ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 08, Issue, 08, pp. 22515-22517, August, 2018

ORGINAL RESEARCH ARTICLE OPEN ACCESS

ROOM HEALTH SITUATION AS A MANAGEMENT TOOL IN MONITORING AND CONTROL OF LEPROSY

[*1]Zailde Carvalho dos Santos, [1]Elisângela Lira de Lima Araújo, [1]Viviane Maria Pereira de Carvalho, [1]Paula Daniella de Abreu, [1]Ednaldo Cavalcante de Araújo, [1]Eliane Maria Ribeiro de Vasconcelos, [1]Estela Maria Leite Meirelles Monteiro, [1]Tatiane Gomes Guedes, [2]Gertrudes Monteiro da Costa, [3]Claudia Benedita dos Santos and [4]Fernanda Jorge Guimarães

[1]Nurse, Nursing Department, Graduate Nursing Program, Federal University of Pernambuco, Recife, Brazil
[2]Municipal Health Secretariat, Directorate of Health Surveillance, Olinda, Pernambuco, Brazil
[3]University of São Paulo, Department of Maternal-Child Nursing and Public Health, School of Nursing of RibeirãoPreto, Graduate Program in Public Health Nursing, RibeirãoPreto-SP, Brazil
[4]Lecturer of the Academic Center of Vitoria, Vitoria de Santo Antão - Federal University of Pernambuco, Pernambuco, Brazil

ARTICLE INFO

Article History:
Received 17th May, 2018
Received in revised form
21st June, 2018
Accepted 14th July, 2018
Published online 31st August, 2018

Key Words:
Epidemiology; Leprosy;
Public Health; Planning in Health;
Health Situation Room.

ABSTRACT

This study aimed to analyze contributions from the health situation as a tool to support municipal management in monitoring and control of leprosy. A cross-sectional study with a quantitative approach performed in the city of Vitoria de Santo Antão/PE. The results showed an incidence of leprosy of 11,04/100.000 inhabitants in the general population, being 5,99/100.000 in children younger than 15 years of age. It was also found that only 44.44% of the total cases were discharged because of cure, keeping far away from the achievement of goals laid down by WHO. It was also observed that the Municipal Health Insurance requires goals and actions more consistent in relation to the control of leprosy but also needs to use epidemiological indicators updated to subsidize the monitoring of leprosy cases in the population and decision making, favoring the establishment of a Municipal Health Insurance feasible and effective. Therefore, the use of a Health Situation Room could collaborate with the establishment of more clear goals, well-established deadlines, and health actions more effective for control of leprosy in the municipality.

Citation: Zailde Carvalho dos Santos, Elisângela Lira de Lima Araújo, Viviane Maria Pereira de Carvalho *et al.* 2018. "Room health situation as a management tool in monitoring and control of leprosy", *International Journal of Development Research*, 8, (08), 22515-22517.

INTRODUCTION

Leprosy is endemic in Brazil; being considered as one of the neglected diseases. The classification of neglected diseases is assigned to those that prevail in conditions of poverty and contribute to the maintenance of the framework of inequality of population (Santos, 2012). In recent years, Brazil has registered reductions in coefficients of prevalence and detection of new cases of leprosy; however, the Northern regions, Northeast and Midwest focus higherendemicity with areas of important maintenance of transmission in a set of 253 municipalities (4.5% of the total of 5,565 Brazilian municipalities) which concentrate 34% of the country's total population and 56% of new cases diagnosed in 2010, as well as 33% of the population of children (< 15 years old) and 67% of new cases in children (BRASIL, 2012). In this sense the municipality of Vitoria de Santo Antão that cannot be found in the metropolitan region of Recife, integrates the relation of priority municipalities for leprosy and has very disturbs epidemiological indicators in relation to the disease. The exposed face aimed to analyze the contributions from the Health Situation (SDSS) as a tool for municipal management in monitoring and control of leprosy.

