



National Leprosy Eradication Program

STATE INSTITUTE OF HEALTH AND FAMILY WELFARE, JAIPUR

SIHFW: an ISO 9001: 2008 certified institution



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 multibacillary, 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
- 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

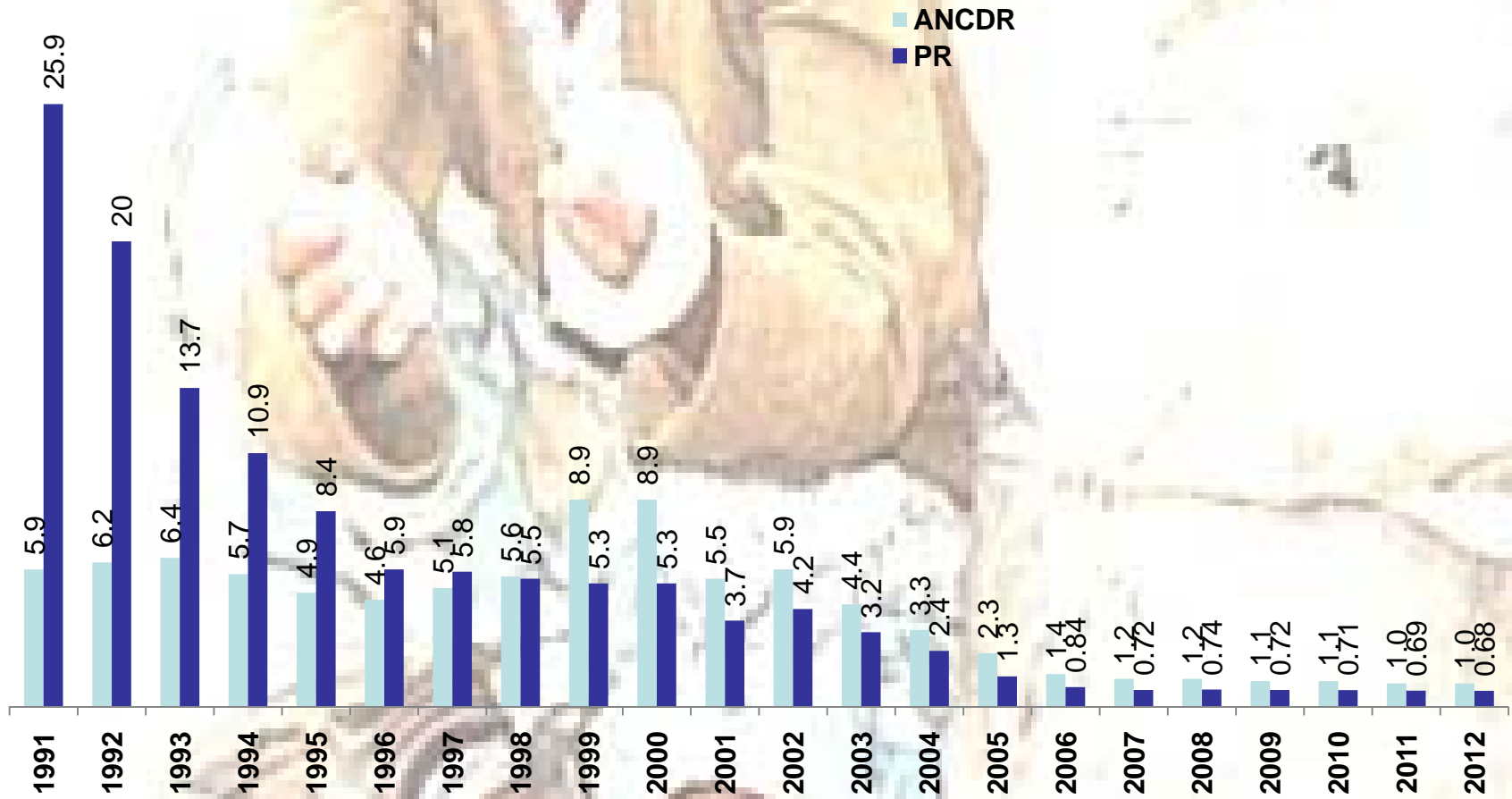
- 1st phase(1993-1994)- prevalence rate reduced 24 (1992) to 3.7/10,000
- 2nd phase (2001-02 to 2003-04) – Decentralization, integration, Elimination
- PR – 0.84 /10,000 pop. (March 31, 2006) (Elimination-1/10,000)



