MESSAGE FROM DDG (LEPROSY)

It is with great pleasure and humility, I am contributing in the 2nd issue of quarterly newsletter of year 2018, witnessed the successful introduction of several initiatives under NLEP from various states. The lead story in this issue is about MIP an exclusive vaccine for leprosy, developed in India, further on occasion of SPARSH leprosy awareness campaign conduction of essay competition for school children in Delhi. Story under highlight section included Health Minister of Meghalaya celebrated his birthday at one of the Leprosy colony which showed his compassion towards the programme. Further, state government of Gujarat introduced a simple but effective innovation for improving the reporting from private practitioners; i.e. postcard distribution. I am Happy to share the news that Central Leprosy Division has extended its collaboration with Indian Association of Leprologist (IAL) in order to receive technical support and guidance from experts like Dermatologist with rich experience working in Leprosy field. I hope readers will find this issue of newsletter very useful and look forward for your constructive feedback.

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**LEAD STORY**

**Mycobacterium Indicus Pranii (MIP): An exclusive vaccine for leprosy, developed in India.**

India is one of the few countries of the world, where leprosy is still prevalent. In fact in 2017, a total of 127,326 new cases were identified. World Health Organization (WHO) published new figures that show that reported new cases of leprosy in India made up 60 per cent of reported cases worldwide in 2015 - 127,326 out of 210,758. Experts believe that there are many hidden cases present in the community. Lack of awareness, insufficient access to medical treatment and severe stigma surrounding leprosy mean that millions more could be living with the effects of the disease, going untreated.

The Govt. of India has been employing free of charge multi-drugs regime (MDT) to treat leprosy patients, however alone MDT may not curb transmission of Leprosy in the community. Newer technologies are therefore, necessarily required, to curb the transmission of the disease. It is also important to mention regarding epidemiological aspect of leprosy, that the contacts have a very important role in transmission of leprosy.

The chances of developing leprosy among household contacts is ten times higher than the general population and the chance of finding leprosy among close contacts (neighbors and social contacts) is between three and four folds. We may able to prevent leprosy cases among close contacts after years of successful implementation of MIP vaccine (due to long incubation period of the disease i.e. 5-7 years).

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**The Genesis of the Vaccine, Mycobacterium Indicus Pranii (MIP)**

In the 1980s, Prof. G. P. Talwar, Founder-Director of National Institute of Immunology (an autonomous research institute under the Department of Biotechnology, Government of India) named a vaccine he developed, M.w. Later, in 2009, molecular taxonomic analysis (gene sequencing) revealed that this organism is a separate species and named it, Mycobacterium Indicus Pranii (MIP). MIP is a rapidly growing non-pathogenic mycobacterium. When administered intradermal, it increases cell-mediated immunity in the host. Mycobacterium Indicus Pranii (MIP) Vaccine is act as immunotherapeutic & Immunoprophylatic agent for leprosy cases and for contacts of Leprosy Patients respectively.

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**G.P. Talwar, Founder, Director, National Institute of Immunology, Delhi**

To study the efficacy of the MIP vaccine, a follow-up study of the household contacts was conducted in 2005. This large-scale field trials were conducted at Ghatampur Dehat, Kanpur, Uttar Pradesh, where 24,000 people who had close contact with people affected by leprosy were vaccinated with MIP. The protective efficacy of MIP was 68.6% at the end of 1st year, 59% at the end of 2nd year and 39.3% at the end of third follow up survey. The effect of vaccine is sustained for a period of 7-8 years, and after that, a booster dose was needed to maintain immunity.
Dosage of Vaccination for Contacts: as per the dosage schedule used in the study by Sharma et al (2005), each contact will be vaccinated at 0 and 6 months using a dosage of $1 \times 10^9$ heat killed bacilli ($M_w$) in normal saline at 0 months and dosage of $0.5 \times 10^9$ at 6 months. A booster dose of $0.5 \times 10^9$ dosage will be administered at 5 years.

As per ICMR recommendation, the dosage schedule of MIP Vaccine in new PB patients and patients already taking treatment should be 2 doses, 6 months apart. In new MB cases, the dosage schedule of MIP Vaccine should be 3 doses, 0, 6 and 12 months after initiation of therapy. The dosage of MIP will be same in all age groups. Booster will be given at the time of follow up after 4-5 years.

