MESSAGE FROM DDG (L)

We are immensely motivated to receive your positive feedbacks on the inaugural issue which was released on Anti Leprosy Day. We have initiated this publication with the sheer objective of providing platform for sharing updates & highlights from the states, news around at national and global level, success stories, events and meetings along with the pictures from field and states. The current issue consists of articles Newer Leprosy Control Activities Globally, Model Referral System of DPMR Activities in Odisha, Success Stories from Assam & case study of Puducherry, LCDC Brain Storming meeting in Chengalpattu (TN), Anti Leprosy Day 2016 Delhi, Mid Term Review of LPEP project DNH at Diu and many more.

I hope you will find this issue of newsletter informative. We all will look forward to receive your valuable comments and feedback.

LEAD STORY

Newer Leprosy Control Activities Globally

The goal of Leprosy Elimination (Prevalence less than 1 case per 10,000 populations) has been achieved globally in the year 2000. In most countries there has been a steady decline in new case detection; the rate of decline varies between countries. Even though cases have much declined, yet indigenous cases do occur from the low endemic countries. Eradication of the disease is still a far cry. Non-availability of laboratory screening tests for early identification of an individual with disease is also a handicap.

Current Anti Leprosy Measures:

The current strategy of Leprosy control is based on early case detection and MDT treatment. Towards this end, an active Case Detection in campaign approach also involving the community is encouraged.

For further reducing the burden of Leprosy, WHO had recommended,

- Maintaining high level of BCG immunization
- Adoption of the target to reduce Grade II disability in new cases per million populations by 35% between 2011 and 2015.
Innovative Measures in countries:

Complete Eradication of Leprosy still remains the ultimate aim, for which different measures are being practiced or being planned. These measures can be listed as below-

1. Uniform Multidrug Therapy Regimen (UMDT)

In order to shorten the duration of treatment and simplify drug supply logistic, WHO recommended a multicentre study of 6 month MDT regimen for M.B. Leprosy, in new cases of all types of Leprosy (MB and PB). Preliminary reports are favourable, but WHO is yet to decide on the same. Expectedly, there has been strong criticism for this proposal to introduce U-MDT for all patients of leprosy. Many felt that U-MDT will over-treat PB leprosy patients and under-treat MB patients, especially those with a high initial BI.

2. Contact Surveillance

A number of countries have stressed on the role of contacts in keeping the leprosy transmission intact. Survey of the household and neighborhood contacts and treatment of the positive cases detected is practiced in many countries. In India, contact survey is being practiced against all M.B. and Child cases.

3. Immunoprophylaxis of contacts

(i) Vaccination of contacts with BCG has been a policy in several countries in Latin America (Brazil, Cuba and Venezuela) and there is evidence for its effectiveness in reducing Leprosy incidence.

(ii) ICMR has reported a study with vaccination of MIP vaccine in patients under MDT treatment for quicker clearance of the Bacilli and resulting relief from reaction. The vaccine is available in the market, and is being used by the Dermatologists.

(iii) A new vaccine for leprosy has been developed by the Infectious Disease Research Institute, Seattle, USA with funding from American Leprosy Missions. The vaccine is now entering phase I trial.

4. Chemoprophylaxis of contacts

Chemoprophylaxis of contacts or of total population has been evaluated in several control trials and there is now much evidence for its effectiveness in various circumstances. Studies carried out in Bangladesh and Indonesia gave promising results. In India, a study is under progress in the union territory of Dadra & Nagar Haveli, to see the feasibility of administration of and acceptance of single dose of Rifampicin chemoprophylaxis.

5. Mass Drug Administration

New approaches to NTD control have stimulated new thinking about Leprosy – particular challenges relate to innovative ways to interrupt the transmission of Leprosy and secondly the need for an integrated approach to morbidity management across several diseases.

6. Monthly administered ROM for MB and PB leprosy

Efficacy of once a month ROM in both MB (for 12 months) and PB (for 6 months) leprosy patient is being currently conducted in Myanmar, Guinea and Senegal. The final results will be available in mid 2017.

