

**WORLD HEALTH
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**Regional Office
for the Eastern Mediterranean**



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**REVIEW OF THE LEPROSY PROBLEM
IN THE EASTERN MEDITERRANEAN REGION**

(EGYPT)

by

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- A. Leprosy is present in Egypt because of autochthonous transmission.
- B. The disease is scattered all over the country. It is more prevalent in Upper Egypt. Very few villages are clear.
- C. The total number of cases until December 1978 is 35 000 cases.
- D. According to the existing trend, patients prefer to be examined by general practitioners, in general hospitals, or by private doctors. Thus the estimated figure must be at least 3 - 4 times that mentioned above.
- E. The number of newly-registered cases per year for the last five years is as follows :

1975	565
1976	430
1977	556
1978	550
1979	390 (10 months, till October 1979)

- F. Age distribution of registered cases is not available.
- G. Leprosy cases are treated at Governmental clinics and leprosaria, which belong to the Preventive Medicine Department. We have the following institutions :

- 2 leprosaria	:	Abo Zaabal (near Cairo)	1 200 beds 900 cases
		El Ameria (near Alexandria)	355 beds 182 cases
- One small specialized hospital in Upper Egypt, at El Minia			20 beds 14 cases

- 16 outpatients clinics 8 in Lower Egypt
 8 in Upper Egypt

for diagnosis and treatment of leprosy cases as well as other skin diseases.

- The Department of Leprosy Control, which employs 40 doctors.
- 1 096 patients are institutionalized while 33 904 are treated as outpatients.
- In Abo Zaabal and Ameria, patients receive medical as well as surgical treatment. Ophthalmologists and dentists visit the patients regularly. A Rehabilitation Centre in Alexandria serves about 50 negative cases, another one in Mataria near Cairo serves about 80 cases, while a third smaller Centre in Abo Zaabal cares for about 20 patients.

A new Centre for artificial limbs is now constructed and equipped by the German Relief Association in Alexandria.

H. Classification by type :

Such classification is possible only in some places like Giza. The accepted figure is 30 per cent of the new cases being lepromatous and border line lepromatous. The balance two thirds include tuberculoid, border line tuberculoid and indeterminate types.

Diagnosis : is made on clinical grounds and bacteriological examination of nasal smears and slit scraping smears from the nodules. Lepromine H. was used some years ago for classification but it is not available at present. A request has been made recently to WHO to supply us with lepromine to start using it again for classification.

M.I. is used in Abo Zaabal for follow-up of cases under treatment by Lamprene and Rifampicin. These cases are dapsons resistant L.L.

	<u>Used by</u>	<u>Planned for</u>	<u>Nor used or planned</u>
Skin smear	Doctor or auxiliary	Doctor	-
Nasal smear	Doctor or auxiliary	Doctor	-
Skin biopsy	-	-	Not used
Histamine test	-	-	Not used
Sweating test	-	-	Not used
Lepromine test	Intended to be used and Lepromine A is required.		

J. Treatment used for L.L. and B.L.

Dapsone 100 mg daily + Lamprone 100 mg once daily or E.O.D. for 3 - 4 months and then continue with Dapsone 100 mg indefinitely.

For Dapsone resistant cases : Rifampicin 300 mg twice daily for 3 months.

E.N.L. treated by rest and small doses of corticosteroids not exceeding 15 mg prednisone or equivalent preparation with antihistamines, calcium, etc..

Prednisone one tablet T.D.S. for 3 - 7 days then one tablet twice daily for 5 - 7 days, then one tablet till complete control of condition, Sandosten + Calcium Sandoz I.V. daily or E.O.D., Aspirin or Novalgine as needed.

K. No prophylactic treatment is used for close family contacts, L.L. and B.L. at the present time.

L. All contacts of L.L. and B.L. and tuberculoid cases are examined routinely by the doctor. Epidemiologic surveys have been conducted in different Governorates, e.g. in Kalubeya in Lower Egypt, in Beni Souef, Minia, along with the one conducted in Sohag in Upper Egypt, where 69 new cases were discovered during 1978. All school children are examined by dermatologists of the school health services, contacts of all cases are called for by the dermatologists. All suspicious cases are examined by nasal smears and nodules by slit smear.

