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The Regional Technical Advisory Group for Leprosy Elimination

Report of the Second Meeting
New Delhi, 12-13 May 2005

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Annexes

1. BACKGROUND

The Regional Director, WHO South-East Asia Region, Dr Samlee Plianbangchang established a 10-member Regional Technical Advisory Group (RTAG) for Leprosy Elimination with the following terms of reference:

1.1 Objectives

(1) To review the progress of leprosy elimination in the Region with particular reference to India, Nepal and Timor-Leste which are yet to achieve elimination;

(2) To identify the constraints and challenges and advise on acceleration of efforts, and

(3) To identify resource gaps and advise on resource mobilization.

1.2 Terms of Reference

The terms of reference for the RTAG were to:

(1) Review the progress and achievements in leprosy elimination in the Region and in Member States, particularly the three countries which are yet to achieve the elimination target; identify the strengths, weaknesses and challenges, and advise on intensification/ acceleration of efforts including those relating to policies, strategies and specific activities;

(2) Advise on resource mobilization in order to ensure the long-term sustainability of leprosy elimination, and

(3) Identify areas for operational research.

The first meeting of the group was held on 11 October 2004 at the WHO South-East Asia Regional Office (SEARO), New Delhi. The conclusions and recommendations of the first meeting are given in Annex 1.

The second meeting was held on 12-13 May 2005 at the Regional Office, New Delhi. Eight of the 10 members were present. Dr Teera Ramasoota and Dr Padmini Gunawardene were unable to attend and nominated Dr Krisada Mahotarn and Dr Sunil Settinayake to represent them at the meeting. The request was approved by the Regional Director. The List of Participants and the Programme of the meeting are at Annexes 2 and 3 respectively.

2. OPENING SESSION

In the absence of the Regional Director, the opening session was chaired by Dr Poonam Khetrapal Singh, Deputy Regional Director, who welcomed the RTAG members and read out the Regional Director's Opening Remarks. In his opening remarks, the Regional Director thanked the RTAG members for their valuable inputs and recommendations at the first RTAG meeting held on 11 October 2004. He informed that the Region had made substantial progress during the last one year and was on the verge of achieving the goal of elimination of leprosy as a public health problem, the prevalence rate (PR) as of March 2005 being 1.13/10 000 population. The regional decline was primarily due to the dramatic decline in India, the country with the highest burden of leprosy, which witnessed a 35% decline in new case detections in 2004-2005, due to efforts in minimizing the 'operational factors' which were influencing the indicators in the past.

The other two countries which were yet to achieve elimination were Nepal, with a PR of 1.9/10 000 population as of March 2005 and Timor-Leste with a PR of 4.7/10 000 population as of December 2004. Dr Samlee pointed out that it was difficult to predict whether Nepal would be able to achieve the goal in view of the political situation there However, Timor-Leste was at risk of not achieving the goal by 2005. The remaining eight countries had achieved and sustained elimination at the national level and were aiming at sub-national-level elimination.

The Regional Director expressed appreciation that Mr Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination had succeeded in bringing leprosy into the agenda of the UN Human Rights Commission.

In his concluding remarks, the Regional Director stated "As we near the achievement of the leprosy elimination goal in our Region, the areas that need to be addressed are – sustaining political commitment and adequate resources; ensuring the capacity of health services to detect and treat leprosy; increasing awareness; ensuring effective monitoring/evaluation, and laboratory and operational research. WHO seeks RTAG's advice and inputs in meeting these challenges, and to consolidate the gains made so far," concluded Dr. Samlee.

3. CONSIDERATION OF THE REPORT OF THE FIRST RTAG MEETING HELD ON 11 OCTOBER 2004 AND MATTERS ARISING THEREIN

The members considered the report of the first RTAG meeting and the recommendations made therein. Dr Derek Lobo, Regional Adviser, Leprosy (WHO/SEARO), informed about the follow-up actions taken:

(a) The report and recommendations were sent to all National Programme Managers through the respective WHO Representatives. Special emphasis was laid on recommendations 2, 7 and 9.

- Recommendation 2 – undertaking leprosy elimination monitoring (LEM) and case validation in all countries with high annual new case detections;
- Recommendation 7 – undertaking operational research studies in four areas;
- Recommendation 9 – updating of the leprosy content in medical textbooks.

