In this issue of NLEP newsletter, 'Lead Story' is on Leprosy Case Detection Campaign (LCDC), a unique initiative of its kind under NLEP which has launched in high endemic districts of the country, on line with Pulse Polio Campaign by Central Leprosy Division. There are case studies from Bihar & Odisha and also success story from Assam which clearly depicts that awareness and timely action can prevent disability and also help to lead a normal life. The Highlight section comprises of Review of National Leprosy Eradication Programme meeting in Manesar Launching of Global Leprosy Strategy 2016-2020 by WHO, Joint effort for reduction of prevalence of leprosy in Bihar by LEPRA Society.

In this issue, we have added two new sections i.e. Spatial Programme Data & Nationwide Programme Activities. I hope readers find this issue of the newsletter informative. I look forward to your feedback.

Leprosy Case Detection Campaign

Targeted Approach to Achieve Elimination at All Levels. After the observation of trend of Important Health Indicators of National Leprosy Eradication Program (NLEP), India indicators i.e. Annual New Case Detection Rate (ANCDR) and Prevalence Rate (PR) which is static since 2005 – 2006 and the percentage of grade II disability amongst new cases detected which has increased from 3.10% (2010-2011) to 4.61% (2014-2015), it was inferred that the cases are being detected late in the community and there may be several cases which are lying undetected or hidden. Hence, in order to detect the unknown-untreated leprosy cases, Leprosy Case Detection Campaigns (LCDC), on line with Pulse polio Campaign has been introduced, by Central Leprosy Division. The LCDC, a unique initiative of its kind under NLEP, is designed specifically for high endemic districts of the country. The approach, plan of action, Operational guidelines for LCDC were in fact chalked out by Central Leprosy Division with various stakeholders of programme i.e., State Leprosy Officers (SLOs), Representatives from International Federation of Anti-Leprosy Associations (IFLA), World Health Organisation (WHO), Association of People Affected by Leprosy (APAL), Regional Office of Health and Family Welfare (RoHFW) etc. during the meeting and brainstorming session held in Central Leprosy Training and Research Institute (CLTRI), Chengalpattu on 13th-14th January 2016.
**House Markings during LCDC**

The LCDC as a flagship activity of NLEP is unique in its approach as various Committees are formed at each level i.e., National, State, District, Block, to plan & implement the LCDC. Intensive IEC activities, through various media are conducted during and before the LCDC. Under this Focused training of all health functionaries from District to Village level being given. The teams herein are being trained to suspect the leprosy patients through physical examination of each and every person of house visited. House to house visits by team encompassing one Accredited Social Health Activist (ASHA) and male volunteer i.e. Field Level Worker (FLW) conducted during LCDC days as per micro-plans prepared for local areas. Supervision of house to house search activities are done through identified field supervisors. Central Monitors nominated by Central Leprosy Division are directly monitoring the activities. Continuous, systematic collection and compilation of reports is being done through the formats designed for this purpose which are filled by search teams and supervisors. After the completion of the campaign the post LCDC evaluation also carried out through independent evaluators.

A quality LCDC as mentioned above if implemented annually, will achieve elimination of leprosy in the country. As per the epidemiology of Leprosy disease, the major source of infection in the community is an untreated case i.e., An untreated case of leprosy lying undetected in the community which transmit the disease agent to other people of the community. Early Detection through LCDC of leprosy cases in the community will lead to depletion of source of infection in the community, reduce the disease complications, reduce the disability and interrupt the active transmission of disease.

The first LCDC was launched in 50 districts of 7 States namely Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha and Uttar Pradesh during last year (2015-16), wherein population of approximately 75 million was covered. Further, after the completion of the first LCDC successfully this year it will be conducted in identified 163 districts, showing increase in Prevalence Rate during any of last three years. These districts spread in 20 States and UTs namely Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Nagaland, Odisha, Tamilnadu, Uttar Pradesh, Uttarakhand, West Bengal, Chandigarh, Dadra & Nagar Haveli, Delhi and Lakshadweep and encompass a total population of approximately 400 million.
inhabitant Boraj belongs to a poor family lives with his wife & three children. The family lives in a two-room kuchha (temporary) house with a thatched roof. He works as an agricultural labourer. To enhance the earning of the family, his elder son discontinued his education and started working as a child labour. The younger son and daughter are continuing their education. Fortunately, his family falls under BPL to avail rice and wheat through public distribution system of the government.

