

The IQR limits placed three hospitals in East and West Africa at the top extremes for caseload and bed occupancy rate but at the low extremes for % ulcers and mean hospital stay. Hospitals mainly in Central and Southern Africa were at low extreme of caseload but the top extreme of % ulcer cases and mean hospital stay. These hospitals also were low in their rate of ulcer surgery. The level of hospital utilization was directly correlated with the number of surgeries performed; and the higher the % ulcer cases among admissions, the longer the mean hospital stay of the hospital. Like universal limits, IQR is thus an effective tool to determine levels of quality care on reliable indicators for programme monitoring purposes.

OE 31

VACCINAL SCAR BY BCG AND PREVALENCE OF CLINICAL FORMS IN LEPROSY PATIENTS AND THE RESPONSE TO LEPROMINE IN CONTACTS.

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Brazil is signatory of WHO's aim to eliminate leprosy as a public healthy problem until 2005 (to inferior levels of 1 sick person in every 10 thousand inhabitants). One of the preconized steps is the application of 2 BCG doses in contacts of leprosy pa-

tients. In spite of the signs that the BCG can confer resistance to the disease, results in the literature have been controversial.

The objectives were: to establish the correlation between vaccinal scar by BCG, the prevalence of clinical forms of leprosy and the standard response to leprosy forms and the standart response to lepromine in sick people and their domicile contacts.

A survey of promptuaries of the Hansenology Service – UFU and clinical visits to patients and contacts for verification of vaccinal scar by BCG and for Mitsuda tests. Were done, totalizing 36 patients and 104 contacts.

It was demonstrated that 80% of patients with 2 scars by BCG were Mitsuda positives, while 42.1% of patients without vaccinal scar responded positively to the lepromin test. In the paucibacillary patients, the average response raised from 8.2mm in the absence of scar to 11mm in those with 2 scars. The average of multibacillary patients varied from 1.9mm with 0 scar to 4.5mm with 2 scars by BCG. Contacts of multibacillary patients, without vaccinal scar, showed an average of 7.3mm of the Mitsuda test, while those with 2 scars showed an average of 10.2mm. The average response to the lepromin test of contacts of paucibacillary patients varied from 6.7mm with 0 scar of BCG to 8.5mm in those with 2 scars by BCG.

Results of this work come to subsidize the application of 2 doses of BCG as a control step to the Leprosy Program of the Healthy Ministry, since BCG seems to confer protection against the disease, mainly to the multibacillary forms.

Support: FAPEMIG

HEALTH EDUCATION

OHE 1

A COMPARATIVE STUDY BETWEEN MLEC AND ACTIVE SURVEY.

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Physical examination of population through house – survey is a popular method in a vertical set up which has substantial contribution to detect early and new cases in an endemic country. It contributes directly to community awareness also. The weakness is that the

population of a unit area needs more than 3 years to be examined. However, no vertical programme could continue forever and the ultimate is to integrate the vertical programme with the general health services. The mandatory condition of integration is to bring down the caseload to < 2/10,000, which will be manageable to a general health worker. With this aim, the Modified Leprosy Elimination Campaign (MLEC) has been designed to examine the total population of the state at a time. However, the result of last 3 MLECs shows that is has certain weakness and desired number of patients are not detected uniformly. In the same population, same year, it has been observed in the GRECALTES unit area in Calcutta that more than double number of cases have been detected through active survey and voluntary reporting.

It is, therefore, suggested that in the endemic pockets, active survey should continue at least for next five years even after functional integration.

OHE 2

A CONSTRUÇÃO DO CONHECIMENTO E A REPRESENTAÇÃO SOCIAL DA HANSENÍASE

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Introdução: A avaliação da situação epidemiológica da hanseníase nos municípios que integram a região, indica a necessidade de intervenções educativas e de organização de serviços para atingir a meta de eliminação proposta. Com o propósito de orientar a população sobre sinais, sintomas, tratamento e cura visando ao diagnóstico precoce foi realizada a Campanha de Combate à Hanseníase.

Objetivo: Avaliar os resultados das intervenções educativas identificando o universo de representações sociais sobre o conceito de hanseníase e as práticas correspondentes. O público alvo foi a população de Ilhabela, São José dos Campos e Santa Branca, com coeficientes de prevalência alto, médio e zerado.

Metodologia: Amostra de grupos de profissionais de saúde e população. Variáveis trabalhadas: sexo, idade, escolaridade, tempo de serviço e de frequência na UBS. Análise quantitativa através de percentagem e os dados qualitativos analisados através da metodologia do "Discurso do Sujeito Coletivo", que tem como proposta reconstruir a partir de discursos individuais semelhantes, discursos sínteses, que expressem a representação social do estudo.

Resultados: Entrevistadas 746 pessoas na pré-campanha e 798, na pós-campanha. A análise qualitativa do conhecimento construído sobre hanseníase, demonstra que as pessoas possuem representações estigmatizantes e conhecimentos científicos atuais fragmentados.

Conclusão: A complexidade do discurso encontrado indica a necessidade de continuidade de intervenções educativas interpessoais e inovadoras que contribuam para o controle da hanseníase na região até 2005.