It was recommended that generic protocols for operational research studies should be developed by the Regional Office in collaboration with WHO collaborating centres, like the National Institute of Epidemiology, to facilitate applications from countries; with regard to updating of textbooks, WHO should consider approaching national authorities regarding updating of chapters on communicable diseases as a group rather than just on leprosy;

(b) The recommendations were shared with participants of the Intercountry Meeting of National Programme Managers for Leprosy, held in Kathmandu, Nepal from 6-8 January 2005.

4. TECHNICAL SESSION

Progress of Leprosy Elimination in SEAR – Dr Derek Lobo emphasized the following salient points in his presentation:

- The regional leprosy prevalence declined from 1.9/10 000 population in March 2004 to 1.13/10 000 population as of March 2005. The regional new case detection had declined from a peak of 47.8/100 000 population in 1998 to 17.94/100 000 population in 2004 (Annex 6). Thus, the Region was on the verge of achieving the leprosy elimination goal;
- India, Nepal and Timor-Leste were yet to achieve elimination, with PR of 1.34, 1.9 and 4.7 per 10 000 population respectively;
- The prevalence and new case detection had declined in all countries in 2004 compared to 2003, except in Indonesia. The annual new case detection had remained static around 15 000 cases since the last four years in Indonesia. The decline was most significant in India with 44% reduction in prevalence and 29% decline in new case detections, due to vigorous efforts in minimizing 'operational factors' which were influencing the indicators previously, and
- Of the nearly 14.2 million cases cured globally with multi-drug therapy, about 12 million were from the SEA Region, with more than 10.8 million of them from India;
- Bangladesh, Bhutan, DPR Korea, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand had sustained the elimination at the national level and were targeting sub-national-level elimination. Bangladesh and Myanmar had achieved sub-national elimination at the second administrative unit i.e. all six divisions in Bangladesh and all 17 states/divisions in Myanmar. Thailand had achieved elimination in 75 of the 76 districts and Sri Lanka in 21 of the 25 districts. Maldives reported only eight cases in 2004

and had not reported Grade-2 deformity since the last five years. Bhutan annually reported less than 20 cases for the last five years;

- The Region, including the three remaining countries – India, Nepal and Timor-Leste were targeting to achieve the goal by December 2005. From current trends, India was likely to achieve the goal, Nepal was a borderline case, and Timor-Leste was in danger of not achieving the goal;
- The political commitment continued to be sustained in all countries which were implementing critical and focused activities. Leprosy services had been integrated into general health services in all countries. However, this needed to be further strengthened;
- WHO will continue to provide technical support to Member States to achieve national and sub-national elimination, and also support them in mobilizing the required resources and in strengthening partnerships, and
- A draft of the strategy developed for the period 2006-2010 was presented separately.

5. REVIEW OF THE REPORT AND RECOMMENDATIONS OF THE SEVENTH WHO TECHNICAL ADVISORY GROUP MEETING, 4-5 APRIL 2005

Members discussed the conclusions and recommendations of the Seventh WHO Technical Advisory Group (TAG) meeting held in Geneva on 4-5 April 2005. The group endorsed the TAG recommendations. The conclusions and recommendations of the Seventh TAG meeting are provided in Annex 4.

Country-wise Reviews

Bangladesh

Elimination was achieved in 1998 at national level and sustained. Eight districts and the metropolitan cities of Dhaka and Chittagong were yet to achieve elimination. The annual new case detections during 2004 were 8242, with the child rate being 10% and deformity rate being 7%.

Recommendation: LEM with case validation component to be conducted in 2005.

Bhutan

The annual new cases were less than 20 for the last five years. The large majority of cases were multi-bacillary (MB). The programme continued to give 24 doses for MB leprosy. LEM was conducted in 2003.

Recommendation: The Regional Office should write a letter to national authorities to consider following the WHO recommendation for MB leprosy, that is, 12 doses.

India

There had been a dramatic decline in PR and the new case detection rate (NCDR) during the last two years, mainly due to vigorous efforts to minimize operational factors. The decline in PR was about 44% and NCDR 29% in 2004-2005, as compared to 2003-2004.

