



# NLEP Newsletter

Quarterly Publication from the House of Central Leprosy Division

---

## In this issue

**Lead Story:** Three –Pronged Strategy for Early Case Detection in NLEP

**Best Practices:** Timely management of reactions can prevent permanent disabilities

**Success Story:** Rikit Go back to School

**Highlights:** Release of Diary on Leprosy Experts in India by the DGHS

**Meetings and Gatherings:** SLOs Meeting in Mount Abu and Mandla

**News around DLOs training at CLTRI Chengalpattu**

**Spatial Data:** Prevalence, Grade II deformity and child rates upto the last quarter

**Spotlight Picture Gallery:** Photos from Exhibition held at IITF Pragati Maidan

---

### MESSAGE FROM DIRECTOR GENERAL OF HEALTH SERVICES



**Dr. JAGDISH PRASAD, DGHS**

I am happy to know that central Leprosy Division (CLD) in association with states is going to organize Sparsh Leprosy Awareness Campaign (SLAC) in all Gram Sabhas in the country on 30<sup>th</sup> January 2017, the Anti-Leprosy Day. The thrust of this campaign is to promote community participation and to re-orient the delivery of services i.e., diagnosis and treatment of leprosy cases

in early stages; of grass-root communities and to empower the PRIs and local communities to take over the responsibility of motivating the families and people with early leprosy symptoms to seek early diagnosis and treatment. *Panchayatraj* Institutions (PRIs) are close to the people at grass roots have a potential role to exert social pressure on people with early signs of leprosy to seek treatment early and to prevent further transmission of the disease in the community. But unlike the other campaigns i.e., immunization, supplementary nutrition, family welfare etc., stigma against leprosy is acting as major barrier in rural areas. I wish them success in their efforts.

---

### MESSAGE FROM DDG (LEPROSY)



**Dr. Anil Kumar, DDG(L)**

Active case search and early case detection is the current strategy in NLEP. In this issue the lead story is about **Three –Pronged Strategy for early case detection in NLEP**. In the best practice column Timely Management of Reactions can prevent permanent disabilities was highlighted and in Success Story feature the story of Rikit Return to School was described. In the Spot-light/Photo gallery section photo-graphs of Leprosy Exhibition held at India International Trade Fair (IITF) at Pragati Maidan, New Delhi during 14-27 November 2016 were included. Release of the Directory of Leprosy Experts in India was highlighted. State Leprosy Officers Meetings in Mount Abu and Mandla, MP were covered in the events and gatherings. Other National and International news on leprosy was covered under the section 'News around'. I hope readers will find this issue of newsletter very useful and look forward for your constructive feedback.

---

---

## LEAD STORY

---

### Three –Pronged Strategy for early Case Detection in NLEP

The goal of leprosy elimination as a public health problem i.e., bringing its Prevalence Rate (PR) <1 / 10,000 population was achieved by India at the National level in December 2005. However, as per the present epidemiological status, 86028 cases were on record as on 31st March, 2016. One State Chhattisgarh and Union Territory Dadra & Nagar Haveli were not achieved the elimination till date. Four states i.e., Delhi, Lakshadweep, Chandigarh, and Orissa who have earlier achieved elimination shown slight increase in PR over last year. Total 118 districts are yet to achieve the elimination status. Due to discontinuation of active case surveillance operations and heavy reliance on passive/ voluntary reporting, the trend of two important indicators of the Program. i.e., Annual New Case Detection Rate ANCDR) and Prevalence Rate (PR) were almost static since 2005 – 2006.

The number of cases with grade II disability amongst new cases have been increased from 3015 in (2005-06) to 5851 (2015-16) and percentage of same has been increased from 1.87% in (2005-06) to 4.60% in (2015-2016).



This trend indicates that the cases are being detected very late in the community and

significant number of leprosy cases remain untreated for a long with visible deformity to the healthcare delivery system. It is known that same untreated leprosy cases act as a reservoir and transmit the disease in the community. therefore in order to interrupt the active transmission of the disease in the community, it is essential to go for early case detection and treatment.

