


Skin camp intervention

- 1 leprosy patient per 55 contacts
- 1 NTD per 10 contacts
- 1 skin disease per 2 contacts

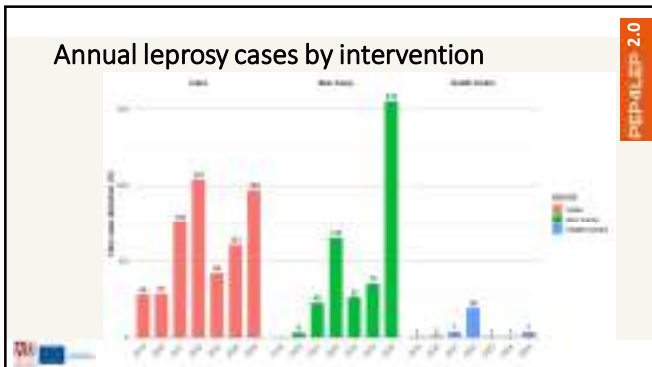
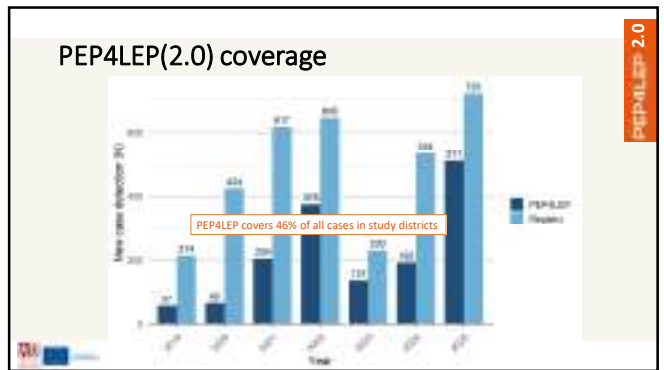
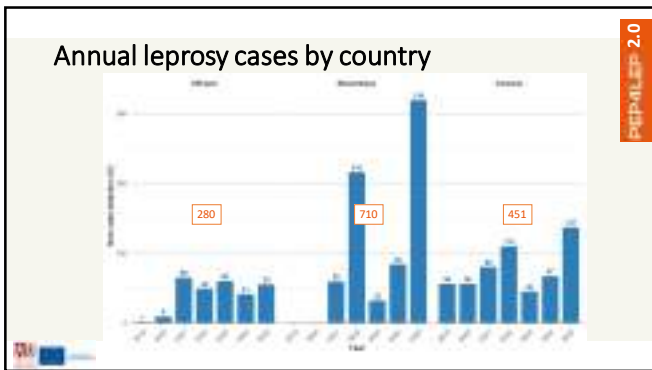
104 contacts per skin camp
1.9 leprosy patient per skin camp
10 NTDs per skin camp
62 skin diseases per skin camp



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New case detection

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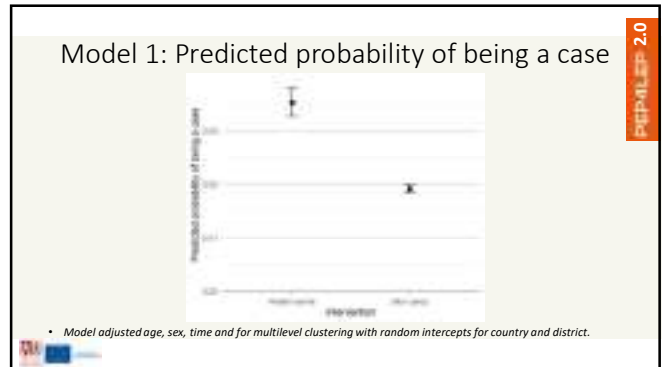
	Health Center	Skin Camp
Index Patient (N)	548	324
Mean age ± sd	41.4 ± 16.2	44.1 ± 18.2
Females (%)	233 (43%)	115 (36%)
Contacts (N)	2127	33591
Mean age ± sd	21.2 ± 16.9	23.1 ± 20.2
Females (%)	1123 (53%)	18715 (56%)
New leprosy cases among contacts (N)	57	613
Mean age ± sd	36.6 ± 15.6	39.9 ± 19.2
Females (%)	28 (49%)	316 (52%)
Other NTDs (N)	14	2614
Mean age ± sd	15.2 ± 23.5	17.6 ± 17.4
Females (%)	10 (71%)	1359 (52%)
Other skin diseases among contacts (N)	167	16949
Mean age ± sd	24.0 ± 19.6	20.8 ± 19.3
Females (%)	97 (58%)	8924 (53%)

