Guidelines for Sparsh Leprosy Awareness Campaign, 2018

National Leprosy Eradication Programme

Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India
Background

Sparsh Leprosy Awareness Campaign, 2017: at a glance

As we know, leprosy is a chronic infectious disease traced back thousands of years that has stigmatised people affected since ancient times until now. This disability caused by this crippling disease does not affect lives of a person affected with leprosy but whole family of same. Hence, in order to address the issue of high level of stigma attached to leprosy and to increase awareness about various aspects of leprosy, a nationwide campaign called “Sparsh leprosy awareness campaign” was introduced under NLEP on 30th January 2017 i.e., ‘Anti-Leprosy day’, 2017.

In order to provide the necessary impetus to the activity a central level workshop was organised wherein prototypes of message of District Magistrate, appeal of Gram Sabha Pramukh and pledge of Gram Sabha Members were prepared on theme of early case detection and stop discrimination. In addition the guidelines of Sparsh Leprosy Awareness Campaign, 2017 and a ‘Sparsh package’ encompassing IEC materials i.e., video spots, audio spots and posters etc., were prepared. All the prototypes, guidelines and ‘Sparsh package’ were shared with all States with instruction to distribute to all Gram Sabhas before 30th January, 2017.

Further, for better organization and management special committees at various administrative levels i.e., State, District and Block level were formed.

The Major activities undertaken in Gram Sabhas were 1) Message from District Magistrate on Leprosy disease (read by DM if available or by Gram Sabha Pramukh) 2) Appeal from Gram Sabha Pramukh to all members for reduction of discrimination against persons affected with leprosy 3) Undertaking of a pledge by all Gram Sabha members to not to discriminate with persons affected with leprosy, 4) Felicitation of person affected with leprosy (if available) by Gram Sabha Pramukh and 5) Question answer session using Frequently Asked Questions provided. The event was facilitated by respective multi-purpose worker (MPWs), patwari, gramsevaik, school teacher, ASHA etc., at village level under supervision of Medical Officer of Primary Health Centre (PHC). Using prototypes the activities were conducted in approximately 3.5lakh villages as per the reports submitted by States.

In addition to the execution of Gram Sabha meetings as per the suggested activities mentioned above, States celebrated the SLAC, 2017 fortnight using innovative IEC activities to spread awareness regarding disease in the community.

The campaign was an output of cooperation and coordination of Health Department / Ministries with allied sectors such as, Panchayat Raj Institutions, Rural Development, Urban Development, Human Resource Development, Women and Child Development, Social Justice and Empowerment and Agriculture etc.

The impact of Sparsh Leprosy Awareness Campaign, 2017 may be seen through the google trend graph depicted below:

Graph 1: Interest in search for leprosy word during last 5 years, worldwide.
The Graph 1, shared on prepage depicts the interest for search of key word ‘Leprosy’ worldwide during last five years in form of blue waves with two peaks, one during September, 2016 and other during January - February, 2017 when Sparsh Leprosy Awareness Campaign, 2017 was being implemented in India. It indicates that interest in Leprosy is increased worldwide after a long gap of 5 years due to Sparsh Leprosy Awareness Campaign, 2017.

Further, the impact of the innovations introduced during 2016 – 17 i.e., Three pronged strategy for early case detection – LCDC, FLC, Special plan for hard to reach areas, Grade II disability investigation, Post exposure prophylaxis, **Sparsh Leprosy Awareness Campaign, 2017** etc. on the Grade II disability trend at National level may be seen in the graph below:

The Grade II Disability rate in new case detected which was rising till 2014-15 was arrested in 2015-16 and reverted in 2016-17. As per the linear regression done on percentage of Grade II Disability rate trend from 2011-12 to 2014-15, around 2500 new Grade II disabled cases have been prevented by achieving the Grade II disability rate 3.87% during 2016-17.
Sparsh Leprosy Awareness Campaign, 2018: Activities to be conducted

Inspired by the tremendous success of last year’s Sparsh Leprosy Awareness Campaign this year it is envisaged to reach to the doorstep of the community with intention to increase participation of the community. The thrust of this campaign is to promote community participation to reduce stigma & discrimination against leprosy and enhance early case reporting.

Major activities to be conducted on 30th January 2018 in Gram Sabha meetings in villages are as under:

1. Declaration by District Magistrate (read by DM/ other Sr. Distt./ Block administrator if available/ Gram Sabha Pramukh)
2. Speech from Gram Sabha Pramukh
3. Any IEC activity for example nukkad natak, role play, essay writing, songs on leprosy through folk media, poem reading, kathputli etc. or as decided by Panchayat and dissemination of IEC message through NLEP mascot ‘Sapna’.
4. Questions and Answers session based on FAQ provided
5. Vote of thanks by community persons preferably by a willing person affected if available.

