

An example of political decision to control leprosy in a small municipality in Brazil

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Accepted for publication 11 October 2010

The municipal district of Cariré is located in the state of Ceará, in the Brazilian Northeast, within or belonging to or as a component of the largest cluster of leprosy cases in this region.¹ The rate of illiteracy of the municipal district was 59% in 1991 and 47% in 2000. The infant mortality rate was reduced by 40% in the same period and the life expectancy at birth grew from 59 years in 1991 to 67 years in 2000. With a population of 19,132 its IDH (Index of Human Development), going from 0.494 in 1991 to 0.622 in 2000.² It must be pointed out that the IDH of Brazil as a whole is 0.813, 75th in the world ranking, demonstrating the relationship between higher poverty in the areas of leprosy clusters. In 2009 the detection rate in Cariré was 74 cases per 100,000 inhabitants.

The leprosy situation has undergone a positive change under the current political administration which, since 2008, has carefully considered its mission of promoting health and quality of life, through intersectorial actions in order to build a healthy municipal district.^{3,4}

The municipal district has identified maternal and infantile mortality public health problems, cancer, tuberculosis, break-bone fever and Hansen's disease. The health services were prioritised with the location of nine family health teams distributed geographically through the municipality.⁵

The intervention for Hansen's disease was based on rapid diagnosis and timely treatment, as well as epidemic surveillance with active search and evaluation of contacts⁶ with the active participation of the Secretary of Health. The intensification of the activities in January 2009 started a process in which all the health professionals participate, the secretaries of education and social action, as well as the community itself which creates a sustainable process, with the following results:

1. Actions to promote health and diminish the poverty level (investment in education and healthy life habits) and food supplements for those affected by chronic infectious diseases (tuberculosis, Hansen's disease and AIDS).
2. Referrals to an infectious diseases specialist, trained in the principal programmes.
3. All nine family health teams are qualified to take responsibility for the patients in their territories.
4. A centre for general physical rehabilitation with trained professionals in addition to assisting Hansen's disease cases.
5. The focus on cases of Hansen's disease led to 100% of the contacts resident in the municipal district being examined.
6. Early detection of cases.
7. Despite detection rate increasing (from 16/100,000 population in 2001 to 73.18 in 2009) the level 2 disability decreasing from 33% to 5% in new cases of 2009 and with 5.2% children (household contacts).
8. All the healthy contacts received a second dose of the BCG vaccine.

The accuracy of the diagnoses made can be guaranteed by specialists.

The education and the re-vaccination with BCG guaranteed the cooperation of the population once they understood the importance of epidemic surveillance. It is believed that there has also been a de-mystification of the disease and a reduction of prejudice.

This is an example of focusing on the indicators of case detection and on reducing the transmission of the disease in the community, and makes possible the vision of a municipal district without Hansen's disease.

References

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