LEPROSY CAMPS REPORT, DONE IN UGUNJA SUB COUNTY AT KIRIND VILLAGE & SIGOMERE SUB COUNTY HOSPITAL IN SIAYA COUNTY ON 25TH & 26TH JUNE 2028

Introduction

Leprosy is a chronic infectious disease caused by *Mycobacterium leprae,* World's oldest recorded disease that is stigmatizing. It is characterized by lesions of the peripheral nerve, skin, and mucus membrane of the URT. It multiplies slowly (12 to 20 days into 2 through binary fusion) and it takes long time for dead bacilli to be excreted from the body. The registered prevalence in Kenya decreased from 6,558 cases in 1986 to about 200 cases by the end of 2010 when leprosy was declared eradicated in Kenya. However, the recent increases in childhood leprosy cases indicate active transmission and need for greater control efforts.

Leprosy camp initiative:

Mr. Paul Lodi, the CTLC Bungoma being innovative, initiated the whole leprosy camps process in Bungoma and extended to Busia and Siaya, in consultation with NLTP and our Counties. Planning meetings were done in Siaya County at CHMT led by CTLC, SCHMT Ugunja Sub County led by SCMOH, also at community levels where the two camps were done. Mobilizations were done by CHVs, Chiefs, Assistant Chiefs and Village elders in churches, barazas, funerals etc. CTLC Siaya County and one of her SCTLCs, Maureen Rapondi were in the local radio station twice doing sensitization on leprosy and advocacy prior to the camps. Two camps were held; one in the community, at Kirind Village near Uholo North Chief"s camp, another one was at Sigomre Sub County Hospital in Ugunja Sub County, Siaya County on 25th and 26th June 2018 consecutively. Visitors were well received, one of whom was an American Dermatologist / Leprologist. The activity was supported by the few American Dermatologists.

Kirind Leprosy camp report

- Mobilization

The community participated well and this was evident by the large number that attended early in the day. They were aware of the targeted people, information that was given during the mobilization

- CHVs

They assisted with mobilization and during the activity by training clients with cough and assisting in sample collection and documentation.
They helped in controlling the long queue and supporting the elderly. CHV ensured the rooms were arranged and cleaned. Seats and tables were available and arranged. They provided screening area for examining the patients and maintaining privacy.

- **Clinicians**

7 clinicians- 1 Dermatologist
3COLS
4 RCO
2 Nurses

- **Commodities**

Drugs arrived with the visiting team.

- **Cases observed at Kirind site**

Tineas 156
UTI 2

RTI 18

Urticaria 12

Septic wound 28

Presumptive TB 2

Arthritis 2

Folliculitis 19

Scabies 17

Vitiligo 3

Dermatitis 30

Fungiriasis 1

Psoriasis 3

P. Alba 2

Otitis media 6

Conjunctivitis 6

Popular rash 1

Elephantiasis 1

PPE 2

Eczemas 22

Impertigo 2

Referrals 4

BPH 1

Asthma 1

Urticaria 9

Erythema 1

Skin infection 2

Helmenthiasis 2

Ulcer 3

STI 1

PID 1

Neuritus 1

Dental 2

Alopecia 1

Candidiasis 2

Joggers 1

Tugiasis 2

Mastitis 1

Myaolgia 1

PUD 2

- **Cases observed at Sigomre site**

Tineas 39

Septic wound 7

Foliculitis 19

Urticaria 1

Eczema 26

Scabies 8

Lymphaedema 1

Neuritis 2

Psoriasis 1

Cellulitis 1

Elephantisis 2

Vitiligo 8

Dermatitis 10

Urticaria 1

Warts 1

Chellitis 1

Arthritis 1

Ptyriadis 1

Boil 1

Acne 1

Paranychia 1

Pemphigold 1

- **Achievements**

1. Good mobilization.
2. Good participation by the community.
3. Active and knowledgeable CHVs
4. Appropriate venues with good sanitations
5. Team work by arrival and participation of beyond zero mobile clinic that assisted in General conditions. (RDTs)
6. HIV testing services available

- **Challenges**

1. Drugs were not adequate
2. No skin diagnostic tools

- **Recommendations**

1. Allowance for transport and lunch for clinical team to be reviewed upward
2. Plan for follow up of cases beyond the camp
3. Good activity for leprosy case finding at sub county level

4. Link with facilities that offer care on other skin ailments for referrals e.g. Elephantiasis, KS etc.
5. Margaret SCTLC to add Leprosy and TB data into TIBU system.

- **Leprosy cases found**

3 leprosy cases diagnosed: one diagnosed after a home visit to a previously treated leprosy patient. He was a male 22year old PB leprosy case with no disability. The second one was diagnosed at Sigomre facility Leprosy camp; a 70year old female who had been previously managed with a PB type of leprosy and was experiencing a recurrence of the same with no disability. The 3rd one also diagnosed at the same facility, who was a 10 year old female MB with no disability. All were linked to the facility for management.

Some Pictorial Evidences

Acknowledgement

- Clients
- CHVs
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- SCTLCs
- SCMOH
- CTLC
- SCHMT
- CHMT
- CTLC BUNGOMA
- US Dermatologists
- NLTP

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