WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

Vol. 41 No. 40 **27th – 03rd October 2014**

SRI LANKA - 2014

WER

Leprosy Situation in Sri Lanka (Part - I)

What is Leprosy?

Leprosy is a curable chronic infectious disease caused by the *Mycobacterium leprae*, which causes damage to the skin and the peripheral nervous system .The disease develops slowly; incubation period is about 5 years. The disease mainly affects the skin, peripheral nerves, mucosa of the upper respiratory tract and also the eyes. Leprosy is a highly stigmatizing disease. It is transmitted via droplets, from the nose and mouth, during close and frequent contacts with untreated cases. Early diagnosis and treatment with multidrug therapy (MDT) remain the key in eliminating the disease as a public health concern. Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs and eyes. Besides the physical impairment it often affects the patient's socio-economic status.

Current situation

Official figures from 115 countries show the global registered prevalence of leprosy at 189 018 at the end of 2012 and during the same year, 232 857 new cases have been reported (WHO, 2014). About 95% of leprosy cases have been detected in 16 endemic countries including Sri Lanka.

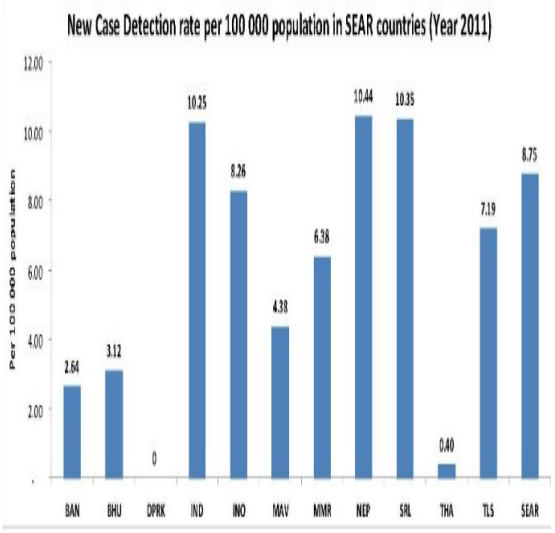


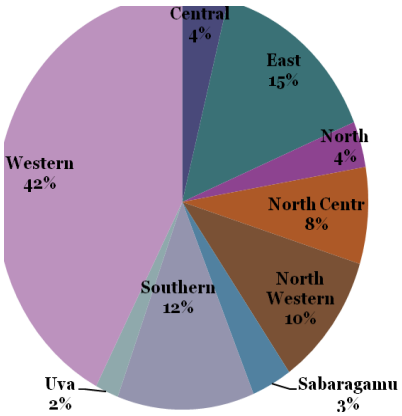
Figure 1: Leprosy new case detection rates in SEAR countries-2011

Distribution of Deformities and Types	
Total registered cases	2131
New cases	1990
New case detection rate (NCDR)	9.60
New MB cases	947
New MB rate	48.8%
New Grade II deformity cases	133
Grade II deformity rate	6.7%
New child cases	182
Child rate	9.2%
Relapses	59
Defaulters restarting treatment	82

Contents — *Page*

For the year 2013, two thousand one hundred and thirty one new cases have been detected in Sri Lanka and new case detection rate of leprosy is 9.6 per 100,000 populations. Further 48.8% of diagnosed leprosy cases were Multi-Bacillary type indicating high risk of transmission. A majority of leprosy cases have been detected in the Western province and Eastern province is the second high endemic province.

Figure 2: Leprosy disease burden by provinces 2013



High endemic districts have been identified within these provinces. New case detection rate of leprosy is shown in figure 3.

