WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

SECOND MEETING ON STRATEGY OF LEPROSY CONTROL

EM/SND.MTG.STR.LEP.CNT./4.YES

Mogadishu, 30 October - 5 November 1982

18 October 1982

Agenda Item 4

REVIEW OF THE LEPROSY PROBLEM IN THE EASTERN MEDITERRANEAN REGION

COUNTRY REPORT : YEMEN ARAB REPUBLIC

by

Dr Yassin Abdul Aleem *

* Dermatologist, El Gumhoriah Hospital, Taiz, Yemen Arab Republic

YEMEN ARAB REPUBLIC
MINISTRY OF HEALTH
CITY OF LIGHT - TAIZ

LEPROSY SITUATION IN YEMEN ARAB REPUBLIC

A REPORT PREPARED BY:
DR YASSIN A. QUBATI (MSC. D&V.D)
IN COLLABORATION WITH
MISSIONARIES OF CHARITY

In the forties of this century leprosy started to attract the attention of health authorities of the used to be called KINGDOM OF YEMEN. At that time solution of leprosy problem was mainly the unhuman isolation of patients with very lettle medical care.

In the sixties, specially after the revolution, more attention was given to such disease. A special sanitorium was built. Patients visited such sanitorium either to take medicine or for admittance.

In the seventies missionaries of charity an organization founded by Mother M. Teresa started to participate in the solution of Leprosy problem in the Yemen Arab Republic. Now a real care is given to the Lepers in the new sanitorium situated two kilometers to the north of Taiz city centre. It is called CITY OF LIGHT.

CITY OF LIGHT contains a 130 bed hospital, homes, for 172 sick people who have been rejected from the community, and their families (174 healthy members).
1974 - September 1982
Passive detection has been carried out at the CITY OF LIGHT during the period 8.4.1981 - 30.9.1982. Following results were obtained:
Total number of patients seen = 278 (12.2% females) Table No. 1 such low percentage was effected by social factors.
Such patients came from various parts of the country including Southern part of Yemen.
Ibb province 30.95%
Taiz province 15.5%
Sanaa province 13.7% See Table No. 2

Although such results were effected by transportation facilities and do not given real distribution but can be a good indicator for the active case detection of the next step.

From our study Leprosy highly effected the age group 30 - 39 years 30.6% then 40 - 49 years 23%. The least infection was found in the age group 5 - 9 years 0.4%. No infection was seen in the age group below 5 years. This result coincides with the fact that Leprosy has a very long incubation period. table no. 3

Among such sample Lepromatus Leprosy was found the most common 44.2%. Tuberculoid 26.6%. For BL, BT and BB please refer to table no. 4. This result also proves the scientific fact that Lepromatus Leprosy is the most infective type of Leprosy.

Cases with deformity were found to be 37% of the total sumber seen. Percentage of deformity was found higher amoung Tuberculoid Leprosy patients (68.92%). This is due to the fact that cases of TT which is considered cold infection with no serious reactions or painful symptoms do not seed medical care early. Lepomatus Leprosy comes next in causing deformity 28.4%. Borderline Leprosy has the least ratio of deformity due to the benign nature of this type and the clear patches which lead to early medical consultation - Table 4 -
The high number of deformed patients (37%) intensify the need for health education about the nature of this disease.

During our study the diagnosis of the type of Leprosy passed on clinical examinations and Ziehl Neelsen stain for nasal swabs and skin scrapping. 4% of the group diagnosis were not accurate and considered as error.

METHOD OF CARE AND TREATMENT:

Admitted to CITY OF LIGHT Hospital only those patients who were open cases and/or badly deformed. When patients improve or when they become noninfectious they were encouraged to return to their homes and were urged to continue their treatment as out-patients. They were given little note-books in which written information about their cases, Kind of treatment given, progress of disease and intervals of follow-up. If upon follow-up severe reactions or infected ulcers were found, readmittance was then considered.
Those patients who had community rejection or have no homes to return to are allowed to stay in the CITY. Guidance and assistance are given for their moral and social problems. Male patients are engaged in repairs, cleaning, gardening, carpentary work, sheep and goat farming, taxi drivers, and builders. Female patients are engaged in sewing.

General medical care is given to all lepers in the CITY OF LIGHT. Surgery is also provided in general hospitals of Taiz.

