WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN



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REGIONA L MEETING ON LEPROSY Mogadishu, 25 - 23 February 1980 EM/MTG.LEP./4 DEM.YEMEN 26 February 1980

## REVIEW OF THE LEPROSY PROBLEM

IN THE EASTERN MEDITERRANEAN REGION

(DEMOCRATIC YEMEN)

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\* Dermatologist Ministry of Public Health, Aden Leprosy exists since a long time in Democratic Yemen and it is not certain whether it was imported from abroad. At present it is due to **autochtonous trans**mission. The registered cases are 205 originating from 5 of the total 6 provinces. No registration has been made up to December 1978 except in one Governorate which has about 90 cases.

Concerning estimated number of cases in the country no surveys has been done at, it is almost impossible to do an estimation without a field study. Registration of new cases began at the end of 1979. The distribution of the registered cases was never done except in one Governorate.

Patients are cared for in a leprosarium in Aden Governorate and in another one only there is an out-patient clinic. At present hospitalized cases are 45, 23% of all registered cases. The leprosarium of Mokala is also caring for leprosy patients and is runned by local staff, 2 to 3 nurses and a part-time doctor. Treatment is made with Dapsone, out of 205 cases registered 170 are treated as outpatients.

No classification is being used, diagnosis of leprosy for classification and followup of cases are carried out by a laboratory technician for skin and nasal smears.

Standard treatment applied to lepromatous borderline lepromatus and indeterminate cases is Dapsone; regarding treatment for erythema nodosum leprosum (ENL) patients a re given low doses of DDS, corticotherapy. No prophylactic treatment is prescribed to close family contacts.

No special epidemiological surveys or special studies are being conducted for the detection of early cases of leprosy particularly of lepromatous cases

Routine bacteriological examination are carried out in the Republican Hospital where laboratory examination facility exist.

All aspects of the programme research **should** be implemented in the epidemiological field, in the clinical field, in the therapeutic field, in the operational field, in the social-economic and in the rehabilitation field.

No studies or research proposals are being prepared to solve the present problems as yet.

There is no special legislation in force either for or against leprosy patients. All medical profession and population have a prejudice on leprosy patients. There is no leprosy control programme as yet.

An outline of future plans for the control of leprosy, for training required and categories of staff, not yet prepared.

There is no foreign agency involved in the leprosy control programme.