



National Leprosy Eradication Program

STATE INSTITUTE OF HEALTH AND FAMILY WELFARE, JAIPUR

SIHFW: an ISO 9001: 2008 certified institution

Leprosy

- Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*. It usually affects the skin and peripheral nerves. The disease is characterized by long incubation period and is classified as paucibacillary or multibacillary, depending on the bacillary load.



Leprosy

- Leprosy is a leading cause of permanent physical disability. Timely diagnosis and treatment of cases, before nerve damage has occurred, is the most effective way of preventing disability due to leprosy.



National Leprosy Eradication Program



- 1955 -NLCP
- 1970s -Multi Drug Therapy. Dapsone treatment continued.
- 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.

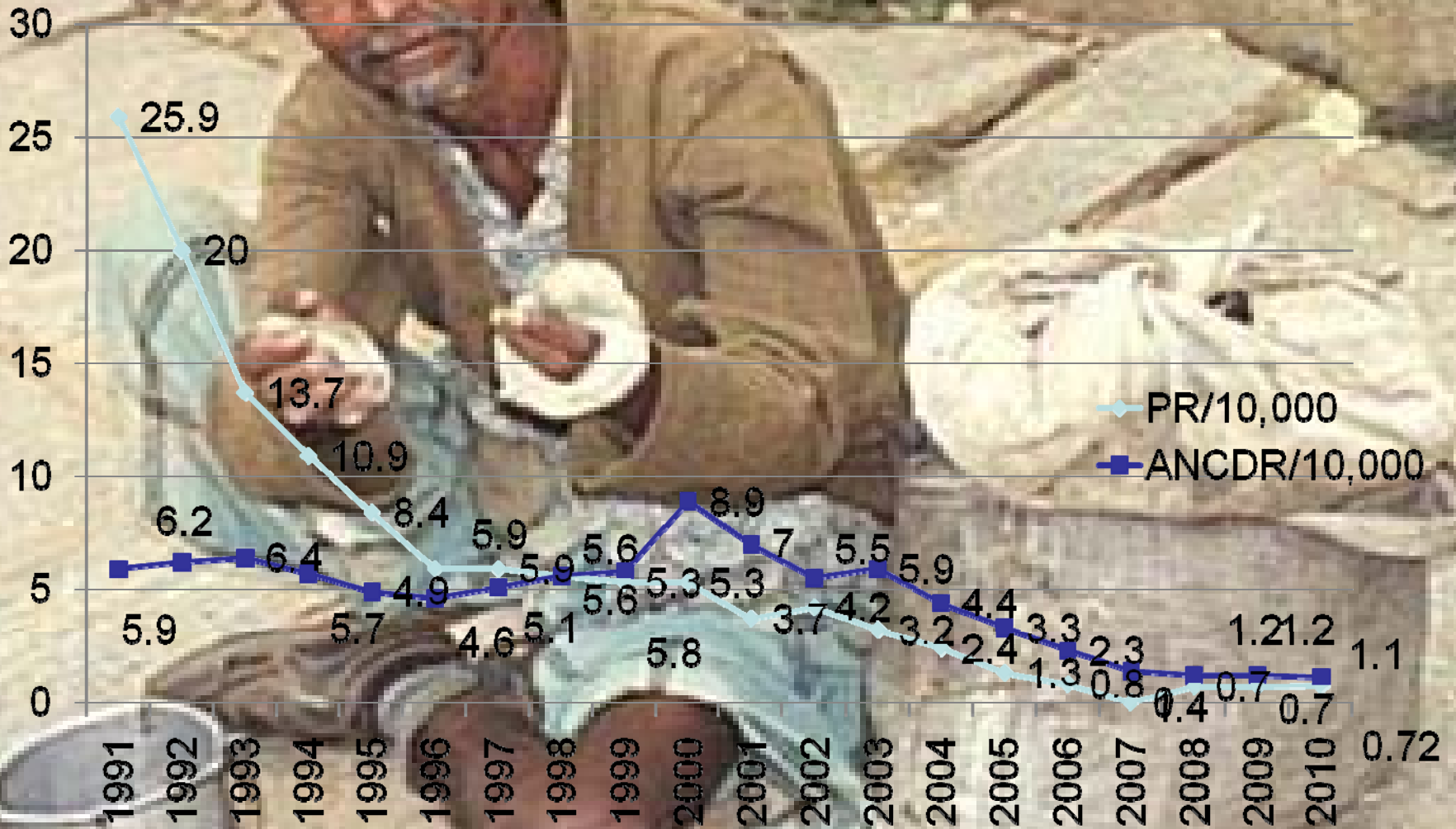
NLEP: phased approach achievements

- 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 leprosy Prevalence (PR) and Annual New Case Detection Rate(ANCDR) in India

