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ROLE OF MEDIA IN LEPROSY ELIMINATION *Dr.Satish Kamat, India*

As we all are aware, media has a very crucial role and responsibility so far as developmental issues are concerned. Elimination of various diseases has been a challenge before mankind. Leprosy is one of them. All out efforts are being done to eliminate the disease within next couple of years. But they will have to be on two levels. One to eliminate it from the bodies and two, to eliminate from the minds. The social stigma associated with the disease is more painful and difficult to remove. This second part is more complex and naturally, more challenging. Here media definitely has a role to play.

When we say media, the major two parts of it are obviously, Print and Electronic Media. Print media has a

long and rich tradition in India. The Electronic Media is comparatively new, but has by now got rooted in the soil. Especially, because of the advent of several foreign channels that have already gatecrashed, not only the lavish drawing rooms but the slums and villages, the impact has increased many fold. Another advantage of this media is, its reach, even to the illiterates.

Apart from these two major parts, there are a couple of other forms, which are equally effective. They are, posters, slides, short films, TV spots containing social message, etc. They are powerful carriers of the message that one wants to convey, because of visual impact and catchy lines that go with them.

In a country like India, one cannot forget the great communicative power of folk arts. Even during the freedom movement, they were used very effectively. Kirtan and puppet shows also have a place when one thinks of the folk arts.

While discussing the importance and impact of these various forms of media, there will have to be a word of caution against excessive or wrong use of it. The effect could be totally negative. But if they are used judiciously and imaginatively, the argument for its role in eliminating the disease will be proved beyond doubts.

POSTER ABSTRACTS

Co 05

EFFECTIVENESS OF SKIN CAMP AS A MEANS OF HIDDEN LEPROSY CASES DETECTION

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We would like to put forth certain data to substantiate the effectiveness of skin camp as a means of hidden leprosy case detection in the post integration scenario in Vellore District, Tamil Nadu.

Till 1997, case detection activities were mainly by intensive survey and by routine school surveys in the vertical NLEP pattern.

After integration of the vertical NLEP pattern with the public health system in August 1997, case detection activities are mainly by Saturdays rapid photo surveys and multipurpose school surveys on Thursdays.

We would like to present certain findings and share our experiences regarding the conduct of the skin camp in Vellore District along with the NGOs from January 1998 to June 2000.

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ACTIVE CASE DETECTION VERSUS VOLUNTARY REPORTING IN LEPROSY CONTROL PROGRAMME - AN EVALUATION

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Aundipatti Taluk in Tamilnadu, India is endemic for leprosy. Intensive leprosy control programme has been carried out by Arogya Agam, a local NGO since 3 decades. Prevalence of leprosy has dropped from 20 to less than 2 per 10,000 population (year 2000). Traditional method of case detection (by skin and nerve examination of whole population) has become redundant. Even rapid enquiry surveys using flash cards are becoming less effective. There has been a fear that minimising active case detection would lead to failure of detection of leprosy cases at an early stage. Here we attempted to study the pattern of new case detection in the defined project area.

Leprosy sub-centre in Kadamalaikundu village is far away from headquarters of this project. It is the sub-centre with the highest prevalence of leprosy in the project area. There are 49 leprosy cases (includes 2 relapses) registered between January 1999 to June 2000.

Among the new cases of leprosy, 67% reported directly to the leprosy programme staff when he was present in the villages for leprosy related work other than

case detection. Only 20% of total cases registered were detected by case detection survey.

This clearly indicate that health awareness and availability of health care services are the key factors in leprosy control work at this moment when there is a risk of elimination of leprosy services

services.

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JUSTIFICATION FOR SAPEL (WITH INNOVATIVE METHODOLOGY) AS A MEANS TO REACH THE ELIMINATION GOAL BY MARCH 2003 AD, VELLORE DISTRICT, TAMILNADU

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It is evident that additional efforts, new strategies and intensification of the current NLEP activities is required to reach the elimination goal.

The neglected population groups living in geographically difficult to access areas and cases that remain undetected in that group have to be addressed by innovative special projects to reach the elimination goal.

