

National Leprosy Control Program NLCP EGYPT

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- NLCP at Ministry of Health is the overall body in-charge of policy making, planning, training, technical supervision, evaluation and reporting.
- There is an integrated Leprosy – dermatology service at the governorate level.
- Leprosy service in each governorate(17) comprises a main Leprosy-Dermatology clinic with sub-centers in districts.

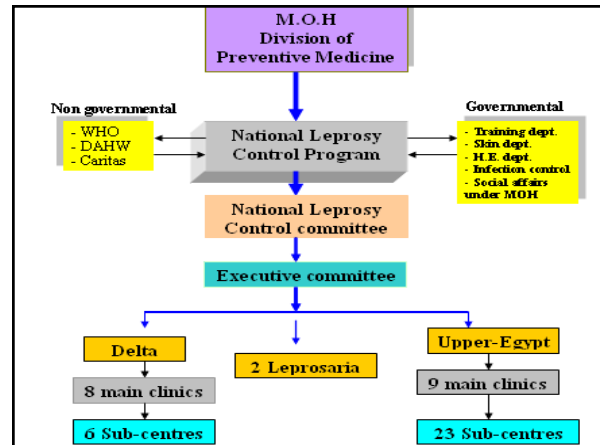
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WHO & NGOs cooperate with the Ministry of Health within the scope of NLCP. They play an important role in MDT provision, training, health education, social welfare and rehabilitation of leprosy patients and their dependents.

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Current situation of Leprosy 2008:

Number of new cases detected	797
Population covered by the program	69.000.000
C D R/100 000	1.16

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% of M B	89.5
% of Children	8.5
% of Female	36.5

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Cure rate of PB (Cohort year 2007)	87
Cure rate of MB (Cohort year 2006)	96
Defaulter rate	8

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% of G 2 D among new cases.	7.3
Number of cases developed new disability during treatment	12
Number of relapse after treatment	1

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Prevalence :

- The prevalence of leprosy is gradually decreasing since achieving WHO elimination target in 1994 at the national level.
- At sub-national level still the P.R at some districts are higher than 1/10,000 especially in Upper Egypt (Qena & Sohag governorates).

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Districts with PR ≥ 1/10 000: 2008

District	No of cases	PR 1/10 000
Qena		
Esna	52	1.6
Qena	53	1.1
Quous	35	1
Sohag		
Sohag	111	1.89

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High risk area

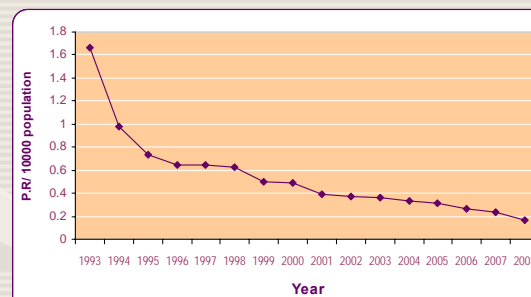
* 45 % of new cases (357) detected only in 2 governorates in upper Egypt (Qena & Sohag).

* 21 new cases with G2D (36.2% of all cases with G2D) only in Sohag.

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P.R. :1993 -2008



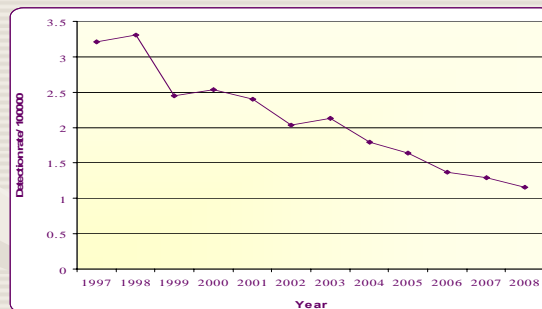
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Case Detection Rate:

- Case detection is following a declining trend since 1998 from 3.31 to 1.16/100 000 population in year 2008.

CDR : 1997 - 2008

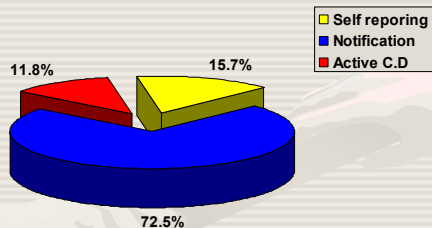


- Case detection is mainly based on passive case detection (notification & self reporting).
- While among contacts of new & old cases, active case detection is considered as one of the important activities.