In view of same, three pronged strategy for early detection of leprosy cases in the community has been introduced under NLEP which are as under:

*Leprosy Case Detection Campaign (LCDC) for high endemic districts:* In order to supplement the efforts of the state and eliminate leprosy from high endemic areas, Leprosy Case Detection Campaign (LCDC), in line with pulse polio campaign, was initiated in high endemic districts i.e., districts with Prevalence Rate >1/10000 population during last three years. LCDC is a unique initiative of its kind under NLEP in which different committees are formed at each administrative level i.e., National, State, District, Block to plan & implement and evaluate LCDC.

Intensive IEC activities, through various media are being conducted during and before the LCDC. Focused training provided to health functionaries working under NLEP at each administrative level. During LCDC days, house to house visits conducted by search teams encompassing one Accredited Social Health Activist (ASHA) and male volunteer i.e. Field Level Worker (FLW), as per micro-plans prepared for local areas. Supervision of house to house search activities done through identified field supervisors.

Continuous, systematic collection and compilation of data and reports from search teams and supervisors followed in predesigned formats. Central monitors visit allocated State/ States as a representative of Central Leprosy Division to review the implementation of campaign. The

post LCDC evaluation by independent evaluators was carried out.

*Focused Leprosy Campaign for hot spots of low endemic districts:*The village/ urban area where even a single grade II deformed case is detected must be considered as a hot spot, as reporting of even single grade II disabled case indicates that the cases was detected very late and there can be several hidden cases in the community.

In these hot spots in low endemic districts which are not selected for LCDC, house to house visit by ASHAs/ Multi Purpose Workers, to examine each and every member of the household of the entire area must be carried out under intimation to Central Leprosy Division. The suggestions for case search in different areas are as under:

- (i) In villages, case search needs to be done in each and every house .
- (ii) In urban areas 300 households must be covered around location of a detected case.

*Case Detection in Hard to reach areas:*Area specific plans as per local need may be formed as per the local requirements, for the same local people may be empowered by making them aware and providing material resources.

Under the first strategy a population of 360 million in 163 districts of 20 States have been covered wherein 552420 suspects identified and **more than 34000 cases**were confirmed as on 17/02/2017 and for the second and third strategies the work is under progress.

**(On the basis inputs received from Dr Anil Kumar and Deepika Karotia)**

---

## BEST PRACTICES

---

### **Timely Management of Reactions can prevent permanent /fatal disability in leprosy.**

Rinku an 11 years old girl lives with her mother and younger brother in Kasare village, block SakriinDhule district(Maharastra).

She discontinued her studies after her 3rd standard and now helps her mother in her daily household work.Family history reveals that her father, who died three years ago and her sister were also affected with leprosy. her sister got married and living with her in laws after completion of the treatment.one year ago,

Mr. Sunil a MPW, during his regular home visit, noticed leprosy signs and symptoms on her body and advised her mother to take her immediately to the PHC for treatment.



Only after regular reminders and

follow up she visited the PHC before two months and now MDT started to her.

However, after one month of treatment she developed reaction and the condition became worsened due to lack of treatment and rest as she continued to work for long time with the complications.The block coordinator of the project arranged medical team's visit to the Rinku's village while the team was on their visit to the nearby village. The team immediately referred her to the district hospital.

The MPW Mr. Sunil was directed to accompany her to the district hospital and the treatment was started immediately under the supervision of medical team and Block coordinator of the project. Her face become lionlike due to fatal reaction and normal only after few days of continuous treatment.

She recently visited a POID Camp and found to develop early weakness in muscles of her hands

which followed as clawing of her little finger. She was given regular physiotherapy and education by the block coordinator to take care of anaesthetic hands and feet.

**(On the basis of inputs given by Swiss Emaus, New Delhi)**

---

## SUCCESS STORY

---

### Rikit Go Back to School

Rikit, 12 old boy living in Warud village with his brother and sister Badal, Gayatri and his parents and grandmother. The village comes under Betawad PHC located in Sindhkheda tehsil in Dhule district. Riki is now studying 8<sup>th</sup> class in a nearest school. Four of his family members including his father who is still under MDT treatment, affected with leprosy.