In this context a special action project (SAPEL) was conducted in our district during September 1999. The joint action plan was approved by the Additional Director of Medical and Rural Health Services (Leprosy) Chennai-6 and was accepted and funded by DANLEP, Chennai.

It was decided to take up the tribal areas of Jawadhi Hills covering a population of around 18,000.

The entire tribal area of Jawadhi Hills was covered by the Government Leprosy Control Unit, Jammanamathur, until disbanded in 1991. After 1991 St. Thomas Hospital, Chetpet and Government Primary Health Centre are covering these areas with little co-ordination.

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RESULTS OF LECS IN BHARUCH DISTRICT

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The Bharuch District is a high endemic district of Gujarat State. The total 11 talukas were taken for well planned Leprosy Elimination Campaign. Till today 9 talukas have completed the LECs.

Total 1397 new leprosy patients were detected out of which 415 are children. 2 are with grade II deformity & 664 patients are female patients. The details of the results will be discussed during the presentation.

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A STUDY OF THE TRENDS OF OCCURENCE OF NEW CASES DURING MLEC AND POST MLEC PERIODS

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LEPRA India has established a project in Adilabad district in Andhra Pradesh in 1997. The project has implemented SET methodology and 833 new cases were detected efore implementation of I MLEC.

MLEC was implemented in the project during April 1, 1998. In this campaign, 126 new cases were recorded. This type classification, disability status and duration of disease of these cases have been analysed.

The project continued its active and passive case finding method for two years before the II MLEC was implemented. During this period, 44 new cases were recorded. Of them 42 were recorded by active case finding methods, no cases were referred by PHC staff, while 2 cases were recorded by voluntary reporting . The trends of changes in the disease profile are analysed. A questionnaire was administered to a sample of the cases recorded by different modes to understand the perceptions and recall of the interventions of MLEC implemented earlier.

Similar analysis of findings of MLEC II and the cases recorded in the post MLEC period has been made. A questionnaire was administered to the health staff of PHCs - I and MLEC - II and their contribution to leprosy programme in the post MLEC periods.

The findings of impact of MLEC programmes on subsequent voluntary reporting and the levels of participation of PHC staff in the post - MLEC periods were analysed and discussed.

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SUSTAINING LEPROSY ELIMINATION FORCE BY COMBINING TB CONTROL

Dr.P.Vijayakumaran & Dr.P.Krishamurthy, Damien Foundation India Trust, Chennai

Intensive leprosy control programme activities has resulted in a significant reduction in prevalence of leprosy. This also has led to intergration of leprosy services with Primary Health Care (PHC) services. Though it seems to be the ultimate goal, the PHC system is not geared to take over the leprosy control activities. There are other health programmes that require intensified activities. Tuberculosis Control Programme is one of the priority areas requiring such treatment. Management of Leprosy and TB has many similarities including the programme aspects. The leprosy programme staff are well trained and experienced to handle both the programmes.

Nine voluntary organisations supported by Damien Foundation India Trust (DFIT) have been involved in National Leprosy Eradication Programme (NLEP) covering a population of 1397348. These agencies started implementing TB control programme using DOTS strategy since 1998. Strategies for case detection and treatment delivery for leprosy programme were modified. Different groups of personnel like PHC staff and volunteers were used for implementation of DOTS. The performance of leprosy programme has been maintained. They could achieve a cure rate of 80% for TB cases. Leprosy programme staff performed well with short training on DOTS (TB).

We have a large work force of trained personnel for leprosy programme in the country. They have the expertise in supervised treatment delivery system. Instead of wiping out this special group why not we make use of this trained manpower in an efficient manner in an area of need?

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STUDY ON NEW MEASURES ON EARLY CASE FINDING IN A LOW LEPROSY ENDEMIC SITUATION

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Objective : The new measures of early case-finding in a low leprosy situation were studied.

Methods : We set up the referral system on leprosy suspects, rare skin diseases in health facilities all over the county, and screen the high risk population with leprosy moved into the county from leprosy high epidemic areas of Yunnan, Guizhou and Sichuan Provinces for leprosy. We also let the persons affected by leprosy play a key role in their own communities in finding new active cases.