***Corresponding author:* Zailde Carvalho dos Santos**
Nurse, Nursing Department, Graduate Nursing Program, Federal University of Pernambuco, Recife, Brazil

MATERIALS AND METHODS

It is a quantitative study, descriptive and cross-sectional, having as a locus of the municipality of Vitoria de Santo Antão, Pernambuco. This city has 136,706 inhabitants, being 76.1% living in the urban area. Has 368 km2 of extension and is located 49 km from the capital, Recife.

It belongs to the mesoregion of Atlantic Center and confines itself with four other municipalities, Moreno, Escada, Pombos and Glória do Goita (Instituto Brasileiro de Geografia e Estatística, 2016). It was used as a source of secondary data of the Brazilian Institute of Geography and Statistics (IBGE), the system of notification of diseases and Notifications (SINAN) and the plan of the Municipal Secretariat of Health of Vitoria de Santo Antão, 2014-2017 (Instituto Brasileiro de Geografia e Estatísticam, 2017 and Vitória de Santo Antão, 2017). Indicators were considered the most often used in epidemiological studies of leprosy and who were updated in SINAN: detection rates (per 100,000 inhabitants) of leprosy in the general population, in patients younger than 15 years and of cases with grade II of deformity; operational classification of paucibacillary cases (PB) and multibacillary (MB); and the proportion of cases with high for healing and proportion of contacts examined. The analysis of data occurred by means of descriptive statistics, presented in the form of tables and discussed with theoretical foundation in the parameters of the documents issued by the WHO, MoH and the motion of the SDSS (MOYA, 2010).

RESULTS

The Health Insurance of the municipality of Vitoria de Santo Antão, 2014- 2017, in relation to the actions for the elimination of leprosy, was developed taking into account resolutions of the Municipal Health Conference of 2011, which indicated the strengthening of services of leprosy and tuberculosis,and the computerized system for the registration of the awarding of guidelines, objectives, targets and indicators by the secretaries of health and its technical team (SISPACTO), pointing to the need for improvement in the proportion of cure of new cases diagnosed. It was also considered a historical series of paucibacillary and multibacillary cases detected and their prevalence between the years of 2001 to 2013 (Table 1). According to the table, the Municipal Health Insurance of Vitoria de Santo Antão presented the annual average of new cases of leprosy for PB and MB respectively, 17(±7,3) and 17.8(±3,7), having also the prevalence higher than 1 per 100,000 inhabitants. In 2015, there was the detection of 11.04 and 5.99/100,000 inhabitants in the general population and in children younger than 15 years old, respectively. It should be emphasized that the Municipal Health Plan of Vitoria de Santo Antão has only been implemented in full mode in 2015 (one year after its expansion). In the years after the drafting of the plan, it should be noted, by means of the data obtained by the Notification System for Notifiable Diseases (SINAN) that the monitoring indicators in the historical series, presented in tables 2, 3 and 4, shows oscillations of various amplitudes. In 2015, with all indicators are still far below the recommended by the programs for the elimination of leprosy, it is notorious the

Table 1. Distribution of confirmed cases of Leprosy according to the operational classification and prevalence. Vitoria de Santo Antão, 2001 to 2013

Clinical form	Year of diagnosis												
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Paucibacillary	8	11	10	32	22	17	11	16	20	23	23	20	22
Multibacillary	12	17	24	20	18	20	17	20	21	14	13	15	12
Total	20	28	34	52	42	37	28	36	41	37	36	35	34
Prevalence	16.8	23.4	28.1	42.6	32.2	29.5	22.1	28.6	32.4	28.4	27.5	26.9	26.2

Source: Health Insurance of Vitoria de Santo Antão, 2014-2017.

