

## Comparison of two methods of leprosy case finding in the district of Kita, Mali

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## Rationale

- Following main strategies may be used to find leprosy cases in the field:
  - Passive
  - Active
  - Semi-active
- The goal of this study was to carry out a survey comparing 2 strategies of leprosy cases finding (passive versus active)

## Objectives

- Compare the following indicators according to two methods of finding (active or passive) in term of : prevalence and detection rates, % among new cases of MB, disabilities, children, single lesion, residing at less than 15 km from nearest health center and the cost
- Make recommendation for finding leprosy cases in the field for the Malian national leprosy control program

## Method

- Survey comparing 2 case finding strategies:
  - For the active detection: from April to June 1997 villages were visited by a mobile team (2 nurses + 1 MD) doing health education sessions on leprosy, and suspected cases examination and confirmation
  - For passive detection: from June 1997 to May 1998 the local health center nurse did health education on leprosy, counselling in the village but was waiting for the suspected cases to passively come to the health center for detection and confirmation by senior leprosy nurse

## Method

- Sampling exhaustive: all villages more than 1000 inhabitants in the district:
  - 37 villages with 80,135 inhabitants for the passive case finding
  - 32 villages with 69,518 inhabitants for active detection
- Data collection and analysis: specific forms and Epi-info

## Results

|                               | Active CF   | Passive CF   | p.value         |
|-------------------------------|-------------|--------------|-----------------|
| No. villages                  | 32          | 37           |                 |
| Population                    | 69,518      | 80,135       |                 |
| Period case finding           | May-June97  | June97-May98 |                 |
| Prevalence                    | 40          | 15           |                 |
| Prevalence/10,000             | <b>5.75</b> | <b>1.87</b>  | <b>&lt;0.01</b> |
| Detection                     | 30          | 12           |                 |
| Detection/10,000              | <b>4.31</b> | <b>1.50</b>  | <b>&lt;0.01</b> |
| % MB new cases                | 40          | 58.3         | NS              |
| % disabled new cases          | 0           | 16.7         | NS              |
| % children new cases          | <b>40</b>   | <b>0</b>     | <b>&lt;0.01</b> |
| % single lesion new cases     | 20          | 0            | NS              |
| % new cases <15 km nearest HC | <b>6.7</b>  | <b>66.7</b>  | <b>&lt;0.01</b> |
| Cost per method (\$)          | 2,150       | 432          |                 |
| Cost per new case found (\$)  | <b>72</b>   | <b>36</b>    |                 |

## Lessons

- Active case finding:
  - is more efficient but expensive
  - allows early detection, treatment and prevention of disabilities
  - Could be repeated (2-3 years) in remote areas according to the prevalence
- Passive case finding:
  - Should be accompanied by education sessions in order to be more efficient
- The 2 strategies could be combined in most endemic countries for leprosy elimination

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