Our regimen of treatment is as follows:

1- All tuberculoid and borderline tuberculoid cases are treated by dapsone 50mg daily for 3 - 5 years with the supposition that they will not have any further contact with infectious cases.(sometimes such dose is adjusted according to individual body sensitivity).

2- Borderline and Lepromatous Leprosy:
After evaluation of patient condition a fairly good patient is given Rifampicin 600 - 900mg daily for 15 - 30 days along with 50mg Dapsone daily. Or instead of Dapsone Lamprene is given with initial dose of 100 - 300mg daily. Later on such dose is reduced to 100mg daily for persons having sensitivity to Dapsone or bacterial resistance. For those who continue on Dapsone 100mg Lamprene is given three times weekly. This last regimen Dapsone/ Lamprene continues for BL and LL for unlimited period. If any toxicity is seen from Dapsone at any time we either stop Dapsone or reduce dose sometimes to 100mg/week and only according to individual sensitivity and response.

3- Prophylactic dose to healthy children and adults in the CITY OF LIGHT is given as 0.75mg/Kg body weight of Dapsone per week.

PROBLEMS FACED:

1- Lack of: mobile teams for active early detection and treatment.
2- National or International trained personnel in all levels of Leprosy Control except six sisters of Missionaries of charity.
3- Qualified personnel and equipments for physiotherapy of the handicapped patients.
4- Health education in Leprosy to minimize community rejection.
5- Sufficient financial support.
6- Wide international collaboration and contacts of antileprosy programmes.

SUGGESTIONS FOR IMPROVING HEALTH CARE OF LEPROSY PATIENTS:

1. Steps need to be taken to identify and treat early Leprosy cases through mobile clinics specially in endemic areas.

2. Intensive health education through all information means to encourage early medical check-up and to minimize community rejection.

3. WHO is here requested to give Leprosy programme same attention given to Malaria, Tb, Bilharsia control programmes.

Finally Leprosy programme has not yet satisfacry organized in the Yemen Arab Republic. It is expected to start in the second five-year plan of the country, i.e 1982 - 1987.

Table No (I) Distribution According to Sex of the Patients and Type of Leprosy.

Sex / Type	Male		Females		Total		
	No	%	No	%	No	%	
LL	109	44.7	14	41.2	123	44.2	
TT	64	26.2	10	29.4	74	26.6	
BT	44	18.0	9	26.6	53	19.8	
BT	11	4.5	1	2.9	12	4.3	
BB	6	2.5	-	-	6	2.2	
Not recorded	10	4.1	1	2.9	11	4.0	
Total	244	100%	34	100%	278	100%	
	87.8		12.2		100		

Table No. (2) Distribution of Leprosy According to Residency

Type of Leprosy / Province	LL	TT	BL	BT	BB	Not Reported	Total	%
Sana'a	23	[illegible]	7	1	1	1	[illegible]	13.7
Taiz	17	10	5	-	3	[illegible]	45	15.5
Ibb	41	26	12	6	-	1	86	30.35
Hodeidah	15	10	[illegible]	-	1	2	32	11.5
Hajjah	6	8	5	1	-	-	20	7.2
Dhamar	12	9	10	3	1	-	35	12.6
Sadaa	1	-	1	-	-	-	2	0.7
Al-Bida	1	-	-	-	-	-	1	0.35
Amran	7	3	[illegible]	1	-	2	17	6.1
Marib	1	-	-	-	-	-	1	0.35
Al-Jawf	1	-	-	-	-	-	1	0.35
Southern Yemen	1	-	-	-	-	1	2	0.7
Total	123	74	52	12	6	11	27[illegible]	100%

