION OF LEPROSY IN THE WORLD



100 YEARS AGO

A Norwegian Scientist, Gerhard Armauer Hansen, isolated the leprosy bacillus in the early 1870's. This was the first discovery of bacterium that can cause chronic, infectious diseases.

In spite of leprosy's being among the first of all bacilli discovered leprosy is still a major disease worldwide.

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