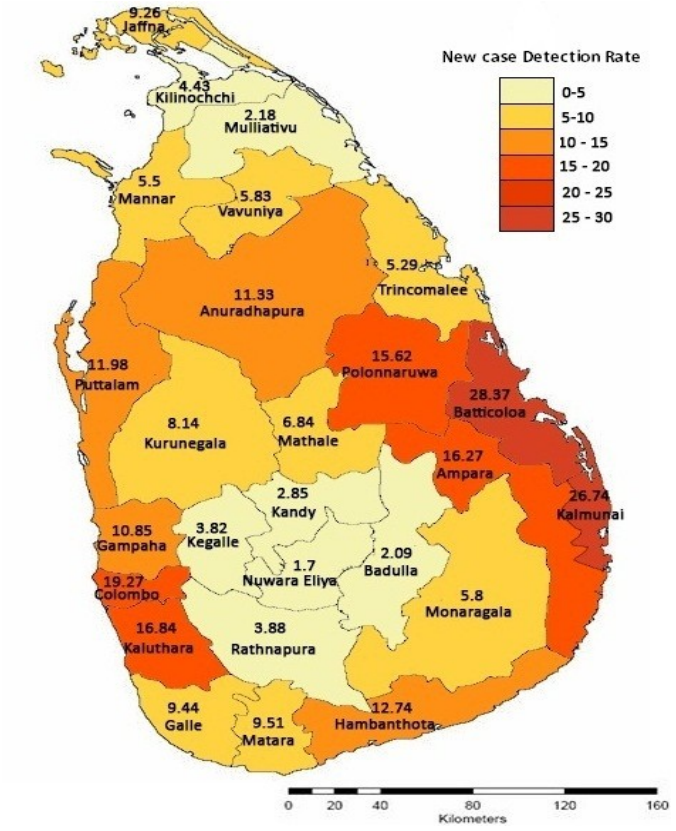


Figure 3: New case detection rates in each district in year 2013

Grade 2 deformity rate is shown in figure 4.

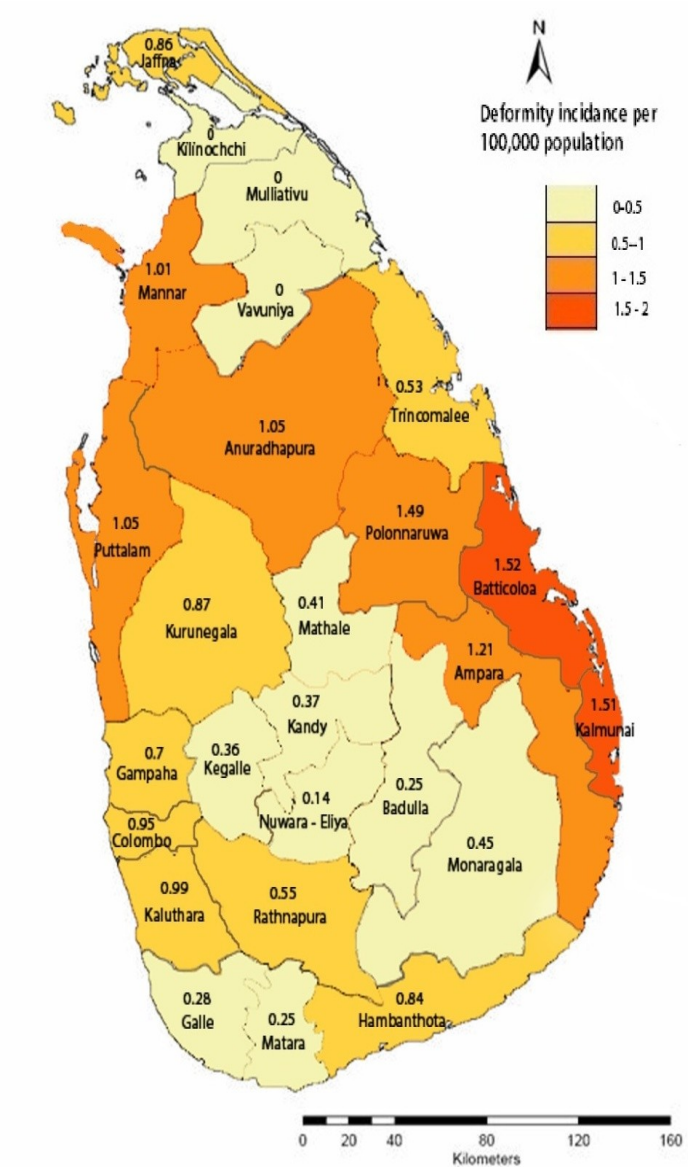


Figure 4: Grade 2 Deformity rates per 100,000 populations in year 2013 in each district

Sources

PubMed-(Walker & Lockwood,2007).-availale at http://www.ncbi.nlm.nih.gov/pubmed/17350495

Leprosy statistics - latest data-WHO 2014-available at http://www.who.int/wer/2013/wer8835.pdf?ua=1

Compiled by Dr. Monika Wijerathne

Consultant Community Physician-Anti Leprosy Campaign

to be continued

WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

Vol. 41 No. 41 **04th – 10th October 2014**

VER SRI LANKA - 2014

Leprosy Situation in Sri Lanka (Part II)

This is the second in a series the two articles on Leprosy.

