

**WORLD HEALTH
ORGANIZATION**

**Regional Office
for the Eastern Mediterranean**



**ORGANISATION MONDIALE
DE LA SANTÉ**

**Bureau régional
pour la Méditerranée orientale**

REGIONAL MEETING ON LEPROSY

Mogadishu, 25 - 28 February 1980

EM/MTG.LEP./4 IRAQ

February 1980

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

by

Dr M.G. Al Saddawi*

* Dermatologist,
Ministry of Health, Baghdad

Leprosy is a disease present in the country because of autochthonous transmission.

Most cases were originating from villages, towns and cities in the North, Middle and South of the country. The greater number of cases come from Baghdad, Missan, Basrah and Thee-qar. Analysis of 500 registered cases from 1968 to 1979 that attended the leprosy colony as out-patients shows the following distribution of the cases:

Baghdad	115
Erbil	10
Missan	150
Al-Anbar	6
Basrah	80
Thee-qar	28
Duhok	6
Nineua	20
Sulmaniya	10

Statistics are only available from 1968 to 31 October 1978 and these show 446 registered cases. There is no estimation of the number of non-registered cases. The number of newly registered cases from 1970 to 1979 is 217.

Regarding age:

<u>Age</u>	<u>Number of cases</u>
0-14 years	20
15 years and above	480

The leprosy patients are cared for in a leprosy colony that is situated in the South of Iraq near Omara city - Missan. The colony was built on an island that is completely surrounded by Tigris river branches. Across the river there is a small bridge for communications. It contains an office for administration, an examination room for medical officers and a dispensary. The patients are kept in a number of small apartments, each can accommodate 2 to 3 persons according to the

size of the family or the group of patients. Also there is a mess with a television set and a kitchen.

100 of the registered cases are institutionalized (20%).

The leprosy colony is the only institute for leprosy in-patients. It offers only clinical treatment and those who need surgical interference are moved to the nearest general hospital.

The number of ambulatory out-patient cases in the country is 400 (80%) of all registered cases.

Diagnosis of leprosy is on the clinical examination of the patients, and the classification is based on the results of nasal smear and this test is also done for follow up cases, and a negative or positive nasal smear is the only result required.

The diagnostic test used is nasal smear that is taken and examined by medical assistants. The standard treatment that is given for all cases is dapsone or sulphetrone. The usual treatment for (ENL) is prednisolone 10 mg t.d.s.

No prophylactic treatment is given to close family contacts, and no recent epidemiological surveys have been done for the detection of early cases of leprosy. There are moderate facilities for nasal smear test both in the capital city and all other main cities. There are only a few well trained staff in nasal smear tests.

Research is required in all fields: epidemiological, clinical, therapeutic operational and the social-economic/rehabilitation fields.

I am not involved in health education.

There is no special legislation in force regarding leprosy patients in Iraq. There are feelings in the population and medical profession against leprosy patients. These feelings could only be changed by a wide scale health education to banish the wrong notions current about leprosy. We have to educate people that leprosy is curable and to inform the public that early discovery and treatment of leprosy may prevent deformity which brands a leprosy patient for life.

A research proposal was prepared by the World Health Organization in 1962 to solve the problem of leprosy in Iraq. The report stressed on health education of the public about leprosy, the importance of early case discovery in preventing spread of the disease and also preventing the deformities that may disable the patients, the findings of reporting system for the registered cases and the treatment with sulphones.