Rikit was first suspected with leprosy by the block committee and was referred to the PHC where he was ruled out for not having any leprosy. The ASHA worker who has knowledge of rikit being examined for leprosy to his nephew who is happened to be his friend that Rikit was affected by leprosy. Soon the message of rikit having leprosy became viral in the class room and his friends sidelined and stopped talking to him. Eventually rikit stopped going to school.



Mr Sanjay, father of Rikit share this information in a camp when the NGO authorities asked him to tell about his family and education of his children. Then the team decided to persuade school authorities so that he will go back to school again. School programme to educate children for creating awareness on leprosy was conducted in collaboration local with health staff.

Soon a team from MH POID Project and PHC staffs went to school and conducted sensitisation cum awareness programme with the students of the school. Information like the pathogenesis, causes, effect on personal life, myths & facts and social & medical consequences of leprosy are shared with the students. The students were also told not to hate, discriminate any person affected by leprosy in any stage without taking the name of Rikit. Rikit was also present in that program as a participant.

The team also discussed the matter medical officer of the PHC and subsequently with the ADHS of Dhule district to take appropriate action against the ASHA for spreading such rumor which affected the life of rikit and requested them to attend the school on the proposed sensitization program. The DNT team sent by the ADHS comprised District consultant and NMS who have visited school and reported that they have made necessary counseling with the school authorities and the child will soon go to school. The district consultant advised that the parents have politicized the issue and they should not be involved in the counseling process.

---

## HIGHLIGHTS

---

### Central Leprosy Division organized Exhibition on leprosy in India International Trade Fair (IITF, Pragati maidan) from 14<sup>th</sup> – 27 November 2016.

National Leprosy Eradication Programme (NLEP) under the eiges of Central Leprosy Division (Directorate General of Health Services), New Delhi organized exhibition at IITF, PragatiMaidan, New Delhi from 14<sup>th</sup> -27<sup>th</sup> November 2016 for the first time. Exhibition panels highlighting NLEP Programme, its achievements, early Signs and systems of Leprosy and an appeal to the public for early detection and Treatment. The current strategy of

LCDC, Do's and Don'ts about leprosy (HINDI), Appeal to public to fight leprosy stigma, Message leprosy is completely curable with MDT with pictures (HINDI). **Folder** on FAQ on LEPROSY (Printed by NLR India), a **Pamphlet** Leprosy is completely curable –Hindi (Printed by TLM) and a **NLEP Newsletter**: July-September 2016 of CLD. etc. were distributed to the visitors. **Carry bags and hand bags (paper)** with printed messages on Leprosy, **Head caps** with printed messages on Leprosy, **Pens** with printed messages on Leprosy were also distributed to the visitors. **Vertical (hanging) and horizontal Banners with NLEP captions and with leprosy messages on Leprosy** were also displayed. : Laxmiki Vapsi (Hindi-Feature film) & DG Message and many more were shown on plasma TV.

### **Spirit of interest and inquiry drive a person to suspect and refer leprosy cases for diagnosis and treatment.**

Kumuti Pangi, is a 32 years male living along with his wife Laxmi, two sons and one daughter in Balimela NAC, Korukonda of Malkangiri district in Odisha. He works as a mason and earns about INR 250/- per day and he belongs to below Poverty Line (BPL)

One day Kumuti noticed some skin patches and thickened earlobes with nodules on his body. He thought it is just a normal skin disease due to his constant exposure to sunshine and ignored at once. Gradually both hands and feet developed numbness and tenderness. When pain in nerve became severe, he went to Balimela Dam Project Hospital where doctors examined him and provided some pain killers for three days. Then he went on contacting three more doctors one after another and spent around Rs 2500/- and one of them advised him to go for blood examination. He came for the blood examination at a Private Pathology clinic in Balimela, where one retired Laboratory Technician suspected him of leprosy

and called Project Community Health Programmer (CHP) who in turn referred him to Korukonda Disability Prevention and Medical Rehabilitation (DPMR) camp.

