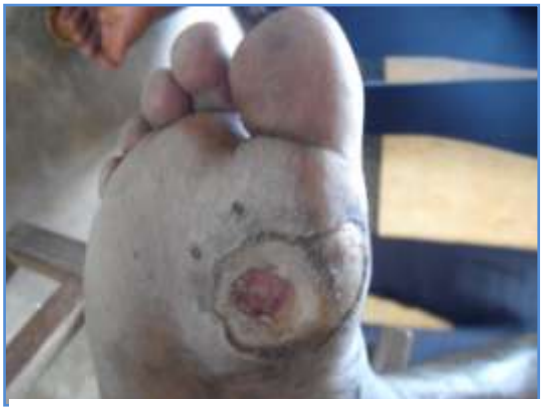
Report on Leprosy Control Training to Health Workers held in Kibiti, Rufiji District Council 1 - 2 July 2015

Report by Dr Rogers Nnally

of the Kindwitwi Leprosy Care and Community Development Association.

The course was funded by the Rufiji Leprosy Trust (www.RufijiLeprosyTrust.org)



The problem: wound of newly-detected patient who kindly took part as an example

Training was conducted at Kibiti Semi-urban Town for two days from 1 to 2 July 2015. The Training consisted of three Facilitators, one driver and 16 participants; they came from 16 Health facilities where the number of leprosy patients is anticipated to be high.

The Programme

DAY 1: RECAP

The day started at 8:00 by Facilitators welcoming the participants in the training venue. The chief Facilitator narrated to participants the aim of training and the expected output (increased leprosy case detection) from the knowledge about leprosy disease acquired by participants.

Thereafter, there was self-introduction, during which each participant had opportunity to say his/ her expectation at the end of training. Then there was the election of leaders: Dr Sadock Gwanda from Kibiti Health Centre was elected Chairman; Esther Mathias was elected Vice-chairman and Faith Kweka was elected time keeper, and four others were appointed members of secretariat. Then the Facilitator started an introduction to leprosy disease, during which the epidemiology of the disease, the global situation, the situation in Tanzania and that in Rufiji district were narrated. Of most importance was the trend of leprosy notification in Rufiji, which shows increasing leprosy cases notified for the last consecutive ten years, which needed intervention, like this particular training of Health Workers on leprosy disease.

Dr Nnally, the Facilitator, talking to the participants

Then Facilitator explained the **objectives of leprosy control** which are

- **Early case detection**
- **Treatment of leprosy patients**
- **Prevention of disability.**

For each of above, the Facilitator explained the activities to be done under each the objective.

10:00 tea-break

10:30 Diagnosis of leprosy

- When to suspect leprosy
- Cardinal signs of leprosy
- How to diagnose leprosy.
  - It was emphasized that diagnosis of leprosy is mainly done clinically, so one is to be suspicious basing on presence of signs and symptoms of leprosy. Also, the Facilitator emphasised that, in some patients, presentation is only complications of the disease, rather than common signs and symptoms of the disease.

    The session was well understood by the participants.

    [Short break of five minutes]

  - The pathology of leprosy disease was introduced. It was explained that the disease is chronic, causing gradual effects in body tissues like skin, mucous membranes, nerves, eyes, feet and blood vessels, and these form the basis of leprosy diagnosis.

13.00 Lunch break

Introduction of leprosy disease classification.

A leprosy patient is classified as **MULTIBACILLARY** or **PAUCIBACILLARY**, the classification being based on two things:

- **Number of skin lesions**
  More than 5 skin lesions is **Multibacillary**
  Fewer than 5 skin lesions is known as **Paucibacillary**

- Positive skin smear as **Multibacillary**.

During this session, the following questions were raised

1. **Wound is regarded as lesion or not?**
   The answer is wound signify complication of the disease, not lesion.

2. **Why is the disease is seen commonly in elderly people (usually above 60)?**
   The answer is that, the disease has long incubation period (3 – 20 years),and that it takes a long time for an individual to show signs and symptoms of the disease.

