

## Finding Leprosy Patients with ICF (Intensive Case Finding)

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### ABSTRACT

Leprosy is an infectious disease that causes very complex problems, not only physical health problems but also stigma problems. Stigma delays diagnosis and treatment so that patients who come to health workers already experience disability. The government's efforts to increase the early detection of leprosy, one of which is the intensified case finding/ICF. So the purpose of this community service is to analyze the findings of leprosy patients with ICF. The materials used in this community service are cotton, family survey form (SSF), promotional materials, and IEC teaching aids. The target of this activity is the community in RW 03 and RW 04, Tuk Village, Kedawung Health Center, Cirebon Regency. The methods used are: coordination, interview, and examination. Data analysis with univariate analysis. The results of this community service were: the achievement of finding cases of leprosy was by the target, there were no leprosy suspects found, and several other skin health problems were found, such as itching, scabies, and tinea versicolor. There should be an increase in informal education for leprosy programmers, increasing outreach efforts and the community should be able to recognize the early symptoms of leprosy.

**Keywords:** Leprosy, ICF (Intensive Case Finding)

### INTRODUCTION

Leprosy is one of the infectious diseases that cause very complex problems. The problem in question is not only from a medical perspective but extends to social, economic, cultural, security, and national security issues (Kemenkes RI 2012). Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*. Leprosy can attack the peripheral nerves, skin, and upper respiratory tract, then it can spread to other organs except for the central nervous system (Tjitra E, Sudomo M 2013).

Based on the report of the World Health Organization (WHO), there are 60 countries in the world as leprosy endemic countries with a leprosy incidence rate of 1,260,000 people. The prevalence rate is more than 5 per 10,000 population mostly in tropical and subtropical countries (Sujagat et al. 2015). Indonesia is ranked third in the world after India and Brazil, with the number of new leprosy sufferers in 2017 reaching 15,910 leprosy sufferers (the new leprosy discovery rate is 6.07 per 100,000 population). Leprosy elimination has been achieved in 24 provinces and 142 districts/cities. However, people with leprosy are still scattered in ± 7,548 villages/villages, covering the working area of ± 1,975 Community Health centers, in ± 341 regencies/cities in all provinces in Indonesia (Kemenkes RI 2019).

In 2011-2013 there were 14 provinces (42.4%) including West Java in the category of high leprosy burden and 19 other provinces (57.6%) included in low leprosy burden (Kemenkes RI 2015). Based on the health profile of the Cirebon District Health Office, 233 new cases of leprosy were found in 2016, in 2017 there were 230 and in 2018 there were 217 cases. Meanwhile, the NCDR per 100,000 population in 2016 was 10.91%, in 2017 it was 10.2%, and in 2018 it was 10.15 (Dinkes Kabupaten Cirebon 2018).

The decline in the prevalence of leprosy in Indonesia is not accompanied by a decrease in the number of new cases detected (new case detection). This fact shows an indication of the ongoing transmission of leprosy in each leprosy area. The prevalence rate is higher than the number of recorded cases, this indicates that there are undetected cases that are a source of transmission in the community (Mutmainna et al. 2020). Eradication of leprosy aims to prevent disability of all new patients, through treatment, care, a system for finding and diagnosing patients so that the proportion of children with level 2 disability is less than 5% (Kemenkes RI 2012).

The discovery of leprosy is carried out in 2 (two) ways, namely passive discovery, patient discovery based on people who come to the Community Health centers/other health facilities, while active discovery is carried out in several ways: through contact surveys, examination of elementary school/kindergarten school children or equivalent, Chase Survey, and special survey. The method of finding patients can have an impact on the disability of leprosy patients when they are found. One of the factors that can cause disability in leprosy patients is the delay in getting treatment due to the late discovery of the patient (Purwanto 2013).

It was found that knowledge ( $p = 0.000$  OR 13.6) and diagnosis ( $p = 0.000$  OR 36.0) had a significant relationship with level II disability in leprosy patients. Efforts to increase public knowledge, skills of health workers in diagnosing leprosy early, increase active discovery, and contact checks should be improved so that delays in leprosy diagnosis can be prevented (Herawati and Sudrajat 2018). The high incidence of leprosy in household contacts is almost ten times compared to those who do not have household contacts. Those who have household contact with people with leprosy have a higher risk of contracting it (Mutmainna et al. 2020). The main problems in increasing the incidence of leprosy are the sources of transmission that are still high in the community, the occurrence of backlog cases, namely cases that are not detected and do not receive treatment so that new cases are always found and the incidence of leprosy is still difficult to reduce (Sujagat et al. 2015).