Recommendations:

(1) Information regarding proportion of cases confirmed prior to registration and average time-lag between detection/confirmation and confirmation/registration should be collected by the National Leprosy Elimination Programme;

(2) All efforts should be made to confirm cases within a period of two months. If confirmation is not done within a period of two months, the cases should be registered and treated;

(3) WHO should consider recruiting a consultant to collect current information on disabilities in India and in the Region.

Indonesia

The only country in the Region where the annual NCDR during 2004 was more than in 2003. The NCDR had been static, around 15000 cases per year, for the last four years.

Recommendation: Should undertake LEM and case validation exercises in 2005.

Maldives

Only eight cases were recorded in 2004. No deformity case reported since the last five years.

Recommendation: Surveillance and capacity for leprosy diagnosis should be sustained.

Myanmar

National-level elimination was achieved in 2003, while that at state/divisional level was achieved in 2004. The country was aiming at township-level elimination by the end of 2005. Only 23 of the 234 townships were yet to achieve elimination; 3748 new cases were detected in 2004.

Recommendation: Should undertake LEM exercise in 2005 or 2006.

Nepal

Nepal was yet to achieve elimination. The national PR was 1.9/10000 population as of March 2005. There were indications that operational factors were influencing PR and new case detections; 6958 new cases were detected in 2003-2004.

Recommendation: Should urgently undertake LEM and case validation exercises.

Sri Lanka

Achieved elimination at the national level in 1995 and sustained it, though there had been fluctuations at the <1/10000 level. Elimination was achieved through 'vertical' set-up and then the programme was integrated into the general health services in 1997. This resulted in some over-diagnosis and re-registration but the problem was being tackled through on-the-job training of medical officers. The annual new case detection cases in 2004 were 1995.

Recommendation: Should conduct LEM in 2005.

Thailand

The first country to achieve leprosy elimination in the Region, in 1994, and had sustained elimination. Sub-national elimination had been achieved in 75

of the 76 provinces and in 891 of the 926 districts; the deformity rate was high - >10%. LEM was conducted in December 2004. MB cases continued to receive 24 doses of MDT.

Recommendation: The capacity of the general health system (GHS) for timely diagnosis of leprosy should be sustained through refresher training. WHO should write to national authorities to follow the WHO recommendation of 12 doses for MB cases.

6. REVIEW OF FUTURE PLAN AND POST-ELIMINATION STRATEGY FOR 2006-2010

A brief presentation was made by Dr Derek Lobo, highlighting the following points:

(1) The goal would be to further reduce the leprosy burden with annual new case detection as the primary indicator. In addition, the countries which are yet to achieve elimination and the large countries which are aiming at sub-national elimination will continue to use the prevalence indicator;

(2) The role of WHO in the post-elimination phase would include:

- Providing technical support to countries in implementing the "Post- elimination" strategy in order to sustain leprosy services and further reduce the burden of leprosy;
- Providing human resources to countries which are currently detecting substantial number of new cases annually – Bangladesh, India, Indonesia, Nepal, and Myanmar;
- Supporting intensified efforts in Timor-Leste, which is at risk of not achieving the leprosy elimination goal by December 2005;
- Sustaining leprosy services in all low endemic countries – Bhutan, Maldives, Sri Lanka and Thailand;
- Supporting management training and capacity building of general health staff in all countries;
- Providing support in conducting leprosy elimination monitoring and case validation exercises in all countries, in order to monitor

the progress of leprosy elimination and to ensure quality of diagnosis;

- Developing a geographical information system (GIS) in all countries and promoting computerization of information/data at national and sub-national levels;
- Providing free supply of MDT drugs to all countries and supporting countries in MDT stock and supply management;
- Supporting periodic intercountry, national and sub-national review meetings, and
- Strengthening existing partnerships and promoting new partners.

The details of the Regional Strategy: 2006-2010 are provided at Annex 5.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusion

The members appreciated the progress of leprosy elimination activities in the Region in the last one year and noted that the current trends of prevalence and new case detections indicated that the Region will achieve elimination during 2005. They thanked the Regional Director for the high priority accorded to leprosy elimination. They also thanked the Secretariat for the follow-up actions on the recommendations made at the first RTAG meeting, and the useful technical support provided to Member States. It appreciated the concerted efforts being made in India and Nepal to achieve the elimination goal by 2005, but cautioned that Timor-Leste, at the current level of prevalence (4.7/10 000) was at risk of not achieving the goal by 2005.

