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THE FORMS OF PARTICIPATION OF LOCAL MEDICAL AND PROPHYLACTIC INSTITUTIONS IN THE CONTROL OF LEPROSY IN THE USSR¹

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Until recently leprosy control in our country could not be sufficiently broadly developed, due to the fact that the work involved was performed solely by the colonies for leprosy patients, in isolation from the general medical services and other medical and prophylactic institutions of a specialized type.

Since 1953, in compliance with regulations issued by the Ministries of Health of the USSR and the RSFSR, all links of the broad medical network of the country have been involved in the leprosy control work, and their participation soon began to yield positive results. This period marked a new stage in the leprosy control campaign, its main characteristic being the joint effort of the whole of the medical set-up of the country operating on the basis of the annual combined plans. The latter are drawn by the zonal leprosy colonies and are approved by the organs of health protection and the interested medical and prophylactic institutions.

Institutions specialising in the treatment of skin and venereal diseases, together with other types of specialised medical services and sanitary and epidemiologic stations, and also the rural medical services, must become active participants in the control of leprosy.

The skin and VD medical establishments are of course expected to play the most important role in this work, since specialists in skin and venereal diseases are well versed in the diagnosis and clinical course of leprosy and know very well the extramural methods of the follow-up of patients in dispensary work. Leprosy patients, incidentally, tend to apply more to specialists in skin and venereal diseases than to doctors engaged in any other medical specialty.

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The republican, regional and district skin and venereal diseases medical establishments, institutes and dispensaries, located in the zones in which there are no leprosy colonies are fully responsible for the leprosy control work in each of their zones, thus executing the duties of a zonal colony. In each of those regions where there are special leprosy colonies there is, nevertheless, a specialist from the dispensary who is responsible for leprosy control. In each of the endemic regions, the functions of a leprosy specialist responsible for the control of this disease are performed by a skin and VD dispensary physician of the district or region.

The physician responsible for antileprosy work, authorized by the regional or district skin and VD dispensary or institute to perform this work, actually supervises all the aspects of leprosy control. He arranges the timely mass prophylactic examinations of the population in the areas within towns or villages where leprosy has been bothering the people to some degree; he examines persons who have been in close and prolonged contact with leprosy victims; he also performs other duties in leprosy control in compliance with the combined plan—i.e., he is responsible for the registration of patients and the members of their families, for the training of medical personnel in the field of leprosy control, etc. He also participates in the elaboration of the annual combined plan for antileprosy work.

The task of this physician in charge of leprosy work is to supervise the activities of the skin and VD specialists in the district who are also engaged in antileprosy work. This includes the following types of work: registration and examination of patients, ambulatory treatment of patients discharged from the colonies, extramural (dispensary) follow-up of patients, etc. The physician in charge of leprosy control performs all these duties personally, leaning on the help of other specialists from an institute or dispensary who are sent to the periphery to assist the local medical profession in doing their jobs in leprosy control.

The duties of the district/city skin and VD dispensary physician responsible for leprosy control work include, first and foremost, participation in and supervision over the fulfilment of the combined antileprosy measures plan by the skin and VD dispensary of the district as well as by the lung specialists, sanitary-and-epidemiologic station, etc. He should control and supervise the plan of sending doctors and feldshers by the district/city health departments for training in leprosy control. The same applies to lung specialists: the physicians in charge of antileprosy work should see to it that they fulfil their plan of prophylactic BCG vaccination. When a person with leprosy is detected, the same specialist—together with the sanitary-epidemiologic station—hospitalises the patient, conducts the epidemiologic investigation and the medical examination of the patient. He also instructs the family of the latter and carries out the BCG vaccination, etc.

It is a duty of the physician responsible for antileprosy work to personally participate in the epidemiologic investigation of each leprosy case conducted by the sanitary-epidemiologic station, carry out periodical examinations of persons registered as leprosy contacts, take part in the mass prophylactic examinations of the population which are carried out for general purposes as well as for the detection of dermatologic and VD cases, leprosy, etc.

When examining the contacts of the patient (relatives of the patient), one should always bear in mind their family status and official position and thus conduct the examination, according to the requests of such people, either at home or in the outpatient clinic, etc.

The physician is responsible for the registration of patients and their contacts in his district. He is obliged to fill in the personal histories of the patients and contacts, indicating the dates of current and previous prophylactic examinations, their results, etc.

