Leprosy

Leprosy is an airborne disease caused by Mycobacterium leprae that predominantly affects the skin and peripheral nerves, resulting in neuropathy and associated long-term consequences, including deformities and disabilities. The disease is associated with stigma, especially when deformities are present. Despite the elimination of leprosy as a public health problem (defined as achieving a point prevalence of below 1 per 10 000 population) globally in 2000 and in India by 2005, leprosy cases continue to occur. Over 489 new leprosy cases were reported in 2022-23. Therefore, awareness on early diagnosis and treatment of leprosy is essential for reducing the burden of this disease. Leprosy is classified as Paucibacillary (PB) or Multibacillary (MB), based on the number of skin lesions, presence of nerve involvement and identification of bacilli on slit-skin smear. The standard treatment for leprosy involves the use of multiple (two or three) drugs; the duration of treatment, dose and number of antibiotics depend on the type of leprosy (PB or MB) and age of the patient (adult or child).

Clinical Features

- Skin patches, sensory loss ,and motor loss are the clinical features of leprosy.

  There are three cardinal signs of leprosy.

- 1.Hypo-pigmented anaesthetic skin patch
- 2. Enlarged thickened nerve
- 3. Demonstration of acid fast bacilli in skin smear

  At least one of the three cardinal signs must be present to make diagnosis of leprosy

About NLEP

- 1955 - National Leprosy Control Program with Dapsone monotherapy .
- 1982 introduction of Multi Drug Therapy with Rifampicin, Clofazimine and Dapsone
- 1983 National Leprosy Eradication Program
- 2005 India achieved elimination of leprosy in December (i.e. less than 1 case per 10,000 population)

Aim

- Early case detection,
- Treatment with multidrug therapy (MDT),
- Disability Prevention and Medical Rehabilitation
- Intensified Health Education and Public Awareness Campaign to reduce Social Stigma attached to disease

<u>Major activities under NLEP</u>

o Early detection and treatment of leprosy is the major step to prevent transmission of disease in the community and to prevent visible deformities

o Disability Prevention and Medical Rehabilitation –Reconstrutive surgery for deformities,provision of Micro cellular rubber (MCR) chappals, aids & appliances like wheel chairs, crutches, goggles etc .These services are provided free of cost

- o Trainings - Medical officers , Health Workers ,Para Medical workers, ASHA workers ,
- o Sensitization-, Sensitisation- Para Medical workers, Anganawadi workers, Tribal Promoters, , Educated youngsters of high risk communities like shima tribal setlements tribal population etc

Objectives of IEC initiatives are
- To create general awareness about leprosy- signs, symptoms, cause, deformities and free treatment availability in health institutions
- Encourage voluntary reporting to health centers for diagnosis and treatment
- Reduction in stigma
- Special focus on target groups – slums, coastal regions& tribal population

Need for a change and Rationale for intervention

Even though the number of Leprosy cases detected has been decreasing in the state, child cases, deformities and Multi bacillary cases were above the National average. leprosy cases in vulnerable population like tribal population is a concern. We are at a constant threat of the disease due to exposure to large scales of influx of migrant labourers from high prevalent state like Assam, West Bengal, Bihar and Jharkhand. These conditions necessitates an intensive **state specific** case detection programme for finding the hidden cases and augment case detection to attain **Sustainable Development Goal in Leprosy. Aswamedham** was introduced inoctober 2016 to attain sustainable development goals by 2030.

OBJECTIVES UNDER Sustainable Development Goal Leprosy 2030

(1)To reduce prevalence rate (PR) to less than0.1/10,000 population at different levels ie district, block andPanchayath
(2) Reduce Child cases of leprosy from 1.17/million to < 0.6/million.
(3) Rate of child case with zero disability to be sustained
(4) Grade 2 deformity from 1.2/million to < 1/million

Target population

- All school children of the state (3 – 17 years) with special focus on tribal schools and hostels
- Contacts of all Leprosy affected person registered since 2 yrs for Pauci Bacillarycases& 5yrs forMulti Bacillary cases.
- Tribal population.
- Coastal & Urban slums
- Migrant labourers

Strategies

- Early case detection& treatment
- Awareness Campaign & IEC
- Training for different categories.
- Specific group approach to underserved population.
- School & Anganwadi level Campaign.