OHE 3

A EDUCAÇÃO EM SAÚDE E AS AÇÕES DE CONTROLE DE HANSENÍASE: CONHECER O PASSADO, REFLETIR O PRESENTE E DECIDIR O FUTURO.

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Introdução: Historicamente a Educação em Saúde, a Saúde Pública e o Controle da Hanseníase, no Estado de São Paulo, caminham associados e direcionados por interesses econômicos, ideologias políticas e descobertas científicas na área de educação e da saúde, ocorridas no século XIX e XX. As ações educativas obedecem a diretrizes pertinentes a cada época enquanto subsídio para as ações de controle.

Objetivo: Identificar, associar, entender e refletir sobre a multideterminação dos fatores que contribuíram para o enfoque pedagógico adotado no controle da hanseníase no século XX e propostas atuais.

Metodologia: Composição histórica abrangendo os cem anos do sec. XX. Pesquisa documental e fotográfica com análise por eixos temáticos: campo da saúde e da educação; determinantes do processo saúde/doença; ação principal; enfoque metodológico; ator principal; cenário e papel do indivíduo. Divisão em quartos de século correlacionando situações factuais, políticas do controle da Hanseníase e respostas ao preconizado.

Resultado: As ações educativas propostas são direcionadas pelos determinantes do processo saúde/doença; pelo conceito dominante sobre o controle da Hanseníase e do processo ensino - aprendizagem e do esperado pela Instituição responsável pelo controle de agravo.

Conclusão: conhecer e entender o passado, observar e refletir sobre a prática, educativa atual, aceitar mudanças e desafios utilizando propostas pedagógicas inovadoras e alternativas é opção que contribuirá para a eliminação da Hanseníase como problema da Saúde Pública.

OHE 4

TEN-YEAR STUDY OF SELF REPORTED CASES IN AN URBAN LEPROSY PROJECT.

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Active case finding methods are usually adopted in leprosy programmes for identifying new cases of leprosy. Very minimal emphasis is laid on IEC as an intervention to support self-reporting of early cases.

In 1989, an urban leprosy project was started in Southern India covering a population of 1.5 million. Apart from routine case finding methods targeting general population and special groups like healthy household contacts and school children, IEC activities are conducted through specially designed Health Education programmes to improve awareness.

Clinical profile of the self-reported cases during the last two years was studied in relation to presenting symptoms and their onset. The distribution trends of the disease in relation to age and sex factors also were analysed. The perceptions of the patients about the symptoms and the factors, which influenced their treatment seeking behaviour, were studied by administering interview schedules. These findings are analysed and discussed.

7453 cases were registered in the past ten years. 1898 (25%) of the total registered cases have reported voluntarily. 10% of these patients had G-II disabilities. This indicates the need of understanding of the perceptions of the patients reporting voluntarily to improve IEC activities, which are relevant to the urban community.

OHE 5

AN IMPACT OF FOCUS GROUP DISCUSSION ON LEPROSY TO CHANGE KNOWLEDGE, ATTITUDE AND PRACTICE IN COX'S BAZAR, BANGLADESH

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Objective: The main objective was to assess the knowledge and changing attitude and practice towards leprosy patient through focus group discussion, to identify opportunities for intervention and their relative impact due to focus group discussion.

Study design: It is an intervention study of Focus Group Discussion through Pre and Post KAP questionnaire survey. Study subject were randomly selected from rural population and pre and post participants were matched.

Methods: Focus group discussion (FGD) conducted by trained Leprosy Control Assistant (LCA) and a group of Health Educator from National Leprosy Coordinating Committee. Data collection done by asking questionnaire individually to the participant before and after FGD and socio-demographic characteristics also collected during survey.

Result: A total of 607 participants in both pre and post survey, in which 374 (61.6%) male and 233 (38.4%) were female. Pre survey participants were 281 and age range from 10 to 80 years mean age 31.81 years and standard deviation 15.6. In Post survey group participants were 326, age ranged from 12 to 85 years, mean age 32.85 and standard deviation 15.53. There are improving of knowledge and practice average 30%, on leprosy disease due to Focus discussion method, which is highly significant, p value <0.001. But the attitude were not much changes as knowledge. In attitude survey risk difference found average 5% and p value = 0.25, which not significantly change. In practice survey found 28% improve health practice, p value <0.001.

OHE 6

ANALYSIS OF NEWLY DETECTED LEPROSY CASES AFTER LEC

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Objective: Discuss new case discover feature after enforcement LEC to offers reference that LEC and conventional case discover work in the future.

Method: make statistics analysis to the relevant information of leprosy case that implement LEC around in two leprosy height popular county.

Result: LEC can discover the overstock patients in large quantities. in the year, the patient counts (51 example) discovered recently and discover rate (2.77 / one-hundred thousands), exceed the LEC average of former 3 years (discover in average is 25, discover rate in average 1.39 / one-hundred thousands) to one time above. after LEC for 2 years, discover patient counts and discover rate have dropped year by year, but the grade II disabilities and type ratio in new patient have not dropped obviously, early stage (ill issue [2 years] discover rate is still around 50%, two city leprosy popular level still keeps in higher level.

