National Leprosy Eradication Program

STATE INSTITUTE OF HEALTH AND FAMILY WELFARE, JAIPUR

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Leprosy

• a chronic infectious disease caused by Mycobacterium leprae.
• usually affects the skin and peripheral nerves.
• characterized by long incubation period
• classified as paucibacillary or mulitbacillary, depending on the bacillary load.
Leprosy

- a leading cause of permanent physical disability.
- most effective way of preventing disability -
timely diagnosis and treatment of cases, before
nerve damage has occurred
National Leprosy Eradication Program

• 1955 - NLCP
• 1982 - MDT came into use from 1982,
• 1983 – NLEP
• 1993-2000- The 1st phase of World Bank supported NLEP implemented
National Leprosy Eradication Program

- 1998-2004: Modified Leprosy Elimination Campaign
- 2001-2004: World Bank supported NLEP II
- 2005 - India achieved elimination National Level.
NLEP: Phased Approach
Achievements

• 1st phase (1993-1994) - prevalence rate reduced
24 (1992) to 3.7/10,000

• 2nd phase (2001-02 to 2003-04) –
Decentralization, integration, Elimination

• PR – 0.84 /10,000 pop. (March 31, 2006)
(Elimination-1/10,000)
Prevalence of Leprosy

- **Point Prevalence** - The number of persons with a disease at a specified point in time in a defined population.

- **Period Prevalence** - The number of persons with a disease in a defined population within a specified period of time.
Trend of Annual New Case Detection Rate (ANCDR) and Leper Prevalence (PR) in India

Source: NLEP Progress Report 2011-12

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State-wise Distribution of country’s case load

<table>
<thead>
<tr>
<th>State (Abbreviation)</th>
<th>% of Country's Case Load</th>
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<tbody>
<tr>
<td>D &amp; NH</td>
<td>0.13</td>
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<tr>
<td>Chattisgr ..</td>
<td>1.128</td>
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<tr>
<td>Bihar</td>
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<tr>
<td>Orissa</td>
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<td>Maharas ..</td>
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<td>WB</td>
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<td>MP</td>
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<td>Sikkim</td>
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<td>Ar.P</td>
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<td>Meghalaya</td>
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<tr>
<td>Mizoram</td>
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<tr>
<td>J&amp;K</td>
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<td>Raj</td>
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<tr>
<td>Haryana</td>
<td>0.64</td>
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<tr>
<td>Manipur</td>
<td>0.02</td>
</tr>
<tr>
<td>Tripura</td>
<td>0.11</td>
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</tbody>
</table>

Source: NLEP Progress Report 2011-12

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Declining Leprosy Prevalence
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As on Mar. 2001
PR: 3.74/10,000

PR / 10,000
< 1.00
1.01 to 2.00
2.01 to 5.00
5.01 to 10.00
> 10.0

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STATE-WISE LEPROSY PREVALENCE RATE (PR) PER 10,000
INDIA, MARCH 2007

National PR: 0.72/10,000

Map not to scale

Data source: CLD, MoH&FW

The boundaries shown on the above map do not imply official endorsement or acceptance by the World Health Organization
Objectives

- Render all case non-infectious in shortest time by:
  - Early detection & treatment
  - Interrupting transmission
- Prevent deformities
- Eradicate Leprosy
- MDT throughout
- Prevalence-<1/10000 by 2002
Strategy

- Decentralization of NLEP to States & Districts
- Integration of leprosy services with General Health Care System
- Leprosy Training of GHS functionaries
- Surveillance for early diagnosis & prompt MDT, through routine and special efforts
- Intensified IEC using Local and Mass Media approaches
- Prevention of Disability & Care
Elimination Strategy

• Strategic Plan of Action (2004-05)

• Focused Leprosy Elimination Plan (FLEP-2005)

• Intensified Supervision And Monitoring

• Modified Leprosy Eradication Program (1997)
Strategic Plan of Action (2004–05)

- Intensified focused action in 72 districts (PR > 5) and 16 moderately endemic districts with more than 2000 leprosy cases detected during 2003-04.

- Increased efforts put on IEC, Training and Integrated Service Delivery in 86 medium priority districts.

