

The COVID-19 and Leprosy Battle – Lalgadh Leprosy Hospital, Nepal

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Dear Church family, friends, saints, and loved ones near and far,

Warmest grateful greetings from us all at Lalgadh Leprosy Hospital!



Greetings – from our staff rigged up in their PPE (Personal Protective Equipment) gear ... ready for the COVID battle

Firstly - we all here are hoping, praying and trusting that ALL OF YOU are truly OK. This is such an extraordinary stressful time, whether one is social-distancing or in isolation or in quarantine or lockdown. Or if you have unfortunately picked up that naughty virus, we pray that your symptoms remain very mild and you recover quickly. All of us here are trying to be especially prayerful for those whom we know personally – friends who like us are in the front-line of the battle, and those having a struggle with the isolation and lockdown, or of community stigma as happens here, ... or those ill with the virus, and also especially for dear friends at high risk particularly those in aged-care facilities.

1. Our COVID-19 Battle at Lalgadh Leprosy Hospital

Here in Nepal, the nation is under national lockdown ... except for hospitals like us, and a few other essential services.



Our hospital gates closed Emergencies and urgent cases only Fever screening all who pass through

COVID-19 - WHAT A DISASTER of SEISMIC GLOBAL DIMENSIONS! – rapidly soaring infection rates and deaths worldwide - national and global shutdowns. Unprecedented in living memory. A monumental national and global watershed event that our grandchildren will learn of. Who could have ever imagined this ... even just a few weeks ago?

You'll have seen that as of today (7 April), more than 1,350,000 recorded cases of COVID-19 have occurred worldwide – and of course many many more unrecorded cases - resulting in 75,000 recorded deaths. Some 285,000 recoveries are recorded. **Nepal?** ... has only recorded 9 cases so far and no deaths – but of course with almost no testing until now ... actual numbers are unknown – high or low. About 10,000 people – contacts or possible cases - are in quarantine.

Yep... because of COVID-19 we have had to suspend our normal daily hospital outpatient services – normally treating about 600 patients coming each day with a wide range of illnesses. Now – because of the lockdown - this has been reduced to a trickle of about 15-50 mostly severely ill patients each day. Moreover, it's getting hot here and mosquitoes are flourishing. That means patients will increasingly come needing treatment for dengue fever, malaria, lymphatic filariasis (elephantiasis), and increasing rates of typhoid, tuberculosis, diarrheal diseases, parasitic diseases and skin infections. **NOT A GOOD TIME TO HAVE THE HOSPITAL GATES CLOSED!**

Gates Closed – limited urgency access - because of the increasing occurrence of COVID-19 infections across Nepal, the hospital front gates are now closed on government advice. We are advised to deal with **emergency and urgently ill patients only**, and to prepare the hospital to help deal at a moment's notice with any rapid outbreak of COVID-19 in the region, whether patients need treatment or quarantine. Now everyone entering the gates is tested for fever and the nature and urgency of their illness assessed, along with their likelihood of having or carrying COVID-19 virus.



Examples of emergency patients who came in yesterday –

(a) A dear old lady Durga Maya 76, admitted yesterday with open pulmonary TB, plus liver and heart problems- Staff-Nurse Panina caring for her with barrier nursing; (b) A mother came in yesterday afternoon and delivered this fine little 3.75Kg boy at 4 am.

Urgent and emergency patients – this still includes a range of conditions – like injuries and trauma, fractured bones, heart attacks, severe asthma, pregnancy and childbirth, sick children, severe leprosy complications, diabetic emergencies, life-threatening illnesses ... and folks with fevers who come fearfully to our gates ... afraid they might have COVID-19.

Community Program and Training Program suspended ... Income generated for running free leprosy services slashed: Because of the lock-down, LLHSC's extensive District outreach work across Province-2 has been forced to stop. This especially affects the leprosy-affected and other disabled in our nearest 4 Districts (2.5 million people). It has prevented LLHSC's routine support of 112 Self Help Groups, unable to run District clinics, unable to support microcredit programs, literacy work, hand-pumps and wells, and subsistence & living allowances to the very poor.

Some of the funding for this work, and for keeping free the treatment for all leprosy patients at LLHSC, depends of income generated by LLHSC's own outpatients and diagnostic hospital services. But now with outpatient numbers have reduced to a trickle ... this income has also reduced to a trickle.