Conclusion: It is very necessary that implement LEC in Leprosy height of popular area, but one LEC can not discover all of conceal patients. It is need implement LEC repeatedly to combine routine discover work and enlarge project to cover small towns. When the discover new patient counts and discover rate shows to drop stably, discover rate in early stage rises substantially, child proportion and grade II disabilities drop apparently to the condition of lower level, we can reach the purpose really to discover conceal patients and to reduce leprosy popular level and to promote to eliminate leprosy basically.

OHE 7

BASES ESENCIALES PARA UN PROGRAMA SANITARIO APLICABLE AL PACIENTE CON ENFERMEDAD DE HANSEN

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Descripción: La educación sanitaria, es un intervención social, que tiene a modificar, de manera consciente y durable, los comportamientos en relación a la salud.

Objetivos: Facilitar modificaciones en los comportamientos o adquirir nuevos para prevenir la enfermedad, seguir los cuidados que ésta requiere y mantener o recuperar la salud. Para su diseño, se discuten varias dimensiones:

- Dimensión Biológica.
- Dimensión Psicoprofesional.
- Dimensión Cognitiva.
- Dimensión Psicoafectiva.

Ejecución o aplicación del programa: La recuperación y rehabilitación integral del paciente (Rehabilitación física, terapéutica, psicológica, social y laboral) dependerá del estado de la enfermedad, y de la educación del mismo y de la familia.

Evaluación: Valorar la consecución de los objetivos fijados en: El paciente, el docente y del programa.

Registros: Generar historiales e información estadística.

Realidad actual: Para la aplicación de este programa, existen diferentes niveles de dificultad, en función de las características socioeconómicas y culturales. Mundo occidental: dismantela sistemas públicos. El Tercer Mundo carece de medios. Existen recortes presupuestarios en todos los programas. Carga sobre el profesional que se ve obligado a priorizar aquellos aspectos que más puedan incidir y que estén a su alcance. Existen problemas en el seguimiento de las personas inmigradas, por carecer de domicilio y trabajo fijo, lo que dificulta su localización.

OHE 8

BONECOS PARTICIPANDO ATIVAMENTE NA "LUTA" PELA ELIMINAÇÃO DA HANSENÍASE NO MUNICÍPIO DE S. PAULO

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Introdução: Apesar da Hanseníase ser ainda um problema de Saúde Pública no Brasil, o diagnóstico e tratamento continua tardio trazendo sérias incapacidades físicas e sociais. A população permanece com conhecimentos fragmentados a respeito dos sinais e sintomas e as campanhas de divulgação, pontuais e esporádicas não aprofundam os conhecimentos. Optou-se por um projeto pedagógico que funciona como atrativo onde há interação e socialização no conhecimento atual sobre Hanseníase: o teatro de bonecos.

Estratégias: Utilizar essa técnica pedagógica em todos os espaços de campanha e introduzir a discussão da temática em seminários e encontros de saúde. **OBJETIVOS:** Socializar o conhecimento científico atual sobre a problemática da Hanseníase, facilitando a tomada de decisão e ação para procura de diagnóstico precoce. **Metodologia:** Problematicadora, dialógica, participativa, com interação interpessoal entre platéia e bonecos, facilitando a decodificação do conhecimento sobre Hanseníase e seu controle.

Resultados: Participação nas campanhas de: gripe e multivacinação de 1999, 2000 e 2001; de hipertensão, diabetes, de tuberculose. Abertura de encontros, sensibilização de profissionais e agentes de saúde do PSF de equipes municipais; em eventos: Semana de enfermagem, de prevenção de acidentes de trabalho e feiras de saúde. Após as apresentações houve um aumento da procura para esclarecimentos sobre manchas e solicitação de folhetos para trabalhos escolares. O trabalho despertou interesse de Instituições e grupos profissionais, havendo expansão do projeto, para outras áreas programáticas além da Hanseníase. Os bonecos, com personalidade própria, são conhecidos e a apresentados hoje como "bonecos da Hanseníase".

Conclusão: A utilização de técnicas ludopedagógicas para a socialização do conhecimento científico sobre Hanseníase é válida e incentivada e buscar novos caminhos mediante resultados positivos, contribuindo para o diagnóstico precoce e eliminação da Hanseníase como problema de saúde pública.

OHE 9

CHANGING ATTITUDES AND BEHAVIOUR TO SUPPORT LEPROSY INTEGRATION EFFORTS

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Integrating leprosy into the general health services requires a lot of groundwork not just in terms of planning, training and logistics but above all in changing the attitudes and behaviour of various tar-

get groups. After integration, patients are in touch with more people in the system ranging from the medical officer to the pharmacist. Any negative attitudes or behavior on the part of the health services toward leprosy patients can seriously undermine their confidence and self esteem and thus impact on their compliance with treatment. Moreover, health care providers need to accept that leprosy is part of their job description and always to "think leprosy" when examining patients with skin lesions.

Successful integration of the leprosy services also requires actively generating "demand" for diagnosis and treatment - for example, through media campaigns to emphasize the fact that leprosy is just another curable disease, and to indicate that treatment is now available at all health facilities. This should also help create an environment in which patients do not hesitate to seek treatment. Person to person communication is crucial in breaking down any residual anxiety or prejudice about the disease.

The paper reviews the overall approach, experience to date as well as remaining challenges.