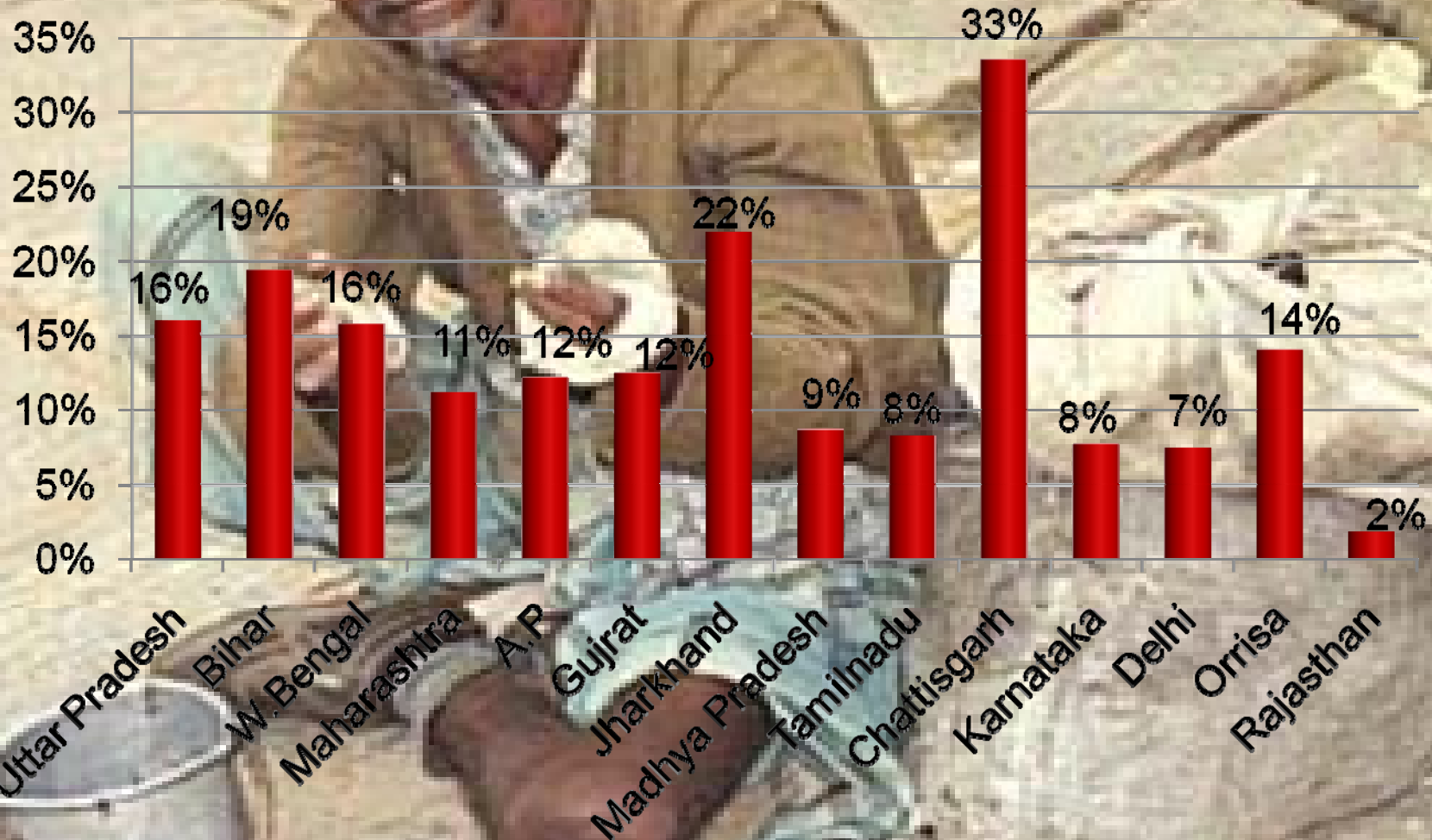


Source:- NLEP Data

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