

### **MEXICO INTENSIFIES ITS STRATEGY FOR THE ELIMINATION OF LEPROSY AT SUB-NATIONAL LEVEL**

Having already achieved the elimination of leprosy (less than 1 case per 10,000 of the population) at national level, Mexico has now developed plans for the intensification of activities at state, health department ('jurisdiccion') and municipal levels. The State of Sinaloa in the western Pacific coastal area is due to start such activities in June 1996 and to pursue them intensively for 6 months, with the following main objectives — 1) discovery and treatment, to the maximum extent possible, of all hidden or occult cases, 2) examination of contacts of all registered cases, 3) identification of areas of high incidence and prevalence, with intensification of case-finding activities, including school children above the age of 9 years and 4) orientation and basic training of staff in peripheral health units in the recognition and referral of possible cases of leprosy, management of multiple drug therapy and disability prevention.

It is anticipated that this intensive 6 months project will reveal several hundred new cases (never treated before) and plans are already being made for similar activities in three other states in Mexico with relatively high prevalence. Sinaloa, for reasons which are far from clear, is currently the only state in the country with a prevalence of more than 1 case per 10,000 of the population; the figure is 4.9. It may be relevant that its population (2.5 million) has people of Chinese, Japanese, Philippine and European (mainly Spanish) origin,

with a high degree of racial mixing, and from an epidemiological point of view the finding of numerous cases of Lucio leprosy ('smooth leprosy'; 'lepra bonita') could be of considerable significance; many of these cases are asymptomatic for long periods before diagnosis; do not develop nodules and frequently have little to show clinically except madarosis, despite positive smears at all sites.

Having done all possible, using an intensified, short-period approach, at health department and municipal levels in the above 4 states, attention will be given to any remaining pockets or areas with significant numbers of cases in other parts of the country. The drugs for multiple drug therapy as advised by WHO are already widely available, including blister-calendar packs supplied by WHO as a gift from the Japanese Shipbuilding Industry Foundation. Rehabilitation centres with orthopaedic facilities have been established in 18 endemic areas, with considerable help from Ciba-Mexicana and the Ciba-Geigy Leprosy Fund in Switzerland, and these agencies have recently supported the printing and distribution of a revised edition of a Manual of Procedures for Leprosy Control, written by the Health Secretariat. In 1986, Mexico had 16,687 registered cases with a prevalence rate of 2.1/ 10,000. By March 1996 this had fallen to 5,005 with a prevalence rate of 0.5/10,000. The control programme has exceptionally strong medical and political support and the prospects for still further reduction in prevalence, at sub-national level, are apparently excellent.

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