One of the most important functions of the physician is the organization of the conducting of and control over the outpatient treatment of patients discharged from leprosy colonies for extramural (dispensary) treatment and follow-up. He should systematically check on the quality and timeliness of this treatment (sometimes administered at feldsher stations), supervise over the regular performance of all the necessary analyses, completeness of the medical documentation, etc.

The same physician-dermatovenerologist controls each case of departure from the district for a long time (over 6 months) or when the registered patient or contacts move out from the district for good (transfers in work, or other reasons). By taking these measures the responsible physician effects the regular epidemiologic control over the district. The supervision over the movement of the population from the district is performed by the skin and VD specialist responsible for antileprosy work by participating in the medical examination commissions for checking on the health of people leaving the given district, or through maintaining contact with the person responsible for the recruitment of workers, and by checking the lists of new workers. The recruitment of workers is done in an organized way by the representative of the local government.

The leprosy patients should not leave their permanent place of residence without notifying the zonal leprosy colony. This of course applies solely to those patients who are receiving ambulatory treatment. If the contacts of leprosy patients are leaving the place of their permanent residence they have to be reported to the skin and VD dispensaries of the districts where they are going.

The skin and VD specialists versed up in the clinical course and diagnosis of leprosy are vested with very important and complicated functions which are as follows: educate the people so that they have a true understanding of the disease based on modern scientific data; dispel all fears of the people connected with leprosy and leprosy colo-

nies; persuade the people that leprosy can be cured and that it is very important to apply early for medical aid; brief the people on the primary symptoms of the disease, etc. In those localities where leprosy is for some reason considered to be highly infectious, it is the duty of the medical personnel responsible for antileprosy work to make it clear to the people that the relatives of the patients being treated in the leprosy colonies do not present any danger.

Besides carrying out group discussions and talks with the population it is necessary to have private talks with those patients who are taking ambulatory treatment and with their relatives.

The medical personnel, and in the first place the physicians who are responsible for antileprosy work, will make a great tribute to leprosy control and health protection in general by arranging systematic studies (seminars, lectures, demonstrations of cases, etc.) for (a) medical personnel, thus improving their knowledge of the disease and of the measures for its control, and (b) for trainees in medical schools, focusing their attention on the importance of the early diagnosis of the disease. The lectures, seminars and other types of studies should be accompanied by showing slides, diagrammes, etc.

This is very important also because—and this is demonstrated by experience—serious mistakes made by physicians of different specialties in establishing diagnosis of a disease are not infrequent. In endemic districts and regions medical workers—representatives of any specialty, particularly skin specialists, neurologists, internists, surgeons, eye specialists and eye-nose-and-throat specialists—should be acquainted with the main symptoms of leprosy and with the elementary methods of investigating disturbances of sensibility, palpation of the nerve trunks, etc. One should never forget that leprosy patients may apply to any specialist for consultation with various complaints. It should also be borne in mind that if the doctors who participate in the examinations of people for the detection of leprosy know its symptoms well, they will be in a position to detect the early forms of the disease.

As was set forth in the regulations of the Ministry of Health of the USSR in 1955, the following duties must be performed by the sanitary-epidemiologic stations: (1) supervision over the regular examination of families in which there are leprosy patients and persons who were in contact with the patients, to be done regularly on detecting each fresh case of leprosy; (2) supervision over the detection of the sources of infection; (3) the timely hospitalisation of patients in leprosy colonies; (4) disinfection measures in the sources of infection following the hospitalisation of the patients. All these measures should be carried out together with the doctor (skin and VD specialist) responsible for antileprosy work.

Unfortunately, many of the sanitary-epidemiologic stations underestimate the importance of their participation in the antileprosy work, looking on this task as a secondary one.

On notification of a fresh leprosy case or person with suspicious symptoms, the sanitary-epidemiologic station should start the epidemiologic investigation of the case, take steps for the detection of the source of infection, registration of persons who were in prolonged and close contact with the patient, examine them, etc.

The sanitary-epidemiologic station must assist in the search for and return to the leprosy colonies of persons who have left the district without due permission, and before finishing the prescribed course of treatment; it must help arrange for the timely examinations of patients discharged from the colonies for dispensary treatment, and also make those persons who try to avoid medical examinations report at medical institutions on demand.