OHE 10

DOES KNOWLEDGE LEAD TO ACTION? HEALTH EDUCATION AMONG LEPROSY PATIENTS.

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Aims: **a)** To assess the extent of patient knowledge following health education about foot-care in leprosy; **b)** to assess the difficulties in implementation as perceived by the patient; and **c)** to assess health workers' responses to patient knowledge and problems.

Methods: Seventy two patients were interviewed from two matched groups, one in the community and one in a leprosy hospital outpatient clinic using a simple open ended questionnaire. A problem solving technique was taught to health staff and this was used in dealing with patients' difficulties in implementing health behavior.

Results: Overall knowledge of foot-care management was satisfactory. There was no significant difference in level of knowledge between the two groups or between genders. Knowledge relating to skincare, use of footwear, and protection from heat scored highly. Knowledge of the need to regularly self-inspect the feet scored poorly. In terms of implementation, almost one third (32%) expressed no difficulty, while 16% were too busy, and 16% had poor knowledge. In over two-thirds (68%) of the cases staff addressed the area of deficit in knowledge. In

just over half (55%), difficulties in implementation were tackled

Conclusion: The results of this study helped identify deficits in knowledge and difficulties in implementation of self care measures. It will aid in designing more effective methods of health education

OHE 11

EFFECTS ANALYSIS FOR TRAINING ON THE NON-LEPROLOGISTS

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In the activities of the healthy education on leprosy, some 900 non-leprologists have accepted professional training about the leprosy control among medical workers in 17 counties, LIANGSHAN prefecture, SICHUAN province. Contrast analysis has been made on the training effects. Before they had been trained, as far as their correlative knowledge of the leprosy, the total correctness rate is 50.5%, and the lowest is only 22%. After that, the total correctness rate is up to 83.5%, contrasted to the number of pre-training, there is an obvious discrepancy ($\chi^2=27.34$, $p<0.005$). Among all the scores to the test questions, the leprosy's infectivity, resulting to malformation and its curability showed the biggest difference. It proved that these three aspects are people's misconception to leprosy, and also are the main reasons of fearing leprosy. The analysis results attested this training is obviously effective and pertinent. What is noticeable is the attitude to the patients had no distinct difference between pre-training and after training. That is to say, for thousands of years, people showed inveterately bias and discrimination to leprosy patients which is difficult to relieve. So, more health education of leprosy should be put into practice.

Because the medical workers have authority of explaining disease; they will directly influence people's attitude and cognition to disease. So the non-leprologists are the first objects to accept the training.

[Key words] medical staff knowledge of leprosy control training analysis

OHE 12

ESTRATÉGIAS PARA ELIMINAÇÃO DA HANSENÍASE EM ALFENAS (MG)

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Os autores mostram que através de busca ativa de doentes com hanseníase por meio de campanhas, vem conseguindo diagnóstico em maior número com índices de incapacidades menores. foram analisados 888 pacientes atendidos em ambulatórios de atenção básica no período de outubro de 1998 a maio de 2001, convocados através de campanhas de conscientização sobre os sinais e sintomas da hanseníase. neste período, 154 pacientes tiveram seu diagnóstico confirmado, sendo 25 destes nestas campanhas.

motivo da apresentação: mostrar a contribuição das campanhas realizadas no município de alfenas como fator importante para a eliminação da hanseníase, devido ao aumento de diagnósticos impulsionados pela educação em saúde proporcionada.

OHE 13

GRUPO DE ORIENTAÇÃO EM HANSENÍASE

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A educação em saúde é reconhecida como um dos aspectos primordiais no controle da hanseníase, devendo se levar em consideração não apenas o volume de informações, mas a verificação de qual foi a percepção do paciente, familiar ou comunidade com relação ao conteúdo recebido. Dentro dessa perspectiva foi implantado em 12/04/00 pelo Serviço Social e pela Enfermagem o atendimento de grupo, dentro do Programa de atendimento aos portadores de hanseníase no Ambulatório de Dermatologia, HC/UFMG.

O objetivo do atendimento em grupo é proporcionar aos pacientes, familiares e comunidade um espaço no qual possam estar construindo novos conceitos da doença, favorecendo o entendimento e maior participação no processo de cura.

O público atingido, de abril de 2000 a abril de 2001 foi de 358 participantes, sendo 149 portadores de hanseníase, 67 com outras dermatoses, 22 em prope-dêutica, 70 acompanhantes e 38 alunos e profissionais em treinamento, em 32 reuniões.

O retorno verbal de muitos pacientes é que com o grupo puderam entender mais o processo de tratamento, principalmente com relação às reações, que muitas vezes eram consideradas como piora da doença e não como condição imunológica do organismo. Houve relatos de diminuição de ansiedade com o melhor entendimento da doença.

Avaliação da equipe é que houve melhora no nível de entendimento dos participantes sobre a doença e seu processo e diminuição do tempo de atendimento individual.