The RTAG reviewed the Draft Regional Strategy: 2006-2010 developed by the Regional Office and suggested appropriate modifications.

7.2 Recommendations

(1) Countries which are yet to achieve elimination should continue to use "prevalence" as the indicator. Countries which have achieved

elimination at the national level may continue to use "prevalence" as the primary indicator until elimination at the appropriately selected sub-national level is achieved. Thereafter, the primary indicator should be the "annual new case detection". The regional goal for the year 2010 is to achieve an annual new case detection of less than 10/100000 population;

(2) The RTAG commended the dramatic decline in prevalence and new case detections in India, and recommended that the decline should be closely monitored to ensure that the data generated are correct and that there is no under-detection or under-registration;

(3) The RTAG expressed concern that Timor-Leste with the current prevalence of 4.7/10000 population was at risk of not achieving the elimination goal by 2005. It is recommended, therefore, that WHO should consider supporting the national authorities in Timor-Leste by recruiting suitable technical staff;

(4) Countries which have achieved elimination at the national level but continue to have high annual new case detections should undertake LEM and case validation exercises as early as possible. The studies should also look at under-detection and under-registration. Countries recommended for LEM are Bangladesh, Indonesia, Myanmar, Nepal, and Sri Lanka;

(5) There is need to collect current information on the number of leprosy-disabled people in the Region. WHO should therefore consider undertaking this task;

(6) In view of the low endemic situation in many countries, facilities for skin-smear examination should be retained in government and NGO centres currently providing this facility. WHO should collect data on results of skin-smear examination from centres undertaking the test;

(7) In view of the declining number of leprosy cases, WHO should provide technical support to countries in streamlining of drug logistics management in order to avoid wastage of drugs;

(8) The RTAG recommended that the Draft Regional Strategy: 2006-2010 be finalized by the Secretariat taking into consideration the

global and bi-regional (the SEA and Western Pacific regions) strategies, and be distributed to all national programme managers;

(9) The RTAG reiterated the need to document the success and achievements of the leprosy elimination programme for sharing them with donor agencies and to seek their collaboration in view of the risk that resources may decline beyond 2005.

8. DATE AND VENUE OF THE THIRD RTAG MEETING

The Regional Director was requested to consider convening the third meeting of RTAG in February 2006, immediately following the meeting of national programme managers proposed to be held in Bangkok, Thailand. The group proposed for the consideration of the Regional Director that two or three national programme managers be invited to attend the third meeting of RTAG as observers.

Annex 1

FIRST MEETING OF THE REGIONAL TECHNICAL ADVISORY GROUP FOR LEPROSY ELIMINATION, NEW DELHI, 11 OCTOBER 2004

Conclusions and Recommendations

Members of the RTAG thanked the Regional Director for establishing the RTAG and for according high priority to achieving regional leprosy elimination. They also expressed satisfaction on the progress of leprosy elimination in the Region and appreciated WHO's technical support to Member States. They commended the countries which had achieved the elimination goal at the national level and appreciated the concerted efforts being made in India, Nepal and Timor-Leste to achieve the elimination goal by 2005. However, the RTAG identified many problems, constraints and challenges that needed urgent attention and action by WHO as well as by the leprosy-endemic countries. The RTAG made the following recommendations:

(1) WHO should assist national programmes in identifying problems in specific geographic areas and population groups, and apply tailor-made, locally-feasible solutions;

(2) The RTAG expressed concern about the high level of 'over-detection' as brought out by LEM and case validation exercises in India, and observed that the problem of over-detection may be present in other countries like Indonesia and Nepal; the RTAG recommended that LEM and validation exercises be undertaken in all countries of the Region with high annual new case detections; it emphasized the need for corrective follow-up actions after LEM and case validation and recommended the following measures to minimize 'over-detection':

- Sensitize the programme to remove wrongly diagnosed and re-registered cases from the new case register;
- Routine updating of records and case registers;
- Strict adherence to WHO-recommended case definitions;

- Capacity building and skill development of general health staff;
- Establishment of an effective referral system.