Finally, one of the immediate duties of the sanitary-epidemiologic station is the control over persons leaving the territory of the given district for good or for a long time. These sanitary-epidemiologic stations must check the group of persons leaving the district and see to it that not a single contact or patient registered at the office of the doctor (skin and VD specialist) responsible for antileprosy work leave the district unnoticed. Such persons cannot leave until they receive permission, either from the doctor responsible for antileprosy work or from the zonal leprosy colony.

The doctors' post and feldsher medical posts keep daily control of the contacts, see to it that they are examined regularly, and in some cases—on instructions from the skin and VD specialist responsible for leprosy control—examine the contacts themselves. The medical workers in the endemic zones should not confine themselves to the superficial observation of a narrow circle of already registered contacts, since leprosy may be detected in persons who were not registered as contacts of leprosy patients or their relatives. The possibility of detecting leprosy during all kinds of examinations of the people in endemic zones must always be borne in mind.

The medical workers of a district carry out the treatment of leprosy patients and their follow-up in extramural (dispensary) conditions, on instructions received from leprosy colonies, and provide for timely check-ups. Better than anybody else the doctors of the district section, and the feldshers of the same section, know the population they are serving. They are, therefore, in a position to follow all movements of the registered contacts, so that they never leave their place of residence without duly notifying the responsible medical institutions.

It is the duty of the same doctors to see to it that the leprosy patients discharged from treatment do not get appointments in the colonies and go through ambulatory children's institutions, in mess rooms, restaurants, laundries, barber shops, bath houses, etc. The medical personnel of the district sections can very quickly find out all patients who were discharged from the leprosy colonies without a special permit. If a patient left the colony without a special leave of absence, the medical

personnel of the section of the district have to notify immediately the sanitary-epidemiologic station and take measures for the immediate return of the patient to the leprosy colony.

The doctor or feldsher working in a rural area can make a very valuable contribution to the antileprosy work by carrying out health education propaganda among the population, under the leadership of either the zonal leprosy colony or the skin and VD specialist responsible for this work. Of special importance are the individual talks with patients, members of their families and with other persons who were in close contact with the patients—neighbours, office employees, etc.

One should clearly understand that the success of leprosy control work depends greatly on the tactful approach which medical workers enjoy. The medical workers of rural localities should protect the patients' relatives and members of their families from discrimination and aversion on the part of the surrounding people, as for example when the children of such families show too much caution towards them and even unkindness. To fight these attitudes is a very important task of the medical personnel.

The chairs of dermatology and VD in medical schools, besides introducing to the students the basic knowledge of leprosy, may be of great help for antileprosy work if they arrange periodical seminars and lectures on the subject for the medical personnel, demonstrate complicated forms of the disease at the sittings of scientific societies, etc. The same work should be done at the Refresher Institutes.

The Ministries of Health of the Union Republics and regional and territory health departments should not forget that, according to the regulations issued by the Ministry of Health of the USSR in 1955, the doctors in endemic regions who deal with leprosy—skin and VD specialists—have to take, every two years, 3-day seminars in leprosy colonies, and the rest of the medical personnel engaged in antileprosy work, including doctors of other specialties, have to go through the same studies once every three years.

Special regulations of the Ministry of Health of the USSR issued in 1958 draw attention to the necessity of intensifying leprosy control, indicating the existing shortcomings in this work and pointing out the ways of eliminating them.

The Ministry of Health of the USSR authorized the antiplague stations in the regions endemic in respect to leprosy to carry out examinations of the population together with leprosy institutions, and to follow up persons who had been in close contact with leprosy patients. The active participation of the antiplague institutions in leprosy control, what with all the transport and active teams of medical personnel of the stations, has a great significance especially for the Soviet Republics in Central Asia with their vast territories. For achieving the most effective utilisation of all the possibilities, leprosy colonies have immediately to establish the closest contact with the antiplague

stations and other institutions of this type and set down to acquainting them with the clinical course, diagnosis, epidemiology and prophylactic principles of leprosy.

There is no doubt whatsoever that on the basis of well planned and mass work, involving the broadest circles of medical personnel and doctors of all specialties, we shall in the foreseeable future be able to achieve considerable successes in the control and final eradication of this ancient and grave infection.