Soon Kumuti reported to DPMR clinic, Korukonda with his wife Laxmi Pangi for confirmation and treatment. There he came in contact with LEPRO field staff who has examined and collected his skin smear, they found him suffering from leprosy with reaction and registered him as MB case of leprosy and put him on MDT. On the same day, his wife was also examined and found that she was also suffering from PB type of leprosy and provided MDT for one month.

After a few days, Kumuti Pangi was referred to Koraput inpatient ward, where he was kept for 10 days for reaction management. His skin smear was examined and found positive. He was discharged from the hospital when the reaction was subsided and he returned to the same mason work again.

during his regular visits to



DPMR clinic out of his sheer curiosity he learned about leprosy disease and its causes, signs and symptoms etc., and he observed 10 suspected persons with leprosy in his street. One day when the Community Health Programmer visited his house for routine follow-up, Kumuti gathered all suspects before him for confirmation. After physical examination the project staff confirmed four cases, one MB and 3 PB including his second son. After six months he also brought another three cases and all were confirmed, one MB and 2 PB and put on MDT. Both husband and wife did not face any stigma and discrimination from the community. The son who had leprosy also went to school and did not face any problem.

KumatiPangi completed 12 doses of MDT and was declared as Release from Treatment (RFT). However, areaction recurred again and he was admitted at Koraput referral centre and is under steroid treatment with medical supervision. His wife and son were also released from treatment.

Though KumatiPangi approached the government hospital Balimela, he was not diagnosed properly. So he had to turn to others practitioners and so-called bare foot doctors. In the meanwhile he unnecessarily spent Rs. 2500/-. This is due to lack of diagnostic skills of doctors at government hospital. Orientation training required for doctors working at periphery is necessary.

### Release of Directory of leprosy experts in India by the DGHS:

A directory of Leprosy Experts in India designed by Central Leprosy Division in an effort to compile the details of leprosy experts was released by Dr Jagdish Prasad, Director General of Health Services, New Delhi was released on 6th December 2016 at a meeting of senior officers of the Directorate General of Health Services. Speaking on the occasion DDG (L) appraised the recent initiatives taken by the division in the NLEP. DGHS appreciated the achievements of the programme initiatives in the recent years



### EVENTS AND GATHERINGS

### SLOs meeting on non-LCDC and LCDC States:

Two separate review meetings for State Leprosy Officers/ Representative of high (LCDC) and low (Non LCDC) endemic states were held on 1st & 2nd of December 2016 at Mount Abu, Rajasthan and 15th & 16th December at Mandla, Madhya Pradesh respectively. The meeting made the following major recommendations along others:

1. Strict adherence to three pronged strategy adopted by NLEP for early case detection.
2. Focussed Leprosy Campaigns (FLC) should be carried out in all the eligible areas.
3. NLEP consultants and WHO NTD coordinators were requested to carry out a critical analysis of the data before suggesting SLOs. These evidences should be used to advocate bureaucrats about the achievements of the programme.
4. A thorough investigation of all Grade II disabled cases detected after 31st March 2016.
5. The NLEP staff of World Health Organisation (WHO), India would support on voluntary basis the post LCDC evaluation process which would start from next year onwards to further strengthen the programme and CLD would facilitate the process.
6. MCR footwear should be distributed to all patients with deformities.
7. The involvement of NGOs under NGO scheme 2013 should be encouraged to provide services in the hard to reach areas.
8. SLOs and DLOs should take initiative to organise workshops/ CMEs on Leprosy with the active collaboration of Dermatology Departments of Leading Medical Colleges in the state/Districts.
9. State specific actions were suggested to Goa, Punjab, Sikkim and Puduchery. Goa was requested to validate its cases and classification of Grade II deformities. Punjab was advised to improve its overall performance, Sikkim and Puducherry to take all efforts to decalre it

as leprosy free state in the coming 7 years.

10. Tamil Nadu and Puduchery would decidemeasures to carry out active search operations in the boarder areas.
11. Sparsh Leprosy Awareness Campaign(SLAC) 30<sup>th</sup> January 2017,will be conducted in all Gram Sabhas in the Countryby the Gram Sabhaswith Sarpanch/ Head/ Chairman of Panchayat as chairman and MO/IC as member secretary.