Table 2. Guideline, goals and actions of Municipal Health Insurance for Leprosy Control Program in Vitoria de Santo Antão in 2014-2017

Guideline for strengthening Health Insurance Leprosy Control Program in Vitoria de Santo Antão; 2014-2017.	
Goals	Actions
• Reduction of incidence and prevalence of Leprosy	____
• 100% of materials for smear	• Acquisition of inputs for the development of the activities of the Leprosy Control Program
• 100% printed	
• 1 training/update	• Training/updating of health professionals for the clinical management of leprosy (Doctors and nurses)
• 1 training/update	• Training/update on Leprosy for Community Health Agents
• Set up in 70% of Health Units	• Strengthening the Health Units to carry out the DOTS*
• Set up 70% of Health Units	
• 1 tool drawn up	• Realization of monitoring of Health Units
• 1 supervision bimonthly/year	
• 100% of patients with smear, according to need	• Guarantee of examination of Smear intradermal**
• 12 requests/year	• Maintenance of stocks of medicines for the treatment of leprosy
• Carrying out the systematic distribution to health units	
• Acquisition of sound level meter as needed.	• Purchase supplies for detection of cases of disabilities
• Monitoring the practice of use through the disability grade.	
• 100% of patients referred for referral services, according to need.	• Forwarding assurance for Physiotherapy clinic Hall Leprosy patients with neurological involvement

Source: Municipal Health Insurance VSA 2014-2017
*DOTS - Directly Observed Treatment
** Examination with the aid of microscope to identify the presence of M. leprae.

Table 3. Operating classification of cases of leprosy were detected during the period from 2013 to 2015. Vitoria de Santo Antão-Pernambuco

Operating Class	2013	2014	2015	Total
Paucibacillary	25	10	6	14
Multibacillary	15	19	12	46
Total	40	29	18	87

Source: SINAN.

predominance of multibacillary cases detected in the years 2014 and 2015.

Table 4. Historical series of detection rates (per 100,000 of the population) of Hansen's disease in the general population, in children under 15 years old and the grade II cases of incapacity. Period of 2001 to 2015. Vitoria de Santo Antão – Pernambuco

Year	Detection Rate		
	Below 15 years old	II degree of deformity	General Population
2001	5,53	2.52	17.66
2002	13,72	4.17	31.70
2003	2,72	4.96	25.63
2004	8.09	18.03	45.91
2005	2.64	10.45	36.18
2006	5.24	0.00	29.46
2007	11.87	0.00	21.29
2008	9.13	6.96	29.43
2009	12.32	3.95	32.43
2010	12.52	0.00	26.15
2011	9.32	0.00	26.73
2012	9.39	1.53	29.25
2013	9.11	0.00	23.89
2014	6.03	2.22	18.53
2015	5.99	0.73	11.04

Source: SINAN

Table 5. Historical series of high ratio for healing and contacts of the cases examined. 2008* to 2015. Vitoria de Santo Antão-PE; 2008-2015

Year	(%) Cured cases in the cohort of detection	(%) Contacts examined among registered
2008	100.00	100.00
2009	90.62	80.99
2010	100.00	70.33
2011	92.30	64.28
2012	86.48	79.82
2013	43.33	87.09
2014	94.44	95.83
2015	44.44	82.97

*Data unavailable before 2008
Source: SINAN

DISCUSSION

It should be noted that the Health Insurance based only on historical series of detections of leprosy with the operational classification and prevalence of the disease until 2013. Unlike other cities, such as Recife and Olinda those bring in their plans situational analysis and important information on the sociodemographic conditions, environmental and health conditions of the population, adding even health indicators which clearly show the epidemiological situation of the disease in those municipalities (RECIFE, 2017 and OLINDA, 2015). The coefficient of detection of new cases of leprosy in children under 15 years old is an important indicator, because it allows you to identify the strength of transmission of the disease and recent trend of the local endemics. This study indicates that the disease control, considering the age of 15 years and the surveillance of contacts are the most important strategies to achieve the objectives of the program (TALHARI, 2012). The results presented here corroborate with the previously mentioned study, it was found that the rate of occurrence among children under 15 years was 5.99/ 100,000 inhabitants and the surveillance of contacts was approximately 83%. Another important indicator refers to the percentage of cure that measures the effectiveness of services in ensuring adherence to treatment until discharge. The goal of Brazil, until the year of 2015, was to achieve and maintain the percentage of 90% of cure in cohorts of new cases of leprosy[2]. In the Municipal Health Insurance of Vitoria de Santo Antão, the period from 2014 to 2017, were not expressed the intention to target values for these indicators. Although the reduction in incidence and prevalence of leprosy has been the first goal proposed in the Municipal Health Plan of Vitoria de Santo Antão: 2014-2017, according to the analysis of the framework of guidelines for the strengthening of the Leprosy Control Program, there was no quantification stipulated for the achievement of goals for the reduction of cases, as well as for the early detection of infection and early detection of deformities. There is, therefore, that the insurance, in addition to other problems of origin, is devoid of a planning support as the SDSS and disregards the essence of Social Epidemiology: research on social determinants of health-disease process related to leprosy.