(3) The RTAG also observed that there could be 'under-detection' of leprosy cases in certain areas which were still under-served, uncovered or where patients were not utilizing the services; this included tribal areas, border areas, urban slums, migrant labour and hard-to-reach areas; the MDT coverage of such population groups should be given high priority;

(4) The RTAG reiterated that the most cost-effective method for case detection was through promotion of voluntary case reporting through IEC and awareness; at this point of the programme, all active case detection methods should be discouraged except under exceptional circumstances;

(5) It is important to ensure high cure rates, through proper counselling and follow-up of cases; accompanied MDT should be offered as an option for certain groups of patients and this should be continuously evaluated;

(6) The RTAG observed that some countries had problems with regard to drug logistics and supply management, creating situations of shortage or excess; WHO should support countries in evaluating drug logistics and in ensuring regular, uninterrupted supplies;

(7) The RTAG urged WHO to support countries to undertake operational research studies in the following areas:

- Identifying the reasons for wrong diagnosis, wrong grouping and re-registration of cases;
- Evaluation of IEC and awareness impact and development of appropriate instruments;
- Documentation of progress, applying detailed analysis of epidemiological data, and
- Identifying various operational factors influencing the prevalence and new case detections and identifying specific solutions.

(8) The RTAG urged WHO to document the success and achievements of the leprosy elimination programme, for sharing with donor agencies and to seek their collaboration;

(9) The RTAG recommended that textbooks used in medical colleges in countries of the SEA Region should be updated to include current national strategies and policies;

(10) The RTAG requested the Regional Director to consider convening the next meeting in the first half of 2005.

Annex 2

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Annex 3

PROGRAMME

Thursday, 13 May 2005

08.30 – 09.00	Registration
09.00 – 09.30	Inauguration by Dr Poonam Khetrapal Singh, Deputy Regional Director
10.00 – 11.00	Adoption of the Report of the First RTAG Meeting and matters arising therein.
11:00 – 11:45	Presentation on Progress of Leprosy Elimination in SEAR – Regional and Countries – Dr Derek Lobo
11:45 – 12:30	Discussion
14:00 – 15:30	Discussion on Country-wise Progress, Constraints and Possible Solutions • India • Nepal • Timor-Leste
16:00 – 17:30	Discussion on Country-wise Progress, Constraints and Possible Solutions • Bangladesh • Indonesia • Myanmar • Thailand • Sri Lanka • Bhutan • Maldives

Friday, 13 May 2005

09:00 – 09:30	Discussion on Recommendations of the Seventh WHO Technical Advisory Group (WHO/HQ)
09:30 – 10:00	Presentation on Draft Regional Strategy: 2006-2010 – Dr Derek Lobo
10:30 – 11:30	Discussion on the Draft Regional Strategy: 2006-2010
11:30 – 12:00	Review of the Draft Recommendations of the Intercountry Meeting of National Programme Managers for Leprosy Elimination, Kathmandu, Nepal, 6-8 January 2005
12:00 – 12:30	Review of current Policy and Strategies for Leprosy Elimination in SEAR
14:00 – 15:00	Conclusions and Recommendations
15:30 – 16:00	Closing Session

Annex 4

SEVENTH MEETING OF WHO TECHNICAL ADVISORY GROUP ON ELIMINATION OF LEPROSY, GENEVA, 4-5 APRIL 2005

Recommendations (Draft)

(1) The reasons for the increasing and decreasing trends for new case detections seen in various countries need to be further studied to better understand the underlying factors contributing towards this phenomenon;

(2) To encourage the ongoing monitoring of the 12 months MDT regimen for MB leprosy patients;

(3) The TAG recognizes the importance of accurately diagnosing leprosy, realizing that a certain degree of mis-diagnosis is unavoidable. It recommends that WHO and its partners develop guidelines which will be appropriate under routine settings to monitor the accuracy of diagnosis and the registering of new cases. This may be carried on a sample basis or through routine supervision;

(4) The legislation discriminating people affected by leprosy at national level in employment, marriage and travel, etc. should be reviewed and changed;

(5) The TAG continues to recommend the integration of anti-leprosy activities into the general health services recognizing that this may also be associated with decreasing levels of stigma;

(6) The TAG recommends that the draft Global Strategy be reviewed taking into consideration comments from all participants and that an editorial group be formed to carry out the necessary revisions;

Annex 5

REGIONAL STRATEGY FOR LEPROSY: 2006-2010 (DRAFT FRAMEWORK)

I. Future Scenario

- Beyond 2005, even at sustained elimination at national levels, about 100 – 200 000 new cases are expected to be annually detected in the Region from 2006-2010;
- In addition, a substantial number of cured persons with disabilities will continue to need care and rehabilitative services, and
- In view of the low endemic situation in most countries, there is risk of declined political commitment, decreased resources and insufficient capacity for timely detection and treatment of cases.