Based on the problems above, the purpose of this study is to analyze the findings of leprosy patients with ICF (Intensive Case Finding) in Tuk Village, the working area of UPTD Community Health centers Kedawung, Cirebon Regency in 2021.

## **METHOD**

The materials used in this community service activity are cotton, family survey form (SSF), health promotion materials, IEC teaching aids (communication, information, and education) as well as notebooks and ballpoint pens. The target of this activity for finding new cases of leprosy is the community in RW 03 and RW 04, Tuk Village, Working Area of UPTD Community Health centers Kedawung, Cirebon Regency. The implementers of this community service activity consist of 2 Community Health centers officers, 2 cadres, 5 lecturers, and 5 students. The implementation time is carried out for one week from August 23 to September 9, 2021. The method used by the author in implementing this community service is:

### **1. Coordination**

- 1) Coordination of the person in charge of SMEs with program implementers and implementers of activities for the implementation of the ICF.
- 2) Coordination of the person in charge of SMEs with program implementers to create an ICF schedule.
- 3) Coordination of the person in charge of SMEs with program implementers to analyze the results of ICF activities.

### **2. Interview**

Interviews with family members in RW 03 and RW 04 in Tuk Village, Kedawung Health Center UPTD Working Area, using a family survey form (SSF) related to leprosy.

### **3. Inspection**

Examination of the sense of touch on skin disorders using a piece of cotton with a pointed tip, then by touching the tip of the cotton perpendicular to the suspected skin disorder.

The procedures for implementing leprosy ICF activities include: agreeing on a schedule for ICF (intensified case finding) activities, preparing materials and socialization of leprosy, identifying and inviting targets, conveying goals, examining suspects/targets found with spots during screening, on targeted targets. positive leprosy suspects are recommended to carry out further examinations at the Community Health centers, as well as reports and evaluations. The data analysis of this community service activity uses univariate analysis.

## RESULTS

The implementation of this ICF stage activity begins with the preparation stage, namely socialization from the Health Office to the Leprosy Health Center programmer, notification to the village head, and socialization of ICF programmers to cadres.

The implementation of the first day of distributing for spots to the public suspected of having abnormal skin lesions. Day 2 takes the spotting form and collects suspects. If anyone is suspected of having leprosy, a referral will be given to the Community Health centers for further examination. Then the recording and reporting of the results of activities are carried out.

The results of the Leprosy ICF activities in RW 03 and RW 04 in Tuk Village, Kedawung Health Center UPTD Work Area, obtained the following results:

**Table 1.** Findings Case ICF leprosy in RW 03 Village For the work area of UPTD Community Health centers Kedawung Cirebon Regency

Target	50%
Spread	140 sheets
Return	140 sheets
suspect leprosy	-
Itchy rash	14
scabies	1
Panu	1

Based on table 1, the results of the discovery of cases of ICF leprosy in RW 03 Tuk Village Work Area UPTD Community Health centers Kedawung Cirebon Regency were obtained, from the target of finding new cases of leprosy 50%, from 140 sheets of family survey form (SSF) scattered, which returned as many as 140 sheets. There were no leprosy suspects, 14 people experienced itching, 1 scabies, and 1 person suffering from tinea versicolor.

**Table 2.** Findings Case ICF leprosy in RW 04 Village For the work area of UPTD Community Health centers Kedawung Cirebon Regency

Target	50%
Spread	160 sheets
Return	113 sheets
suspect leprosy	-
Itchy rash	3
scabies	1
Panu	0

Based on table 2. the results of the discovery of cases of ICF leprosy in RW 04 Tuk Village Work Area UPTD Community Health centers Kedawung Cirebon Regency, from the target of finding new cases of leprosy 50%, from 160 sheets of family survey form (SSF) scattered, 113 sheets returned. There were no leprosy suspects, 3 people with itching, 1 scabies, and no tinea versicolor.