7. Prevention of disabilities

Trials in prevention of disability (TRIPOD) are multi-centre, double blind, randomized, controlled trials to investigate the prevention and treatment of nerve damage in leprosy by using corticosteroid therapy. The early findings of these studies indicate that nerve function frequently recovers spontaneously and that prednisolone is safe, but there are limits to its usefulness. The ILEP has come out with a revised disability grading, with a special emphasis on eye involvement. Most WHO/NLEP documents mention the simple ways to care for insensitive hands and feet, and the need for eye care and protection. The role of the health care worker is to educate and enable patients in the self care process.

(Submitted by National Consultant (DPMR), CLD)
Model Referral System of DPMR Activities in Odisha

The LEPRA India has started a project in Odisha to strengthen the ILEP supported NGOs / Hospitals / Projects to function as a part of GHC referral system and it will be identified as 'Referral Centres'. Considering factors such as existing disability load, convenience of management of the programme, 10 referral centres which will be established across the State. Out of which five Referral Centres will be located in existing LEPRA Projects (Koraput, Junagarh, Sonepur, Bargarh and Baripada), one at GLRA project (Puri), two at existing government institutions (Leprosy Home and Hospital, Cuttack and MKCG Medical College, Berhampur) and the rest two will be established at the government district headquarter hospitals at Angul and Sundargarh. These centres will be developed into fully operational status to meet the needs of disability care.

The flow chart below describes the referral mechanism of the referral centre from the community in coordination with block level and district level DPMR clinics up to RCS centres. After lot of ground works, capacity building of GHS staff & surgeons on RCS and strengthening of infrastructure, a 'best practice' model of “Referral System for DPMR Services” was developed in Odisha and practiced since 2008. Appreciable achievements were obtained through the project in terms of managements of Reaction, Nerve Function Impairment, plantar ulcers and supply of foot-wears (G-1 & G-2) & ulcer-kits. The capacities of different categories of staff were enhanced continuously through repeated monitoring visits. Presently there are ten Lepra supported Referral centres at Government institutions (District Hospitals at Angul, Bargarh, Baripada, Bhadrak, Bolangir, Dhenkanal, Jharsuguda, Nabaranap, Leprosy Home & Hospital Cuttack & MKCG Medical College) and two Lepra projects with in-patient facilities providing all sorts of DPMR services. So also there are nine RCS centres at Government institutions strengthened & supported by Lepra Society (District Hospitals at Baripada, Bolangir, Dhenkanal, Jharsuguda, Koraput, Nuapada, Sonepur, Leprosy Home & Hospital Cuttack & MKCG Medical College) and one NGO hospital at Bargarh. Since 2008 up to December 2015 more than 2100 RCS operations are done by the support of Lepra Society as the ILEP Coordinator for the state of Odisha.
CASE STUDY

Rare…but Beware..! Dapsone Hypersensitivity Syndrome.!

A 45 years old female with Hansen's disease was commenced on MB-MDT. A week after 2nd pulse, she presented to Primary Health Centre (PHC) with generalized skin rashes and fever. On initial examination, generalized pruritic maculopapular rashes present and mild fever. No evidence of jaundice, lymphadenopathy, malar rash or oedema. Vitals were stable. As per discussion with Programme Manager (PM) – NLEP, by PHC Medical Officer (MO) an early “Dapsone Hypersensitivity Syndrome” was suspected and Dapsone was withdrawn immediately after counselling of the patient. Clofazimine was continued. Conservative treatment was given and M.O followed up the case daily with routine blood investigations and liaised with PM-NLEP regularly.

On 6th day, patient developed peeling of the rashes, facial oedema and malar rash with fever. She was admitted to Govt. Medical College (IGMC&RI) in Puducherry. Blood counts were normal but she had transaminitis (Alanine and Aspartate aminotransferase were around 5 times upper limits of normal). She was managed with supportive measures and all her problems resolved completely over the next 5 days. A vigilant supervision and monitoring of the NLEP made it possible to make this a timely diagnosis and intervention for this patient. Dapsone hypersensitivity syndrome, especially after the 2nd pulse of MDT is a rare and serious complication, which sometimes leads to death if diagnosed late or unnoticed. But if spotted early and intervened outcome is good, as illustrated by our patient.

