Leprosy Control Program in Thailand

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Control program.

Leprosy is a chronic disease and a major health problem in Thailand because it is a communicable disease involving of the nervous system causing deformation in severe cases. The Leprosy Control Program in Thailand was started on 1909 and continuing its operation presently. The Leprosy control activities were devided into 4 phrase as follow.(1,2)

1. Initial isolation phrase. (1909–1955)

In the initial phase there was an estimated 10,000 leprosy patients. During this period in time the only effective drug was Dapsone. At this time all Leprosy patients were isolated to Leprosalium, McKane Leprosalium, for treatment. This isolation was an effective way of stopping the further spread of Leprosy into the community.

The McKane Leprosalium was the first place that established in Chiengmai province, it was run by the American Missionary. The Prapadeang hospital run by the government of Thailand was later established in Samutprakarn province and then the Srithan hospital in Khonkaen province. There are now 12 leprosaliums established throughout Thailand.


When the Vertical Control Program was established in Thailand, the World Health Organization estimated that there was 140,000 cases of leprosy (prevalence rate for the population was 50/10,000). Most of these cases (60%) was in the Northen part of Thailand. The main drug, oral Dapsone, was modified so that it was easier to take, having less side effects. The important strategies for this program were early detection of the disease and domiciliary treatment conducted by the Leprosy zonal centers.

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Khonkaen province was the first place to introduce for training of provincial leprosy workers. The training program was expanded and distributed into other provinces where the prevalence was more than 50/10,000 in the ratio of the population.

Raj-prasha-samasai Institute was established during this time of period to support Leprosy research. At the end of 1970 there were 111,772 registered cases of Leprosy patients and the prevalence rate was decreased into 12/10,000 in the ratio of the population.

3. Integration approach.  

Since the establishment of the Leprosy training program for provincial health workers, the prevalence rate of leprosy was steadily decreased. Leprosy control programs were then integrated in 66 provinces (at that time there were 72 provinces in Thailand) and the remaining 6 provinces were still taking part by Leprosy Zonal Centers.

4. Primary health care approach.  
(1982–NOW)

To achieve "HEALTH FOR ALL BY THE YEAR 2000", the strategy of leprosy control has been modified and integrated into Primary Health Care System run by volunteers in village who have already been trained for Leprosy care in the area.

Fig. 1. Leprosy situation in Thailand 1956–1995.  
Source: Leprosy Division, Ministry of Public Health, Thailand.
Multi-drugtherapy implementation.

In 1982, 2 skin clinics in Bangkok studied a program for Multi-drugtherapy in the treatment of Leprosy as recommended by World Health Organization. The main issue of the study were concerned on the side effect of the medications being administered.

In 1984, 3 hyperendemic provinces in the Northeastern area of Thailand were the initiative ones establishing the MDT program in the field working. In 1989, MDT implementation was expanded in all provinces of Thailand. In 1995, MDT program coverage rate in registered cases was 100% the prevalence rate to a ratio in the population was 0.51/10,000 and detection rate was 2.19/100,000 (Fig. 1, Fig. 2 and Fig. 3).

Fig. 2. Leprosy in Thailand by region 1995. NE =Northeastern, S =South, N =North, C =Central. Source: Leprosy Division, Ministry of Public Health, Thailand.

Fig. 3. Hyperendemic provinces in Thailand 1995. Source: Leprosy Division, Ministry of Public Health, Thailand.
Elimination of leprosy problem in Thailand4,5).

After the success of the implementation of the MDT Program, the Ministry of Public Health and Department of Communicable Disease Control were very enthusiastic towards eliminating the leprosy problem. To adopt the resolution proposed by the 44th World Health Assembly, the Leprosy Free Province committees were organized in 1990. It was the job of Leprosy Free Province committees to establish strategic criteria also recommending and verifying a declaration for goal of elimination.

In 1993, the goal of elimination of leprosy problem in Thailand was implemented based on the attainability of the prevalent and detection rate (<1/10,000 pop, <1/100,00 pop respectively). It was done initially due to concern from the authorities at the Ministry of Public Health. The public campaign was continually made aware of the leprosy elimination program in order to speed up the target date in celebrating the fiftieth anniversary of His Majesty's Accession to the Throne (Golden Jubilee) in 1996.

The program was started all 15 provinces in 1994, 32 provinces in 1995 and 28 provinces in 1996.

Elimination activities4,5).

1. National campaign on the goal of the elimination of leprosy implemented by all provincial authorities, the Office of Communicable Disease Control Region, Health Volunteers and Non governmental organizations.
2. Promotion of the elimination concept and setting up a collaborative program.
3. Campaign on Health education and Public relation to motivate and increase awareness to aid in early cases detection.
4. Standardization of training for technical supervisors though a training, annual workshop and the job training.
5. Development and establishment of Information and Monitoring systems.
6. Used of supplementary survey of villages conducted in hyperendemic area by the Office of Communicable Disease Control Region; Epidemiological working group (reorganization of the office of Communicable Disease Control Region included Leprosy Control Program), and district sentinel surveillance will be planned and discussed about operational study.
7. Periodic check for clinical signs, biological index, regularity, completion of MDT, quality of cases management, prevention of disability, rehabilitation by the Office of Communicable Disease Control Region and Provincial Supervisors.
8. Operational and epidemiological assessment according to the standard indicators and criteria of leprosy free province (as prevalence rate, detection rate, deformities in new case, MDT coverage and MDT completion).

Elimination goal5,6).

First phase end of 1996.

The prevalence rate in all provinces should be less than 1/10,000 population.

The program of Prevention of disability services should be covered all new cases and holding case.

Second phase end of 2000.

The prevalence rate in all provinces and districts should be less than 1/10,000 population.

The deformities rate in new cases should be less than 7%.

The program of Prevention and Rehabili-
tion care services should be covered all deformed cases.

What should we do after success in elimination program.

1. Further research study for more effective drugs and short terms treatment.
2. Periodic cluster sampling to evaluate leprosy situation and control program.
4. Focus on rehabilitation of deformed cases in community.
5. Periodic Health Education and Public Relation by mass media, volunteers, etc.
6. Periodic Technological Supervisions and Health Information updates.

REFERENCES


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タイにおけるハンセン病対策

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タイにおけるハンセン病対策の効により患者数は大幅な減少をみせている。今後課題について討議している。

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