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

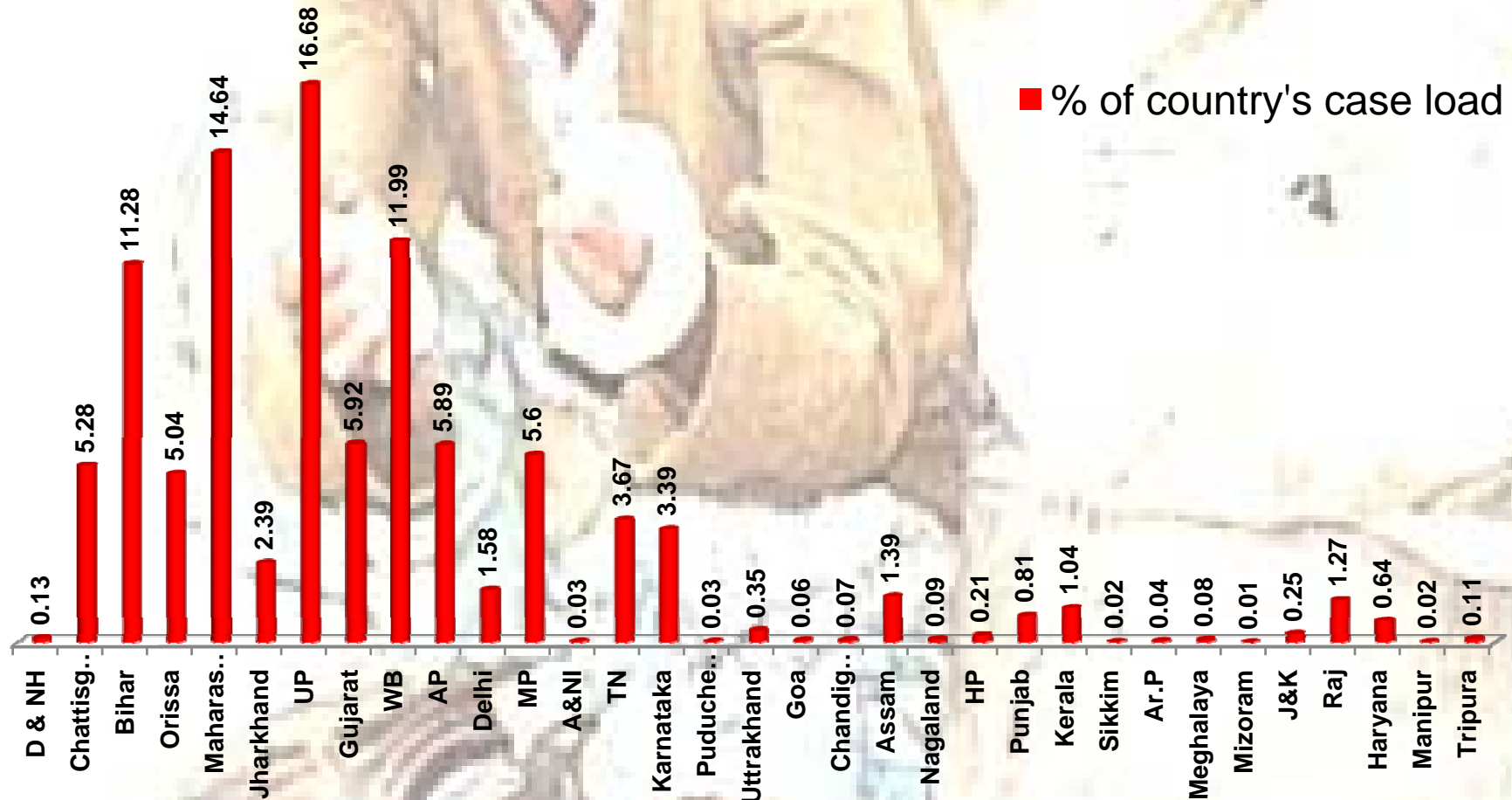
Trend of Annual New Case Detection Rate (ANCDR) and Leprosy Prevalence (PR) in India



