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WHO Technical Report Series

874

WHO EXPERT COMMITTEE ON LEPROSY

Seventh Report



World Health Organization
Geneva 1998

WHO Library Cataloguing in Publication Data

WHO Expert Committee on Leprosy (1997 : Geneva, Switzerland)
WHO Expert Committee on Leprosy : seventh report

(WHO technical report series ; 874)

1.Leprosy — epidemiology 2.Leprosy — prevention and control 3.Leprosy —
therapy I.Title II.Series

ISBN 92 4 120874 0 (NLM Classification: WC 335)
ISSN 0512-3054

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**Typeset in Hong Kong
Printed in Spain**

97/11590—Best-set/Fotojæe—7500

Contents

1. Introduction	1
2. Global leprosy situation in 1997	3
2.1 Estimated cases	3
2.2 Registered cases	3
2.3 Detection of cases	3
2.4 Achievements with MDT	5
3. Epidemiology	5
3.1 Definition of a case of leprosy	5
3.2 Diagnosis of leprosy	6
3.3 Single-lesion leprosy	6
3.4 Clinical classification for control programmes	7
3.5 Prevalence	8
3.6 Undetected cases	8
3.7 Case detection and incidence	9
3.8 Subclinical infection	9
3.9 Examination of household contacts	10
3.10 Reservoirs of infection	10
3.11 Impact of the human immunodeficiency virus (HIV) epidemic	10
3.12 Impact of BCG vaccination	10
3.13 Disability burden	11
3.14 Simulation modelling	11
3.15 Lepromin test	11
4. Chemotherapy	11
4.1 Currently available drugs	11
4.1.1 Dapsone	12
4.1.2 Rifampicin	12
4.1.3 Clofazimine	12
4.1.4 Ofloxacin	13
4.1.5 Minocycline	13
4.1.6 Clarithromycin	13
4.1.7 Reporting of adverse drug reactions	14
4.2 Standard MDT regimens	14
4.3 Shortening the duration of MDT for multibacillary leprosy	15
4.3.1 Bactericidal effect of the dapsone–clofazimine component of the MDT regimen	15
4.3.2 Field trials and clinical studies	16
4.4 Flexible delivery system for MDT	17
4.5 Alternative MDT regimens	18
4.5.1 Regimen for single-lesion paucibacillary leprosy	18
4.5.2 Immunotherapy with chemotherapy	19
4.5.3 Other regimens for special situations	19
4.6 Drug resistance	20
4.7 Relapse	20

4.8	Patients who attend for treatment irregularly and defaulters	21
4.9	Delivery of MDT drugs and drug supply logistics	21
5.	Management of reactions and neuritis	22
5.1	Management of reactions	22
5.2	Management of neuritis	23
6.	Disabilities and rehabilitation	24
6.1	Magnitude of the problem	24
6.2	WHO disability grading system for leprosy	25
6.3	Assessment of disabilities	25
6.4	Prevention and improvement of disabilities	26
6.5	Strategies to solve the problem	26
6.6	Rehabilitation	27
7.	The global strategy for the elimination of leprosy by the year 2000	27
7.1	Global strategy for the elimination of leprosy	28
7.1.1	Capacity-building within integrated programmes	28
7.1.2	Reaching pockets of high leprosy prevalence	28
7.1.3	Reaching special population groups	28
7.1.4	Leprosy in urban areas	29
7.1.5	Coordination between agencies	29
7.1.6	Leprosy and human rights	29
7.2	Global strategy beyond the year 2000	30
7.2.1	Leprosy elimination at intermediate levels	30
7.2.2	Countries with a low prevalence of leprosy	30
7.2.3	Sustainability of antileprosy activities and other issues	31
8.	Monitoring the elimination of leprosy	31
9.	Integration of antileprosy activities within general health services	32
9.1	Combined programmes	33
9.2	Fully integrated programmes	33
9.3	Referral services and specialized support	34
10.	Community action and participation	34
10.1	Approaches to create awareness and support	34
10.2	Promoting community participation	35
10.3	Role of local nongovernmental organizations and community groups	35
11.	Research priorities	35
11.1	Research to improve patient care	36
11.1.1	Improving the implementation of MDT regimens	36
11.1.2	Nerve damage	36
11.1.3	Management of reactions and neuritis	36
11.2	Research on post-elimination strategies	36
11.2.1	Epidemiological research	36
11.2.2	New developments in chemotherapy	37
11.2.3	Basic research	37

