30th January which is also the death anniversary of our father of nation Mahatma Gandhi, is celebrated as anti-leprosy day every year in India to commemorate his great contribution for the removal of stigma against leprosy affected Persons and their families. On this occasion, this year SPARSH leprosy Awareness Campaign was introduced & implemented. Wherein the message to not to discriminate against leprosy affected persons was given and the message to accept them into the families and to mainstream them in the society was given.

I am happy to note that during Sparsh Leprosy Awareness Campaign, gram sabhas were organised in about 3.5 lakh villages all over the country on the instance of Central Leprosy Division of this Directorate General Health Services to spread the message about leprosy.

SPARSH leprosy awareness is highlighted in the Highlight section. In the Spot-light/Photo gallery section photo-graphs from different parts of the country on conduct of SPARSH leprosy awareness campaign during Anti-leprosy day and fortnight are included.

A special scientific session organized in the annual conference of Indian Public Health Association at Jodhpur is covered in Event & Meetings. Other National and International news on leprosy has been covered under the section ‘News around’. I hope readers will find this issue of newsletter very useful and look forward for their constructive feedback.
Lepra Bacilli affects skin, mucosa and peripheral nerves. Damage to nerves leads to deformities in hand, foot or eye. For leprosy control, it is essential to detect & treat a case at its early stage when changes are reversible and the spread of bacilli is minimum. Leprosy, if not arrested by natural immunity or treated early with Multi-Drug-Therapy, may lead to complications and irreversible consequences.

Two major consequences of untreated leprosy are – continued transmission of leprosy in community and onset of disabilities in a significant proportion of the cases. Indeterminate lesion, fine infiltration and patches of duration < 6 months can be considered as early stage of disease.

In Lepromatous leprosy (LL) or Borderline Lepromatous (BL) leprosy multiple patches may erupt simultaneously with symmetrical distribution from the beginning. In border line group of patients lesion may increase or decrease depending on controlled or uncontrolled disease. Cases of tuberculoid pole cannot travel to lepromatous pole even if not treated. Similarly lesions of lepromatous leprosy cannot be changed into tuberculoid type even after treatment.

Early stage of both, PB & MB leprosy can be differentiated by history and clinical examination of affected person. Some criteria of early and late leprosy are as follow –

**Signs of early stage of leprosy**

- Appearance of one or more skin patches with duration < 6 months. They will disappear after treatment. Earliest lesion / type is called Indeterminate type of leprosy.

- Recent nerve damage / lesion (sensory loss over palm or sole and / or muscle weakness in hand, foot or eye) of < 6 months duration which are likely to be recovered by prednisolone therapy.

- No residual scar over skin or muscle wasting.

- No nasal or oro-pharyngeal lesion.

- Diffuse swelling & redness of skin over face/chin/ear lobes (i.e. fine infiltration), skin smear will be positive. Experience is required to suspect it.
Early detection of leprosy case is advantageous because further consequences will be reduced and disease transmission will be arrested. The following criteria may be adopted to investigate and confirm the early diagnosis.

- Skin patch / patches are hypo-pigmented, ill defined or well defined and flat (macule) with or without sensory loss, there may be no lepra bacilli in skin smear examination. Histopathological examination of biopsied piece will confirm the diagnosis.

- Localized swelling & redness of skin (fine infiltration) detected after inspection & palpation with no sensory loss, no nerve thickening around / or in the region. Skin smear from site will usually positive for lepra bacilli.

- History of dropping the objective from hand or slipping of chappal from the foot while walking. Voluntary muscle test may show muscle weakness but there is no muscle wasting

- Red eye or inability to close the eye/eyes completely for a duration of less than 6 months.

Submitted by: Dr. P R Manglani, NLR Foundation

Signs of late stage of leprosy

- Appearance of one or more skin patches with duration > 6 months. They may not disappear after treatment. Residual lesion will remain.

- Appearance of swelling & redness over skin lesion or signs of leprosy reaction.

- Nerve lesion (sensory loss over palm or sole and /or muscle weakness in hand, foot or eye) of > 6 months duration which are less likely to be recovered by prednisolone therapy.

- Residual scar over skin or muscle wasting present.

- Presence of ulcer on nasal mucosa, pharynx or oral mucosa, bleeding from nose/nasal stuffiness / chronic blockage of nose / depressed bridge of nose and gynecomastia.

- Obvious / well localized / well differentiated swelling and redness of skin, papule or nodules over skin / histoid or pearly popular lesion.
**Call for Collective Action to Eliminate Leprosy: PM**

On the eve of the Anti- Leprosy day, the Prime Minister, Shri Narendra Modi, called upon the people of the nation towards a collective action to eliminate Leprosy, which is now a 'treatable disease'?

In his message to the nation, delivered on the eve of anti-leprosy day 2017, Prime Minister said that all citizens of this country should work together for socio-economic up-liftment of the leprosy cured persons and to ensure their contribution in the nation-building. Everyone should contribute his part to realize the dream of Mahatma Gandhi of creating an atmosphere where every person affected with leprosy lead a dignified life. He also recalled the enduring concern of Mahatma Gandhi for people affected with leprosy and his vision to bring them into the mainstream of society, rather to give them treatment only.