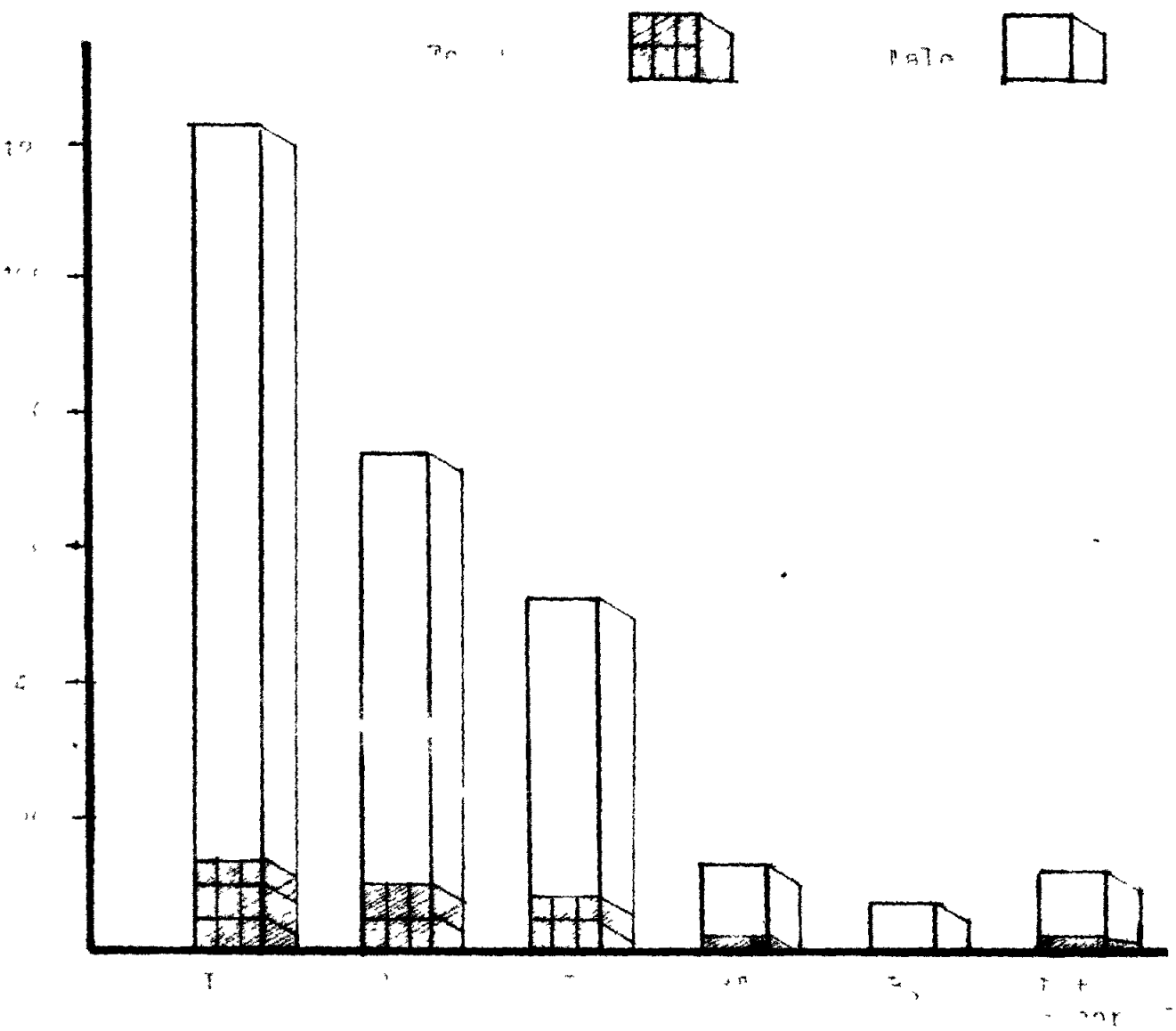
Table No. (3) Leprosy According to Type & Age distribution