This report highlights the standard of supervision and monitoring of NLEP activities in this horizontal implemented programme of elimination stage in Puducherry U.T. Hence “Beware of this Rarest” complication one can encounter during NLEP activities.

(Submitted by SLO, Puducherry)

SUCCESS STORY

Don't hesitate and confidently move ahead

This is a story of a young girl Priyanka who concurred leprosy at a very tender age. She was born to a mediocre family in a remote village of Sepkuchi under the Bihdia Block of Kamrup (R) District.

She is the youngest of three children in her family. About 6 years ago when this young girl was studying in a VII standard class she noticed 2-3 nodules on the dorsolateral part of her left ring finger which were painless and no itching, but she ignored and little did she knew that it is going to bring a change in her life and she started feeling weakness in her left palm. She told her mother about it. Her elder brother took her to district Hospital MMCH at Panbazar in the Kamrup District. Doctors suspected leprosy and smear was done which came positive for lepra bacilli. Therapy was started. However by that time she developed deformity in her left hand which she didn't disclosed to anyone. She was then referred to GMCH and restarted MDT therapy. After completion of 12 months therapy, Reconstructive Surgery was done on August 2013. Now she is in XII standard, going to appear her HSSL final examination. She is finally living a normal life and desired to learn more about leprosy to make other people aware about this disease.

(Submitted by SLO, Assam)
Release of NLEP Newsletter & LCDC Operational Guidelines

Shri Bhanu Pratap Sharma, Secretary Health & Family Welfare and Dr. Jagdish Prasad, Director General of Health Services (DGHS) have released inaugural issue of NLEP Newsletter & Leprosy Case Detection Campaign (LCDC) Operational Guidelines on the occasion of Anti Leprosy Day in India Habitat Centre on 30th January, 2016. NLEP Newsletter is a quarterly publication from the house of Central Leprosy Division (CLD) which comprises Lead story / Best practices / Success stories / Highlights / News & events in a well versed informative bulletin. LCDC Operation Guidelines provides general direction to be followed to implement LCDC in identified states by CLD.

(Submitted by Consultant (IEC & Training), CLD)

Hidden leprosy Case detection in Dibrugarh district, Assam

In the high endemic district of Dibrugarh, there have been negligible numbers of new leprosy cases which is being detected.

General Health Camps in Leprosy Colonies of Delhi

In continuation of effort to increase accessibility of persons living in leprosy colony to primary health care services and to solve their problems facing in treatment of other general diseases, Netherlands Leprosy Relief Foundation (NLRF) started to organize General Health Camps in 6 leprosy colonies of four districts (3 Leprosy colonies in West district, 1 in North West district, 1 in New Delhi district & 1 in South East district ) of Delhi in coordination with SLO Delhi and CDMOs of districts. These Health camps are also effective in stigma reduction. Now patients from nearby areas of leprosy colonies are also visiting the camps without any hesitation.
These Health camps are also helpful in creating good relationship between persons affected and GHC staff and colony people visit nearby dispensaries with more confidence. During recent “Anti Leprosy Fortnight”, three Health Camps were organized in three leprosy colonies (Nav Jyoti Leprosy Association Peeragarhi, Jagat Mata Kusht Ashram, Tilak Nagar and Loke Mata Kusht Ashram, Patel Nagar) of West district on 5th, 10th & 12th February, 2016. Total 337 people were benefited from the camps.

(Submitted by Consultant NLR, Delhi, Uttarakhand, Rajasthan)

Commemorating World Leprosy Day-Kushtaroga Vimuktara Kudumba Samellana' 2016

On 14th February 2016, at the Indian Institute of World Culture, Basavangudi, Bangalore, over 200 persons affected by leprosy and persons with disabilities and their families gathered to celebrate their journey of healing which has organized and supported by AIFO India.

Mr. Doreiswamy Iyengar with Dr. Jose (Director AIFO) and AIFO trustee Dr. Nagendra Prasad

The event focussed on learning and sharing stories of recovery with the support of experienced facilitators. Dr. Jose, Director AIFO said that “inclusive growth is about ensuring that every individual – whether they are persons affected by leprosy, persons with disabilities or anyone who is on the fringes of society has enjoyed a good quality of life”.

