LPEP in Brazil: the confidentiality of index cases

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Flow chart of LPEP contacts in the 16 municipalities in Brazil

Average contacts listed per Index Cases = 12

Average contacts with SDR per Index Cases = 9
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Study Area
16 municipalities
1mi inhabitants
-800 new cases year
- 200 health facilities
- Center or medical doctor of reference

3 States: Mato Grosso, Pernambuco e Tocantins
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Based on the program *Leprosy Post-Exposure Prophylaxis (LPEP)* with SDR

Includes BCG vaccine according to MoH leprosy surveillance recommendations

24 hours minimum interval to BCG after SDR and 30 days to SDR after BCG

Health workers (HW) did not disclosure to the contacts the identity of the index cases
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- An important difference between the Brazilian LPEP protocol and the LPEP program was the approach of contacts independently the authorization of IC

- This rule was assumed taken account the general activities of surveillance - not only for leprosy, but also for all neglected tropical diseases

- The identity of the cases always has to be preserved
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• During the LPEP project the contact groups were treated with SDR – consequently they had to sign the Consenting Term.

• But the point is: how to convince them?
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- Usually the index cases talk to their family members about the disease and the treatment.

- In many cases the neighbors also know.

- In case of the HW explain the relevance of the examination of the household contacts, they came to the health facilities – of course depending on the accessibility.

- When the HF is organized, the HW has a list of the household contacts and they can check how many of them were examined.

- This passive surveillance of contacts is restricted to those that look for to be examined.
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- The LPEP implied in the “active surveillance”

- Domiciliary visits were carried out using the arguments of a risk area

  - Usually the population knows who are the IC. But if not it will not be revealed

  - When they are more than one case – risk maps or intelligent maps is recommended - The HW had to visit houses next to the IC residence. Mainly F/B/L/R as well, houses “around” in the area.
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- Since the primary care is organized on territorial bases, the risk map is part of the primary care strategy (Principles of Primary Care)

Difficulties:
- The HW are not prepared to work following the principles of primary care
- They are not prepared also for the active search for leprosy.
- Some areas are not covered by Primary Care “Health of Family”
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Staff of a Primary Care Center for “Health of Family”

Alta Floresta - MT
Risk Maps for Leprosy – Territorial basis

Alta Floresta - MT

Araguaina - TO
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