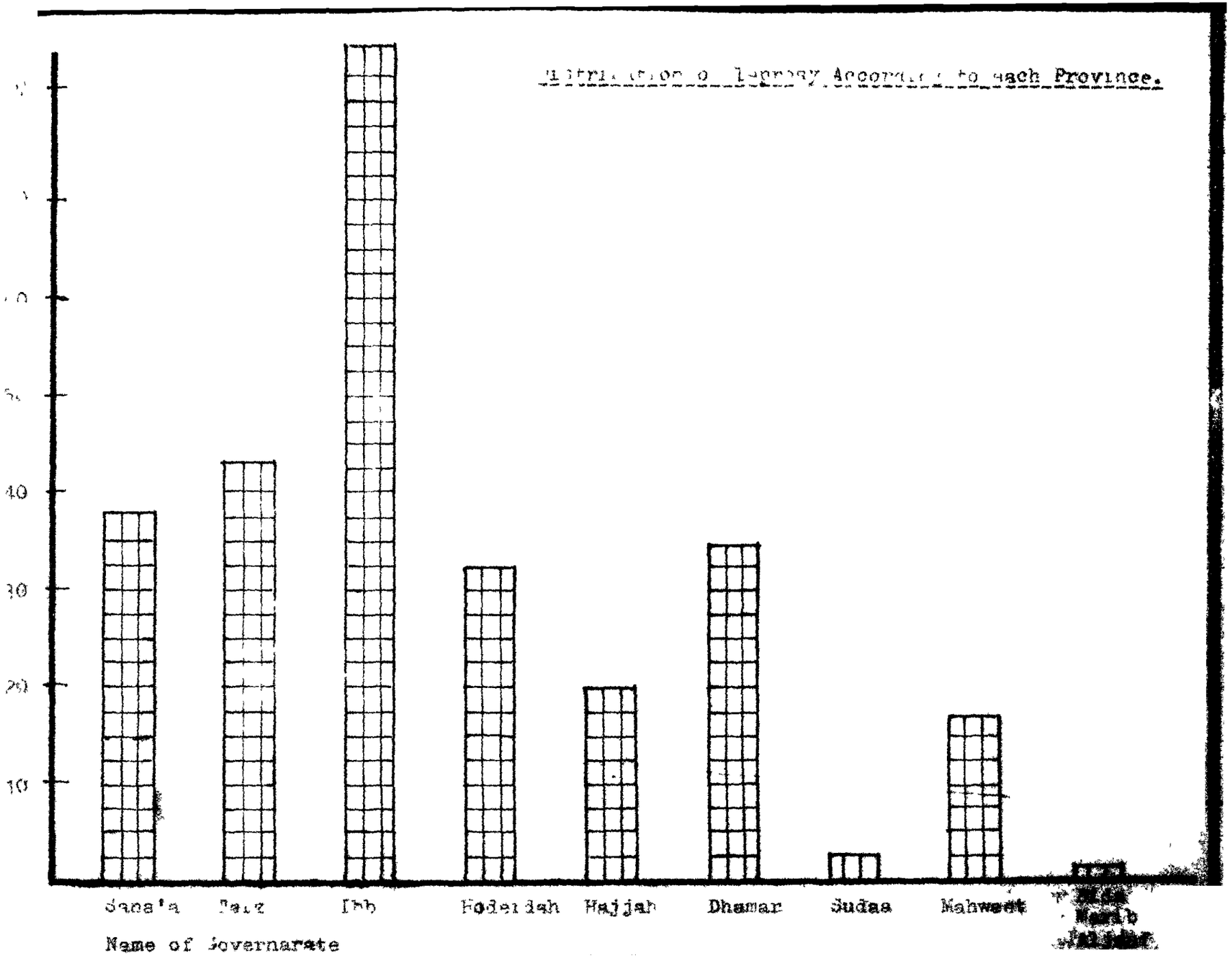
Age / Type of L.	No CROSS									
	0-9)	10-19	20-29	30-39	40-49	50-59	Above 60	Not recorded	Total	%
TT	1	6	19	36	30	13	17	1	123	44.7
BT	-	4	17	25	15	7	1	1	71	25.8
BB	-	4	8	15	16	5	3	2	52	19
BL	-	1	4	2	1	2	2	-	12	4.5
LL	-	2	-	-	2	1	-	-	6	2.5
Not Recorded	-	1	-	3	-	-	2	5	11	4.1
Total	1	18	48	85	64	28	25	9	278	100%
	0.4	6.5	17.2	30.6	23.0	10.1	9.0	3.2		