Conclusion

The information in health is an important tool that enables managers and health professionals in the analysis of the situation of local health and, by means of an action plan, defines and implements strategies to facilitate the resolution or minimization of health problems. The SDSS is an important resource for strategic planning that allows for changes in production and use of information that subsidize the decision-making practice professionals and managers, serving as a guide for the implementation of effective strategies at all levels of health care.

Acknowledgements

Research funded by the National Program for Academic Cooperation Program (PROCAD) (CAPES N: 23.038.000.984.2014-19).

REFERENCES

BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância em Doenças Transmissíveis. Plano integrado de ações estratégicas de eliminação da hanseníase, filariose, esquistossomose e oncocercose como problema de saúde pública, tracoma como causa de cegueira e controle das geohelmintíases: plano de ação 2011-2015– 1. ed., 1. reimpr. - Brasília : Ministério da Saúde, 2012.

Instituto Brasileiro de Geografia e Estatística. IBGE. Censo Demográfico.[Internet]. [Acesso em 02 de fev.2017]. Disponível em: http://www.ibge.br.gov.

Instituto Brasileiro de Geografia e Estatística. IBGE. Estimativas populacionais 2016.[Internet].[Acesso em 02 de fev.2017]. Disponível em: ftp://ftp.ibge.gov.br/Estimativas_de_Populacao/Estimativas_2016/estimativa_dou_2016_20160913.pdf.

MOYA, J. Panorama sobre as Salas de Situação na América latina e Caribe.In. Sala de Situação em Saúde: compartilhando as experiências do Brasil / Organização Pan-Americana da Saúde; orgs. José Moya, et al. – Brasília : Organização Pan-Americana da Saúde, Ministério da Saúde, 2010. 204 p.: il.

OLINDA. Prefeitura Municipal de Olinda. Secretaria de Saúde. PLANO MUNICIPAL DE SAÚDE 2014 – 2017. Edição Revisada na 12ª Conferência Municipal de Saúde de Olinda. Olinda, julho de 2015

RECIFE. Governo Municipal, Secretaria de Saúde do Recife, Secretaria Executiva de Coordenação Geral, Gerência Geral de Planejamento. Plano Municipal de Saúde 2014 - 2017 / Governo Municipal, Secretaria de Saúde do Recife, Recife. Secretaria Executiva de Coordenação Geral, Gerência Geral de Planejamento. 1ª. Ed. - Secretaria de Saúde do Recife, 2014. 84 p.: - il.

Santos, FLA; Lyra MAM; Alves LDS; Silva KER; Rolim LA; Gomes TCBL; Ferraz L RM; Lima AAN; Sobrinho JLS; Neto PJR. 2012. Pesquisa, desenvolvimento e inovação para o controle das doenças negligenciadas.RevCiêncFarm Básica Apl., 33(1):37-47

TALHARI ET AL. Hansen´sdisease: a vanishingdisease?. Mem. Inst. Oswaldo Cruz, Rio de Janeiro, Vol.107 (Suppl. I)13-16, 2012.

Vitória de Santo Antão. Secretaria de Saúde. Plano Municipal de Saúde 2014-2017. [Internete].[Acesso em 17 de nov. 2016]. Disponível em: http://www.prefeituradavitoria.pe.gov.br/www3/secretaria-de-saude/.

****