Results : The results showed that a total of 5 new leprosy cases have been detected by referral system and reporting of persons affected by leprosy since 1996.

Conclusions : It is feasible to use these measures to do case-finding in a low leprosy situation, and should be extended to other areas with a leprosy problem in case-finding.

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Co 247

FACTORS AFFECTING 'LEPROSY 3 EARLYNESS' BY SIDE EFFECT OF LEPROSY ELIMINATION AND ITS COUNTER MEASURES

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Objective : To approach how to improve the work of early case-finding, early diagnosis and early treatment in a low situation of leprosy prevalence.

Methods : To find and study the factors which effect the 'Leprosy 3-earliness' and then put forward the counter-measures.

Results : These factors are as follows : Firstly, the professional staff relaxed their will to fight against leprosy after province stopped the checking of leprosy elimination. Secondly, the leaders who worked for the professional organisations, transferred their attention from leprosy control to STD control. Thirdly, the network for the function of detecting new cases weakened. Fourthly, the quality of case diagnosis declined. Lastly, higher disability rate existing in new cases affect the social care about the leprosy enterprise. The counter-measures for that are to strengthen the management of professional organisations and to improve the establishment of professional teams.

Conclusions : More efforts need to be adopted in the making of the plan for the leprosy control in the future.

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Co 252**REALIZE THE TARGET OF 'ELIMINATE LEPROSY BASICALLY' IN CHINA - SUGGESTING CHANGE THE TARGET OF 'ELIMINATE LEPROSY BASICALLY' TO 'ELIMINATE LEPROSY ORIGINAL CONTAGION BASICALLY'**

Liu Song Ta, The Public Health Bureau of Guang-Dong Province, China

Comparing with tuberculosis, this report shows 5 characteristics of leprosy. It has low contagion and easy to treat, but it is difficult to prevent and perceive. It induces high rate of disability and debilitates badly. It is well known that leprosy damage to one's looking seriously. The patients live poor life, with social discrimination and exclusion. The society cares little of them, yet it is still reducing. So it is the social economic problem more than medical technical assistance, the rehabilitation more than treatment to the work of leprosy. Hence we should make definite our duty and clear up misunderstanding. We suggest the target which has been called eliminate leprosy basically should be changed into eliminating the original contagion of leprosy basically. On the other hand, it suggests to break the closed state on leprosy and encourage the social workers, workers on rehabilitation as well as the every aspect of society to cooperate the work on eliminating the leprosy.

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At this meeting based on an explanation of the significance of LEC, a realistic detailed proposal for conducting LEC, including time frame and timing of LEC, selected regions, steps and approaches taken, was set up. Orientation workshops for heads of local (town/township level) governments and health centers were held at county level to secure political and administrative support for LEC at peripheral level. Before and during the launch, intensive information dissemination campaign using various forms of media, such as TV/radio reports/interview and display of leprosy posters/health education board, was undertaken to increase the level of public awareness on leprosy motivating people of all walks of life to notify leprosy suspects. In the meantime, physical examinations for household contacts of MB patients were done by professionals. A confirmation team of leprosy experts engaged for confirmation activity. In Xinhua and Bijie two cities, 269 suspected cases, 2354 contacts and 673 cures were reported, examined and followed up detecting 37 new patients and 4 relapses including MB 25 and PB 16, of which BI positive case 22 and children 3, with average disease duration of 42 months. Disability (WHO Grade II) rate was 51.35% (19/

37). The number of newly detected cases in 2 cities during LEC accounted for 76.67% and

69.23% of that during the year. The findings demonstrated that LEC was an effective intervention to detect hidden cases within a relatively short period of time.

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Co 253**LEPROSY ELIMINATION CAMPAIGN IN TWO CITIES OF GUIZHOU PROVINCE**

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The overall objective was to assess the efficacy of implementing LEC in case finding so as to support the achievement of the goal of basic eradication of leprosy in Guizhou Province. Advocacy meeting was organized by the Provincial Health Service. The participants were heads of health services and leprosy professional units of Xinyi and Bijie, two cities where LECs were scheduled to be put into practice.

