

**WORLD HEALTH  
ORGANIZATION**



**Regional Office  
for the Eastern Mediterranean**

**ORGANISATION MONDIALE  
DE LA SANTÉ**

**Bureau régional  
pour la Méditerranée orientale**

REGIONAL MEETING ON LEPROSY

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EM/MTG.LEP./4 AFGHANISTAN

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REVIEW OF THE LEPROSY PROBLEM  
IN THE EASTERN MEDITERRANEAN REGION  
(AFGHANISTAN)

by

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- A. Leprosy is present in the Democratic Republic of Afghanistan because of autochthonous transmission.
- B. Leprosy exists in a hypo-endemic and sporadic form in all provinces of the country.
- C. The total number of registered cases in the country at 31 December 1979 was 1 210.
- D. The estimated number of unregistered cases may be between 6 000 and 10 000.
- E. The number of newly-registered and annually reported cases from 1970 onwards is as follows :

1970 :	4 cases	1975 :	167 cases
1971 :	38 cases	1976 :	171 cases
1972 :	87 cases	1977 :	209 cases
1973 :	159 cases	1978 :	156 cases
1974 :	186 cases		

- F. Age distribution of registered cases : 0-14 and 15 years of age and above.

Age group :	0 - 14	15 +
Cases :	132	1 035

- G. There is only one special institution for the treatment of leprosy in Afghanistan. It is a German/Swiss team which is working in co-operation with the Ministry of Public Health and supported by the German Leprosy Relief Association.

3. (Cont'd)

There is one leprosy hospital, offering clinical treatment in case of reactions and highly advanced lepromatous leprosy.

The number of ambulatory treated or outpatients in the country is 100 per cent of all registered cases.

H. Classification of registered cases :

Classification	Number of cases	Under regular treatment *	Under irregular treatment **
LL Lepromatous	455	80.5 %	19.5 %
BL Borderline	194	88.3 %	11.7 %
BT Tuberculoid	182	77 %	23 %
TT Indeterminate	196	51.5 %	48.5 %

\* Regular treatment, i.e. 75% of prescribed medication.

\*\* Irregular treatment, i.e. below 75 % regularity.

Classification used :

Indeterminate / Tuberculoid / Borderline tuberculoid /Borderline Lepromatous / Lepromatous

Methodologies used for diagnosis, classification and follow-up :

Clinical examination and skin smear.

Ridley's Index is being used.

Diagnostic test used : Skin smear,carried out by all staff.

- J. Standard treatment applied to "lepromatous" and "borderline lepromatous" cases, and to "indeterminate" cases :

Indeterminate cases : DDS

Lepromatous and borderline lepromatous cases : Lamprene, or  
Lamprene and DDS

Usual treatment for erythema nodosum leprosum (ENL) reactions :

Rest, analgesic T, Tranquilizer, Lamprene 1 to 2 caps. daily,

Chloroquine T for 3 weeks, Steroids 0.5 - 1 mg per kg of body weight for  
1 - 3 months.

- K. No prophylactic treatment is prescribed to close family contacts.
- L. No epidemiological surveys or special studies are as yet conducted for the detection of early cases of leprosy.
- M. There are enough facilities available for routine bacteriological examination.
- N. Considering the present situation, the available trained staff is sufficient.
- O. The programme needs research to be carried out in the field of epidemiology, and in the social-economic field.
- P. Research proposals have been prepared.
- Q. The policy and objectives of public health education are : to educate different groups of the population about leprosy through radio speeches, Television, and by training courses and seminars; also through books, booklets, pamphlets, posters, etc..
- Q.1 There is no special legislation in force either for or against leprosy patients.

R. The German Initiative Assistance Overseas is working in close co-operation with the Ministry of Public Health in the field of leprosy with an Afghan Doctor appointed to the programme.

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DEMOCRATIC REPUBLIC OF AFGHANISTAN

Attention : Mr H. Rudolf, Project Manager