The lockdown has forced the Community Program to stop. (a) Self Help Group; (b) nurse KrishnaMaya running a village Maternal-Child-Health clinic

Hey dear folks - This is scary stuff – and that’s for three reasons...

1. **Firstly - because we are still running our full hospital inpatients service** – with about 70 severely leprosy-affected patients – children, women, and men - being treated in hospital. **Leprosy patients are often severely immuno-depressed – many are on high doses of steroids.** They are at very high risk if COVID-19 creeps its way into the hospital. We have to be ever so careful.
2. **Secondly – because Nepal is so ill-prepared.** Hospitals are overstretched, under-equipped, under-protected, and under-staffed. Here at Lalgadh Leprosy Hospital, it’s much the same. We are well set up for leprosy patients – but for COVID-19 we have no ventilators, only 3 Oxygen cylinders, and no intensive care unit. We are rapidly trying our best to prepare - trying to find supplies of PPEs (Personal Protective Equipment – ie. masks, gowns, goggles, gloves, caps, boots, hand sanitizer, disinfectant, and other infection control essentials. But with the lock-down and a total scarcity of PPE’s (including hoarding and profiteering), trying to get these and even getting food supplies for patients and staff, is difficult.
3. **Thirdly – we really don’t know who is infected with COVID-19,** nor how massive the problem might be for Nepal, nor for our region – because testing for COVID-19 (which involves collection of throat or nasal swabs and viral RNA analysis) has been almost non-existent until recently, despite frequent urgings from WHO (World Health Organization).

Here’s what the Director General of WHO has been urging countries for the past month...

“You cannot fight a fire blindfolded. And we can’t fight this pandemic if we don’t know who is infected. I have one message for you...TEST, TEST, TEST!”

So we reeeeeeally don’t know. COVID-19 virus testing in Nepal started slowly, only at the Central Health Laboratory in Kathmandu, and up till today (7April) has only managed to test a total of 1,697 samples – testing rate is just 30-40 per day. Of course getting samples to there from anywhere else in Nepal (8 hours away for us, over the mountains) is ultra-difficult or close to impossible. Right now the government is trying to set up COVID-19 testing facilities in 9 other centres in Nepal. Almost 10,000 people are currently in quarantine across Nepal, as more and more contacts or potential symptomatic cases are being identified in towns and villages across Nepal.

Many many thousands of Nepali workers and students have returned or been sent back to Nepal from high infection countries all over the world – China, Korea, Japan, Malaysia, Indonesia, Australia, Middle East, Europe, USA and huge numbers from India. A few folks were quarantined when the airport was still open and taking flights, but most returnees spread out to their villages across Nepal without quarantine or self-isolation. The border with Bihar India is mostly open. The Government has now started trying to track down known contacts or possible symptomatic cases to quarantine. So... who knows? ...will we see a possible viral volcano?

2. Meantime – our full leprosy inpatient services battle on....

Two weeks ago we were seeing over 600 outpatients each day. Now, the Outpatients Department is much quieter – except for emergencies and urgent cases.



(a) Our Outpatients Clinics 2 weeks ago – over 600 patients daily; (b) Emergency & urgent Outpatient care continue - eg ultrasounds for pregnancy – this is our new super-duper ultrasound machine – it’s a life-saver ... we have named it “Janet”.

However our normal inpatient services are busy and fully operational. We have about 70 inpatients in our wards at present – including several children. We are managing both ill leprosy patients and a few non-leprosy patients (like Durga Maya with tuberculosis in the picture above).

Inpatient hospital care includes medical treatment, septic surgery, leprosy reaction treatment, ulcer treatment, daily ward-rounds, reconstructive surgery (on “pause’ for this week) and of course Meena’s laughing-exercise therapy. The pics below show some of our Inpatients Services in action.



This is Neelam aged 18. We have been looking after here (off and on) since she was 5 years old. In 2013 we had to amputate her left leg due to leprosy – now she has a nice below-knee prosthesis. But now her right foot is gradually disintegrating due to leprosy. We are desperately trying to save her foot.