Co 254**AN ANALYSIS OF 106 NEWLY DETECTED PATIENTS WITH LEPROSY**

Ouyang Hua, *Luo Shilong* & *Zhang Huanbo*

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Mainly through focus survey, clue survey and contact examination together with offering cash rewards for case reporting and skin clinic detection, from 1986 to 1999 in Anlong County of Guizhou Province, 106 newly detected leprosy patients were diagnosed, including 71MB, 35 PB with a type ratio of 2:1, and 75 cases of them with a disease duration of 2 or less than 2 years with an early detection rate of 71%. Twenty of these 106 patients were found to have WHO II grade disability, a disability rate of 18.8%. As for mode of detection, self reporting, skin clinic detection and clue screening not only proved more efficient, but also cost-effective. Even though focus survey and contact exam-

ination were more expensive and at high cost of time and labour for only a small number of patients newly detected, but they can be contributed to early case finding and epidemic situation monitoring. In addition, making peripheral health services in full play and strengthening health education about leprosy will be essential important measures in early case finding.

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ANALYSIS OF NEWLY DETECTED LEPROSY CASES IN XINHUA CITY IN CHINA - DURING 1990-1999

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To understand the situation of leprosy after achieving basic eradication of leprosy in Xinhua City, find out the remaining problems and determinate the priorities in leprosy control in the future. Data of individual records for all leprosy cases detected during 1990 and 1999 were statistically analysed. A total of 36 leprosy cases were detected during the 10 years, 28 (77.78%) in the first 6 years and 8 (22.22%) in the recent 4 years. Ratio of male to female was 3:1 and mean age at onset was 43.5 years. The cases with MB leprosy (77.78%) were significantly higher than those with PB leprosy, and 75% of cases were positive for BI. There were 69.44% of cases whose detection was delayed for less than 3 years, 33.34% whose infection was due to familial contact, and 75% whose disease was detected through out-patient department. The number of new cases has significantly decreased after achieving basic eradication of leprosy. In addition, there is a trend of increase in age at detection, shortening of delay period and increase in type ratio. It is worth recommending that leprosy cases are detected through out-patient skin department.

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Co 256

EVALUATION OF EFFECTIVENESS OF LEPROSY ELIMINATION CAMPAIGNS - CASE FINDINGS IN HUNAN PROVINCE

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To detect the hidden leprosy cases and strengthen the leprosy control through carrying out Leprosy Elimina-

tion Campaigns in local areas. Clue surveys and mobile medical team services were carried out using a small amount of budget to detect early leprosy cases. A total of 298 leprosy-suspected individuals were reported by paramedical workers during the Leprosy Elimination Campaigns: (LEC) for a period of 2.5 months in 2 counties. Among them, 32 were confirmed to have leprosy. The number of cases was 2 times of that detected in the previous year in the same areas. It is important to mobilize the local personnel resource, integrate the leprosy control into general health services, and obtain the financial support in order to detect and treat leprosy cases as early as possible.

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Co 259

AN APPROACH TO EARLY CASE FINDING, EARLY DIAGNOSIS AND EARLY TREATMENT OF LEPROSY

Tao Lang & Lu Jianhua

The crux of leprosy endemecity from control to eradication is no new patients to be detected by the maximum of case-finding and patient treatment. Now, for being in a low endemic status, it is necessary to study the work in aspects of the early case-finding, early diagnosis and early treatment leprosy control. The authors analysed the factors influencing the early work and put forward the appropriate measures which are hoped to be a directive function and to create a condition for leprosy eradication.

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ON EARLY CASE DETECTION : OBSERVATION AND DIAGNOSIS AMONG SUSPECTED CASES

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Early detection and early diagnosis are important contributions to the eradication of leprosy. Since the year of 1983, 1276 suspected early leprosy cases have accumulatively been registered with regular follow-up, timely diagnosis and removal if necessary. Out of 1276 suspected cases, 127 (9.95%) were diagnosed as having leprosy. Mode of detection, age at diagnosis, disease duration, type ratio, skin manifestations and nerve impairments, bacteriological status, histopathological changes, degree of disability, culture background and

profession of these 127 patients were discussed, and consequent suggestions were made.