Leprosy Status of Kerala At a Glance (2021-22 to 2023-24)

Indicator	2021-22	2022-23	2023-24(Till December 2023)
Number of New cases detected	374	489	285
ANCDR (annual new case detection rate)	1.04	1.36	
No. of case under treatment	454	589	584
PR (Prevalence Rate)	0.13	0.15	0.14
Grade II deformity cases among new case	22 (5.88%)	33 (6.75%)	19 (6.6%)
Child case among new case	17 (4.5%)	33 (6.7%)	19 (6.6%)
No. of Migrant case among new case	67	80	60
No. of MCR Chappals distributed	868	800	175
No. of self care kit distributed	356	55	127
No. of Reconstructive Surgery Done	11	8	5

SDG Target & District wise Achievement under NLEP (2022-23)

	Reduce the PR from 0.2/10000 to <0.1	Reduce Child cases of leprosy from 1.17/million to < 0.6/million.	Grade 2 deformity from 1.2/million to < 1/million	Reduce child case with zero disability to be sustained
Trivandrum	0.25	2.78	1.67	0
Kollam	0.07	0.00	0.00	0
Pathanamthitta	0.10	0.00	0.80	0
Alappuzha	0.04	0.44	0.44	0
Kottayam	0.13	0.00	0.00	0
Iddukki	0.04	0.00	0.00	0
Ernakulam	0.10	0.28	1.12	0
Thrissur	0.09	0.30	0.30	0
Palakkad	0.31	1.31	4.59	0.33
Malappuram	0.12	2.22	0.22	0
Kozhikode	0.20	1.19	0.60	0
Wayanad	0.16	0.00	1.21	0
Kannur	0.16	0.37	0.73	0
Kasargod	0.22	0.73	0.00	0
STATE	0.15	0.92	0.92	0.03

To achieve the SDG(Sustainable Development Goal) and global target of leprosy eradication there was a felt in need to modify strategy and add newer intervention to bring about acceleration towards zero transmission of leprosy by 2027. The National Strategic plan for leprosy and roadmap aims to provide program-specific strategies. The revised strategy focuses involving IEC emphasis on.

(a) Promotion of self-reporting.

(b) Target early case detection.

(c)Collaborate with partners and introduce Anti-Microbial Resistance surveillance with the objective achieve zero leprosy case by 2030.

National Strategic Plan and Roadmap for Leprosy 2023-2027

Vision: Leprosy free India with zero infection and disease, zero disability, zero stigma and discrimination.

Goal: Accelerate towards achieving Interruption of Leprosy Transmission in India.

Specific objectives:

1. Strengthen leadership, commitment, and partnerships 2. Acceleration of Case Detection 3. Provision of Quality Services 4. Enhanced measures for Prevention of Disease, Disabilities, Stigma, Discrimination and Violation of Human Rights 5. Digitalization of Surveillance Systems

Strategic Pillars of National Strategic plan are:-

1. Strengthen leadership, commitment, and partnerships.
2. Accelerate Case Detection.
3. Provide Quality Services.
4. Prevention of Disease, Disabilities, Stigma, Discrimination and Violation of Human Rights.
5. Develop Digital Systems for NLEP.

Following Projects/Programmes are conducted by the Department during 2022-23

1.**ASWAMEDHAM 5.0** (Leprosy Case Detection Campaign)- It is implemented to detect all hidden untreated case of leprosy in the community by active surveillance of population above 2 years of the given village/urban pocket by survey and providing treatment and prevention of disability. This survey aims to end transmission of disease in community. Survey is carried out by male and female Front-Line Workers selected from community. Supervision and Monitoring is done by health staff of the concerned area. During 2022-2381 new cases detected.

2. FOCUSED LEPROSY CAMPAIGNS (FLC): Reporting of a single G2D case indicates that cases are being detected very late and there may be several hidden cases in the community. In these hot spots, house-to-house visits are conducted by Multi-Purpose Workers (MPW), within 15 days of the G2D case being identified, to examine each resident of the households of the area. In rural areas, screening is conducted in each house of the whole village and in Urban areas 300 households around the location of the G2D case is screened

3. ASHA BASED SURVEILLANCE FOR LEPROSY SUSPECTS (ABSULS): ABSULS is an activity introduced in 2017 with the objectives of conducting active surveillance of leprosy suspects & early case detection by ASHA and to improve monitoring and supervision of leprosy case detection activities at village level. ASHA who monitors health status of population of average two hundred households, is asked to submit the number of suspects identified during the previous month with their signature in the monthly

meetings. The surveillance reports submitted by the ASHAs are compiled by the Medical Officer (MO). The final surveillance report is submitted by each District Leprosy Officer to State Leprosy Officer and to Central Leprosy Division

4. **Sparsh Leprosy Awareness Campaign (SLAC)**

Sparsh leprosy awareness campaign (SLAC) with Anti Leprosy day on 30th January 2023 was conducted for a fortnight from January 30th to February 12th, 2023.The focus of SLAC this year is to make the community aware about the importance of early detection of leprosy followed by complete treatment in order to prevent physical disabilities. District level inauguration was conducted in all 14 districts. The activities conducted during this year are,

1. Appeal from President of Grama Panchayath /PRI members to remove stigma and discrimination against person affected with leprosy.

