Letter to the Editor

LEPROSY ELIMINATION CAMPAIGN (LEC) IN HODEIDAH PROVINCE, REPUBLIC OF YEMEN, 1997–1998: RESULTS AND TREATMENT OUTCOME

In 1995, the World Health Organization (WHO) introduced Leprosy Elimination Campaigns (LEC) with the main objective of detecting leprosy cases, particularly the more serious ones referred to as ‘cases of consequence’, that have remained undetected in the community, and to cure them with multidrug therapy (MDT). The main objectives of these campaigns are: 1) capacity building for health workers, 2) increasing public awareness of the disease and the involvement of the community in various leprosy elimination activities, and 3) the diagnosis of cases that, for various reasons, have remained undetected in the community and provide free multidrug therapy (MDT) to ensure that patients are cured. A series of publications from WHO since 1995 has drawn attention to the success of LECs in achieving the main objectives and in 1999 a special issue of Leprosy Review brought together a range of contributions from agencies and individuals in many parts of the world. LECs have now been successfully implemented in over 25 endemic countries, with the detection of more than 1 million new cases since 1995.

In this paper, we describe our experience with a LEC in Hodeidah Province (Governorate) in the Republic of Yemen, 1997–1998, in which 1) the number of new cases detected significantly exceeded our predictions and 2) treatment completion rates for both pauci- and multibacillary cases were remarkably high.

Hodeidah Province is situated in the western part of the Republic of Yemen. It is a coastal area stretched on the eastern coast of the Red Sea from the northern borders of the Kingdom of Saudi Arabia to the south, near the Bab A-Mondab entrance of the Red Sea with a very humid and hot climate.

The Province has a total population of 1,937,384 (1997 census) and is divided into 22 districts and approximately 1888 villages. There are a total of 120 health facilities located in different villages; all are accessible by ordinary vehicles, but there are no trains or regular bus services.

MDT services started in the area in 1991. At present there are eight leprosy clinics in eight districts staffed by trained medical assistants with at least 5 years experience in leprosy control activities. Before 1991, the treatment of leprosy was dapsone monotherapy and implemented in two clinics only, both operated by the nuns of Mother Theresa (Missionaries of Charity). Due to logistic problems, the introduction of MDT for leprosy treatment in the region was postponed until 1991, after an agreement was signed between the Ministry of Public Health and the German Leprosy Relief Association (GLRA, Würzburg, Germany) in 1989. The National Leprosy Elimination program was then established in the capital, Taiz. Thereafter, with the generous and sustained support of the GLRA, the NLEP has taken steps to control leprosy through the implementation of MDT services in the whole country.

Since the start of the NLEP and up to the end of 1996, the total case detection in Hodeidah Province was 491 cases; 366 multibacillary (74.5%) and 125 (25.5%) pauci-bacillary. Before 1991, case detection was poor, with low quality registration the total of cumulative cases in the Province was 287. After 6 years implementation of MDT in the area, at the beginning of 1997, the registered prevalence was 171; estimated prevalence 250. A total of 73 new cases had been detected during 1996 and 18% of them had grade 2 disability. The cumulative number of cases ‘released from treatment’ was 561.

The high proportion of multi-bacillary cases and disabled patients influenced our decision to choose
this Province for the campaign, as also was the easy access to most of the communities by car, the established availability of MDT services and the high level of illiteracy/low health awareness in most of the population.

This LEC was planned to detect an estimated 100–150 hidden cases of consequence (defined above), but in fact resulted in the detection of 276 new cases (see Table 1). Even after the LEC, in the first 3 months of 1999, 71 multi-bacillary cases were detected compared with 52 such cases in 1996, 1 year before the LEC. The annual new case detection rate fell to 93 in 1999, 74 in 2000 and 52 in 2001, a trend that suggests that our program may have effectively cleared the backlog of cases by improving accessibility and community awareness.4

We also wish to draw attention to the high completion rates for both pauci- and multibacillary cases (91.6% and 92.7%, respectively), equating with cure, as defined by WHO. Thanks to the support we have received from WHO, GLRA, and the skill and motivation of our health workers, the general outcome of this campaign, involving many months of preparation and a wide range of administrative activities, appears to have been highly satisfactory, not only in the detection and treatment of new cases, but also in clearing the backlog, increasing community awareness and decreasing stigma.

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