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ON CORRELATED FACTORS IN EARLY LEPROSY CASE FINDING

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An analysis of 143 early leprosy patients detected in Bijie Prefecture of Guizhou Province demonstrated that among them there was a remarkable predominance of those of large income, higher educational level and good private hygiene, and the early case detection rate gradually increased in pace with the growth of economy, rise of cultural level, improvement of hygiene environment and intensification of health education as well. It is observed that early leprosy case detection rate is closely related with health education as well as patients economic status, culture level and hygiene condition. For early leprosy finding activities to be more effective, careful considerations must be required in the just mentioned areas in leprosy control.

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A STUDY ON ESTABLISHMENT AND OPERATION OF LEPROSY CONTROL MODEL AT THE GRASSROOTS LEVEL IN THE HEALTH SYSTEM REFORMS

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It is very important to establish the leprosy control model at the grass-roots level in the health system reforms. Not only can it consolidate achievements achieved in the past, but also promotes realization of the goal of leprosy eradication. After briefly reviewing the history of leprosy in Jiangsu Province, for the reason of health reform, the authors expound the importance and necessity to keep and improve leprosy control network at grass-roots level, put forward some ideas and a model to reorganize the useful network and discuss the network operation for leprosy work in the future. Lastly, the authors consider that integrating the

leprosy control work into the primary health care system and community-based health service is the direction of the future work and the insurance of leprosy eradication.

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Co 271

EPIDEMIOLOGICAL ANALYSIS OF LEPROSY IN XUZHOU PREFECTURE

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Objective : Through epidemiological analysis of leprosy in Xuzhou Prefecture to get the tendency of leprosy prevalence and give effective measures for controlling the endemic.

Methods :To analyse the indexes of leprosy epidemiology which happened from 1973 to 1999 in aspects of the prevalence, the incidence rate, relapses rate, disability rate, prevelant territory and proportion of children.

Results : The prevalence dropped down continuing annually ,but its speed of decreasing is more and more slower and to be showed as a flat line in recent years. The average incidence of last 5 years is a little bit higher than the preceding one. The disability rate of living cases is

61.6%.

Conclusions : Even though the leprosy prevalence has been controlled effectively through tough efforts, we need to boost the passion for the leprosy work and on-going studies on the management of early case-finding , early diagnosis & early treatment and rehabilitation measures.

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Co 274

STRATEGIES OF LEPROSY CONTROL USED IN LOW ENDEMIC SITUATIONS IN GUANGDONG PROVINCE

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The number of the total registered leprosy patients in Guangdong Province is 94,667. It ranks the first in China. The highest annual prevalence rate is 1.14%. Guangdong was once the high endemic area for leprosy. In 1999, there were only 370 active patients, the prevalence rate decreased to 0.005%. Guangdong has become a low endemic area for this past five years. However, there are still about 130 active patients appearing every year and the number decreased slowly. The following measures are taken under the low endemic situations to

maintain the achievement of leprosy control: to lay stress on the key points and provide different directions to different areas; to implement special action programmes in the high endemic areas; to strengthen the surveillance for the floating population and the management of leprosy patients; to establish a system of rewards for the early case-finding and the use of MDT; to strengthen the training of paramedical workers of the leprosy prevention nets; to widely launch leprosy knowledge propaganda and health education. We have gained much experience in the work and the achievements of leprosy control are solidified.

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PRIMARY HEALTH NET IS THE BASIC OF LEPROSY CONTROL

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Guangdong Province is in the south of China. The area is 170,000 square kilometers and the population is 70 million. Guangdong used to be a high leprosy prevalent province. The registered leprosy accumulated to 94667, about 1/5 of the total number of the country. Through decades of effort of comprehensive control work the achievements are great: the total active patients have decreased greatly (370 cases, 1999), the incidence (0.16/100000, 1999) and prevalence (0.54/100000) have remarkably declined; of 100 counties in Guangdong Province, 98 counties have reached the goal of leprosy elimination.

