situations in other parts of Nepal. Leprosy is still a public health problem in 24 countries in Africa, Asia and Latin America. The prevalence rate of 3.4/10,000 was the fourth highest in the world in 2000-2001. Nepal, including five other endemic countries, contribute to 83% of global prevalence and 88% of new case detected in 2000. Among SEAR countries, Nepal, India and Myanmar contribute to 80% of prevalence. However, the prevalence rate in Nepal has steadily declined from 3.9 in 2000 to 3.4 in 2001 and still further to 3.0 in 2003. New case detection rate (NCDR) is 3.4/10,000 while the disability rate stands at above 8%. Nevertheless, community awareness in Sunsari seems to be quite good, including the female population and the illiterates. Radio is definitely the main mass media responsible for the same. However, there seems to be no difference between different levels of education in literate groups, indirectly pointing out the lack of basic health education and IEC in the country.

The article would have been more informative if it had contained relevant data about the prevalence rate, disability rates, NCDR in Nepal, particularly in Sunsari district where the study was conducted. The article does state that the plains are more affected than the hilly region but the actual figures of some highly endemic areas would have been self-explanatory. Like the PR in Achham is 11.34 while it is 0 in Rasuwa and Manang while the NCDR is highest in Parsa (9.53). Lastly, I would like to point out that we need to work further to eliminate this “social disease” from our country. No anti-leprosy campaign is complete without health education. So we need to improve on our health education and IEC programs, mainly emphasizing on the curability of leprosy and the availability of free drugs, as well as increase community mobilization and intensify MDT programs. I would also like to stress on the importance of setting up more hospitals to manage the Lepra reactions. Innovative approaches such as “accompanied MDT” can be introduced in the community to ensure full course of treatment. And finally health personnel at all levels should be trained to manage leprosy cases. Hopefully, Nepal will reach its goal of eliminating leprosy by 2005 as is targeted and no longer will the term “leprosy” be synonymous with disfigurement, stigmatization and social exclusion.

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PREVALENCE OF HEPATITIS B CARRIERS

Dear Editor,

I went through an article on "Prevalence of Hepatitis B carriers in Baglung District Nepal". Indeed it is a useful article, pointing out the serious problem of hepatitis B in Baglung District. I would like to highlight some points.

This research is based only on investigating the blood sample from 177 healthy young people from Baglung District. 172 males and 5 female seeking employment abroad. However the data will be more reliable if it involves people of all age groups, including infants and children. The gender ratio of 34:1 is not fair to say the prevalence of disease in the whole district. HBsAg appears in the blood about 6 weeks after infection and usually disappears by month after clinical illness. Persistence of HBsAg for more than 6 months implies the development of a carrier state. Recent and remote HBV infections can be distinguished by determination of the immunoglobulin class of Anti HBc. HBsAg along with Anti HBc IgM mark acute viral hepatitis. HBsAg along with Anti HBc IgG mark chronic infection. HBcAg indicates viral replication and infectivity persistence of HBcAg in serum beyond 3 months indicate an increased likelihood of chronic Hepatitis B. In order to say a person or carrier with one blood sample, he should be HBsAg positive as well as Anti HBc IgG positive; besides a healthy carrier means his liver function test is within normal limit with HBsAg positive and Anti HBc IgG positive. If a person has HBsAg positive it does not mean that he is always healthy carrier either
he should be followed up for 6 months or he should be investigated for above mentioned test.

I want to thank the author as she has attempted to draw the attention of people of Baglung District as well as the health policy makers about the serious problems of Hepatitis B in Baglung District. Approximately 10% of patient contracting Hepatitis B as adult and 98% those infected as neonates will not clear HBsAg from the serum within 6 month such patient become chronic carrier. Since Hepatitis B is vaccine preventable disease, prevention has been major aim in managing viral hepatitis B. By immunization of infants and children we can prevent them from dangerous consequences of chronic hepatitis B like cirrhosis of liver and hepatocellular carcinoma every children and adult also should be immunized against hepatitis B.

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