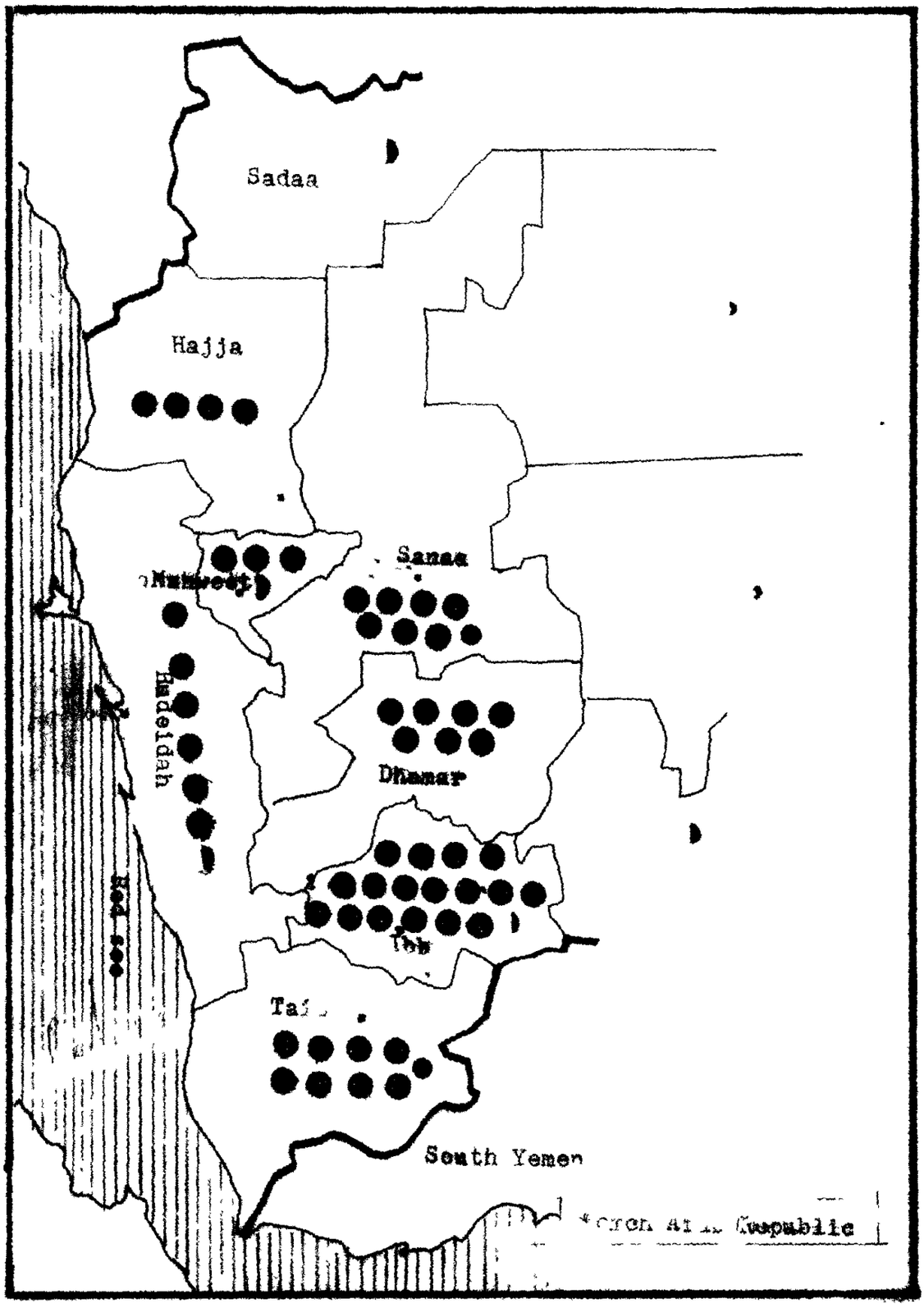
Table no. (4) Type of leprosy and degree of deformity

Degree of Deformity / Type	1		2		3		Without deformity			Total	
	No	%	No	%	No	%	No	%	No	No	%
LL	17	26.5	13	37.3	5	14.3	33	71.6	123		44.2
TT	11	21.58	10	76.2	-	-	23	31.08	74		26.9
BL	-	-	13	100	-	-	39	75	52		18.7
BT	2	50	2	50	-	-	8	66.6	12		4.3
BB	-	-	-	-	-	-	6	100	6		2.0
Indeterminate	-	-	-	-	-	-	11	4	11		4
Total	30	100	60	100	5	100	194	100	278		100
	10.8		21.5		1.8		55			100	