OHE 14

HEALTH EDUCATION IN RELATION TO PREVENTION OF DISABILITY (POD) PROGRAMME IN LEPROSY

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Prevention of Disability is an important area of leprosy elimination programme which in a particular terminology of POD has been given priority since last six years. The introduction of MDT has drastically reduced the caseload including a considerable degree in reduction of impairment. Yet the existing deformity rate is not negligible. The social implication of deformity is multifarious; the degree of stigma and ostracisation largely depends on deformity and disability. Health education, individual patient counseling and demonstration of self-care procedures are the essence of a successful POD programme, which indicates prevention in all the steps, from pre primary stage to tertiary stage. In the early stage, impairment is prevented and in the next steps further deteriorations are checked. Accordingly, a retrospective study for 5 years was undertaken in the Balarampur control unit of Gandhi Memorial Leprosy foundation in Purulia district of west Bengal, India. The health education inputs were designed emphasizing early case detection without deformity, the preventive aspects of disability, patient counseling, self-care demonstration and transfer of technology was given due importance. The staff members were trained on the subject before field implementation of the programme. During the five years, substantial health education programmes were conducted. Total 3263 leprosy patients were detected, among them 226 had G1 and 25 had G2 deformities. POD activities were done for 5738 cases among them condition was improved for 537 cases, 75 cases were worsened and 5126 remained static without further deterioration

OHE 15

HEALTH PROPAGATION EDUCATION ABOUT LEPROSY AIMS TO PROMOTE PEOPLE'S KNOWLEDGE AND REVEAL NEW LEPROSY PATIENTS IN THAI NGUYEN PROVINCE.

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Thai Nguyen province is midland - mountainous region in the north of Viet Nam with 3,541 km² superficies. His population counts 1.2 million including 8 ethnic groups living common. The economic remains poor people's knowledge level is low. Thai Nguyen Dermatology Leprosy Control Center (DLCC) is responsible for dermato - venereal disease examination treatment and HIV/AIDS control; implementing program for leprosy elimination from health community; propagating, educating about leprosy; MDT treating new leprosy patients; supervising the contacts; carrying rehabilitating the invalid by leprosy.

Under the direction of Health Service of Viet Nam, directly steering by Dermatology Institute, and Netherlands Leprosy Relief support, Leprosy control program of Thai Nguyen province was being set up since 1988 by Thai Nguyen DLCC. From immemorial time leprosy was being fearful for people. It has been received as hereditary disease high contagious, impossible cured and must be isolated. Therefore Health education propagation about leprosy in communities become importance role, aims to aid people can be exactly under standing and striking out the inferiority complex of leprosy. Thai Nguyen DLCC has establishing successful propagation education program on leprosy.

Health education courses had initiated for health workers at grass-root level, cadres of sections associations at commune quarter level, heading-men of hamlets teachers in primary secondary schools, DLCC was learning, experimenting and verifying that education program will be successful. The participants will accepted quickly new knowledge if concrete teaching materials are being provided.

All participants have thought out, proposed idea, discussed, finally decided elaborate an image set comprising 4 leaves with 4 complete, laconical, intelligible contents.

The first leaf with dingy color scheme describes old conception on leprosy: disease is hereditary from parents through descendants, it is quickly easily contagious, therefore the people are being frightened and fled from lepers. The lepers had been expelled from village, thrown down into river, burned in flame, driven in camp of leprosy and must not reconcile to community.

The second leaf with brightly, blaging color scheme describes new conception: leprosy is not hereditary; it is caused by a type bacillus *Mycobacterium leprae* which visible under electromicroscope in bar form stained fuscine red color. Leprosy is cured completely if it is early revealed. Lepers are not isolated but need conciliate to community.

The third leaf describes leprosy signs at early stage of disease; manifestations are skin areas with variation in color, in distinct border flat. The following images are distinctive border line areas, prominent on skin superficies. At last are the images of invalid-

ity if it is not revealed early and treated in time.

The fourth leaf contents images described about ethnic groups classes people in province manifeste their happiness for implementing program and eliminating completely from health community at 2000 year.

By complete, laconical, intelligible contents of 4 image leaves, DLCC doctors had aided tens thousands people in province understand exactly leprosy. Propaganda image about leprosy appear wherever commune health centres, schools, inhabitant areas, there by people in community may little by little change public opinion.

Beside propaganda image DLCC was applying new method: inserting into scholar schedule time 8 poetic phrases implicated knowledge on leprosy:

Leprosy isn't hereditary

Weak contagious, will be quickly cured by effective medicine

There are on skin discolor area

Sharp pointed not to be in pain

Heat cool sensation disappear

It must be go to doctor

Disease'll be diagnosed and treated in time

From to now and for ever

Happiness comes to leper's life.

Poem is easily being retained with complete contents together teacher's knowledge school children were understanding exactly on leprosy; effacing false conception existed for long time. In his round school children become as propagandors aiding their parents and neighbours to understand and reveal leprosy themselves and each other.

In fact, a lot of people and school children after received knowledge by propag and images, meeting scholar schedule time have revealed themselves sick signs and gone to doctor. Disease has been diagnosed, treated early, the result successful no sequel.

Initiatives described over were applied in overall province in last years. Neighbouring provinces are leaning visiting and ask image pattern for applying in their area.

Beside over propaganda forms, DLCC is frequently infoming educating about leprosy by radio transmission, provincial television, intergrating leprosy content in meeting of other associations.

For 19 years Thai Nguyen DLCC was attaining successful results in propagation education activities on leprosy and had been estimated from Public Health Ministry and Central Dermatology Institute.