2. Involve "SAPNA", though appropriate activities, in teaching community about common myths related to leprosy.

3. Hold Questions and Answers session based on FAQ already provided

4. Suitably involve persons affected by leprosy in SLACs.

5. At Block, District and State level; run three short films (TVCs) through multimedia devices in all meetings, and other relevant gatherings.

6. Encourage the community to take a pledge, not to discriminate against persons affected with leprosy.

7. Displayed IEC posters at high visibility places.

രോഗികളിൽ നിന്നല്ല രോഗത്തിൽ നിന്ന് അകന്ന് നിൽക്കാം

ആരംഭത്തിൽ കണ്ടെത്തിയാൽ പൂർണ്ണമായി
ചികിത്സിച്ചു ഭേദമാക്കാവുന്ന രോഗമാണ് കുഷ്ഠരോഗം
ചികിത്സ ആരംഭിച്ചാൽ രോഗപ്പകർച്ച തടയാനാകും

കുഷ്ഠരോഗികളെ അകറ്റി നിർത്താതെ സ്നേഹത്തോടെ പെരുമാറാം

beyond_l_tvm

കുഷ്ഠരോഗം
ലക്ഷണങ്ങൾ

ചർമ്മത്തിൽ കാണുന്ന നിറം മങ്ങിയതോ
ചുവന്നതോ ആയ പാടുകൾ/തടിപ്പുകൾ
ഇത്തരം ഇടങ്ങളിൽ ചൂട്, തണുപ്പ് എന്നിവ
അറിയാതിരിക്കുക, സ്പർശനശേഷി കുറവോ /
ഇല്ലാതിരിക്കുകയോ ചെയ്യുക. ചൊറിച്ചിൽ ഇല്ലാത്ത പാടുകൾ,
കട്ടിയുള്ള തിളങ്ങുന്ന ചർമ്മം
വേദനയില്ലാത്ത ഉണങ്ങാത്ത വ്രണം,
കൈകാലുകളിലെ മരവിപ്പ്, ബലക്ഷയം

ഈ ലക്ഷണങ്ങളിൽ ഏതെങ്കിലും ഉണ്ടെങ്കിൽ
ആരോഗ്യപ്രവർത്തകരെ കാണിച്ച് കുഷ്ഠരോഗമല്ല എന്ന് ഉറപ്പിക്കുക

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ആരംഭത്തിൽ കണ്ടെത്താം അംഗവൈകല്യങ്ങൾ തടയാം

കുഷ്ഠരോഗം നമ്മുടെ സമൂഹത്തിൽ ഇപ്പോഴുമുണ്ട്

സ്വയം പരിശോധിച്ച് ലക്ഷണങ്ങൾ
നേരത്തെ കണ്ടെത്തി ചികിത്സിക്കുക
സർക്കാർ ആരോഗ്യകേന്ദ്രങ്ങളിൽ
ചികിത്സ സൗജന്യം

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5. GRADE 2 DEFORMITY CASE INVESTIGATIONS (G2D): All new G2D cases being reported to the healthcare system will be investigated within 15 days of reporting. A format for interview of G2D cases has been designed to find out the factors responsible for the delay in reporting. Understanding the most frequent reasons for delay will help in planning better interventions under the programme. It will help in mapping problem areas and defining priorities for appropriate interventions.

6. NIKUSTH: NIKUSTH is an online reporting system with a patient tracking mechanism. In this system, data entry at the peripheral level is done, using a comprehensive digitalized reporting format to enable entry into the NIKUSTH software, for recording and reporting of cases detected through ABSULS, LCDC /ACD&RS, ELSA etc. The implementation of NIKUSTH will lead to effective monitoring and patient tracking, creation of a database of cases, early data analysis and prompt feedback.

Sd/-

Trivandrum   Dr. Sheeja A.L

30.01.2024Deputy Director(PH) & State Leprosy Officer

2024

Ending Stigma Embracing Dignity