Active CD by contact examination: 2001 - 2008

Year	No. of patient visited	Contacts examined	Detected cases	CDR/100 contacts
2001	1989	14173	233	1.7
2002	1528	7501	138	1.8
2003	1563	7564	150	2.0
2004	2437	11460	239	2.1
2005	2043	8911	198	2.2
2006	1707	7771	129	1.7
2007	2376	10127	185	1.8
2008	1588	6330	145	2.3

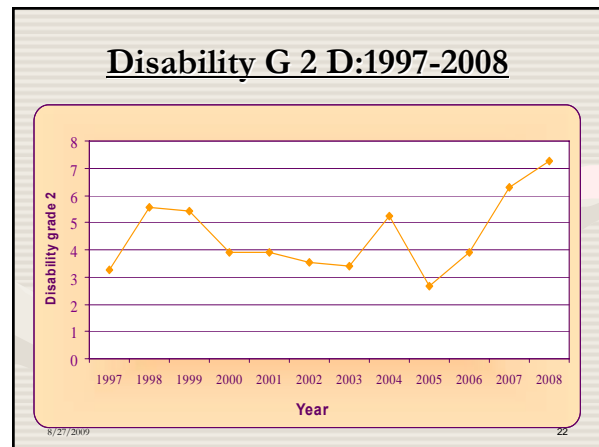
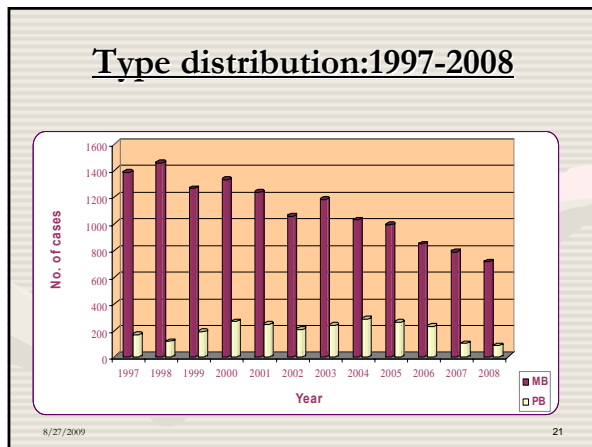
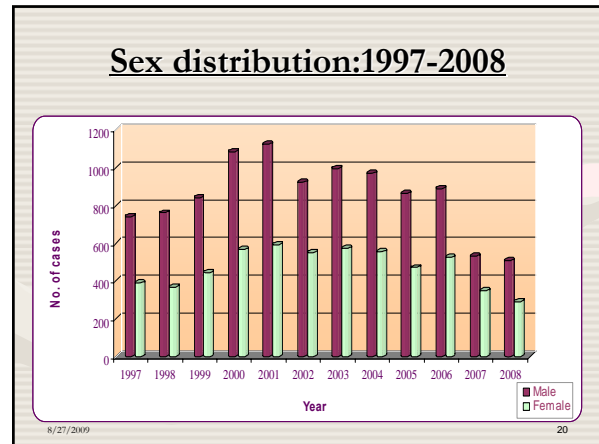
Mod of detection of new cases:2008



- A new approach was adopted since December 2008 in 3 clinics.
- The newly detected cases from remote and very low prevalence villages were advised to bring their contacts to the clinic on a defined day to be examined.

Province	No. of newly detected cases came	Contacts examined in clinic	New cases detected	C.D.R/ 100 contacts
Beni -Suef	41	146	3	2
Sharkia	38	99	2	2
Dakahlia	31	79	2	2.5

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- ### Training activities:
- Special attention has been paid all through, to train all health care providers and social workers involved in program delivery.
 - Training conducted in 11 out of 17 governorates involved in NLCP program in 2008.
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Category of trainees	Numbers
Dermatologists	36
Central hospital doctors	748
PHC doctors	920
PHC nurses	440
Lab. Tech. (learning by exposure)	1
Student nurses	1482
Health educators	180
Social workers	126

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Community awareness activities: related to stigma and discrimination

Categories	No. of participants
13 advocacy meetings for community leaders	437
11 advocacy meetings for rural woman leaders	390

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Defaulter tracing:

- NLCP has introduced a new approach in 1996 through a national plan for tracing defaulters.
- Social workers in leprosy clinic were trained to perform this activity.
- The success rate was 72 - 88%

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Rehabilitation:

1.Ulcer care:

is a regular activity by well trained nurses in all leprosy clinics.

2.Physiotherapy:

was started in 2001 and proper equipment was supplied to all clinics by 2005.

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3.Eye care program& prevention of blindness:

Well organized referral system for visually handicapped patients at the clinic level.

Intra & extra ocular operations preformed for patient in need.

* 16 extra ocular and 35 intra ocular eye operations

were performed in 2008.

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4.Footwear manufacture in all clinics.

Manufacture of artificial limbs, orthopedic shoes and other physical rehabilitation appliances for specific patients.

Sandals	352
Shoes	339
Splints	6

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5.Social services and rehabilitation:

Social and economic support is available through official and non-governmental channels as ministry of social welfare, ministry of health and NGOs.

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Multi-drug resistance:

We have no complete data but we are going to establish sentinel surveillance system for drug resistance (with WHO cooperation).

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Operational needs and strategy:

- To strengthen the capacity of medical personnel on :
 - Diagnosis and management of reaction& relapse.
 - Operational researches at the field level.
- To ensure sustainability of the current leprosy intervention activities at national and sub-national level .

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- To intensify the intervention on the most endemic focus areas by adopting the high risk approach at sub-national level.

- To enhance and strengthen the supporting services based on the identified needs and gaps including CBR.

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Thank you

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