Hon’ble Minister of Health & Family Welfare Shri. J.P Nadda ji launched the Pilot project of implementation of MIP vaccine for immunoprophylaxis of contacts of person affected with leprosy on 7th May 2017 at Gujarat under NLEP. This Pilot project entitled “Programmatic Implementation and Comparison of MIP Vaccine Immunoprophylaxis and Rifampicin Chemoprophylaxis for contacts of Leprosy patients under the NLEP in high endemic settings” is being implemented in 4 districts (Navsari, Tapi, Bharuch and Narmada) of Gujarat and 2 districts (Banka and Jamui) of Bihar with the following primary objectives. However, the project could only be started in state Gujarat with following objectives.

- To assess the impact MIP for immunoprophylaxis in contacts of leprosy cases under programmatic settings and compare with Rifampicin chemoprophylaxis.
- To assess the impact of implementing Rifampicin chemo-prophylaxis in contacts of leprosy cases under programmatic setting and compare with MIP immunoprophylaxis.
- To assess the impact of implementing MIP and Rifampicin concomitantly for prophylaxis in contacts of leprosy cases under programmatic setting and compare with MIP and Rifampicin prophylaxis when given individually.

Expert Committee of ICMR, New Delhi, is also recommended the introduction of MIP vaccine as immunotherapeutic agent for leprosy cases & its expansion as Immunoprophylactic agent for leprosy patients under NLEP. Wherein, the committee has strongly recommended nationwide launching of MIP Vaccine as an immunotherapeutic agent for leprosy cases both PB and MB types and as Immunoprophylactic for contacts of leprosy cases in all states phased manner initiating first in high endemic districts/states with target to cover the entire country by 2nd October, 2019 under the National Leprosy Eradication Program.

- Dr. Rupali Roy

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**Best Practice**

**Essay Writing Competition for School Children of Delhi**

Many questions on Leprosy remain unanswered because nobody asks the QUESTIONS. Questions are not asked simply because they do not know what to ask, whom to ask, how to ask or maybe BECAUSE THEY ARE AFRAID TO ASK QUESTIONS.
SPARSH Leprosy Awareness Campaign attempts to answer the questions that seldom get asked.

Leprosy is a disease riddled with Stigma and discrimination. Complete eradication is possible only when the people develop awareness and are sensitized to it. It will only be possible through the concerted efforts of multiple departments along with a strong inter-sectoral cooperation and coordination.

Essay Writing Competition was organized by Delhi State Leprosy Officer and Secretary Hind Kusht Nivaran Sangh as a part of the Sparsh Leprosy Awareness Campaign 2018 in Delhi. It reiterates the fact that with multi sectoral involvement, a lot can be done.

As children play a pivotal role in a family, a child too can have a profound influence on their family. Involving children in an information seeking assignment would also involve elders undoubtedly and what better way of information dissemination than to seek it yourself.

It was organized in collaboration with HKNS HQ, New Delhi and HKNS HQ sponsored the entire cost incurred for the Essay Competition. NLEP Delhi was coordinating at District levels through the DLOs who coordinated with the Education Department. More than a thousand entries were received from all the Districts of Delhi.

A panel of Judges comprising of experts in the field of Leprosy was constituted of the following members.

1. Dr C.M. Agrawal, Hony. Treasurer HKNS
2. Dr J.B. Singh ,Consultant NLR, India
3. Mr. Pankaj , Physiotherapist , TLM

The competition witnessed some well researched essays on Leprosy and the efforts were highly appreciated by the Judges. Winners were selected as per the criteria by the panel of esteemed judges and they were awarded cash prizes along with certificate of appreciation. The competition carried a first prize of Rs.10000/-, the second prize of Rs.5000/ and 3rd Prize of Rs 3000. It also carried 11 District Consolation prizes of Rs.1000/- each.

Story covered by local daily:

Prize Distribution Ceremony of the winners was organized on 24th April 2018 in the Conference Hall of DGHS, Dwarka, New Delhi and the function was graced by the presence of Dr Anil Kumar DDG (L), GOI as the Chief Guest. There were also other esteemed guests from NGOs, teachers of schools as well as families of winners.

The Chief Guest and other speakers of the function spoke on the issues of Leprosy stressing on the fact that it is a completely
curable disease and that the people need to understand this and educate others in order to eliminate stigma completely in the society.