---

## NEWS AROUND

---

### **The 10<sup>th</sup> Meeting of Common Review Mission (CRM) stressed training of Primary Health Care staff on early detection of Leprosy at subcentre level.**

Dr A.K.Puri, ADG (L) attended CRM meeting at Agartala, Tripura heldfrom 4-11th November 2016, the meeting among other thingsstressed Focussed Leprosy Campaign (FLC) Training of Primary Health Care Staff, supply of MCR foot – wear identification of Nodal Officers at at all Disticts involvement of doctors of other systems of medicine e.g., AYUSH etc.



### **Central Leprosy Teaching & Research Institute (CLTRI),Chengalpattu**

### **conducted DLOstraining as part of Continuing Medical Education (CME)**



CLTRI Chengalpattu Conducted 5days Training on Leprosy to DLOs from 09.12.2016to 13.12.2016.

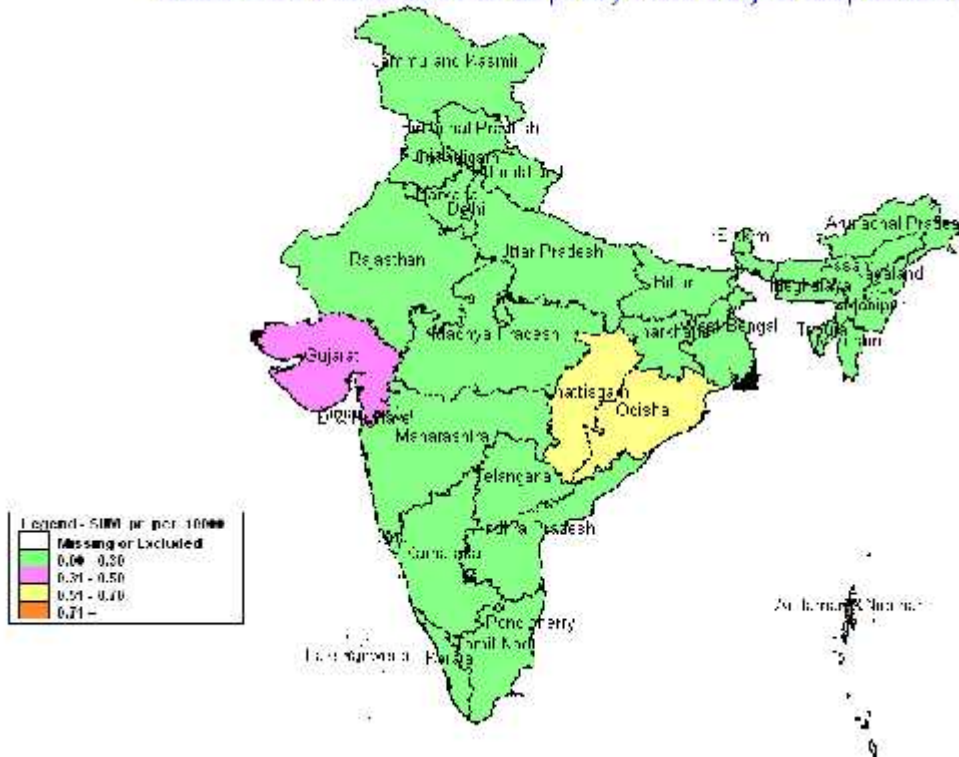
### **Camp approach to Reconstructive Surgery (RCS) in Naxal hit Bastar Districtin Chattisgarh State.**

Deformity perpetuates stigma. More and more interventions are required to prevent control deformity in leprosy. Timely and appropriate reconstructive surgery (RCS) is a viable choice for rehabilitation of deformed cases in the community. RCS camp was conducted at Bastar as outreach services by RLTRI Raipur. Five patients from remote areas of Bastar District were operated at Medical college hospital Jagdalpur, in the month of October 2016.