- Intensified IEC through Leprosy Counseling Centers in 836 blocks (PR > 5)
Strategic Plan of Action (2006–07)

- Provision of quality services with
- proper referral for management of reactions,
- complications and correction of deformity
- in districts with PR > 1
- 29 districts and 433 blocks
- Activities proposed:
  - Experienced district nucleus staff
  - Vehicle
  - Orientation for all the PHC Medical Officers
  - Situational analysis within the district
  - IEC, supervision and monitoring
Focused Leprosy Elimination Plan (FLEP–2005)

- 42 high priority districts with PR > 3/10,000 located in 7 endemic states.
- Increased efforts put on IEC, Training and Integrated Service Delivery
- In 552 blocks (PR > 3) as on 31.03.05, a two weeks long Block Leprosy Awareness Campaign (BLAC-II) through Intensified IEC and Leprosy Counseling Centers at PHC level during the period Sept.-Oct. 2005. M.Os reoriented
Modified Leprosy Eradication Program (1997)

To address the challenges a few areas were identified for intensive efforts:

- Training
- Intensified IEC
- Detection and immediate MDT
Approach

- Prevalence based categorization
  - Endemic : >5/1000
  - Moderate : 3-5/1000
  - Low : <2/1000

- Plan of Action
  - Preparatory phase
  - Intensive phase
  - Maintenance phase
Treatment

- MDT since 1982
- Rifampicin, clofazimine and dapsone
- Single dose of MDT kills 99.9% of leprosy germs.
- Free-of-cost on all working days at all SC, PHC, Govt. Dispensaries and Hospitals
Issues in Treatment With Multi Drug Therapy (MDT)

- **Prioritize** (based on resources)
  - Multibacillary
  - Paucibacillary resistant to Dapsone
  - Other Paucibacillary

- **Delivery**
  - Adequate, Efficient, Flexible
  - Referral
  - Integration with primary care
Advantages of MDT

• Highly effective in curing the disease
• Reduce the period of treatment
• Well accepted by patient
• Easy to apply in the field
• Prevents development of drug resistance
Advantages of MDT

- Interrupts transmission of infection
- Reduce risk of relapse
- Prevents disability
- Improve community attitude
Monitoring Indicators

• **Prevalence Rate**- Total number of leprosy cases on record at a given point of time in an area (Indicator of magnitude of the problem)

• **Calculation**- Total number of leprosy cases on record/total population in the given time in an area $\times 10000$. 
Monitoring Indicators

• Monthly and Annually New Case Detection
  
  rate-Indicator of impact of the program

• Proportion of children among new cases-
  Indicator of early detection
Monitoring Indicators

• Proportion of new cases with deformity-Indicator of effectiveness of program implementation

• Prevalence discharge ratio- Indicator of progress of the program related to cure
Rehabilitation and Care

- Community Based Rehabilitation (CBR)
- Medical Rehabilitation Institutions under ILEP
- NGOs support under NLEP
- Medical colleges/Institutions being facilitated for reconstructive surgery (RCS) with ILEP support.
Institutions

Four premier Leprosy Institutes are working under Directorate General of Health Services, Ministry of Health & F.W., Government of India.

- Central leprosy teaching research institute (CLTRI) Chengalpattu
- Regional leprosy training & research institute (RLTRI) Raipur (Chhattisgarh)
Institutions

• Regional Leprosy Training & Research Institute (RLTRI) Aska (Orissa)

• Regional leprosy training & research institute RLTRI, Gouripur, Bankura (West Bengal)

• All are involved in research (basic and applied) and Training in Leprosy
Institutions

• These Institutes also play important role in management of referral patients, providing quality care to chronic ulcer and disabled
• These Institutes also help in supervising and providing consultancy services to the State NLEP Units for better programme planning and implementation
Challenges

- Further simplify and shorten the regimen
- Abolish classification for treatment purposes
- Identify areas and communities not yet covered
- Actively change the negative image of leprosy
- Focus more on analysis of detection trends than on prevalence
- Develop an integrated community-based strategy for rehabilitation
• States and Districts according to endemicity levels have been categorized and accordingly action plan developed for-
• 3 states/UT (Bihar, Chattisgarh and Dadra and Nagar Haveli) with prevalence rate between 1-2.3 per 10,000 population
• Rest of the states – prevalence rate less than 1/10000
Rajasthan: Statistics

• Till Dec. 2011 63032 leprosy patients identified
• 61977 completely cured
• 1055 getting treatment
• Prevalence Rate:
  – India: 0.69
  – Rajasthan: 0.15
Thank You

For more details log on to www.sihfwrajasthan.com or contact: Director–SIHFW on sihfwraj@yahoo.co.in

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