

## ANNEXURE A

### DEPARTMENT OF HEALTH

#### CLUSTER: COMMUNICABLE DISEASES

DATE: 9 MAY 2008

FILE NUMBER: J2X/21/01

#### 1. SUBJECT

Guideline for Leprosy Control in South Africa

#### 2. PURPOSE

To table the Guideline for Leprosy Control in South Africa at the Technical Committee of the National health Council meeting for discussion and approval.

#### 3. SUMMARY

Leprosy, a communicable disease, caused by *Mycobacterium leprae*, is a notifiable medical condition. Notifications in 2005 gave an estimated prevalence of 0.013/10 000 of the population in South Africa, with most of the cases occurring in the Eastern coastal areas and the South-Eastern Highveld. Although the prevalence of leprosy is low, about 3000 people in South Africa need medical and social care. Hospitalisation is no longer recommended for routine management of leprosy patients as the emphasis is now on treatment in the community. New cases of leprosy are at risk of becoming disabled, especially if not diagnosed early or treated appropriately.

The objective of this guideline is to provide those involved in the treatment of leprosy with a clear and practical guide for managing leprosy patients. The outcome aimed for is appropriate management of these patients by ensuring,

timeous and appropriate treatment and therefore reducing morbidity and disability associated with the disease.

#### **4. DISCUSSION**

Leprosy (also known as Hansen's Disease) was declared a notifiable disease in South Africa in 1921. Notifications in 2005 gave an estimated prevalence of 0.013/10 000 of the population, with a concentration of cases in Mpumalanga, Kwazulu Natal and Eastern Cape. However, early leprosy is more likely to be missed in other provinces and busy urban and peri-urban clinics where it is seen more rarely. The World Health Organization (WHO) estimates that world wide almost a million new cases still occur every year, between 1-2 million persons are permanently disabled as a result of leprosy and that India, Brazil, Madagascar, Mozambique, Tanzania, and Nepal account for 90% of new cases.

Prevalence in South Africa is below 1 per 10 000 of the population, WHO's cut-off point for considering leprosy as a public health problem.

The Leprosy Mission (Southern Africa) estimates that about 3 000 people in South Africa, though no longer suffering from active disease have some degree of disability and need medical and social support. New cases of leprosy are at risk of becoming disabled, especially if not diagnosed early or treated appropriately.

Experts are not sure of exactly how *M. leprae* is transmitted; the mostly likely way is from person to person in respiratory droplets. Leprosy is curable in almost 100% of cases. However once nerve damage occurs the resulting disability is permanent. Persons receiving antibiotic treatment or having completed treatment are considered free of active infection.

In South Africa hospitalisation for treatment was compulsory for active cases until 1977. The emphasis today is on treatment in the community.

The national policy is aimed at early diagnosis and treatment to prevent disability, finding and treating infected contacts and caring for those disabled by leprosy. Increased awareness in the public and health care community is an important part of the programme.

The Leprosy Mission (Southern Africa) is the major partner of the Department of Health in the management and control of leprosy in South Africa. The Aim of the Leprosy Mission is to support leprosy patients and their families in partnership with the Department of Health's Communicable Disease Control programmes at national and provincial level.

Leprosy treatment is provided free of charge by WHO in collaboration with the manufacturers, Novartis/SANDOZ. WHO recommends that only multi-drug therapy [MDT] be used for the treatment of leprosy.

It is envisaged that the quality of lives of people affected by leprosy will be improved through this document that would help guide health care workers caring for them.

## **5. AIM AND OBJECTIVES**

### **AIM**

This document aims to facilitate the management and control of leprosy in South Africa through internationally accepted and country appropriate means.

### **OBJECTIVES**

1. To facilitate early diagnosis and management of cases
2. To prevent disability and ensure rehabilitation of leprosy patients
3. To Strengthen reporting and follow up of leprosy patients
4. To Strengthen leprosy expertise in health care facilities to which leprosy cases can be referred
5. To Improve access to current effective treatment

## **6. ORGANISATIONAL AND PERSONNEL IMPLICATIONS**

None

## **7. FINANCIAL IMPLICATIONS**

None

## **8. IMPLEMENTATION**

### **National level**

The following essential activities will be the responsibility of the national Department of Health in collaboration with The Leprosy Mission (Southern Africa):

- To ensure completeness of leprosy notification
- To produce an annual report.
- To identify a leprosy expert to act as advisor to the Department of Health and other stakeholders.

### **Provincial level**

The province level will be responsible for ensuring the following:

- Confirmation of diagnosis.
- Initiation and completion of treatment.
- Notification of cases.
- Facilitate training of health workers on the recognition and management of complications.
- Admission of patients for the treatment of reactions and complications if necessary.
- Identify local experts for the diagnosis and management of leprosy patients
- Identify facilities with expertise in leprosy diagnosis and management
- Ensure rehabilitation of leprosy patients

**The Leprosy Mission supports the above services by:**

- Supervising leprosy clinics
- Supervising leprosy treatment
- Providing training for health workers in the recognition and treatment of leprosy
- Conducting home visits to leprosy patients to provide education about the disease and its treatment and to identify undiagnosed leprosy patients amongst the household contacts.
- Facilitating the rehabilitation of leprosy patients

## **9. NOTIFICATIONS AND SURVEILLANCE**

Surveillance allows the identification of geographically high-risk areas, so that a targeted approach can be followed to eliminate leprosy.

It is important that the diagnostic (referral) centre concerned should send a letter to the local or district authority where the patient resides to inform them of the patient and details of contacts, so that appropriate follow-up can be done. A copy of the letter should also be sent directly to the provincial Communicable Disease Control (CDC) coordinator.

## **10. RESPONSES OF OTHER DEPARTMENTS/COMMITTEES/BODIES CONSULTED**

The policy was drafted in consultation with a working group that is made up of members from the Department of Health; National Health Laboratory Services; National Institute for Communicable Diseases; University of Stellenbosh and WHO. The draft document was forwarded to members of the National Department of Health and provincial Communicable Disease Control Coordinators for discussion and comment.

## **11. RECOMMENDATION**

It is recommended that the Technical Committee of the National Health Council approve the guidelines on leprosy control in South Africa. The draft guideline is attached as Annexure C.

## **12. CONTACT PERSON**

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