Due to the drop of the incidence and prevalence, we meet some new challenges: the case detection is more and more difficult with 18% second degree disability rate upon diagnosis, the methods to detect new patients have been changed from general survey to clue survey, epidemic area investigation, awards for case reporting and skin disease clinic service, maintenance of vertical system of leprosy control is very expensive.

Foundation of primary health net in urban and rural areas widely have given us a chance for efficient leprosy control at lower epidemic condition. One of the essential components of primary health care is the prevention and control of locally endemic diseases. Early leprosy case detection and rehabilitation can be effectively performed together with control of other diseases and with the improvement of economic and social conditions.

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AN OBSERVATION OF LEPROSY ENDEMICITY AFTER ACCOMPLISHMENT OF LEPROSY BASIC ELIMINATION IN RUDONG COUNTY

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Leprosy always had been a middle endemicity in Rudong county in its history. The county had attained the goal of the leprosy basic elimination and passed the evaluation by provincial government since 1990. From then on, according to the new situation of leprosy control, the local government and professional organizations have been taking comprehensive measures for leprosy control for 10 years to consolidate and develop the achievements which were obtained in the past.

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STUDIES ON FACTORS INFLUENCING EARLY DETECTION, DIAGNOSIS AND TREATMENT IN FLOATING POPULATION AND THEIR STRATEGIES

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Focusing on the situation of that there is a leprosy prevalence of as high as 1 per 10000 and the majority of patients were passively detected when they had been with obvious symptoms and even disabilities, this paper analyzed the factors influencing early detection, diagnosis and treatment of leprosy. The results showed that the factors were mainly as follows:

- (1) Lack of health education of leprosy in the floating population;
- (2) Weakness of the health network at the local areas and shortage of professional expertise among paramedical workers, resulting in misdiagnosis or loss of diagnosis;
- (3) Lack of routine health examination for the floating population when they were employed by enterprises in most of areas.

Based upon these results, it is suggested that it is necessary to strengthen the management of the floating population, establish the regulations of routine health examination, mobilize the roles of primary health care, conduct health education, and promote patients self reporting. In addition, it is very important to integrate leprosy control into community health care under the technical guidance and supervision of leprosy professional institutions.

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Co 283**DETECTION OF LEPROSY CASES IN GUANGDONG, 1990-1999**

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Guangdong province was one of the most serious leprosy endemic areas in China. The total number of registered cases was 94667 by the end of year 1999. The highest prevalence rate was 114/100 000 in 1961. Through implementation of leprosy control program from 1990-1999, the prevalent and incident rate were 2.66/100000 and 0.36/100000 respectively in 1990. From 1990-1999, annual decreasing rate of the incidence was slower than prevalence. The average MB ratio of new case was 0.66 during 1990-1999. The proportion of detecting case was 81.37% by the clinic of skin disease in the same period. The rate of case of delaying diagnosis over two years was 23.14% in this period. The data indicates that :

1) Although incidence rate of leprosy already was remarkably low in this province, eradication of leprosy still need a long time. 2) Main approach of detection case is passive by skin disease clinic in low epidemic area 3) It is important to train dermatologists with leprosy knowledge regularly for reducing the rate of delaying diagnosis.

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Co 323**IMPACT OF NLEC ON ROUTINE LEPROSY CONTROL ACTIVITIES IN FOUR HIGH PREVALENCE DISTRICTS OF WEST NEPAL**

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Considering the high prevalence of leprosy cases in many districts of Nepal, the National Leprosy Elimination Campaign (NLEC) was organized by His Majesty's Government of Nepal (HMG/N) in January 1999. The INF Leprosy Control Programme assisted HMG/N in the conduction of the campaign in 4 districts of the Western region of Nepal.

During the 6 day campaign, house-to-house visits were conducted in every village and as a result 1284 new cases were found, PB=560 (43%), MB=724 (57%). In each district the number of cases found during the 6 days of NLEC was higher than the normal annual total. It was expected to find a lot of backlog cases but the outcome suggests that this might not be the case. The MB proportion was lower than routinely seen in the districts and the child proportion among newly detected cases did not significantly differ from previous years. Despite of a house-to-house approach the male female ratio was still high (1.7). Disability proportion

among newly detected cases was increased (14.5%) but was still within the variation that would be expected.