Badakan knows that he is affected by leprosy & started cursing his fate. He has also visualised changed behaviour of people towards him because of leprosy. He has intensively counselled and referred to Primary Health Centre for treatment and diagnosed as a leprosy MB case with Gr II disability, at PHC Shiwaji nagar. He has been provided 12 months' MB-MDT treatment course and advised to continue the treatment. He was also suffering from lagophthalmos in left eye and plantar ulcer in both feet. He completed the full course of treatment but did not take care of disability. His problem flared up gradually.

The exhibition van of LEPRRA was disseminating message on leprosy in his village during the Block Leprosy Control Campaign (BLCC) and LEPRRA referred him to Primary Health Centre, Shiwaji nagar. His case followed up by project staff of LEPRRA and was counselled for self-care practices to prevent disability. He has been provided protective footwear and passive exercises for left eye along with the special instructions such as cleaning, use of goggles, covering of eyes with clean clothes or using of nets at the bed time and exercises for prevention of secondary infection in his left eye.

With the support of project and government officials, he has availed pension under the Bihar Kustha Shatabdi Pension Yojana. He is now living with his family having a positive thinking (Submitted by Zonal Coordinator, Bihar Operations and Lepra Society)

(ii) Blossom of love and care - Odisha

It is a true saying that in the face of adversity you will find true love. This is a story of Ghasiram and Lochhi Khilla, a couple from Odisha. Back in 1993, Ghasiram was living in Podapadar, a small town in the Koraput district. He was 17 year old when he was diagnosed with leprosy and nerve damage. On the other side of his village, Lochhi was also experiencing similar symptoms.

After treatment, she was sent to Lepra's Muniguda Reconstruction Centre and she met Ghasiram. They both understood each other's feelings of being leprosy affected and social stigma associated with it. Lochhi knew that a girl with leprosy can never be married.

Luckily, Lochhi and Ghasiram were able to find comfort in each other company & during their pre- and post-operative treatment they fell in bond of love.

In 1995, they discharged from the centre and in the year 2000, they become husband & wife. In 16 years the couple had overcome a lot more than leprosy.

Although they had no leprosy now, but misconceptions still persist among people. To rebuild their lives, Ghasarim and Lochhi set up a small business using a start-up grant from the Koralep Project. While turning out to be a financial blessing, the business helped them in many more ways. As their business flourished over the years and they became prominent business figures in the community, slowly the stigma surrounding them get lessened.

According to the couple “Lepra has given a new life to us, given us workable hands and feet. With this help from Lepra, we could be able to get married and now we are in the society with manageable financial status. Now we stand confidently in the society without self-stigma. We are leading a happy family life.”

(Submitted by Director, Odisha Operations & Lepra Society).
A Journey from struggle to success!

Sunita (Duplicate name) is a 16 year old girl who is alone since her birth, presently she is in GMCH plastic surgery ward. Since her childhood, she is working for a family in their house as a care taker in Guwahati. They have taken care of her as their own child. At the age of 12, she found some abnormality in her left hand & redness near left forearm. She continued to work with that deformed hand and after 3 years she has developed anaesthesia in the feet, right hand clawing, left foot drop & ulcer also. Finally she has visited GMCH dermatology department. At the time of registration, she has Rt eye lagophthalmos, BL claw hand, Lt foot drop, BL feet ulcer with T-I reaction. Her treatment has been started but most of the time she faces injuries as she has to do household work also.