(Submitted by AIFO India)

NEWS AROUND

Tackling both leprosy & stigma by Archana Jyoti

Although India had achieved the target for elimination of leprosy in 2005, the disease has raised its head again due to slackness of Governments and medical authorities. The Modi regime’s new thrust comes at a right time. From March, the Modi Government will kick-start an intensive fortnightly Leprosy Case Detection Campaign in several phases in 50 high-endemic districts in seven States across the country under the National Leprosy Elimination Programme spanning a month. The LCDC, prepared by the Union Ministry of Health, will see Accredited Social Health Activist (ASHA) workers helped by male health workers visiting each house in leprosy-endemic districts and screen suspected patients and detect early signs of the crippling disease. The programme aims at the treatment of all detected cases in the community which, the Government hopes, will lead to a depletion of the source of infection in society.

For more details:

"Early Detection is the key to achieve elimination at all levels"
**Pranab Mukherjee calls for 'empowering' leprosy victims**

The President said that there is a need to empower those who have been socially discriminated on account of leprosy through advocacy and information dissemination. President Pranab Mukherjee on Friday called on the nation to make strong efforts to spread awareness about leprosy, its treatment, care and rehabilitation of its patients. The Anti Leprosy Day on January 30th is to coincide with the martyrdom day of Mahatma Gandhi. Asserting that over the years, the scourge of leprosy has remained a blot on humanity, the President said that “Mahatma Gandhi's love and compassion for patients suffering from leprosy is well known. He understood the social dimensions of this disease and worked relentlessly to reintegrate patients of leprosy into the social mainstream. His efforts to eliminate the social ostracism accorded to people afflicted by leprosy went a long way in spreading awareness about the disease.”


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**LCDC Brain Storming meeting in CLTRI, Chennai**

The Leprosy Case Detection Campaign (LCDC) Brain storming meeting of states was held 2016 in Auditorium of Central Leprosy Training and Research Institute (CLTRI), Chengalpattu on 13th and 14th January, 2016 to finalise the guidelines for LCDC. More than 50 participants were present in the meeting. DDG (L) has shared his views on “Why Leprosy Case Detection Campaign (LCDC) in high endemic districts is needed, in India”, The presentation by SLO (UP) on “Status of NLEP in State”, Consultant (PH) on guidelines for Leprosy Case Detection Campaign (LCDC) in high endemic districts in India followed by group exercise to finalise guidelines. In order to detect hidden leprosy cases, a unique initiative of its kind under NLEP, is plan to be implemented in high endemic districts of the country, in line with Pulse Polio Campaign by Central Leprosy Division. The first LCDC will be conducted in 50 districts of 7 States namely, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha and Uttar Pradesh.

(Submitted by Consultant (PH), CLD)
Anti Leprosy Day, 2016

The Anti Leprosy Day, 2016 with the theme of “To Free India of Leprosy” was celebrated in collaboration with SILF (Sasakawa India Leprosy Foundation) was held on 30th January, 2016 in India Habitat Centre. The 30th January is commemorated as Anti Leprosy Day which is the Martyrdom day of the father of the Nation, Mahatma Gandhi. The dignitaries to grace the occasion were Mr Dinesh Trivedi, MP & Convenor Forum of Parliamentarians to Free India of Leprosy, Sh. Bhanu Pratap Sharma, Secretary Health & Family Welfare, Dr. Jagdish Prasad, Director General of Health Services, Sh. C.K. Mishra, Additional Secretary, Sh. Sunil Sharma, Joint Secretary, DDG(L), MOH&FW and Ms. Vineeta Shankar, Director SILF. There were around 200 participants comprising Person Affected Leprosy (PAL), NLR, MOH&FW, SILF had actively attended the ceremony. Dignitaries had appreciated and shared their views that one should love, respect & dedicate efforts to bring leprosy affected person in to main stream society.