Source:-NLEP Progress Report 2011-12

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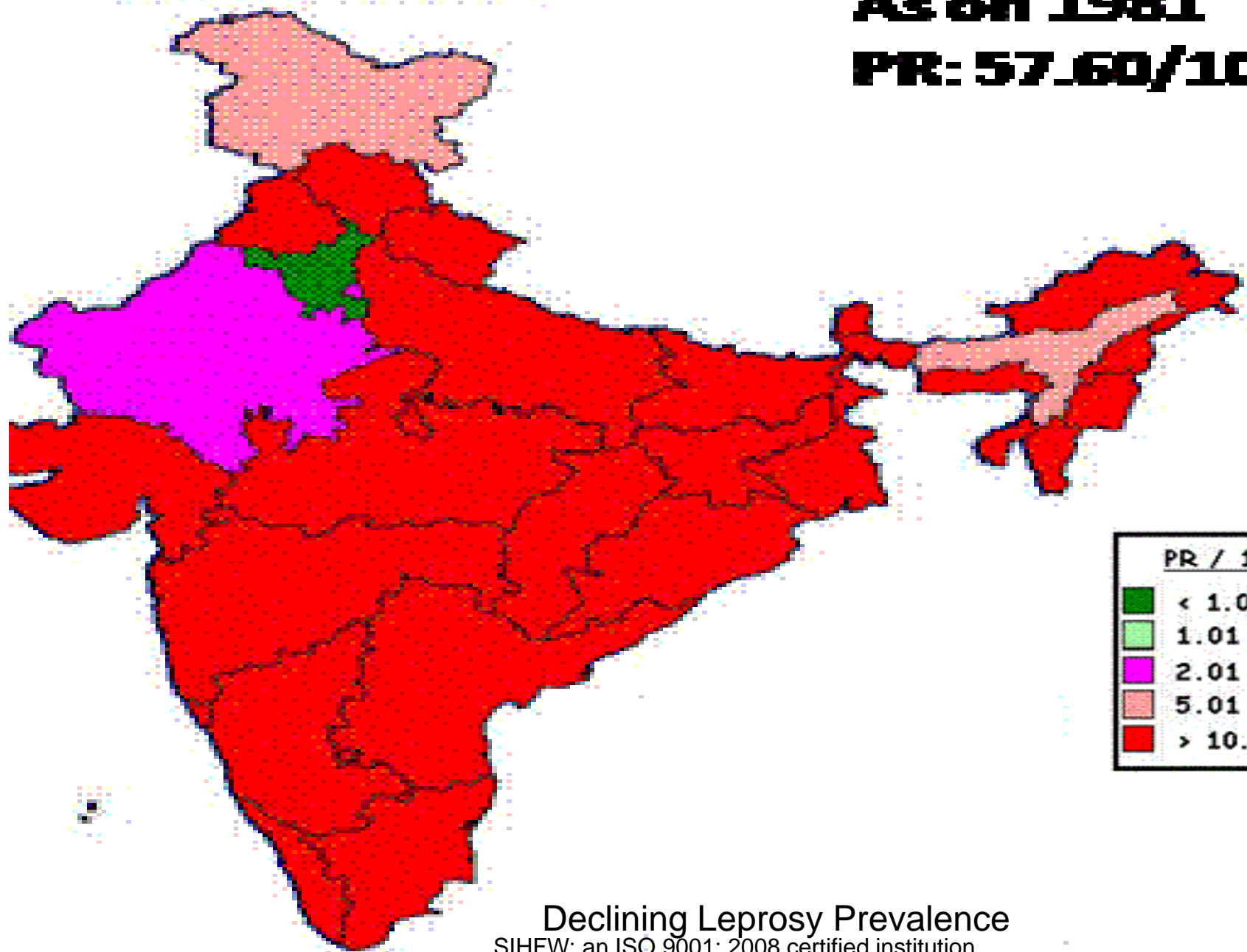
State-wise Distribution of country's case load