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The effect on the rate of cases detected

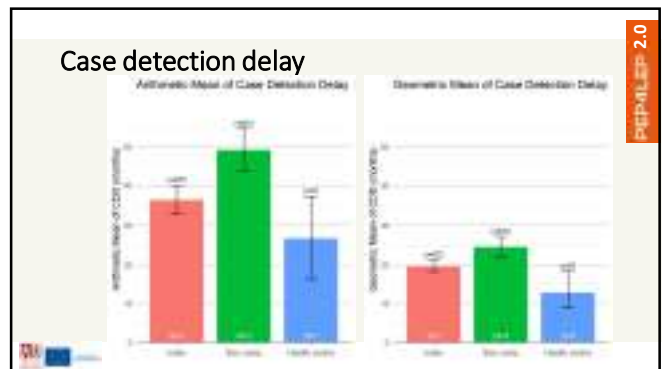
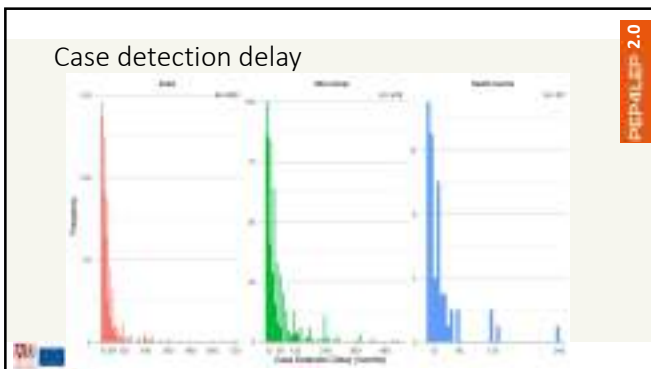
	Model 1: New leprosy cases			Model 2: New NTD cases			Model 3: Skin disease		
	OR	95% CI	P-value	OR	95% CI	P-value	OR	95% CI	P-value
Health centre	1 (ref)	-	-	1 (ref)	-	-	1 (ref)	-	-
Skin camp	0.54	0.31-0.92	0.02	2.76	1.57-4.87	<0.001	11.94	7.22-19.77	<0.001