II. Regional Issues and Challenges during the Post-elimination Phase

- Sustaining political commitment and ensuring adequate resources in order to sustain elimination at national level, progressing towards sub-national elimination and further reducing the burden of leprosy;
- Strengthening integration of leprosy services into the general health system through capacity building and skill development, in order to ensure quality leprosy services, including timely diagnosis and treatment;
- Ensuring a wider coverage of leprosy services, especially in currently under-served population groups, such as remote rural areas, urban slums and migrant labour;
- Increasing community awareness through sustained advocacy and IEC activities to promote voluntary case detection and decrease the stigma;

- Preventing discrimination, displacement, and human rights abuses of leprosy-affected people and ensuring community-based rehabilitation and integration of cured/disabled leprosy persons into the community, and
- Streamlining the MDT supply and stock management at all levels, considering the low endemic situation.

III. Goal and Objectives for 2010

Goal

All countries of the Region to further reduce the burden of leprosy by reducing the annual new case detection rate to less than 10/100 000 population for each country, by 2010.

Objectives

- Sustain elimination at national level and achieve sub-national-level elimination at the administrative level within the time-frame to be determined by each country,
- Progressively reduce annual new case detections, and
- Ensure and sustain quality leprosy services

IV. Main Elements of the Strategy

- Strengthening integration of leprosy into the general health system through capacity building of programme managers and general health staff at various levels, to provide quality leprosy services;
- Ensuring timely case detection, quality of diagnosis and treatment, and achieving high cure rates;
- Preventing the occurrence of disabilities through timely diagnosis and treatment, and improved management of complications;
- Supporting intensified activities in high-endemic areas/countries;
- Providing free supply of MDT drugs to all countries of the Region and assisting the countries in their MDT stock and supply management;

- LEM and case validation exercises to monitor progress and improve the quality of diagnosis;
- Development of GIS and effective use of simplified reporting and information systems;
- Supporting IEC/advocacy activities in order to further increase awareness on leprosy and reduce the stigma associated with the disease;
- Strengthening and promoting partnerships, and
- Promoting operational research aimed at ensuring better approaches and cost-effective implementation.

The strategy would allow sufficient flexibility for adoption of innovative approaches, adaptation to local conditions, and improved implementation process.

It is expected that a global partnership under the leadership of WHO and with support of national governments in endemic countries will sustain the commitment for leprosy elimination at all levels, ensure allocation of the required additional resources, continue technical support and guidance, ensure free supply of MDT drugs and materials and establish an effective monitoring, supervision and evaluation mechanism.

V. Role of WHO for the next five years: 2006-2010

- Providing technical support to countries in implementing the "post-elimination" strategy in order to sustain leprosy services and further reduce the burden of leprosy;
- Providing human resources to countries which are currently detecting substantial number of new cases annually – Bangladesh, India, Indonesia, Nepal, and Myanmar;
- Supporting intensified efforts in Timor-Leste which is at risk of not achieving the leprosy elimination goal by 2005;
- Providing support in sustaining leprosy services in all low-endemic countries – Bhutan, Maldives, Sri Lanka and Thailand;

- Supporting the management training and capacity building of general health staff in all countries;
- Providing support in conducting LEM and case validation exercises in all countries to monitor the progress of leprosy elimination, and to ensure the quality of diagnosis;
- Supporting the development of GIS in all countries and promote computerization of information/data at national and sub-national levels;
- Providing free supply of MDT drugs and supporting countries in strengthening MDT drugs supply and stock management;
- Supporting periodic intercountry, national and sub-national review meetings, and
- Strengthening existing partnerships and promoting new partnerships.

VI. Projected Funding Requirements 2006-2010: US$ 11,000,000/- for the Regional Office and 10 Endemic Countries.

Annex 6

SEAR: TRENDS OF PREVALENCE, NEW CASE DETECTION AND DEFORMITY RATE