Source:-NLEP Progress Report 2011-12

As on 1981

PR: 57.60/10,000

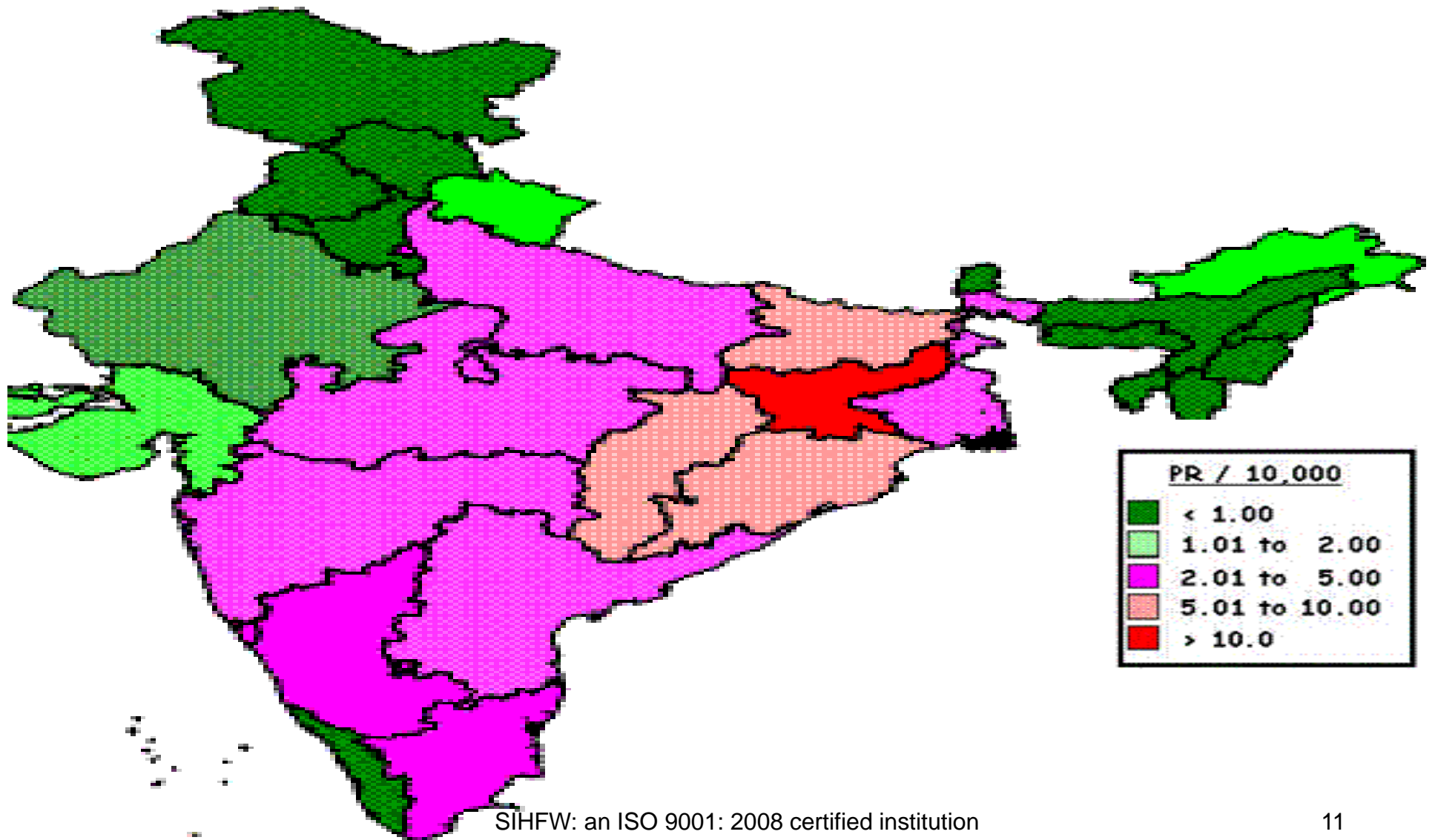


PR / 10,000	
Green	< 1.00
Light Green	1.01 to 2.00
Purple	2.01 to 5.00
Pink	5.01 to 10.00
Red	> 10.0