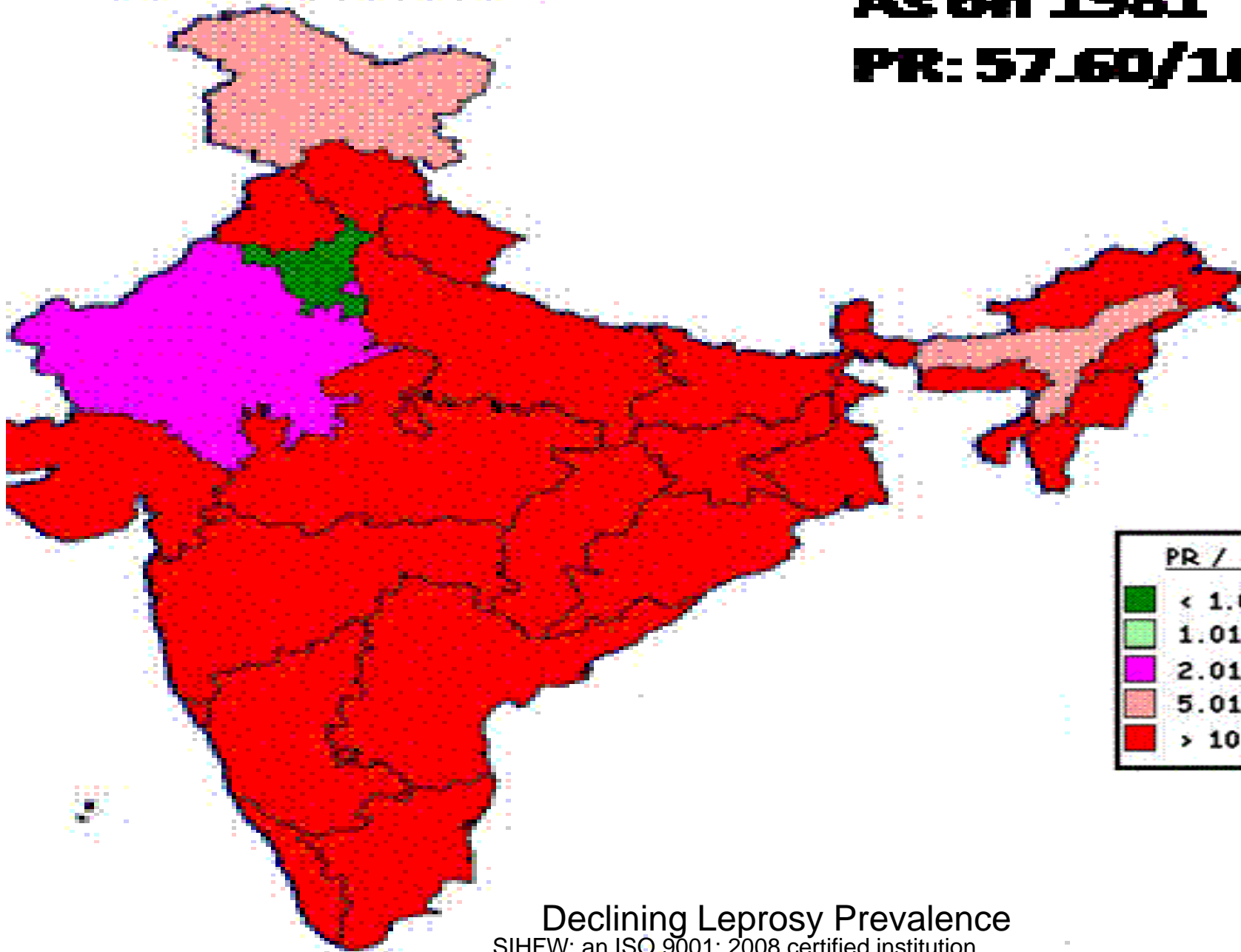
State-wise Distribution of Registered Leprosy Cases on 31st March 2008