In summary case detection was very high in all 4 districts during NLEC but beside the increased case detection rate other key indicators (child proportion, disability proportion and male female ratio) were found within the normal variation. The impact of NLEC regarding increased community awareness, reduced social stigma and training for basic health staff and volunteers should not be underestimated.

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Co 338**NATIONAL COMPUTERIZED LEPROSY INFORMATION SYSTEM IN KOREA**

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For the integrated leprosy control, including the elimination of leprosy and the leprosy related activities, the collection and analysis of the accurate data is essential. In Korea, we have applied the computerized information system of the leprosy control. This system was designed for data collection as well as data analysis. The major functions of this system include data entry, data transfer, from local level to central level, data sum-up, and production of information, including epidemiological and clinical information and information for decision-making. Firstly we used this system for traditional leprosy control work only. Because the basic concept of our system's data structure is more flexible than other's, we try that we can use it more widely, for the leprosy related activity now. We think that this system has been supported effectively by our integrated leprosy control programme in Korea. We therefore present the computerized leprosy information system of Korea.

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Co 396**CASE DETECTION IN N.L.E.P.**

D.P.Verma, Saoukt Ali Ayub, Pradeep Narayan & Dr.Rajendra Paswan New Delhi

A simplified formula for regular case detection activities with only small extra expenditure. We have planned group survey two days in a week from 6 a.m to 8 a.m. One specified vehicle will carry two groups and take them back. By this time maximum population is available at home.

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Co 397

EVALUATION OF MOBILE LEPROSY CLINIC SERVICES IN MIDWESTERN REGION

Gurung L.B., Morrison C & MacRorie R.A., INF Tuberculosis Leprosy Project, Surkhet, Nepal

During a process of hand-over of leprosy clinic services from NGO to government health services, an evaluation of the quality of care was undertaken. Organisational structure was well developed in the NGO but work in government health posts, require greater training, supervision and management. The NGO specialist staff gave good service, but failed to fully address needs for privacy during patient examinations and health education. The government health service may not have the capacity to provide through care and reliable treatment. The mobile clinic programme approved to be costly but sustainable within the context of NGO provision. Quality of care indicators for future monitoring of the programme have been developed.

This study was undertaken in partial fulfillment of the Master in Community Health course at the Liverpool School of Tropical Medicine, 1998. The study evaluated the activities of a mobile leprosy clinic programme in the mid western region of Nepal. The client for the study was the Programme Director of International Nepal Fellowship (INF), Tuberculosis Leprosy Project (TLP).

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POST ASSESSMENT STUDY TO ASSESS THE IMPACT OF MLEC PHASE II DONE IN JANUARY 2000

G.Elangovan & V.C.Ganesan Chennai

Introduction: It was aimed to reassess the improvement in knowledge, attitude and practice of public, pa-

tients and treatment providers among the same persons who were interviewed.

Context

1. To evaluate the improvement in community awareness about leprosy in the post MLEC context.
2. To assess the improvement in quality of service available to the patients in the post MLEC context.
3. To assess the improvement in knowledge about leprosy and programme of service providers in the post MLEC context.
4. To assess the improvement in MDT indicators in the post MLEC context.

a. MDT utilisation

b. Availability of quality of drugs

c. Availability of health facilities

d. Case holding

Conclusion: Massive mobilisation of resources and personnel to eliminate leprosy has paid rich dividend, in addition to massive case detection.

1. Improvement of knowledge, attitude and practice of community and patients/treatment providers/ maximum utilisation of services.

MLEC exhibited the desired goal of elimination of leprosy.

1. Regular campaign.

2. Special emphasis may be laid to cover most female gender.

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Co 399

NLEP - CALENDAR OF ACTIVITIES

Arvind Kumar, D.P.Verma, A.Pandey & Dr.S.K.Sinha New Delhi

The brief presentation of yearly calendar of activities of NLEP on a page. All the important activities of NLEP are covered. Anybody can suggest or improve the calendar to help NLEP activities.

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