- M. Facilities for routine skin and nasal smears are available in nearly all leprosy clinics. Facilities for biopsy or histopathology are intended to be availed in the near future to Abo Zaabal where a new laboratory has been constructed. Also facilities for animal inoculation studies, for detection of Dapsone resistance are planned for coming into use in near future. We also hope to introduce tests for immunological changes, e.g. L.T.T. and L.T.I. tests.
- N. We need trained staff for histopathology which could be done in our central laboratory. Nine doctors should receive training outside to be able to read and interpret slides for leprosy cases. Laboratory technicians need training abroad on staining procedures and methods in immunology as well as animal experiments. At least one doctor from Abo Zaabal needs training abroad for the same purpose.
- O. Research is needed to cover the following aspects of the programme :
- (a) Epidemiological surveys covering all the country, as the disease is present everywhere, but its incidence differs from one place to another.
 - (b) Socio-economic aspects: as many of the patients are handicapped and very poor, they are rejected by society.
- We have three charity communities, in Alexandria, Cairo and Giza, caring for leprosy cases after arrest of the disease.
- The society in Alexandria is running a Rehabilitation Centre and a boarding-house for 50 children from leprotic families.
- (c) Much work is also needed in the field of physiotherapy and reconstitution surgery for mutilated and handicapped leprotics.
 - (d) In the clinical field, research is needed to find out the rate of Dapsone resistance in Egypt; also to decide upon the best therapy for L.L. and B.L.

Q. We are deeply involved in Health Education Programmes to the public : I gave two talks to the radio; a film on leprosy was produced by the Ministry of Health some years ago and was shown in all the cinemas of the country. Articles in the press appeared three times this year. A National programme for leprosy control is now under discussion by the Ministry of Health and includes :

- Health education of school teachers.
- Education and training of the medical profession for early detection.

The programme will start with the Governorates of Upper Egypt where the incidence of the disease is higher.

Q.1 It is enforced by law that leprotics and T.B. patients have the right to get full payments during treatment for any length of time even if it lasts for ten years.

Q.2 There is a strong feeling among the population against leprotics. People do not like to have leprosy clinics near their houses. This outlook needs big efforts to change. Many of the doctors are afraid to come in contact with or treat leprosy cases; general hospitals usually do not welcome dealing with leprotics in the out-patients or in the wards. Knowledge of the low pathogenicity of the disease needs to be spread among the medical profession. We need booklets dealing with the problem to be distributed all over the country. On 7 July 1979 a training course for four days was given to the doctors of the leprosy department as well as the dermatologists in general. It was organized by the Leprosy Control Department, and was attended by 120 doctors. A booklet including all the lectures is under press and will be available soon.

R. The Ministry of Health, Department of Leprosy Control, is responsible for the organization and management of the leprosy control programme in Egypt. The programme is financed by the Government.

The German Leprosy Relief Association as well as the Damien Foundation are participating materially in the programme.

T. Future plans include :

1. Renovation of Abo Zaabal leprosarium so as to develop into a research and training, as well as treating Centre for complicated cases, financed by the German Leprosy Relief Association.
2. Improvement of the conditions in Ameria leprosarium, financed by the German Leprosy Relief Association.
3. Construction of two new clinics, one in the Canal Zone and one in Asswan in Upper Egypt.
4. Reconstruction or improvement of the existing 16 clinics as some of them are very old wooden huts. This is financed by the co-operation of both the German Association and the Damien Foundation.
5. Scholarships for doctors to be trained abroad in leprosy control are offered by the two Associations.
6. Lamprene and Rifampicin are availed among aid of both Associations.
7. A national programme for health education of the public as well as the medical profession is being studied at the present time.

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2. Damien Foundation :

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STUDY OF AGE INCIDENCE OF LEPROSY IN ABO ZAABAL

Sex	1-10	11-20	21-30	31-40	41-50	51-60	61 +	Total
♂	7	109	234	164	49	4	-	567
♀	78	85	27	13	6	3	1	213
Total	85	194	261	177	55	7	1	780