Leprosy Child case rates is shown in figure 5. According to the statistics, 46% of new cases identified in year 2013, were late presentations (more than six months after onset of symptoms) and this causes to 7-8% patients to present with deformities. It has been observed that lack of awareness among health staff especially medical offices has contributed to this late diagnosis. Therefore including leprosy in continuous medical education and refresher training is crucial in early diagnosis of leprosy.

Still there is fairly higher percentage of leprosy child cases in the country, indicating presence of leprosy bacilli in the environment, which indicates the active transmission of the disease. Considerable higher percentage of child cases has been identified from the Jaffna district. This may be due to the increase of case detection rate after the war. Children with leprosy are detected early, during the school heath inspection. However, this signals the presence of disease transmitting adults in the society.

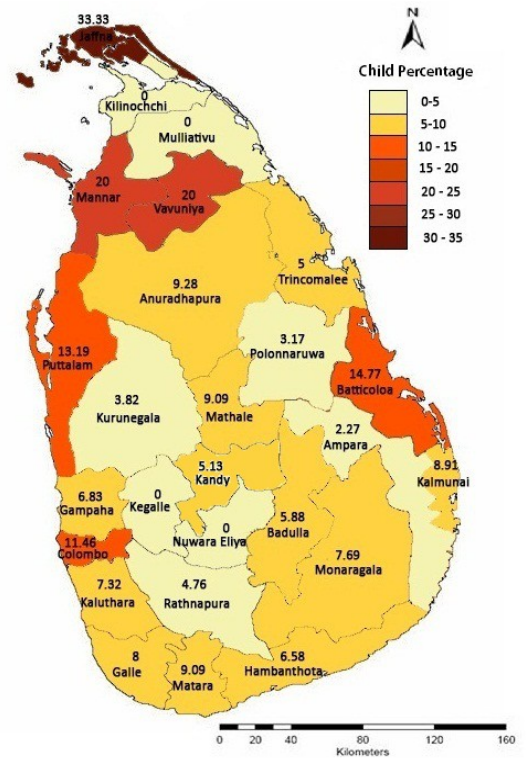


Figure 4: Leprosy Child case rates according to districts-2013

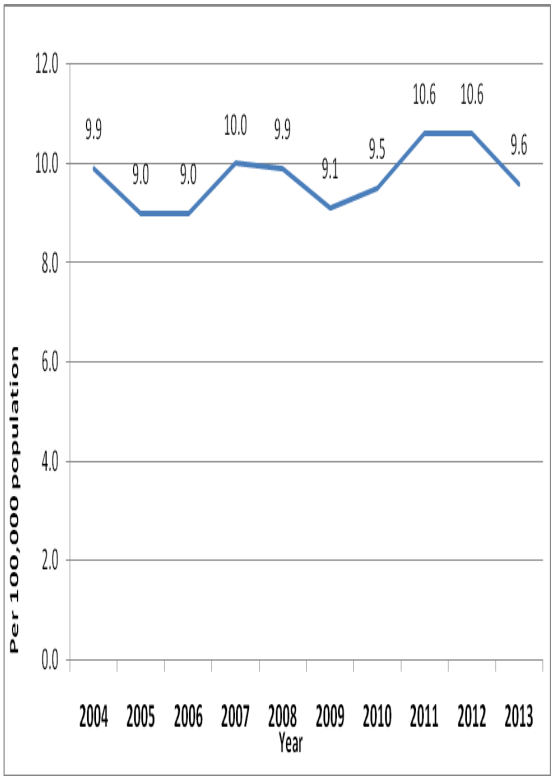


Figure 5: New Case Detection Rates of leprosy in Sri Lanka from year 2003 to 2013

Contents	*Page*

In 1991 the World Health Organization (WHO) had set a target of eliminating leprosy as a public health problem by year 2000. Even though Sri Lanka has achieved the elimination target (10 cases per 100,000 population) set by WHO in 1995 there have been around 2000 new cases of leprosy reported every year for the past 15 years(ALC 2013). New case detection rate remains at the same level (10 per 100, 000 population) for the past 5-6 years and approximately 10% of the new cases are child cases which indicates the on-going transmission of the disease.