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As on 1981

PR: 57.60/10,000

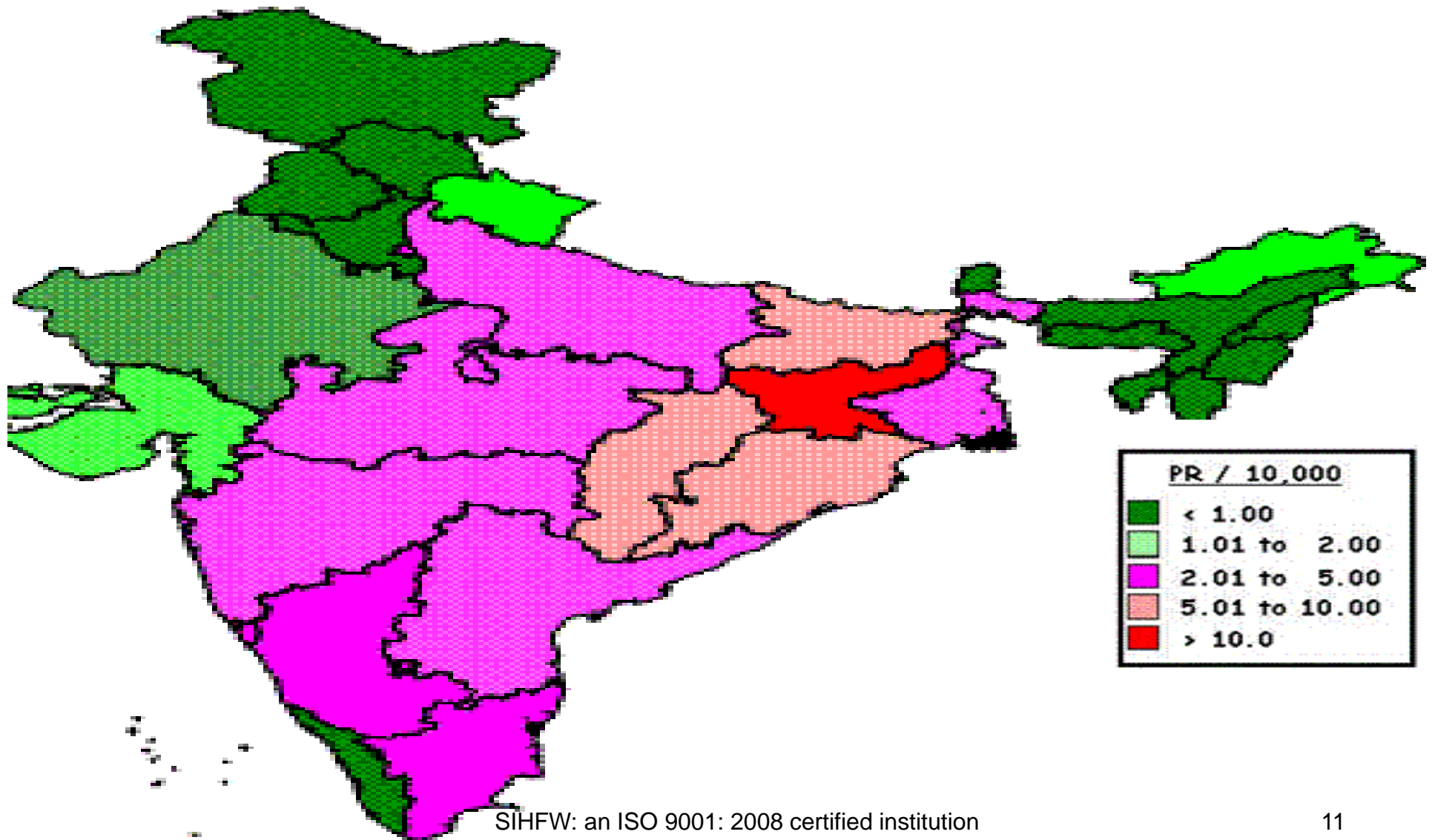


PR / 10,000	
Green	< 1.00
Light Green	1.01 to 2.00
Purple	2.01 to 5.00
Pink	5.01 to 10.00
Red	> 10.0