**Essay Competition Awards**

<table>
<thead>
<tr>
<th>S No.</th>
<th>District</th>
<th>Name</th>
<th>School</th>
<th>Prize</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>NORTH</td>
<td>VISHAL / IA-A</td>
<td>GBSS SCHOOL, BAKHTAWAR PUR</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>2.</td>
<td>SOUTH WEST</td>
<td>RAGINI DUBEY / X-A</td>
<td>GOVT. CO-ED SEC SCHOOL, SEC 22, POCHANPUR, DWMRA</td>
<td>Rs. 2000/-</td>
</tr>
<tr>
<td>3.</td>
<td>SOUTH EAST</td>
<td>ILMA JIWALI / IX-C</td>
<td>VISVY NO. 5, KALAKK</td>
<td>Rs. 1500/-</td>
</tr>
<tr>
<td>4.</td>
<td>NORTH</td>
<td>ISHWA / IX-A</td>
<td>VISVY NO. 1, SHAKTI NAGAR</td>
<td>CONGRATULATIONS ON PRIZE</td>
</tr>
<tr>
<td>5.</td>
<td>SOUTH EAST</td>
<td>HEENA / IX-A</td>
<td>GOVT. CO-ED SEC SCHOOL, SEC 29, POCHANPUR DHARANA</td>
<td>Rs. 1500/-</td>
</tr>
<tr>
<td>6.</td>
<td>SOUTH EAST</td>
<td>RAGINI MISHRA/ IX-B</td>
<td>SKV, HARI NAGAR ASHARAM</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>7.</td>
<td>NEW DELHI</td>
<td>BISHWAR SHARMA VI-A</td>
<td>GBSS, D-BLOCK JANAK PURI</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>8.</td>
<td>CENTRAL</td>
<td>RAVEJ/ IX-A</td>
<td>SARKODIYA BAL VIDHANAYA, MORI GATE, NEW DELHI</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>9.</td>
<td>SOUTH</td>
<td>SHAHUL MANDAL/ IX-A</td>
<td>GBSS SCHOOL, C-BLOCK</td>
<td>Rs. 1000/-</td>
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<tr>
<td>10.</td>
<td>WEST</td>
<td>RUBY YADAV/ VIII-A</td>
<td>GOVT. GIRLS SR. SEC SCHOOL, MADI PUR, NEW DELHI</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>11.</td>
<td>NORTH WEST</td>
<td>MUKHAN/ VI-E</td>
<td>SKV MANGOL Puri, Q BLOCK</td>
<td>Rs. 1000/-</td>
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<tr>
<td>12.</td>
<td>NORTH EAST</td>
<td>ADARSH RAWAT/ VIII B</td>
<td>RPV, YAMUNA VIHAR NED</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>13.</td>
<td>SHANJARDA</td>
<td>DIYAA VERMA/ XI</td>
<td>SKV NO. 2, MANSAROVAR PARK</td>
<td>Rs. 1000/-</td>
</tr>
<tr>
<td>14.</td>
<td>EAST</td>
<td>AAM/ IX-V</td>
<td>CO ED. SEC SCHOOL BLOCK 2, GIETA COLONY</td>
<td>Rs. 1000/-</td>
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**SUCCESS STORY**

For improving reporting from Private practitioners: Gujarat

120 printed Postcards were distributed to dermatologists and private practitioners at Taluka level in Surat, Dahod and Valsad districts of Gujarat. Private practitioners and skin specialist if they detect or suspect any new case of leprosy they will send the details of patient to district leprosy officer for reporting purpose. Postcards will be utilized for validation, reporting and contact tracing purpose also.

**Filled postcards of Valsad District**

**Filled postcard received from Surat District, Gujarat from a private skin clinic.**

**HIGHLIGHTS**

An act of compassion: Hek spends B’day at Nongpoh Leprosy Colony

Mr. A. L. Hek, Health Minister of Meghalaya, has shown to the world that Health Care without Compassion is incomplete. To choose to celebrate one’s 51st birthday (3rd May) with persons affected by leprosy is an act of
compassion towards those people who suffer from a disease which has a strong stigma against it (though it is curable like any other disease and early treatment can prevent deformity and disability). It sends a strong message that one should not be afraid to socialize with them and also makes them feel wanted and actually can mainstream them with the general society because they suffer due to no fault of their but from a disease which needs treatment and compassion like any other disease.

At Shant Bhawan, he cut the cake as the inmates wished him on the day. MLAs Mayralborn Syiem, Sosthenes Shtun and MDC Rona Khymdeit accompanied the Hon’ble Health Minister. Same news was also covered in local dailies of Shillong, Meghalaya.

- Dr Lanong.

MEETINGS & GATHERINGS

Review meeting of four Leprosy training and Research Institutes at Central Leprosy Division

One day Institutional review meeting of Central (Tamil Nadu) and 3 Regional (Chhattisgarh, West Bengal and Odhisa) Leprosy Training & Research institutes was conducted under Chairmanship of Dr. Anil Kumar, DDG-Leprosy at Nirman Bhawan, New Delhi on 29th May 2018. Directors and Joint directors of all four institutes and national consultants of Central Leprosy Division participated in the meeting. All four directors presented their work done in last 2 years and future plans for 2018 and 2019. Certain research proposals were also discussed and appraised during the meeting and several administrative and financial issues were also resolved. Sh. L. Thahgen, Director admin actively participated in the meeting and resolved the administrative issues these 4 institutes are facing.