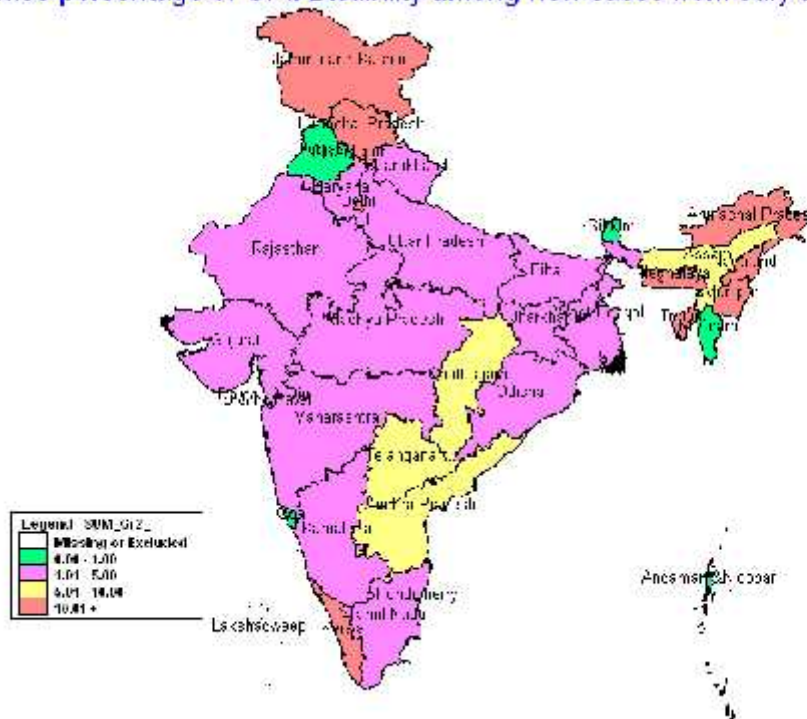


## SPATIAL DATA

State-wise Prevalence of Leprosy from July to September, 2016

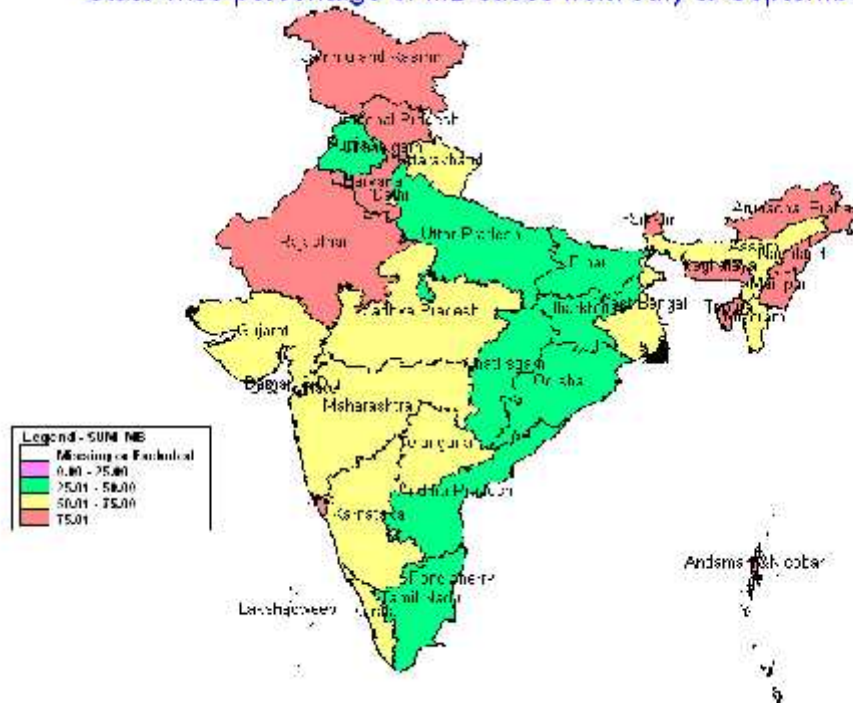


State-wise percentage of Gr-II Disability among new cases from July to September, 2016