3. **Can the disease occur to children less than five years old?**
   The answer is yes , it can occur, though it is not common.

16.00 the Chairman closed the session.

DAY 2

The day started by hearing the report of Day 1, and corrections were made by Facilitators and participants. Then the subject of leprosy management was introduced.

Leprosy management has four parts:

1. **Leprosy control**
2. **Prevention of disability**
3. **Preventive and rehabilitative surgery**
4. **Social economic Rehabilitation.**

Under each of the above, the Facilitator explained the activities done, but for health workers in outlying areas, their roles are the first two objectives. Emphasis was on treatment using Multi-drug therapy as the mainstay of leprosy case management and Prevention of disability by using prednisolone tablets to treat reaction which is the cause of disability.

10:00 tea-break

10.30 Leprosy reaction

The Facilitator taught the following-

- **Definition**
- **Types of leprosy reaction:** Reversal Reaction-RR and Erythema Nodosum Leprosum -ENL
- **Cardinal signs of leprosy reactions**
- **Diagnosis and treatment of Reactions.**

Also treatment of each type of reaction was explained, inclusively are treatment of reaction using standard course of prednisolone, hospital management of leprosy reactions, and follow-up of patient during treatment with prednisolone.

13.00 Lunch break

Prevention of Disability (POD)

After Lunch, participants had a short talk on POD, and were told how to instruct a person with a wound due to leprosy how to care for him/herself at home, using locally available materials

Assessing a patient suspected of leprosy

The Facilitator demonstrated how to carry out an assessment of patient suspected of leprosy and how to perform **VOLUNTARY MUSCLE TEST/ SENSATION TEST** and how to grade degree of disability of leprosy patient.

Diagnosis being demonstrated
with the kind co-operation of a volunteer patient

Practical work

The participants were divided into two groups and each given two leprosy case suspects, then instructed to perform practical assessment of the given particular patient, give a diagnosis, state the disability grade of patients and treatment.

Presenting the findings of the practical work

After group work, each group presented its finding. These were discussed and feedback given by the Facilitator. The two suspects were both found to be leprosy patients, one MB with disability grade 2, another PB, with disability grade 0, both of them had reaction, and were initiated Ant- leprosy treatment, treatment of reaction and given footwear.

Recording and reporting

The participants were instructed on recording and reporting. The main tools used in recording and reporting in leprosy case management are **Unit leprosy register, patient cards** (Lep. 01 and Lep. 02), and instructions give in how to fill them at each visit.

Leprosy relapse after MDT

Then Facilitator introduced the subject of leprosy Relapse after MDT. Under this subject, the following issues were covered

- **definition**
- **signs of relapse,**
- **differences between relapse and Reversal reaction, and the treatment of leprosy relapse.**

Doto Mbega, the PoD (Prevention of Disability) Nurse showing a patient how important it is to keep the leprosy-affected skin soft by soaking.

Again with the kind permission of a volunteer patient.

16.00 the Chairman thanked the funders for making the course possible.

He emphasized how important it was to have secure knowledge of the many aspects of leprosy disease: suspecting, investigation, assessment, diagnosis and treatment. He exhorted the participants to apply the knowledge in their workplaces, and help to ensure that eventually leprosy case detection would be greatly increased, and the elimination target as set by W.H.O. be achieved.

17.00 the Chairman closed the training course.

The participants

Participant Feedback

Hamisi Bungara, a Clinician from Utete, wrote:

Training was well and meaning full it enable us to know more about leprosy how it is in our National, regional and district level. And what it is, causes mode of transmission, Incubation period, Signs and symptoms, How to diagnose and to differentiate between PB & MB on examination of patient and how to treat of two types to control and to treat reaction and prevent disability Although it was of few days but give us the view of how to manage patient of leprosy.

This course was organised by
the Kindwitwi Leprosy Care and Community Development Association Ltd, Tanzania.

This report was written by

Dr Rogers Nnally.