Since there was rare person understand about leprosy, by now almost people in province are fundamental knowledge about leprosy; before disease was

only revealed by passive examination, up to now leprosy was revealed essentially by patients gone themselves to doctor in Health Centres for examination, because of their knowledge promoted.

Table 1: Knowledge about Leprosy

Time	1982	1987	1992	1997	2001
Knowing about leprosy (subject)	367	5,675	7,512	8,954	11,956
Total surveyed	10,187	12,594	11,568	10,588	12,569
Rate (%)	3.6	48.1	64.9	84.6	95.1

People's knowledge about leprosy increasing from 3.6% (in 1982) to 95.1% (in 2001).

Table 2: New patients go themselves for examination

Period	Before 1983	1983 to 1987	1988 to 1992	1993 to 1997	1998 to 2001
New patients goes themselves for exam	12	36	56	43	16
Total new patients	137	112	95	52	19
Rate (%)	8.8	32.1	58.9	82.7	89.5

New patient goes for examination themselves rate is 8.8% (before 1983) increased to 89.5% (in 1998-2001).

Table 3: Invalidation in new patients

Period	Before 1983	1983 to 1987	1988 to 1992	1993 to 1997	1998 to 2001
New patients invalid	121	52	46	15	4
Total new patients	137	112	95	52	19
Rate (%)	88.3	46.4	42.1	28.8	21.1

New patients invalidated decrease from 88.3% in period before 1983 year to 21.1 % in the last period.

Thai Nguyen DLCC considers Health education about leprosy as essential, frequent, continual activities for next year, for promoting people's knowledge.

There from lepers understand disease and goes to doctor themselves for examination, revelation and treatment in time, not to be invalid.

By endeavour, strive, Thai Nguyen province is attaining program result at of leprosy elimination from health community. Thai Nguyen is the 7TM province which has been ratified in 1988, awarded Labour Medal grade 3 by State President for antileprosy program fulfilment. In 2001, by leprosy elimination supervising conference, Thai Nguyen has been estimated by Central Dermatology Institute for program maintenance frequently.

OHE 16

IEC FOR ELIMINATION OF LEPROSY THROUGH THE TRILOGUE METHOD

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Introduction: At this point of the global fight for the elimination of leprosy, dissemination of correct information is of immense value to the programs. Trilogue method (patientservice provider- people) has been found to be very effective both in urban and rural areas in imparting knowledge and skills on suspecting early signs of leprosy, informing about the availability of treatment and in motivating the pa-

tients to seek medical help. In fact it relies on the participation of the community through peer groups.

Objectives:

1. To identify and train peer groups among the people in the community.
2. To form health committees among the trained groups.
3. To sustain the educational activities of the peer groups in the community.

Modus Operandi: Peer groups are identified both in rural and urban areas and they are trained by adopting necessary methods and media especially the trilogue (patient – service provider – people) method. This is followed with the formation of health committees among the trained groups with clear responsibilities of influencing the rest of the community in suspecting early signs of leprosy and informing about the availability and reliability of treatment by motivating the patients.

Conclusion: The establishment of action groups within every community to function as a constant source of motivation and action is as important as focusing objectively on educational inputs.

OHE 17

INTERFERÊNCIA DAS CAMPANHAS EDUCATIVAS SOBRE HANSENÍASE NO COMPORTAMENTO DA COMUNIDADE FRENTE AOS PORTADORES DA DOENÇA

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Em conjunto com as respectivas Secretarias Municipais de Saúde realizou-se uma campanha educativa sobre a hanseníase em 6 grandes municípios dos Estados do CE, RN e AL, voltada para uma população alvo total em torno de 250.000 pessoas e com atividades desenvolvidas durante um período de 3 meses. Para tanto foram treinados 1.045 agentes comunitários de saúde, 3.137 professores da rede pública de ensino e 1.561 lideranças comunitárias. As principais estratégias da campanha foram a realização de palestras, distribuição de panfletos e cartazes, e propaganda no rádio e televisão. Com o objetivo de verificar se a estratégia interfere no comportamento da população frente à doença, perguntou-se à comunidade se aceitaria conviver na mesma casa e se aceitaria que o filho convivesse na escola com um portador de hanseníase. Foram entrevistadas 1399 pessoas antes e 1060 pessoas após a realização da campanha. Os questionários foram aplicados pelos agentes comunitários de saúde, aleatoriamente à população da sua área de atuação. Os resultados

mostraram que o percentual de pessoas que aceitariam conviver no domicílio aumentou de 73 para 80% enquanto a aceitação para convivência na escola passou de 44 para 56%. Quando foi perguntado por que estas pessoas aceitariam a coabitação no lar, o percentual de respostas que revelavam conhecimentos corretos sobre a doença passou de 28 para 38% enquanto a falta de justificativa para esta pergunta caiu de 22 para 13%. Com relação à convivência do filho na escola, o percentual de justificativas que revelavam conhecimento sobre a doença aumentou de 47 para 57% enquanto a falta de justificativas caiu de 21 para 16%. Antes da campanha 53% das pessoas reconheceram as manchas dormentes como um sinal de hanseníase, o que aumentou para 67% após a campanha. Dentre as estratégias utilizadas na campanha as mais referidas pela comunidade como fonte de informação foram a televisão (32%) e os agentes comunitários de saúde, citados em 50% dos questionários.

