Evaluation of the leprosy control programme surveillance system in Kwara State, Nigeria, 2010 − 2014

Olaolu Moses Aderinola[1, 2✉], A. Abubakar[2, 3], Gabriele Poggensee[2], Adewale Oyeleke Adeoti[4], Michael Sunday Oguntoye[4], Patience Abimbola Folorunso[4]

[1]Nigeria Centre for Disease Control, Abuja, Nigeria

[2]Nigeria Field Epidemiology and Laboratory Training Programme, Abuja, Nigeria

[3]Ahmadu Bello University, Zaria, Kaduna State, Nigeria

[4]Primary Health Care Development Agency, Ministry of Health, Ilorin, Kwara State, Nigeria

ABSTRACT Objective: Leprosy is a chronic, infectious disease complicated with blindness and loss of fingers/toes in some cases. Though the disease is targeted for eradication in Nigeria, the country had the 6th highest prevalence globally in 2013. This study was conducted to evaluate the leprosy surveillance system in Kwara State, assessing its operations, attributes and determining its usefulness. **Method:** The 2001 updated guidelines for evaluating public health systems of Centers for Disease Control and Prevention was used. Key informant interviews were done with the State Tuberculosis and Leprosy (TBL) Control Officer, and the State Epidemiologists to assess the importance of the public health, purpose and operation of the surveillance system, resources used to operate it as well as the attributes of the system. Questionnaires were administered to Local Government Area TBL supervisors to assess the attributes of the surveillance system. Surveillance data from 2010 to 2014 was analyzed and data quality determined. **Results:** Incidence of leprosy over the five year period 2010 – 2014 was 62.0%, 59.0%, 54.0%, 67.0%, and 42.0% respectively, with occurrence of the multi-bacillary type in 83.1% to 90.7% newly detected cases. The system was found to be 51.0% sensitive(most hospitals do not have treatment forms for health workers use, community awareness programmes was done in 53.0% of local government areas in last 3 months, contact tracing was however always done), 90.0% simple, 93.0% acceptable and 95.0% timely. Data system was both paper and electronics, based on collection, collation, analysis and reporting done quarterly in a year. The surveillance system is donor-driven and fully integrated with that of tuberculosis and buruli ulcer. Annual surveillance expenditure was about $2 500. **Conclusion:** Kwara State Leprosy Surveillance System has a low sensitivity with delayed case detection. Training of health workers on early case detection, provision of treatment forms and more community awareness will improve the surveillance system's sensitivity.

Keywords: Leprosy; Surveillance; Multi-bacillary

✉First and corresponding author: Olaolu Moses Aderinola, Nigeria Centre for Disease Control, Abuja, Nigeria.
E-mail:olaoluaderinolam@gmail.com
Tel: +2348055822976