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

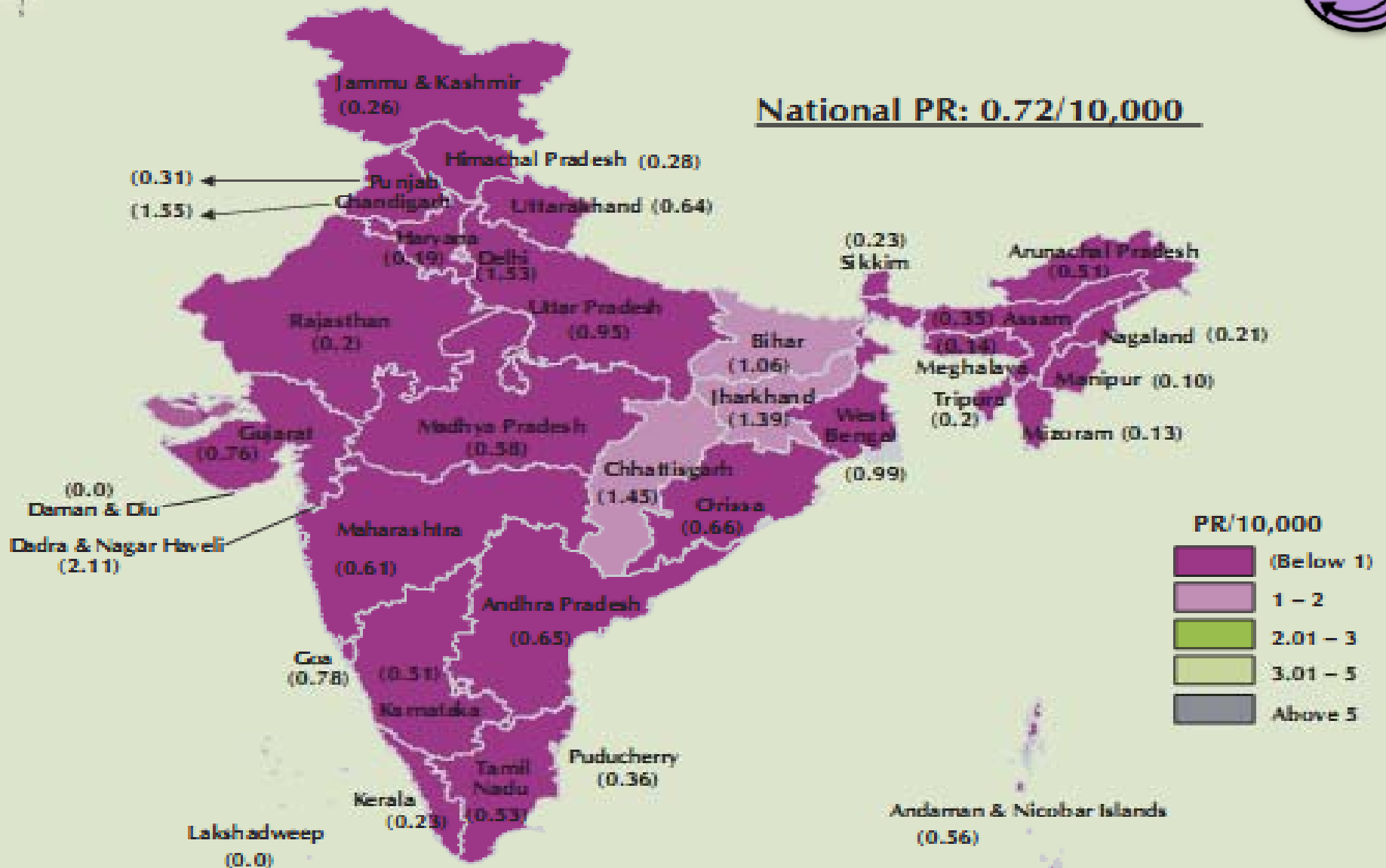


STATE-WISE LEPROSY PREVALENCE RATE (PR) PER 10,000

INDIA, MARCH 2007



National PR: 0.72/10,000



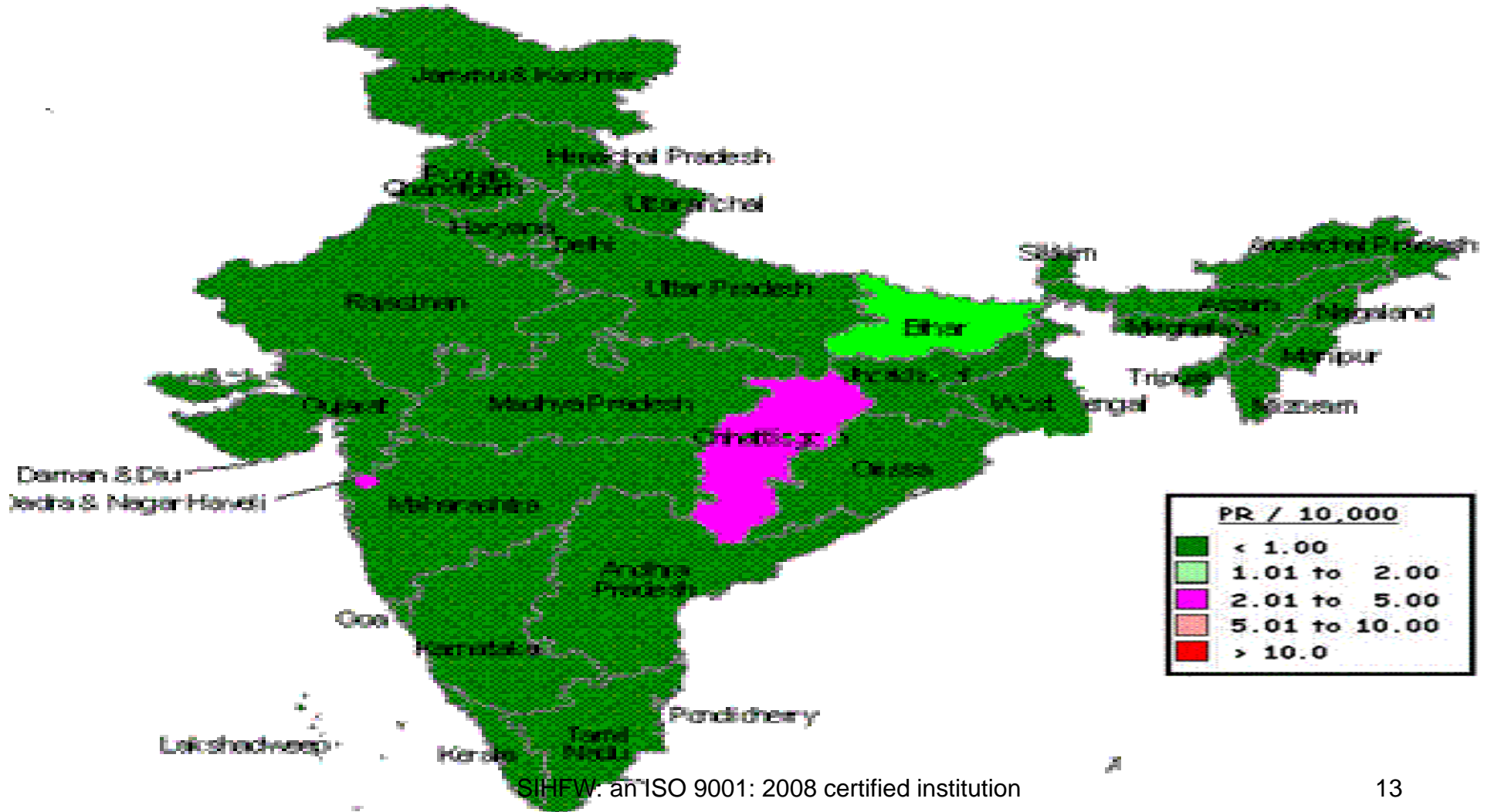
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Data source: CLD, MoH&FW

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 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)

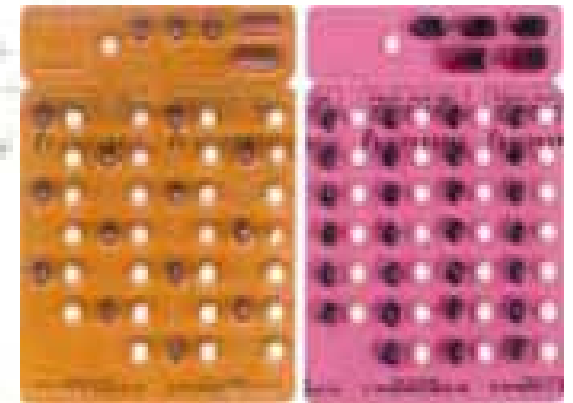


- **Prioritize** (based on resources)
 - Multibacillary
 - Paucibacilliary resistant to Dapsone
 - Other Paucibacilliary
- **Delivery**
 - Adequate, Efficient, Flexible
 - Referral
 - Integration with primary care



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 x10000.



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

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