

## THE NEW PROGRAM OF LEPROSY CONTROL IN BRAZIL AND ITS RESULTS<sup>1</sup>

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The control and prophylaxis of leprosy are difficult, creating a heavy burden on the public health budget due to the duration of the disease and the patients' physical incapability.

In Brazil, leprosy is spread over almost all of the country, constituting one of the most serious and important public health problems. Its incidence is around 9 cases per 100,000 inhabitants, representing 5,000 new patients annually. The total has been estimated at 90,000, the prevalence rate being 2 per 1,000 inhabitants. The dissemination of the disease is very high in Amazonia and the so-called middle-west region, which areas offer favorable sociologic and mesologic conditions. The greatest numbers of cases are in the eastern and southern regions. However, the epidemiologic features are not well known in some of them.

For more than 25 years the main objective was compulsory segregation in leprosaria of infectious cases, tradition having greatly exaggerated the contagiousness of the disease. Thus 36 settlements were built, which at present accommodate 20,500 patients.

Besides the leprosaria it was necessary to construct many preventoria, to take care of new-born children of isolated patients and those left without material help from parents interned. There exist 31 preventoria, housing 5,000 children.

Due to the cost of up-keep of the leprosaria and preventoria, it was impossible to have the dispensaries which were considered necessary. For an area of 8,500,000 square kilometers there were less than 100 dispensaries, the majority located in large cities. They neither investigated the foci epidemiologically nor controlled them, limiting themselves to medical assistance only. The results were of doubtful value, without noticeable decline in the endemic conditions. Both rates and analyses of available data show a constant increase of the endemic.

Of new cases registered in the past, 92 per cent spontaneously sought treatment only when they could no longer ignore or hide their disease, and thus the lepromatous type still predominated. Only internees or patients living in large communities received treatment, and no more than 20 per cent of contacts were periodically examined.

Since 1956 the National Leprosy Service of Brazil has endeavored to

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develop a rational, systematic and humane system, applying the principles of modern leprosy control such as the early detection of all cases, and treatment of all patients wherever they may be. Compulsory segregation was eliminated, and the specialized dispensaries—previously considered the best and most indispensable prophylactic institutions—were no longer deemed necessary.

The present system avails itself of any local organizations in the control of foci, in order continually to increase the covering of endemic areas. The basic nucleus is the so-called "Task Group," composed of one visiting leprologist and several local medical unities chosen according to the epidemiologic importance of the area where they perform their particular functions.

A medical unity should be rather a public health organization. However, any other medical service, or a private physician, may be considered a medical unity. Their task is to treat leprosy patients, and to reexamine periodically the contacts in their respective communities.

The visiting leprologist, besides guiding and coordinating the medical unities, must: (a) intensify the search for new cases among the collectivities and the population groups of epidemiologic interest; (b) promote sanitary education; (c) investigate and study the known foci; and (d) analyze the results obtained.

This arrangement represents a fortunate association of leprologists, public health doctors, and general practitioners working together with well-defined functions, these aims being exclusively preventive.

At present 103 task groups with 362 medical unities are working over an area of 1,124,235 square kilometers with a population of 17,299,474 inhabitants, with 10,448 known patients and 40,476 contacts, in 15 states of the Union. The medical unities accomplish 70 per cent of the routine work, and thus the leprologists can devote more attention to epidemiologic investigation, increasing the knowledge of the real conditions of the endemic.

In spite of the short time that this system has been in operation the first results have been excellent. For one thing, more cases have been discovered. During the decennium 1946-1955 the annual average was 4,800. In the last two years it reached 6,600, and among these cases those which exhibited the earlier clinical features of the disease predominated. In this area 62.4 per cent of patients and 56.4 per cent of contacts are under effective control. These rates were not formerly attained, at the time when specialized regional dispensaries were working.

We have great hopes for the new system, and its application will be spread over all localities in which the prevalence rates justify the effort. We believe that, in the near future, we shall be able to control leprosy in Brazil.