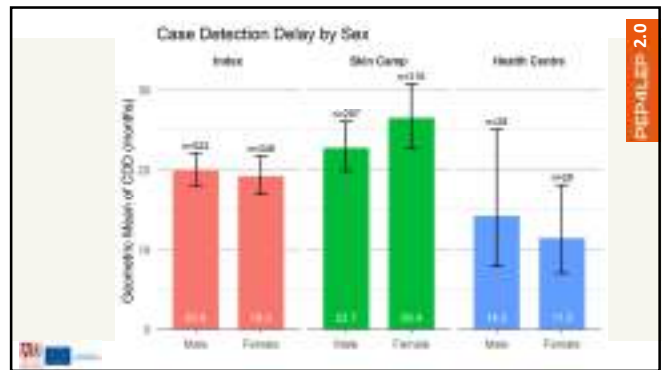
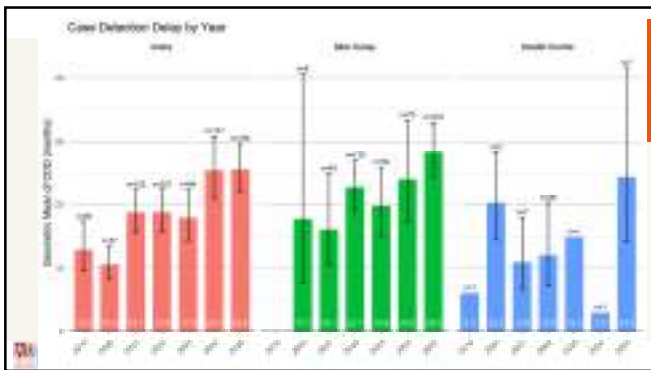
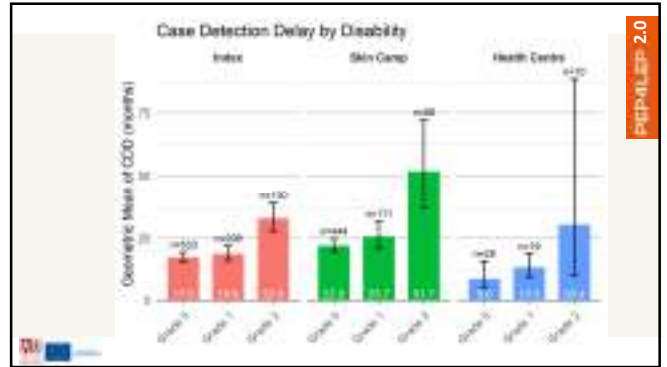
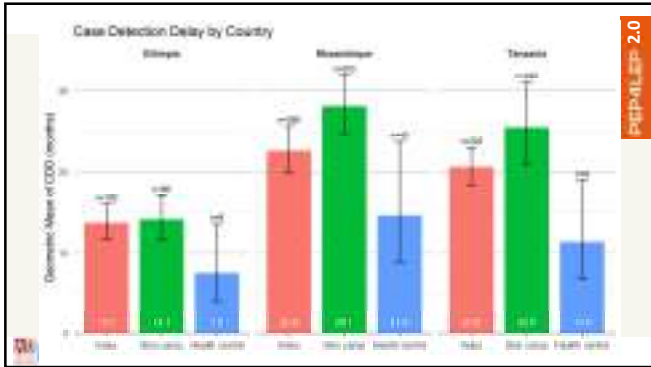
• Models adjusted age, sex, time and for multilevel clustering with random intercepts for country and district.
 • Specification: $case \sim intervention + age + sex + year + (1 | country/district)$



- ### The effect on the rate of cases detected
- Detection of new leprosy cases was **less likely** in the skin camp intervention than in the health centre-based intervention.
 - Household contacts have a **higher risk** of being infected
 - **More leprosy cases** were found in the skin camp intervention
 - This suggests that skin camps help identify previously **undiagnosed leprosy cases** in the community.
 - Detection of NTDs and other skin diseases are more likely in the skin camps

Case detection delay





Overview

	Health Center	Skin Camp
Index Patient (N)	548	324
Case detection delay geometric mean (95% CI)	18.5 (16.9–20.3)	23.2 (20.5–26.4)
New leprosy cases among contacts (N)	57	613
Case detection delay geometric mean (95% CI)	13.3 (9.3–18.9)	25.1 (22.7–27.7)

The effect on case detection delay

	Model 1: Skin camp vs Health centre			Model 2: Skin camp vs Health centre vs No intervention		
	Ratio	95% CI	P-value	OR	95% CI	P-value
No intervention				1 (ref)	-	-
Health centre	1 (ref)	-	-	0.66	0.47-0.93	0.02
Skin camp	1.71	1.07-2.73	0.03	0.98	0.84-1.14	0.81

- Models adjusted age, sex, time and for multilevel clustering with random intercepts for country and district.
- Linear Mixed Model: $\log(\text{cdd}) \sim \text{intervention} + \text{age} + \text{sex} + \text{year} + (1 | \text{country/district})$

The effect on case detection delay

- The *skin camp intervention* was associated with a **longer case detection delay** compared with the *health centre-based intervention*, but not with *no intervention (index patients)*
 - Maybe due to the detection of hidden cases that might otherwise have gone unnoticed
- *Health centre-based intervention* had **shorter** case detection delay
 - The index patient is likely the household member with the longest duration of symptoms

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Conclusion (1/2)

- *Skin camp intervention* likely helps to detect hidden leprosy cases
 - Important for interrupting transmission
- *Health centre-based intervention* is relatively more effective to detect leprosy cases
 - Due to household contacts being at higher risk
- Skin camp interventions are effective in detecting NTDs and other skin diseases

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Conclusion (2/2)

- *Skin camp intervention* has no impact on the case detection delay in the short term
- Other important outcomes:
 - Impact of SDR -> Mathematical modeling study
 - Feasibility of skin camp -> Cost-effectiveness and acceptability study

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