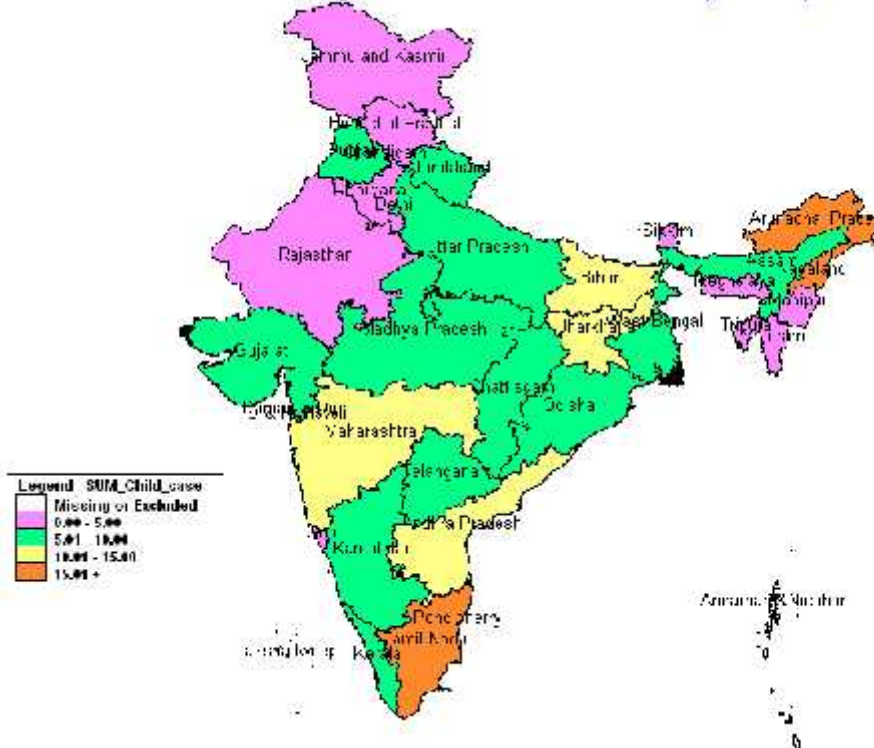




State-wise percentage of MB cases from July to September, 2016



State-wise Percentage of Child Cases from July to September, 2016



## SPOTLIGHT/ PHOTOGALLERY



Exhibition on NLEP at IITF, 2016



Exhibition panel at IITF, Pragati Maidan, New Delhi



Audio Video Message on NLEP by DGHS, run on TV Screen during IITF.



Exhibition panel at IITF, Pragati Maidan, New Delhi



Sparsh Leprosy awareness campaign Curtain raiser poster.



Health talk on Leprosy being delivered at IITF



Asha and other field level workers (FLWs)  
at a brief in LCDC



Bihar State level workshop



LCDC state level workshop of north eastern states



Special polling booth for persons affected with  
Leprosy (PAL) was marked in Bankura, WB.

### Editorial Board

**Editor-in-Chief:** Dr Jagdish Prasad  
**Editorial Advisor:** Dr B.D.Athani  
**Executive Editor:** Dr Anil Kumar  
**Editorial Board:** Dr M.K.Showkath Ali, Dr M.A.Arif, Dr A.K.Puri,  
Dr. V. C.Giri, Dr. S.Vilasrao.Gitte, Dr. Rupali Roy.

**Editorial Coordinator:** Mr S.PrabhakaraRao

**Technical Support:** Dr. Reethika Malik, Ms. DeepikaKarotia, Mr M.L.Meena

Ms MsVani Jain, Mrs JyotiDayal,

**Administrative Support:** Mr A.L.Meena Mr Sumit Kumar.

**Design & Layout:** MrS. AdityaKiran

Online version of NLEP Newsletter is available on [www.nlep.nic.in](http://www.nlep.nic.in)

Address: : 550 "A" Central Leprosy Division (CLD), Directorate General of Health Services, Ministry of Health & Family Welfare (Govt. of India), Nirman Bhavan, New Delhi. Pin Code 110011.

*Disclaimer: The editorial board does not hold any responsibility for the materials contained in this publication which is based on the information available from various sources. Reproduction of material from the NLEP newsletter, in part or in whole, is encouraged, as long as credits and acknowledgement are given.*