(a) A few weeks ago Meena was running laughing-exercises inside; (b) Now it's getting too hot, so Meena is running laughing exercises outside



(a) Ward round – girls ward, Children's Unit; (b) Ward round – Men's ward – bandaging foot ulcers and hand ulcers due to leprosy



We've been running a busy orthopedics programme 2-days a week as we build it up, with our new orthopedic surgeon, Dr Su
(a) Panina is one of our anaesthetic nurses, here doing a spinal block. (b) Orthopedics underway – Dr Krishna and Dr Su

Another exciting development in the last 2 months – we got a Dental Chair – (thankyou WC-UMC!). Haven't got a dentist yet ... we were organizing that when the COVID-19 lockdown stopped everything... temporarily. But isn't it magnificent?

It has all necessary tubes, multi-speed drills, suction, light, spit bowl, oral X-Ray and much more. We plan to begin with dental services twice a week until it builds up.



Our terrific new dental chair – with thanks to dear friends at WC-UMC

3. Easter is Approaching - three events – one on, and the other two off

(a) Foot-washing and foot-soaking are essential daily actions for leprosy ulcer management – this helps prevent the deterioration of nasty infected leprosy foot-ulcers which would otherwise result in progressive mutilation and loss of one's foot. This is a compassionate service that goes on here daily with our inpatients.

But foot-washing has a special super significance for us all this week – because Jesus washed His disciples' feet on the Thursday evening before Easter when they were gathered in the upper room for the Last Supper. And you'll recall He said to His disciples:

“Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's feet. I have set you an example that you should do as I have done for you”.

This is a great-encourager for continuing the loving compassionate service here for our leprosy patients. And despite COVID-19 and lockdowns outside the hospital – we continue with this daily work as usual with our inpatients.



(a) Inpatient-ladies getting their daily foot-washing (last year's pic). (b) Can't get to villages now due to lockdown - but normally we do it there too.

(b) Maundy-Thursday evening fellowship – that’s one special event we sadly cannot do this year – On the Thursday evening before Good Friday (Maundy Thursday) we usually have beautiful fellowship gathering – usually at our home – with some 30-40 Lalgadh Hospital staff.

We simply read the Bible accounts of what happened on this Thursday evening when Jesus and his disciples gathered in the upper room. His washing his disciples’ feet, the last supper, the garden of Gethsemane, Jesus arrest and sham trial... leading up to his crucifixion on Friday. Simply the Bible readings -

- Isaiah 53
- John 13
- Matthew 26 (from verse 20)

We have a little supper in the middle, between the John 13 and the Matthew 26 readings - pyagi (fried little flat cakes made from chickpea flour and onions, and julabis (very sweet).

Sadly we cannot do our Maundy Thursday fellowship this year ... we all social-distancing and self-isolating:



This pic from last year’s Maundy Thursday fellowship.

We all have our Bibles open.

(c) Easter Church Services

Because of the obligatory national lockdown – we cannot join together at Lalgadh Church, down in the village, for the 6.00 am-ish Good Friday church service, and the Easter Sunday morning resurrection service. Here are some pics of Lalgadh Church from a previous year. We all sit on the floor, girls on one side, guys on the other. Sermon... 45 mins.



Lalgadh Church morning worship ... at a time when social isolation and lockdown were not even thought of.

4. Emergency COVID-19 Preparations at Lalgadh Leprosy Hospital – a few more pics

The Government – desperately short of hospital beds, nurses and doctors, and equipment, has asked us to run two COVID-related facilities, met with us yesterday to ask us to set up urgently two facilities at Lalgadh Hospital:

- **A 10-bed Quarantine Unit** – for isolating non-symptomatic patients who have been in contact with COVID patients, or returned recently from overseas;
- **10-bed Isolation Unit** – for treating COVID-19 patients ... if really needed, recognizing the danger to nearby immune-deficient leprosy patients;

We had already set up a Quarantine Unit a few days ago, using our Training Accommodation, which is quite distant from the hospital wards, and able to be roped off and isolated. We have one guy admitted there already – a Nepali who came this-morning over the border from India.



(a) Our 10-bed Quarantine Unit – converted from our Training Accommodation; (b) Our friendly local police come to inspect our Quarantine Unit. Both the police chief and his deputy are Tamangs – as are Meena, Suman and Dr Krishna – so they all behave so very nicely, as cousins.

Meantime, we are working flat-out, systematically cleaning and disinfecting the entire hospital, installing liquid soap and hand sanitizer dispensers, running education classes for the patients on hand-washing, stocking-up on disinfectant, trying to find and ensure our staff have enough **PPEs (Personal Protective Equipment)** ready and in hand. We are still very short on PPEs - very very scarce due to either stock gone, hoarding, profiteering.