OHE 18

LEPROSY CASE DETECTION USING SCHOOL CHILDREN AN INNOVATIVE APPROACH

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After the Government of Tamil Nadu State in India integrated the vertical leprosy program into the general health services, routine school surveys done by leprosy para-medical workers were discontinued. Nevertheless, early detection of leprosy among school children is important not only in the prevention of disability, but also because of its importance as a proxy indicator for the intensity of leprosy transmission in the community. This innovative program combined education of the higher elementary and high school students about leprosy and subsequently using them to identify suspects among their peers. The school principal chooses student leaders in classes VIII - XII who could be trained to do screening of children for dermatological problems. A trained leprosy worker conducts a leprosy education program for the student leaders and their teachers. The trained students then screen all children in the school for any dermatological condition and prepare a list of suspects. Within a fortnight, the leprosy worker revisits the school and screens all children on the suspect list for leprosy.

This paper explains the methodology and compares the new case detection rate (NCDR) using this method with that done when the vertical program was in operation. In 1992, the NCDR was 9.13 per 10,000 children. The NCDR using school children is 8.28 per 10,000. The paper concludes that using

school children in case detection is as effective and efficient as doing a routine school survey. It has the additional benefit of creating awareness among the children.

OHE 19

MAINSTREAMING LEPROSY INTO THE CONCEPT OF CONVERGENCE -A STRATEGY FOR REACHING WOMEN IN LEPROSY ELIMINATION PROCESS

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The Tamil Nadu Corporation for Development of Women Limited (a Govt. of TN-Organization) initiated the concept of Convergence with Directorate of Public Health, DAN IDA Health Care Project, Family Welfare, Reproductive Child Health, Aids Control Society and Directorate of Medical Services. The Vision of convergence is "Government of Tamil Nadu is committed to support health development as a means of socio economic development, through behavioral change communication processes and IEC efforts, through women Self Help Groups (100,000 groups functioning currently) thereby maximizing the benefits to the entire population." An IEC working group was formed under the concept of Convergence to work with Self Help Groups. Since Tamil Nadu is moving towards Elimination of Leprosy, it recognized this opportunity to be the "best" to take IEC messages on Leprosy to these groups and to facilitate case finding through them to reach the women, particularly the poor women In Tamil Nadu, during the MLEC-111 conducted in November 2002, seven districts were identified as endemic and it was decided to have Active Search as a strategy while the rest of the States followed Passive Search. For every 5000 population 2 teams were formed for Active Search with a Health Inspector and a Village Health Nurse from the Primary Health Centres and each of these teams had one SHG woman in it. 11.8 million people were covered and 14,340 SHG members involved. They were trained in Leprosy and involved in case detection. The out come is encouraging. This paper aims to clarify the concept of Convergence, mainstreaming Leprosy into it, facilitating involvement of women SHG for Leprosy Elimination, the results of such involvement and the lessons learnt.

OHE 20

NECESSIDADES EDUCATIVAS VIVENCIADAS PELOS DOENTES DE HANSENÍASE EM UM SERVIÇO DE REFERÊNCIA EM PORTO ALEGRE

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A Hanseníase caracteriza-se, principalmente, pelo acometimento de pele e nervos periféricos. Se não tratada precoce e adequadamente, pode evoluir para incapacidades físicas inestéticas e mutilantes, que muito contribuem para o preconceito existente a cerca desta moléstia. Além do tratamento com a poliquimioterapia, que interrompe a cadeia epidemiológica e previne a evolução da doença para deformidades físicas, a educação para a saúde do doente, de seus familiares, da comunidade em geral e das equipes de saúde são aspectos fundamentais para o sucesso dos programas de controle da Hanseníase. O presente trabalho relata a experiência da autora na assistência e educação para a saúde a pacientes com Hanseníase no Ambulatório de Dermatologia Sanitária, localizado na cidade de Porto Alegre, serviço de referência para atendimento a hansenianos no Estado do Rio Grande do Sul, Brasil. Aspectos como a necessidade de contínua atualização dos profissionais da saúde, a importância da divulgação dos sinais e sintomas da doença, a eliminação de falsos conceitos sobre a moléstia, o compartilhar de informações com o doente, estimulando-o ao autocuidado e o envolvimento da família e da comunidade no tratamento dos pacientes, entre outros, são apresentados.

OHE 21

SPECIALIST REFERRAL TEAMS: A MODEL FOR LEPROSY ELIMINATION CAMPAIGNS

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Leprosy in Nepal is an important public health issue. With a prevalence rate of 3.8/10,000 (September 2001), WHO has targeted Nepal as highly endemic in the race to eliminate leprosy. A National Leprosy Elimination campaign (NLEC) was conducted in 1999, and this proved useful both in increasing public awareness and in finding new cases.

Aim: To assess the impact of specialist referral teams on difficult to diagnose cases in a Leprosy Elimination Campaign (LEC).