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

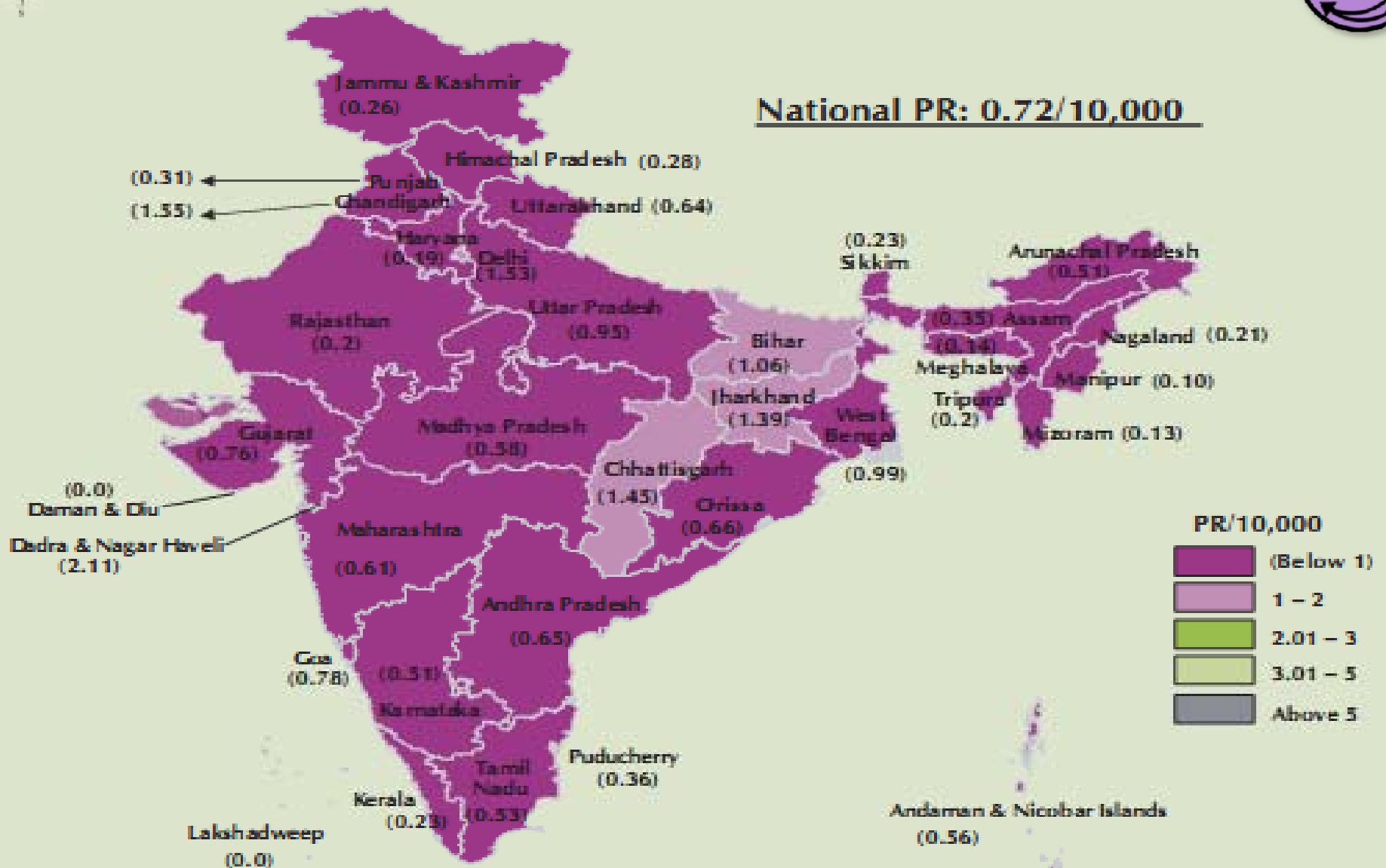


STATE-WISE LEPROSY PREVALENCE RATE (PR) PER 10,000

INDIA, MARCH 2007



National PR: 0.72/10,000



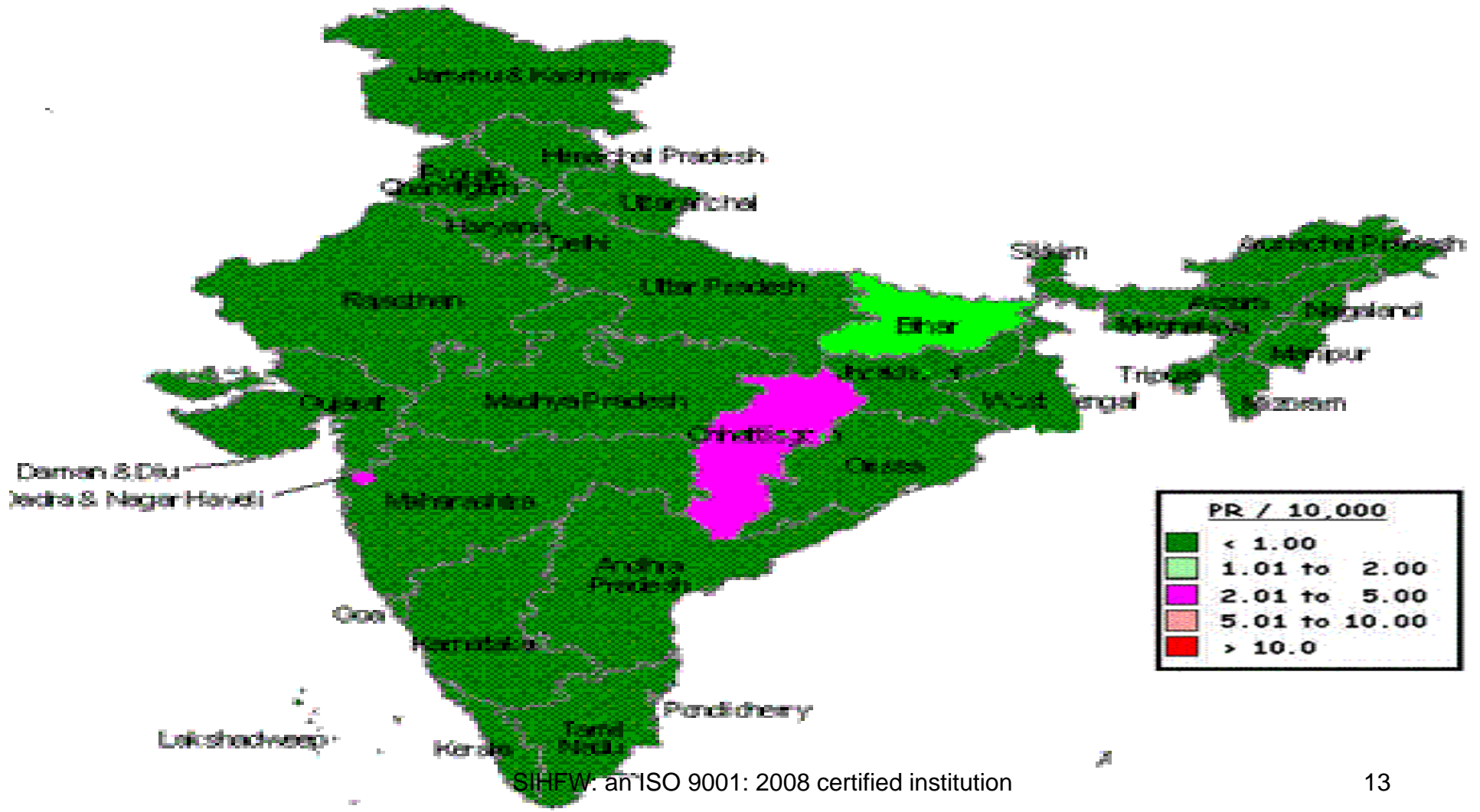
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Data source: CLD, MoH&FW

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



As on Mar 2009
PR: 0.72/10,000



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 Centres at PHC level during the period Sept.-Oct. 2005. M.Os reoriented

Modified Leprosy Eradication Program (1997)

In order to address these challenges a few areas were identified for intensive efforts. These are-

- 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 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 x10000.

Monitoring Indicators

- **Monthly and Annually New Case Detection rate**-Indicator of impact of the programme
- **Proportion of children among new cases**-
Indicator of early detection



Monitoring Indicators

- **Proportion of new cases with deformity**-Indicator of effectiveness of programme implementation
- **Prevalence discharge ratio**- Indicator of progress of the programme 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 (Chhattisgargh)



Institutions

- Regional leprosy training & research institute(RLTTRI)
ASKA (Orissa)
- Regional leprosy training & research institute RLTTRI,
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-

- 6 States (Bihar, Chattisgarh and Dadra & Nagar Haveli, W. Bengal, Jharkhand, Chandigarh) with prevalence rate more than 1/ 10000 with
- 29 States with prevalence rate less than 1/10000



Thank You

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