The efforts to eliminate leprosy under the NLEP are in fact, a tribute to Mahatma Gandhi's vision. He added that the goal of leprosy elimination as a public health problem i.e., prevalence rate to less than 1 per 10,000 population at national level was achieved in 2005. Although, occurrence of new cases reduced marginally, visible deformity at the time of first diagnosis has increased. We should not be remain complacent with the achievements and work together to reach the last mile to eliminate the social stigma attached to the disease. The Prime Minister elaborated that a three-pronged strategy for early detection of leprosy in the community was introduced in 2016 under National Health Mission, especially in the hard-to-reach areas. A special Leprosy Case Detection Campaign (LCDC) was carried out in 2016, and more than 34000 cases were detected and confirmed, they were put on treatment. In addition, persons who are in close contact with the patients were also given medicine to reduce the chances of occurrence of the disease in them.

**BEST PRACTICES**

**Conventional treatment for ulcers yields better results**

25 year old Ram (name changed) is originally belongs to Odisha state and he was under trial in Central Prison, Cherlapally, Hyderabad. During LEPRA's Blue Peter Public Health Research Centre's routine outreach activities at the prison, he was diagnosed to have Hansen's disease and was started anti-leprosy treatment.

He was not feeling any sensation over the right sole since one year, he also developed plantar ulcer on the right foot's great toe about four months ago. He was advised self-care measures but never practiced and as a result his ulcer got worsened. He was brought to the clinic at BPHRC and applied mini plaster of Paris (mini POP) cast twice in a span of five weeks. As he is an inmate of the prison he is escorted by two police personnel whenever he comes. Now the ulcer healed completely and the staff of the prison also expressed their happiness on the healing of the ulcer.

This case proved again that conventional treatment methods of ulcer treatment yield better results. Another, patient also improved from chronic heel ulcer after application of below knee plaster (BK POP) cast for about six weeks. It was recommended to replicate this practice in all LEPRA clinics to reduce the cost of related expenditure significantly.

**SUCCESS STORY**

**Ditally’s Wish to be a Teacher**

**Thanks to Re Constructive Surgery**

Ditally, aged 15, daughter of Javan singh and Taveribai living in Pannala Alirajpur district, Madhya Pradesh belongs to a local tribal community. Ditally is the third of seven siblings in her family. Her parents along with her elder sister earn daily wages for living. Ditally is now in eighth standard and staying in a government hostel as the school is quite far away from her village.

When Ditally was in fourth standard, when she was cutting grass for the animals she got injured on her left little finger. She saw the bleeding from the finger,
but did not feel any pain and she put some herbal medicine. Slowly she felt loss of sensation in all four fingers and developed clawing. Then her father took her to nearby Primary Health Centre (PHC) and they started the MDT treatment for six months.

When she was in hostel her companions maintained distance seeing her clawed fingers. “I felt alone in the hostel; nobody wanted to sit or play with me. I used to feel so sad sitting alone and cry. I thought I will not come back to hostel again and I will stop my studies after the holidays.” Ditaly says with pain. When she went home her brother did not allow her to go to the kitchen or touch the common utensils fearing contracting the disease.

When she was at home one day there was an IEC programme was conducted in the village wherein the advantages of RCS were highlighted. The NLEP staff accompanied the local SJLC staff and called Ditaly and her father to explain about reconstructive surgery. Ditaly was very happy that her hand will be alright and she can continue her studies in the hostel. Ditaly came to SJLC along with her father and got examined. She had ulnar and median paralysis on her left thumb for which the reconstructive surgery was recommended and carried out promptly along with her four fingers.

After the surgery when she went back to the hostel to continue her education there was a remarkable change in the attitude of her friends. She says “I am playing with all and we are studying together. There is no fear in them. Now I feel very happy.” Ditaly wants to be a teacher, so with full enthusiasm she is continuing her studies. She received an incentive of INR 8000/- from government. Ditaly also attends regular follow-up for her RCS.

According to the reports received from the states and UTs, 29 states and 5 UTs have conducted Sparsh Leprosy Awareness Campaign on 30.01.2017 in the village gram sabhas followed by anti-leprosy fortnight with different types of IEC activities implemented.

Out of 682 districts in the country 646 districts (94.72%), and out of 6445 blocks in the country 5823 blocks (90.35%) and out of 603479 villages 356017 villages (58.99%) participated in the SLAC. The IEC activities conducted throughout the fortnight were taking public oath against discrimination against leprosy patients and their families, taking of selfie with district collectors and leprosy patients, orientation/awareness of on leprosy, distribution of T-shirts, loudspeaker announcements from the religious places, sensitization of mothers who attended clinics at the subcentre, evening community meetings with village opinion leaders etc.