Further opportunity was also utilized to finalize the standard training modules for Medical officers, lab protocols for smear, field supervisors & physiotherapists and training need assessment document. These uniform standard training modules will be utilized country wide in training and capacity building activities while training need assessment document will be utilized to understand the training needs of the HR involved under NLEP.

Continued partnership support by Indian Association of Leprologists as stakeholder to NLEP

The Indian Association of Leprologists (IAL) is a National Organization founded in 1950,
consisting of Leprologists, Dermatologists and Laboratory Scientists with membership strength of > 800 members. IAL partners with Hind Kusht Nivaran Sangh amongst the oldest reputed NGOs dedicated to Leprosy through education and publishing “Indian Journal of Leprosy”.

The IAL Executive expressed that the possible areas where IAL and NLEP could partner together are:

1) State /Regional Workshops, Seminars for strengthening the State Leprosy programme by helping the NLEP in analyzing the reported prevalence and incidence in the various districts and states and provide feedback on observations and conclusions drawn.

2) Organize Training programmes/updates including hands on training for field staff, for NLEP staff /Medical practitioners and collaborators on leprosy diagnosis, treatment, verification and validation through its publications including “IAL Handbook of Leprosy”.

3) Working Group for developing guidelines for Reaction management, relapses, clinical problems, epidemiological and operational areas

4) Coordinate and liaise with NLEP for areas in research where IAL Expertise and resources can be utilized.

5) Provide help in any way the programme desires.

6) Formation of task force - joint representation

7) Publication of data in Indian Journal of Leprosy

8) Technical advice and Expertise through the Referral centers for diagnosis,

treatment and management of cases with clinical problems.

This partnership and cooperation between NLEP and IAL would further strengthen the State programmes and improve the care and services to leprosy patients and persons affected with leprosy in the fight against leprosy in India.

Taking forward these objectives, one day Seminar on “Operational Analysis of Leprosy Case Detection Campaign (LCDC) In Maharashtra state” was organized jointly by Indian Association of Leprologists (IAL), Office of Joint Director of Health Services (Leprosy and TB), Govt. of Maharashtra in collaboration with Bombay Leprosy Project (BLP), Mumbai on 20th April 2018 at Office of Joint Director of Health Services, Govt of Maharashatra at Parivartan Sabhagrah, Arogya Bhavan, Vishrant Wadi, Pune.

Seminar was attended by Senior IAL Members and District ADHS (Leprosy) from various districts including Joint Directors of Health Services, Medical Officers and Supervisors.

Total of 91 delegates from all over Maharashatra participated in the Seminar

Photographs of presentations and Panel Discussion

- Dr V. V. Pai, IAL
**NEWS AROUND**

**The Conference Alerts: Leprosy**

A conference alert exclusively for Leprosy was organized by Govt. of Gujarat at Rajendranagar on 24th June 2018. The Conference Alerts was first of its kind event organized which created a platform for knowledge sharing among the various stakeholders like healthcare providers (skin specialists, dermatologist), Leprologists, Resident Doctors of medical colleges of Gujarat state) and public health professionals (researchers, State Government Leprosy Department Officers and District Leprosy Officers).

Whole event was conducted in the presence of chief guest Smt. Jayanti Ravi, Commissioner and Principal Secretary, Health and Family Welfare Department, Government of Gujarat wherein experts from different fields and sectors shared their leanings, experiences and academic expertise for managing Leprosy. Sharing such rich experience over this platform created a coordination and association between the private practitioners, academicians and state health care providers.

Highlights of presentations are:

- Innovations: Active case search
- Active case detection with private practitioners
- Behavior Change communication
- MDT distribution from private health care providers
- Coordination of DLOs with Dermatologists of private setups in Surat.

- Dr Girishthakar
  Deputy Director Leprosy
IEC activities are going on at Bharuch, Gujarat.

Contact examination at Gujarat

Training of Postgraduates of Community Medicine in NLEP at CLTRI, Chengalpattu.

State coordination committee meeting at Bihar at WHO state office regarding Nikusht software: Online reporting system.

IEC Material developed by Gujarat State in the local language.
Online version of NLEP Newsletter is available on [www.nlep.nic.in](http://www.nlep.nic.in)

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