After completion of MB 12th pulse, she was released from treatment. In the year 2012, she was admitted in plastic surgery ward GMCH for ulcer treatment. During post-operative treatment, she met with a lady from Kokarajhar and she has advised her to stay with her mother to which she agrees. Even though she has accepted to live with them but she was not happy and after two years she came back to GMCH as she has developed BL hand & BL foot multiple ulcers which has made her incapable for doing any work. Since April, 2015, she is at plastic surgery ward and her hands & feet ulcer has healed as well. She has improved physically & mentally under the supervision and guidance of Prof. Seema of GMCH and now Sunita has completely made up her mind to stay happy and set as role model for other leprosy affected persons.

(Submitted by SLO, Assam).

Review of National Leprosy Eradication Programme meeting, Mansesar

The Annual review meeting for SLOs of all States/UTs was held from 3rd-6th May 2016 at Heritage Village, Manesar. The guests of honour were Hon’ble DGHS Dr Jagdish Prasad, Spl. DGHS Dr. N.S.Dharamshaktu, Joint Secretary Sh. Sunil Sharma & WR Representative to India Dr. Henk Bekedam. The meeting was attended by SLOs, Directors of Central and Regional Leprosy Institutes, the representatives of NGOs, Regional Directors and experts. There was a brainstorming session followed by finalization of the roadmap for NLEP till 2020.

(Submitted by National Consultant Programme Monitoring).


The Global Leprosy Strategy 2016-2020: “Accelerating towards a Leprosy Free World” had launched by World
assists the state in organising regular review meetings of Communicable Disease Officers (CDO's). The Bihar government has given a new designation for monitoring and supervision of leprosy and tuberculosis programme. Apart from this, partners carry out self-care activities through the formation of self-care groups in the colonies, providing training to the patients, ASHA, GHS, DNT and NLEP staff and ensuring regular follow up.

The innovation of LEPRA Bihar team – "Mobile Foot care Unit", the first-of-its-kind in India, is a great success in 2015-16. One year accomplishments were presented by team, appreciated by SLO and CDO's for continuing specialised services being provided to 63 leprosy colonies. These few districts were considered for organising RCS camps in district hospitals at Gaya, Rohtas, Patna, Darbhanga and East Champaran. This effort will be helpful in sustaining NLEP activities in Bihar.

(Submitted by State Coordinator, Bihar Operations)

Joint effort for reduction of Burden of leprosy in Bihar by LEPRA Society

In the state of Bihar 11116 new cases detected from April to October 2015. Among these new cases, 4508 are women and 1,608 child cases, i.e., children percentage is (14.8%) and the disability rate is 3.17%.

The continuous effort is being done by Bihar State NLEP as well as ILEP. The ILEP partners concentrated on improving the quality of leprosy services in the colonies and health facilities. LEPRA Society also

Progress in Understanding Transmission in Leprosy during the Multidrug therapy (MDT) Era

In recent years, Stanley Browne Laboratory (SBL) of TLMTI has been focusing on research in understanding the mechanism of transmission in leprosy. The research team has visited the endemic villages in Purulia of West Bengal and Champa of Chhattisgarh and investigated the biological samples (skin scrapings, saliva and nasal swabs) of patients and their contacts. In addition, common environmental material (water and soil) around leprosy patients' homes and contacts have been investigated for the presence of M. leprae.
The preliminary results indicated that the environment is being contaminated with M. leprae through the nasal and oral discharges of leprosy patients. Nasal swabs of contacts of patients have been found to be positive for M. leprae. Further, presence of live M. leprae has been found using a molecular biological technique (16SrRNA) in the environment (soil and water of bathing and washing places) in these endemic villages. There was no other source of water except the pond which is used for bathing and all other household purposes. Further it was noted that M. leprae which are found in the patient and in the environment belonged to the same type. SBL is at present investigating whether M. leprae obtained from soil or water are capable of infecting mice.