The Symposium on “Need of Hour - Early Detection of All Leprosy Cases” was also held wherein Dr. Erwin Cooreman, Team leader - Global Leprosy Programme, WHO, Regional Office, Dr. H.K. Kar, Professor, Deptt. Of Dermatology, Hindu Rao Hospital, Dr. S.N. Bhattacharya, HOD & Professor, Deptt. Of Dermatology & STD, U.C.M.S & G.T.B. Hospital and Dr. M.A. Arif, Country Representative, NLR India has made presentations.

(Submitted by Consultant (IEC & Training), CLD)

Mid Term Review of LPEP project DNH at Diu on 9th February 2016

The Mid Term Review (MTR) meeting of LPEP project DNH at Diu was planned and held at Diu on 9th February 2016 with participation of various stakeholders. Dr Anil Kumar, DDG (L) inaugurated the meeting by lighting the lamp. During inaugural session, Dr Liesbeth Mieras said that implementation of LPEP project in DNH is unique in its quality and implemented in a planned & structured way. Its results will be added in international studies, this may be seen as historical intervention and the hope is that it will make an important impact on leprosy control in future. Dr. Arif said that this project should not be for the sake of research only but results should be utilized to roll out the LPEP in other areas of the country. DDG (L) presented the trend of leprosy in India during last 15 years. He told about salient points of 12th Five year plan of NLEP, to deal with rise in disability among new cases and other epidemiological situation like stagnation of NCDR. He described Leprosy Case Detection Campaign (LCDC) which is going to start in 50 districts during coming month. Active discussions took place during each session, mainly to clarify the information presented. Main suggestions were work towards handing over the project to the routine leprosy control programme in the coming year.

(Submitted by Country Director NLR & ILEP Coordinator)
Meeting on NHM West Zone

NHM review for Western states namely MP, Maharashtra, Gujarat, Goa and Rajasthan was held in Ahmedabad on 11th & 12th February, 2016 wherein Dr. Reetika Malik, Consultant Programme Monitoring had made a presentation on status of NLEP, state specific issues and way forward.

(Submitted by Consultant (PM), CLD)

Update on Leprosy Case Detection Campaign 2015-16

To identity hidden leprosy cases, a unique initiative of its kind under NLEP, is being implemented in high endemic districts of the country, in line with Pulse Polio Campaign by Central Leprosy Division. The first LCDC is conducted in 50 districts of 7 States namely, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha and Uttar Pradesh. As per the LCDC guidelines, Bihar has organized state level workshop on 26th & 27th February & LCDC has carried out from 28th March to 10th April, 2016. Jharkhand LCDC has also be carried out from 28th March to 10th April. Chhattisgarh has organized state level workshop on 29th February & 1st March and LCDC has carried out from 14th to 28th March, 2016. Maharashtra has organized state level workshop on 5th & 6th February, 2016 & LCDC has carried from 15th to 30th March, 2016. Odisha has also organized state level workshop from 15th to 18th Feb, 2016 & LCDC has carried from 8th to 21st March, 2016. Uttar Pradesh has also organized three regional levels meeting at state from 2nd to 8th March, 2016 and LCDC has carried out from 16th to 29th March, 2016. Lastly, Madhya Pradesh has run LCDC from 8th March, 2016.

(Submitted by National Consultant (PH), CLD).

Anti Leprosy Fortnight 2016 – Celebrations in Central Leprosy Teaching and Research Institute

Dr. M.K. Showkath Ali, Director, CLTRI inaugurated Sports activities for Leprosy Cured Persons in a grant function conducted in CLTRI campus in February, 2016 wherein 200 Persons from Wards, Blocks and adjacent LAP Colonies participated. Apart from it, Cultural programmes were also conducted in the CLTRI lawns.

In his Welcome address, Director, CLTRI praised the guests not only for their involvement in NLEP activities but also for their collaborative efforts with CLTRI in serving the LAPs. He also praised the DDG (L) for his desire to serve Leprosy and his call for all NLEP stakeholders to conduct the Anti Leprosy Fortnight.

(Submitted by Director, CLTRI)
State level Meeting in RLTRI, Raipur.

Awareness camps by school students’ on Anti Leprosy Day fortnight observance in Kerala

Mobile vehicle in Anti Leprosy Fortnight in WB

ASHA marking house during LCDC in Odisha

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