12. Conclusions and recommendations	37
Acknowledgements	38
References	39

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Geneva, 26 May–3 June 1997

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1. Introduction

The WHO Expert Committee on Leprosy met in Geneva from 26 May to 3 June 1997. Opening the meeting on behalf of the Director-General, Dr R.H. Henderson, Assistant Director-General, noted that more progress had been made in the fight against leprosy during the past decade, since the last meeting of the Committee in 1987 (1), than during any other period in the history of leprosy control. He also noted the reputation of the Committee in finding the right balance between scientific findings, the needs of individual patients and their communities, and the concerns for public health. He expected the Committee to address important issues relating to leprosy chemotherapy, the prevention of leprosy-related disabilities and impairments and the need to simplify approaches in order to reach all patients, including those living in remote areas.

In May 1991, the Forty-fourth World Health Assembly adopted resolution WHA44.9 (2) declaring the commitment to promote the use of all control measures, including multidrug therapy (MDT) together with case-finding, in order to attain the global elimination of leprosy as a public health problem (reducing the prevalence to below 1 per 10000 population) by the year 2000.

The resolution urged Member States in which leprosy is endemic:

- to further increase or maintain their political commitment and give high priority to leprosy control so that the global elimination of leprosy as a public health problem is achieved by the year 2000;
- to strengthen managerial capabilities within leprosy programmes, particularly at the intermediate level, and to improve training in leprosy for health workers at all levels, including medical students and student nurses;
- to ensure that coverage of MDT is maintained at the highest level possible and that patients comply with treatment;
- to strengthen case-finding activities through various approaches, including health education, community participation and training of health workers;
- to integrate leprosy control within general health services and provide appropriate social and economic rehabilitation measures as soon as possible in accordance with local realities;
- to improve national information systems in order to facilitate monitoring and evaluation of the elimination of leprosy;

- to coordinate the technical and financial resources made available for leprosy control by international and nongovernmental organizations so that they are utilized in the best way.

The establishment of the goal of eliminating leprosy as a public health problem has enabled countries where leprosy is endemic to increase their political commitment and priority for leprosy and to organize and intensify antileprosy activities, which in turn has resulted in a major reduction in the prevalence of the disease. The two international conferences on the elimination of leprosy organized by WHO in Hanoi, Viet Nam, in July 1994 (3) and New Delhi, India, in October 1996 (4) consolidated political commitment towards leprosy elimination by the countries most affected by the disease. Support for leprosy work from various participating agencies, including both national and international nongovernmental organizations, bilateral agencies and other international organizations, has also greatly contributed to the progress towards global elimination of the disease.

The purpose of this meeting of the Expert Committee on Leprosy was:

- to review the global leprosy situation and the technology available for eliminating the disease;
- to identify the remaining obstacles to reaching the goal of eliminating leprosy as a public health problem;
- to make appropriate recommendations for the future on technical and operational matters.

There have been dramatic changes in the epidemiology of leprosy following the widespread implementation of MDT, particularly in the prevalence of the disease. The problem of reaching patients living under difficult conditions and in remote areas has become a priority, and approaches are needed to address this through greater community participation and special initiatives. A WHO Study Group on Chemotherapy of Leprosy met in 1993 (5) and made important recommendations on fixed duration MDT, which made integration of leprosy services into general health services more feasible. Since then, research on leprosy chemotherapy has increased the possibility of further simplifying approaches which would support integration. The remaining issues beyond elimination that need to be addressed include the prevention of leprosy-related disabilities and impairments, community-based rehabilitation, and sustainability of leprosy ser-

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