## DISCUSSION

The results of filling out the target family survey form are only 50% because this ICF activity was carried out during the Covid-19 pandemic. In RW 03 out of 140 sheets of family survey form (SSF) scattered, 140 returned, meaning that the participation of cadres and the community was very enthusiastic or responsive to this ICF activity. In RW 04, out of 160 sheets of family survey form (SSF) scattered, 113 returned, this has met the target of 50%. The results of ICF (intensified case finding) found no suspected cases of leprosy in RW 03 and RW 04, which found scabies, tinea versicolor, and itching.

The discovery of leprosy patients consists of passive and active findings. Passive discovery is that the patient comes alone to the Community Health centers, usually in an advanced stage. Efforts to find new leprosy patients actively need to be supported and carried out routinely both by the Provincial Government and Regency/City Governments, for example, whenever a new patient is found passively, it is immediately followed up with active findings (Purwanto 2013).

Problems that are still being faced in the field related to the discovery of new cases of leprosy include, there is still a stigma in society against leprosy. Low knowledge about leprosy can lead to negative stigma against leprosy, low knowledge about leprosy results in patients not knowing the bad consequences caused by leprosy (N. Susanto 2006).

Another problem that is still being faced in the field is the lack of knowledge and public awareness of leprosy because when it is severe, they come to the Community Health centers. Knowledge about leprosy is very important in early detection efforts before disability occurs. Good public knowledge about the early symptoms of leprosy can reduce the public delay in handling leprosy early before disability occurs (Herawati and Sudrajat 2018). The incidence of leprosy disability is more common in patients who have low knowledge about leprosy (T.F. Lyor 2005).

The transmission of leprosy is closely related to the low knowledge factor, where the incidence of leprosy occurs more in people who have low knowledge about leprosy (Sujagat et al. 2015). The low level of public knowledge about leprosy is what makes negative stigma difficult to remove in society (Jufriзал and Nurhasanah 2019). Informants still have a poor understanding of leprosy and understand it as a skin disorder caused by food (Masliah and Majene 2014).

There are still programmers at the research site who have not received training at BAPELKES because the requirements must be civil servants, while there are still honorary leprosy programmers. Late diagnosis is very influential on disability. This delay occurs due to several factors, both public delay and provider delay. The delay due to community factors is caused by one of the reasons for the lack of public knowledge about leprosy. And because the health service provider (provider delay) may be due to the lack of skills of health workers in early detection of leprosy (Herawati and Sudrajat 2018). It is necessary to support the role of health workers in promotion and prevention efforts, for example in counseling, active leprosy discovery, and increasing advocacy (Herawati 2019). The role of health workers in the prevention and management of leprosy is through health education and promotion, both for patients and the community to take primary prevention measures (Susanto T, Sahar J 2013).

There needs to be an increase in outreach efforts about leprosy to provide a correct understanding of leprosy so that efforts to detect leprosy patients early through training (Masliah and Majene 2014). For the community, it is better to recognize the early symptoms of leprosy in the form of tasteless patches on the skin. Health center staff to increase education to the community about the early symptoms of leprosy and eliminate stigma. Health center staff to actively increase the discovery of leprosy, so that the diagnosis of leprosy is not too late to be enforced (Herawati and Sudrajat 2018)'(Herawati 2019). It is necessary to increase outreach activities about leprosy. Physical contact (House) with the patient needs to be minimized (Mutmainna et al. 2020).

## **CONCLUSIONS AND RECOMMENDATIONS**

Based on the results of community service, several things can be concluded including the achievement of finding cases of leprosy with ICF is by the target based on the survey form (SSF) of families returning to health workers, from the target of 50% during the Covid-19 pandemic. No leprosy suspects were found, but several other skin health problems were found, such as itching, scabies, and tinea versicolor. Increased discovery of other skin disorders problems early. And public knowledge increases about leprosy so that people can recognize the signs and symptoms of leprosy early.

Suggestions that can be submitted to the Community Health centers are that there should be an increase in informal education for leprosy programmers, for example in the form of training for both officers who are civil servants and those who are still honorary. Increasing regular and programmed outreach efforts to the community about the early symptoms of leprosy and eliminating the stigma of leprosy, increasing active surveillance of leprosy findings. The public

should recognize the early symptoms of leprosy in the form of tasteless patches on the skin and eliminate the stigma that leprosy is not a cursed disease and will not be contagious if the patient has been treated with MDT.

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