This is what we've got:

- **PPEs – Personal Protective Equipment:**
 - N-95 masks – only 10
 - Surgical (paper) masks – 2,068
 - Protective gowns – 80 (used every day)
 - Gloves (surgical and disposable) – 11,000
 - Goggles (protective eyewear) – 100
 - Protective Aprons – 0
 - Boots – 4 pairs (Ha ha...wonder who will wear them?)
 - Shoe-covers – 60 (made of paper - only good for one wear)
 - Cap/headcovers - 191 (paper)
- **Other essentials for treating COVID-19 include:**
 - Oxygen cylinders - we have only 3 (we don't have piped oxygen)
 - Blood-pressure cuffs – we have 5, but we use these on all patients – none are disposable
 - Blood oxygen saturation monitor (fingertip pulse oximeter) - we have 3, but these are used for all patients
 - Manual resuscitator (Ambu bag) - we only have 2
 - Heart and respiration monitor – we have only 1
 - Ventilator – we have none

So we pretty inadequately equipped for both protecting our doctors, nurses and front-line staff for more than a week or so, and for treating COVID-19 cases – which need individual barrier treatment and nursing, and oxygen and ventilators. The Government has promised to supply us with these equipment, PPEs, and staff if it wants us to treat COVID-19 patients.... but we doubt it can do this. They have announced on radio and newspaper that Lalghadh Hospital has a 10-bed Isolation Unit for treating COVID-19 patients. We await whatever

Take a glimpse at some of our anti-COVID-19 and infection control measures...



(a) Disinfecting all the hospital walkways and floors;



(b) A stock of hand sanitizer and liquid soap that Suman (centre) managed to find



(a) Nurses running hand-washing education classes for the patients – DhanMaya, KrishnaMaya Manisha, Priya;



(b) Setting up a stock of precious limited PPEs in the Inpatient Ward – Meena, Anita & Manisha



After a week of negotiations, including road clearance negotiations with the police, Suman (Support Services Manager) managed to get a delivery through from Kathmandu –

10 sets of PPEs plus 180 litres of hypochlorite disinfectant.

Each of the 10 sets contained a colourful oversized hooded jump-suit, an N-95 mask, disposable gloves, shoe-covers and a cap



(a) Chhewang & Ankita hold up a very large jump-suit – the onlooking nurses think it's hilarious.(b) Too big – but still looks good on out petite nurses



Our courageous nurses – could have gone home to their villages – but all have stayed on to compassionately care for leprosy and COVID-19 patients, despite the risks from both groups. They say it is their Christian calling.



Nurses and doctors – dressed for the fight – (“We shake our fists at you – tremble O COVID-virus!”)

Why do staff stay here? Apart from characteristic Nepali bravery, a major factor for many underlying their commitment and compassionate care - is their solid Christian faith and calling. Families and friends have urged some to go home to safety and not face the risks – the double risk of leprosy and COVID-19. We too have felt this call to safety – wise advice from concerned loving sibs and kids, as well as the Aussie Embassy in Kathmandu. The final Aussie evacuation flight left Kathmandu for Australia last week with no further flights possible.

We are assured by many wonderful Bible passages about God’s unfailing love and care. But **the following words of Martin Luther** also resonate on our heart-strings. Luther wrote this when bubonic plague (the Black Death) which wiped out a quarter of Europe’s population, hit Wittenburg in 1527. The mayor of Wittenburg urged Martin Luther to flee, as had some of the town’s hierarchy. However, he determined to stay, saying...

“Therefore, I shall ask God mercifully to protect us. Then I shall fumigate, help purify the air, administer medicine, and take it. I shall avoid places and persons where my presence is not needed in order not to become contaminated and thus perchance infect and pollute others, and so cause their death as a result of my negligence. If God should wish to take me, he will surely find me and I have done what he has expected of me and so I am not responsible for either my own death or the death of others. If my neighbor needs me, however, I shall not avoid place or person, but will go freely.”

Thankyou all, dear friends, for your prayers, love, support and encouragement. You are in our prayers too. I trust God will keep us alive, upright, active and breathing as long as He needs us here at Lalgadh Hospital.

Warmest wishes and thanks to you all from all the team here, much love from Meena and me, and God bless and keep you all safe.

graeme & meena

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