(Submitted by Head of Research, TLM)

News around

Looming Leprosy Threat: Govt Mulls Preventive Treatment: -The Pioneer, Delhi

Waking up to the increasing leprosy threat in the country, the Government is mulling a preventive treatment for contact persons of newly diagnosed patients to decrease risk of developing the crippling disease. The Union Health Ministry’s decision comes in the wake of a successful outcome from its similar initiative in high-endemic Dadar and Nagar Haveli Union Territory wherein the household, neighbours and social contacts of the leprosy patients were administered Single Dose of Rifampicin (SDR) drug as a preventive measure. “Considering the success of chemoprophylaxis, in reducing number of new cases, using single dose of Rifampicin in contacts of leprosy cases, in Bangladesh and Indonesia, we attempted similar approach in Dadar & Nagar Haveli, a high-endemic zone,” a senior official from the National Leprosy Elimination Programme (NLEP) said. The Leprosy Post Exposure Prophylaxis (LPEP) Project was launched in collaboration with the NLEP of Dadra & Nagar Haveli and Gujarat, German Leprosy and TB Relief Association (GLRA) and Netherlands Leprosy Relief (NLR) with support from Novartis Foundation Switzerland.


Leprosy awareness rally taken out-The Hindu, TN

The two-week long events in connection with the Anti-leprosy-Fortnight under the aegis of the National Leprosy Eradication Programme culminated with rally here on Tuesday. The programme was organised to commemorate Day on the last Sunday of January i.e. World Leprosy Day. The event witnessed students carrying placards bearing slogans breaking the stigma associated with leprosy. Slogans bearing information such as leprosy is not a hereditary disease was prominent all through the rally. Welfare benefits for persons who had undergone reconstruction surgeries for leprosy-inflicted handicaps and those affected with leprosy was disbursed.


Thomas Rea dies at 86; dermatologist paved the way for treatment of leprosy (LA Times, US)

Dr. Thomas Rea, a dermatologist whose discoveries led to treatments that allowed patients with Hansen's...
Disease - leprosy - to live without stigma, has died at the age of 86. Rea died in his home in the foothills of the San Gabriel Mountains on Feb. 7 after a battle with cancer, said his son Steven Rea. Rea and his colleague Dr. Robert Modlin nailed down the precise role played by the immune system in Hansen's disease symptoms such as skin lesions and growths. The immune connection had long been suspected but never previously explained. Their work opened the door to new treatments that rendered the disease non-contagious and allowed patients to live normal lives.

For years, Rea worked with patients who suffered from leprosy's stigma and felt they had to avoid human contact. "He'd come straight in and shake their hands, no gloves on, and it would empower them to realize that they could get better," Peng said. He wanted them to live normally and did much of his work outside the laboratory, helping patients learn to function day-to-day.

(For more details: www.latimes.com/local/obituaries/la-me-thomas-rea)

Exhibition and Cultural programmes with a message on Leprosy eradication were conducted. All activities were based on facts about leprosy. A public function was arranged at Haji C.H.M.K.M.V Higher Secondary School, Vallakadavu, Thiruvananthapuram. Hon'ble Minister for Health & family Welfare. V.S. Sivakumar inaugurated the event by lighting of Lamp. (Submitted by SLO Kerala).

Lectures on leprosy in the CME Programme - Chengalpattu

Dr. M. K.Showkath Ali, Director along with the Assistant Director (Epidemiology) and team of Doctors were gathered & delivered lectures on leprosy in the CME Programme on Leprosy conducted by the Mahatma Gandhi Medical College, Puducherry on 4 February, 2016. On 8 February, 2016, a Leprosy Awareness Programme was also conducted in the Sri Sathya Sai Medical College, Thiruporur, Dr. M. K.Showkath Ali along with the team had interacted with participants.

(Submitted by Director, CLTRI)
Spatial Programme Data

State wise Prevalence of leprosy as on 31st March, 2016

State wise percentage of Grade II disability among new cases from January to March, 2016
State wise percentage of MB cases from January – March, 2016

State wise percentage of Child Cases from January to March, 2016
IEC/Awareness programme in the schools in Meghalaya

Students carrying placards in rally for leprosy awareness in TN

IEC through an artist during LCDC in Maharashtra

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