Methods: From 1st- 7th October 2001 a Leprosy Elimination Campaign was held in selected high prevalent districts in Nepal (PR > 5/10,000). Specialist referral teams, consisting of trained staff from Anandaban Leprosy Hospital, were involved in pre-campaign capacity building of health services staff, orientation of search teams and a public awareness programme. Case detection consisted of house-to-house photo survey, with referral to integrated basic health services for confirmation of diagnosis of sus-

pects. Difficult to diagnose cases were sent to specialist referral teams at selected centres.

Results: A specially designed questionnaire was used to make an evaluation of the cases seen and treated, and to determine profiles of difficult to diagnose patients and the performance and usefulness of these teams. Data on 627 patients seen at referral centres during the campaign period was evaluated.

Conclusions: A review of the results and recommendations for the place of specialist teams in leprosy elimination campaigns will be presented.

OHE 22

SURFACING OF LEPROSY AFFLICTED PERSONS - A RATIONAL APPROACH

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As part of intensive efforts for eliminating leprosy in the integrated setting, based on scientific analysis, areas needing greater attention were identified. These were considered as Focal Areas if it satisfied two or more of the criteria given below:

1. 5 or more new cases detected in clusters (Same house or neighbourhood) in that area for one year.
2. More than 3 new cases (MB or PB or both) detected for one year.
3. No new case was detected for 3 years
4. New cases detected with Grade II disability for one year irrespective of number of cases.
5. Smear positive cases, for one year irrespective of number.

Areas with a population of a unit of 1000 or multiples of 1000 were selected for intervention, which was called Focal Survey. Over all objectives of the interventions were: Strong input of IEC through interpersonal communication with a back up of mass media and encouraging the suspects to report voluntarily for examination.

Focal survey- what?

Community volunteers and peripheral field workers visited the houses in the selected focal areas. They passed on information to the people on signs and symptoms of leprosy, effectiveness of MDT, medicines on free of charge, treatment facilities, date and time of visit of search team to their houses and persuading the people with suspect lesions to be available at home for examination.

Equal opportunities were given to all the 1410 Primary Health Centre and Urban areas all over Tamil

Nadu to select the Focal Areas as per criteria and conduct focal surveys.

As per local needs, based on criteria, all over Tamil Nadu focal areas were identified and Focal Surveys were carried out in Jan-April 2001.

The paper would highlight the outcome of the Focal Surveys:

- Coverage of population and leprosy cases found and follow through action right from patient education, treatment and release of patients.
- Effectiveness of the approach, conclusions, suggestions and recommendations

OHE 23

THE PROMOTION OF BEHAVIORS OF LEPROSY PATIENTS IN COMMUNITY HOSPITALS THROUGH GROUP PROCESS WITH SOCIAL SUPPORT

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The objective of this quasi-experimental research is to identify group process with social support in order to promote behaviors of leprosy patient. The subjects was recruited from multibacillary leprosy patients in community hospitals There were 61 subjects who passed eligible criteria and then divided purposively into experimental group (31 subjects) and control group (30 subjects). Data was collected by interview before and after the intervention was implemented. The results were analyzed by Percentage, Mean, Standard Deviation, Student t Test, Paired Sample, T-test, Z- test, Pearson Product Moment Correlation and Chi-square Test.

The results show that there are increasing of the perception in term of susceptibility, severity, positively benefit among experimental group. In addition, the behavior of leprosy patients is improved significantly. The proportion of contact cases among exper-

imental group is increased significantly. More over, perception of positive benefit and services satisfaction are correlation significantly with behavior of leprosy patients.

The researcher recommended that group process with social support should be implemented in community hospitals. The community hospital staff who are responsible for leprosy should be trained to give good quality of services.

OHE 24

TREATMENT DEFAULT AMONG PATIENTS DISCOVERED DURING LEPROSY ELIMINATION CAMPAIGN (LEC): EXPERIENCE OF KANO STATE NIGERIA.

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Leprosy Elimination Campaign is an initiative adopted and recommended by the World Health Organization with the main objectives of creating community awareness on leprosy activities, capacity building (most especially among the lower cadre of health providers), and to enhance case finding and case holding. A Statewide LEC was conducted in Kano State, Nigeria, in the first half of the year 1999. The exercise was conducted with the set target of achieving the above objectives. The campaign was mainly sponsored by the World Health Organization, with support of the Netherlands Leprosy Relief and the Federal Ministry of Health. The campaign was to a large extent, a huge success taking into consideration its objectives. All villages in the State were visited, and over 1000 general health workers were trained on Leprosy. More than 68% of patients registered during the year were found during the campaign. However the State Tuberculosis and Leprosy Control Program observed a high default among the patients discovered during the exercise, and conducted a defaulter retrieval activity and also made an attempt to find out why these particular patients defaulted. Statistics on all the patients treated, defaulted, retrieved and lost are collated and analyzed.

IMMUNOLOGY

OI 1

A NON-INVASIVE METHOD FOR DIAGNOSIS OF LEPROSY BASED ON DETECTION OF SPECIFIC ANTI-MYCOBACTERIAL ANTIBODIES IN SALIVA

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The aim of the present work was to improve methods of diagnosis of leprosy through the development of immune test system for anti-*M. leprae* antibodies (Ab) in saliva. Samples of saliva and blood sera from 116 leprosy patients at different stages of their disease and 23 healthy donors (control group) were