

# COUNTY GOVERNMENT OF BUNGOMA



## MINISTRY OF HEALTH

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**BUNGOMA**

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NLTP- Head

**REF: Western Kenya Leprosy Initiative, OUTCOME REPORT AND NEXT STEPS TO LEPROSY ELIMINATION.**

### **Background:**

In 1991, the World Health Organization (WHO) adopted an initiative to eradicate Hansen's disease worldwide by the year 2000, with eradication defined as a prevalence of less than one in ten thousand persons. The number of Hansen's disease patients dropped from 5.2 million in 1985 to just 286,000 at the end of 2004. However, over the past eight years, more than 200,00 cases have been registered annually. As a result, the WHO has set a new target to interrupt the transmission of leprosy globally by 2020.

Kenya is considered to be in the post-elimination phase of leprosy control, having achieved the WHO elimination target of less than 1 case per 10,000 people in 1989. However, the number of new leprosy cases in the country has increased by approximately 5% since 2012. In addition, the number of counties in Kenya reporting leprosy has increased 3-fold from 6 in 2012 to 20 in 2016. Six out of the 47 counties (Kwale, Kilifi, Homa Bay, Siaya, Kisumu and Busia) in Kenya are now regarded as high burden counties, as these territories represented 73% (271 cases) of the 370 new cases identified from 2014-2016. (See Table 1).

### **Table 1.**

**Distribution of newly notified leprosy cases in six high burden counties, 2014-2016**

County	New cases
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	2014	2015	2016	Total	% of total
Kwale	49	24	8	<b>81</b>	22
Kilifi	18	24	28	<b>70</b>	19
Homa Bay	27	10	8	<b>45</b>	12
Siaya	11	12	5	<b>28</b>	8
Busia	8	10	6	<b>24</b>	6
Kisumu	11	10	2	<b>23</b>	6
Total	<b>124</b>	<b>90</b>	<b>57</b>	<b>271</b>	<b>73</b>

### Objective:

The objective of the Western Kenya Leprosy Initiative is to obtain leprosy incidence and prevalence data from 3 counties in western Kenya where leprosy is known to be endemic. We hypothesize that leprosy burden is higher than reported in these areas, reflecting the suspected resurgence of leprosy in Kenya. This data will then be utilized to help augment the existing leprosy elimination campaign for Kenya

### THE INTERVENTION.

The planned camps were as below:

2 Camps in Bungoma 18<sup>h</sup> and 19<sup>h</sup> June 2018

2 Camps in Busia 21<sup>st</sup> and 22<sup>nd</sup> June 2018

2 Camps in Siaya 25<sup>th</sup> and 26<sup>th</sup> June 2018.

### METHODOLOGY

1. Planning Meetings – a). All CHMTS and SCHMTS,
  - b). Meetings and sensitization to resident CTLCS, SCTLCS, Chiefs, Sub-chiefs, MCAs, PHOs, HFs I/Cs, 10 CHVs per camps by Leprosy Lead person Paul Lodi/ CTLCS.
  - c). Medicines planned to bought by Dr. Helena in consultation with Kenyan Team.
2. Mobilization – a). CHVS did house to house, churches, schools mobilizing in all the sites, an estimated 3,000 households were reached with the information.
  - b). Road shows done by PHO/ Health promotion officer for 3 days. This involved mounting loud speakers on the pick cap vehicles that moved around the villages, markets announcing the event. Every road show had a PHO and a driver.

- c). Use mass media ie local radio stat



ions.

## RESULTS.

The turnout of patients and clients with dermatological and non- skin conditions was overwhelming as you have already seen in individual camps reports. Participants were:

1. Dermatologist – 2 (Dr. Helena and Everlyene)
2. COLS - 12
3. Leprosy coordinator – 1
4. Nurses - 12
5. PHO - 6
6. Local leaders – 12
7. Dispensers - 12
8. CHVS - 60
9. Crowd controllers -12
10. CTLC – 2
11. SCTLC - 6

The table below is a summary of the conditions seen per County.

		BUNGOMA	BUSIA	SIAYA	TOTAL
DISEASE	1.LEPROSY	1	2	3	6
2	ECZEMA	41	30	48	119
3	FUNGAL INFECTION	350	486	239	1075
4	VITILIGO	21	20	11	52
5	SCABIES	20	18	25	68
6	A. DERMATITIT	25	54	30	109
7	R.T.I	4	103	18	125
8	ACNE	30	42	0	72
9.	IMPETIGO	3	4	0	7
10.	SEPTIC WOUNDS	10	2	35	47
11.	URTICARIE	14	0	14	28

12.	FOLLICULITIS	8	0	38	46
13.	PITYRIASIS	57	50	1	108
14.	PSORIASIS	3	0	4	7
15	P. ALBA	0	0	2	2
16.	O. MEDIA	4	0	6	10
17.	CONJUNCIVITIS	3	0	6	9
18.	ELEPHANTIASIS	0	0	1	1
19.	IMPETIGO	2	2	2	6
20.	TUNGIASIS	7	10	3	20
21.	PRESUMPTIVE TB	9	30	2	41
22.	ARTHRITIS	3	3	2	8
23.	OTHERS	60	50	103	213
	TOTAL	665	916	516	2097

Note: Aproximately 200 people in Busia and Bungoma could not be seen due time and few clinicians involved.



**Leprosy camp at miyanga-Bungoma county.**

**Leprosy:** 6 leprosy cases diagnosed. Bumula case of adult aged 72 years with DG 2 and was MB. and on treatment. Busia had 2 cases, female aged 12. No disability and second one 18 year, PB with no disability.

Siaya had 3 cases, a male 22 years, PB with DG. Female 70 years, PB with no DG and a female 10 years MB with DG.



Team

Bungoma.



Looking for Leprosy.

### **CHALLENGES.**

- Most of the CHV and community lack knowledge on leprosy
- Time for mobilization was short, few CHV involved in mobilization
- One day not enough for the camp
- Lack of posters
- Lack of tools for leprosy, treatment cards, appointment cards, and registers
- Drugs were not adequate
- No skin diagnostic tools

- There no funds to support refreshment and support local Leprosy coordinator during planning meetings.

#### **RECOMMENDATION.**

- Training of CHV on leprosy
- Increase the number of CHV during mobilization
- Increase the fuel, and days for mobilization (at least five days )
- Posters to be availed during mobilization
- At least two days for the camp.
- Regular skin camp
- Allowance for transport and lunch for clinical team to be reviewed upward
- Plan for follow up of cases beyond the camp
- Good activity for leprosy case finding at sub county level
- Increased funding to fill up gaps that were found in the first round of skin camps.

#### **NEXT STEPS**

1. To strengthen surveillance
  - ✓ Develop/revise primary leprosy tools
  - ✓ Print and disseminate
  - ✓ Distribute the tools
2. Poly-skin camps at Coastal region namely Mombasa, Kilifi, Kwale ( 2 each)
3. Training- 2 ( one at western Kenya and one at coast).

#### **Acknowledgement:**

- Clients- Siaya, Busia and Bungoma
- CHVs- ,, ,,
- Administration
- HCWs
- SCTLCS
- SCMOH
- CTLCS
- SCHMTs
- CHMTs
- US Dermatologists ( Dr. Helena Kuhn and the board of Brown University)

- Dr. Jane carter
- NLTP( Dr. Kamene)
- Dr. masini
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