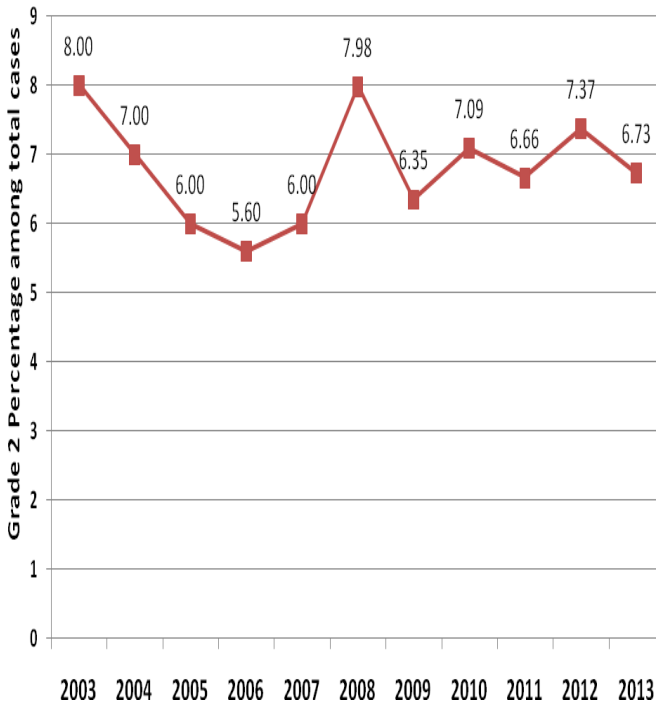


Figure 6: Percentages of Grade 2 deformity in Sri Lanka from year 2003 to 2013

Leprosy remains a serious public health problem due to its ability to cause disability. The prevention of leprosy ultimately lies in the early diagnosis and treatment of the individuals suspected or diagnosed as having leprosy, thereby preventing further transmission of the disease to others. Diagnosing and treating the leprosy patients is the main approach in interrupting the transmission of leprosy.

However, certain challenges have been identified in the programme to control leprosy. Unabated active transmission of the disease is a major problem in the country. According to the background information inadequacy of knowledge among health care staff remains an obstacle in identifying, referring, diagnosing and treating patients with leprosy. Delayed presentation and defaulting treatments are also challenges in the leprosy control programme. All aspects of quality clinical management are not accounted at the service delivery points and services offered to patients needing rehabilitation are not satisfactory. Inadequacy of trained personnel for leprosy control is another obstacle in controlling leprosy. Inadequate supervision, monitoring and evaluation is another challenge.

Several approaches have been made to overcome the challenges. For example the increase of public awareness on leprosy via social marketing programmes and making leprosy services more accessible have resulted in the increase in new case detection. The concept of establishing satellite clinics at peripheral health facilities is used to improve access to leprosy services. By bringing the services closer to the needy communities; case detection, regular follow-up, compliance to treatment and reduction in number of defaulters are expected to be ensured.

This approach helps to reduce the delayed presentation. By increasing awareness among people is being used to increase compliance to treatment. Improving quality services in all treatment centers, provision of satisfactory rehabilitation services to all leprosy patients with disabilities, training human resources, strengthening and monitoring and evaluation are other major approaches to control leprosy.

Sources

PubMed-(Walker & Lockwood,2007).-availale at http://www.ncbi.nlm.nih.gov/pubmed/17350495

Leprosy statistics - latest data-WHO 2014-available at http://www.who.int/wer/2013/wer8835.pdf?ua=1

Dr. Monika Wijerathne

Consultant Community Physician-Anti Leprosy Campaign