**HIGHLIGHTS**

**Sparsh Leprosy Awareness Campaign**

**Extensive coverage throughout the country**

Sparsh Leprosy Awareness Campaign wherein nationwide Panchayat Meetings/ Gram Sabhas were organised in cooperation and coordination with allied sector of health department/ ministries i.e., Panchayati Raj Institutions, Rural Development, Urban Development. Gram Sabhas were conducted in more than 3.5 lakhs. On that day, in gram sabhas message from District Magistrate and appeal from Gram Sabha Pramukh to reduce discrimination against persons affected with leprosy were read, pledge was taken by all Gram Sabha members to reduce the burden of disease in the community and felicitation of representative from person affected with leprosy (if available) by Gram Sabha Pramukh was done.

**EVENT AND MEETING**

**Endeavouring, Innovations & Resource Pooling for Leprosy free India**

61st Annual National Conference of Indian Public Health Association (IPHA) was Organised by Department of Community Medicine & Family Medicine, AIIMS Jodhpur. This three days conference from 24th to 26th February 2017 was held at Jodhpur, Rajasthan. wherein parallel Scientific Session on leprosy was organised under the chairmanship of Dr. A.K.Puri, ADG (Leprosy) and Dr M. A. Arif, country Director, Netherlands Leprosy Relief (NLR). During this session a
The salient features of the act include
1. Disability has been defined based on an evolving and dynamic concept and cured leprosy patients have been added in the definition of persons with disability.
2. Governments have been made accountable to take effective measures to enjoyment of rights by the persons with disabilities equally with others.
3. Every child with benchmark disability between the age group of 6 and 18 years shall have the right to free education.
4. To strengthen the Prime Minister's Accessible India Campaign, stress is laid on accessibility of disabled persons in public buildings (both Government and Private) in a prescribed time-frame...
5. It was proposed to increase reservation from 3% to 4% in Government jobs for certain persons or class of persons with benchmark disability....
6. The Bill provides for grant of guardianship by District Court under which there will be joint decision – making between the guardian and the persons with disabilities.
7. Broad based Central & State Advisory Boards on Disability have been proposed to be set up as policy making bodies.
8. Strengthening of the Office of Chief Commissioner of Persons with Disabilities and State Commissioners of Disabilities has been proposed to act as regulatory bodies and Grievance Redressal agencies and also to monitor implementation of the Act.
9. Creation of National and State Fund was proposed to provide financial support to the persons with disabilities.
10. The Bill provides for penalties for offences committed against persons with disabilities.
11. Designated special Courts have been proposed to handle cases concerning violation of rights of PwDs.
MAKING UP FOR LOST TIME

During my stay in Chhattisgarh I attended a partners’ meeting at which Dr. Anil Kumar, the deputy director general (leprosy) for India's Ministry of Health & Family Welfare gave a presentation on the situation in the country as a whole. He assumed his post in September 2015, following which there have been some positive developments. India achieved the elimination of leprosy as a public health problem at the end of 2005. Since then, 34 out of the 36 states and Union Territories have achieved elimination “at some point” although four have subsequently relapsed. Chhattisgarh is one of the two states yet to achieve elimination. What troubles Dr. Kumar is that since national-level elimination was achieved and leprosy services have been integrated into the general health services, the new case detection rate has remained almost static while the rate of Grade II (visible) disability has started to go up. “After 2005, we did not detect hidden cases. We allowed GII disability to occur for the last 10 years. This is very unfortunate,” he said. “We have to take action to reverse this.” One of the mistakes of the past was to have assessed the program based only on the number of cases and prevalence of leprosy, he said. To illustrate his point, he displayed two maps of India. The first showed states with a high rate of prevalence, the second showed states with high rates of GII disability. What is apparent is that GII disability is higher in many of the low prevalence states. “We must not concentrate only on states where the prevalence rate is high,” he said. “We have to concentrate on other states also, because ultimately these are the states where the program is not being implemented effectively and so prevalence could again rise and they become problem states.” To address the challenges, Dr. Kumar has introduced a three-pronged strategy: leprosy case detection campaigns (LCDCs), focused campaigns in hotspots, and special plans for hard-to-reach areas. The LCDCs that were conducted last year uncovered more than 34,000 new cases and he expects thousands of cases of GII disability to be averted as a result. The LCDCs are being supplemented by chemoprophylaxis, with a single dose of rifampicin being administered to all contacts of confirmed cases, to help reduce community-level transmission. In hard-to-reach areas, local communities are being empowered with training and supplies of drugs so they can implement the program and detect cases. Dr. Kumar said that all GII cases around the country detected during 2016-2017 will be investigated, the data entered in a computer and analyzed, and based on this analysis, activities will be implemented to prevent GII disability. He said he is aiming to achieve zero GII disability among children and less than 1 case per million among the general population by 2019, one year ahead of the target set by the WHO in its current five-year strategy. “If we work hard, if we detect cases early, if we are honest in our efforts, we will definitely be able to achieve this,” he said. Listening to the determination in Dr. Kumar's voice, I believe that he will.

Source with Thanks: “WHO GOODWILL AMBASSADOR’S NEWS LETTER”
SPATIAL DATA

State-wise Percentage of Grade 2 Disabled Cases
(October to December 2016)

State-wise Percentage of Child Cases
(October to December 2016)
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