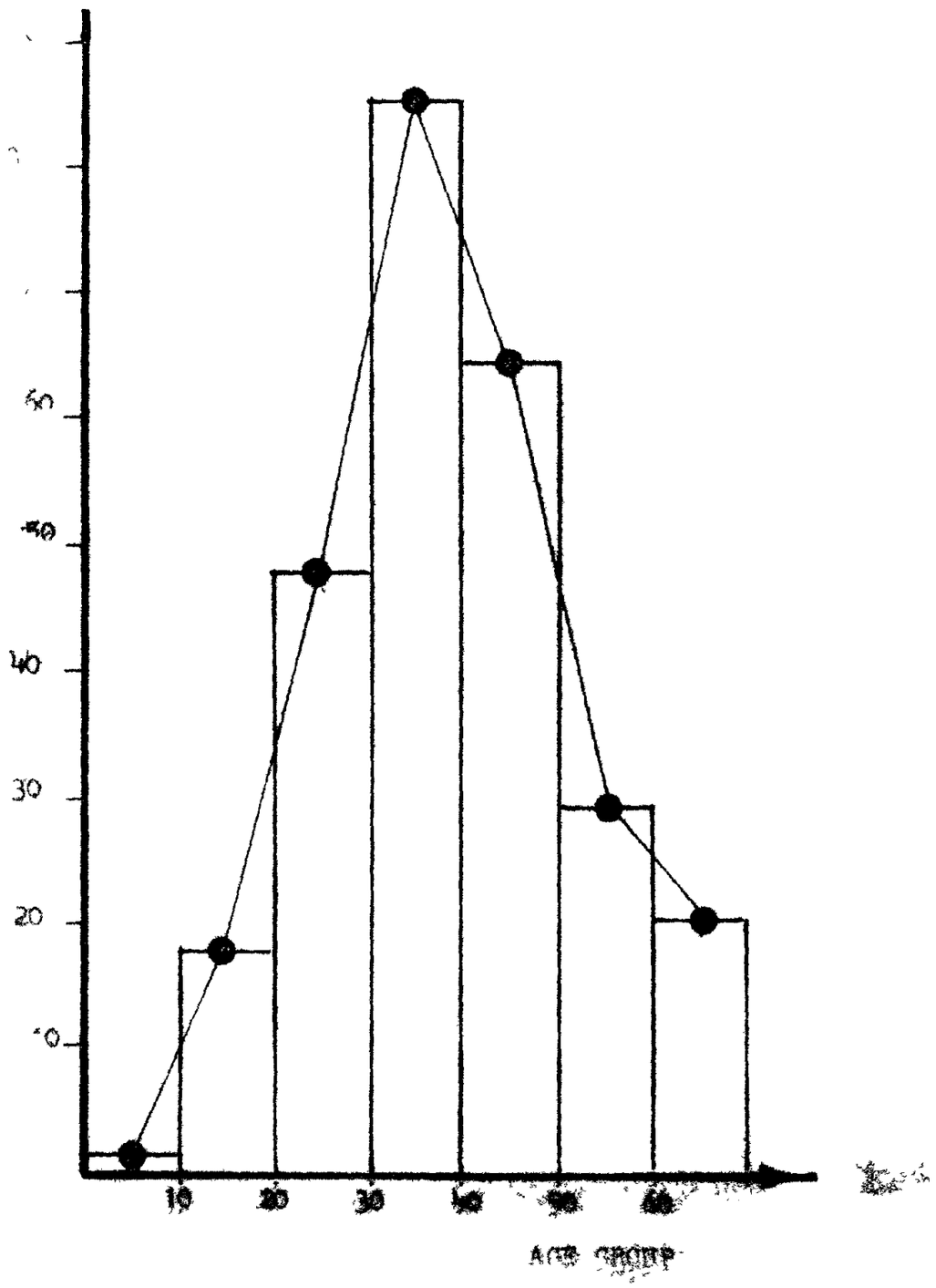
1 = First degree deformity 2 = Second degree deformity 3 = Third degree deformity




Distribution o leprosy Accordi to each Province.
40
30
20
10
Sana'a
Taiz
Ibb
Hodeidah
Hajjah
Dhamar
Sudaa
Mahweit
Name of Governarate



DISTRIBUTION OF CASES ACCORDING TO GOVERNORATES



DISTRIBUTION OF CASES ACCORDING TO AGE.