Prototypes of DM declaration, speech and script for the few IEC activities which were finalised in consultation with IEC experts and SLOs during the Central level workshop of Sparsh Leprosy Awareness Campaign, 2018, 27th - 28th December, 2018, Pune, are placed at Annexures I to VI. The prototypes are suggestive only; final modification in local context may be done by the States.

‘Sapna’ is a concept designed and developed keeping in mind a common girl living in community, who will help to spread awareness in the community, through key IEC messages (placed at Annexure IV).

Who can be ‘Sapna’:
A local school going girl who is willing to be ‘Sapna’ from the same locality preferably.

There can be any number of Sapna in a village.
The IEC activities not to be restricted to Gram Sabha meetings only, it may be performed on various sites i.e., school, haat, melas, near any religious place etc. in villages, through-out the day and during fortnight.

Inter-sectoral and inter-departmental coordination is the key to success of any of the community based program. As was done during last SLAC, 2017 the activities must be conducted in cooperation and coordination with allied sector of health department/ministries, i.e., Panchayati Raj Institutions, Rural Development, Urban Development, Women and Child Development, Social Justice and Empowerment, etc.

The Village Health and Sanitation Committee will be responsible for implementation of the above-mentioned activities. The event may be facilitated by respective multi-purpose workers (MPWs), with active cooperation of village revenue official, e.g., patwari, gramsevik, school teacher, ASHA, anganwadi worker, etc. at the village level and under the supervision of Medical Officer of Primary Health Centre (PHC).

In addition to the above activities, success stories will be made available to media for dissemination, by SLOs/DLOs during the fortnight, giving positive message to the community. Various IEC activities at local level may be conducted using various media, giving messages on the importance of early case detection and the need to reduce stigma and discrimination. The ‘Sparsh Package’ (shared last year) of IEC material may be used for same.

In urban areas, DLOs, with help of NGOs, International Organisations, Rotary Club, Lion Club, etc., will organize various IEC activities giving messages on the importance of early case detection and the need to reduce the stigma and discrimination, during whole fortnight.
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<th>Level</th>
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<th>Tasks</th>
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| Central-level | {Last week of December} | Finalisation of Declaration of DM, prototypes of various speeches and script for the IEC activities.  
|              |                 | Final guidelines of SLAC, 2018.                                       |
|              |                 | Concrete plan of implementation of SLAC, 2018.                        |
|              |                 | Mobilization of resources.                                            |
| State-level  | {1st week of January} | Communicate and coordinate with DLO, other departments and stakeholders of the programme regarding the SLAC.  
|              |                 | Take all the necessary actions needed to conduct a successful SLAC in State.  
|              |                 | Planning of the supervision and monitoring strategies.               |
| District-level | {2nd week of January} | Review preparedness and set timeline for completion of planning activities.  
|              |                 | Communicate and coordinate with other departments and stakeholders of the programme and other block level officers regarding the SLAC.  
|              |                 | Micro-planning of ‘The Sparsh Leprosy Awareness Campaign’.             |
|              |                 | Preparing of checklist for monitoring the campaign.                   |
|              |                 | Identify requirement of various resources for campaign implementation.|
| Block-level  | {3rd week of January} | Detailed activity plan along with prototypes sharing with Panchayat. |
Sparsh Leprosy Awareness Campaign, 2018: Institutional Framework

For better organization and management, it is proposed that the existing committees formulated for Leprosy Case Detection Campaign, 2017 and/or Sparsh Leprosy Awareness Campaign, 2017 may be utilized. These committees will ensure inter-sectoral coordination between all partners and other departments and review the progress in planning, implementation and monitoring of ‘Sparsh Leprosy Awareness Campaign’, which will be conducted as an annual activity during the fortnight beginning from 30th January till 13th February. The constitution of committees for various administrative levels is given below:

i) State Co-ordination Committee

State Co-ordination Committee, under the chairmanship of Principal Secretary Health & Family Welfare of the State, with State Leprosy Officer as the Member Secretary, will be formed. Other members of the committee would be Mission Director (MD), NHM, Director Health Services (DHS), State-level representatives of the key partners, like Social Welfare, Education, Panchayati Raj Institution (PRI), Women & Child Development (WCD), partners, i.e., International Federation of Anti-Leprosy Associations (ILEP), World Health Organization (WHO), Association of Persons Affected by Leprosy (APAL), Senior Regional Director, State Programme Manager and Non-Govt. Organisations (NGOs) working in the field of leprosy in the State. In addition, two persons may be nominated by the Principal Secretary, Health & Family Welfare of the State.

ii) State Leprosy Awareness Media Committee

State Leprosy Awareness Media Committee, under the chairmanship of DHS/MD (NHM)/ Director, SIHFW of the State with the State Leprosy Officer as the Member Secretary will be formed. Representatives from partner organizations, like ILEP, WHO, APAL, local NGOs and State Media Cell, local Akashwani and Doordarshan Kendras will be represented in the committee.

iii) District Coordination Committee

District Coordination Committee under the chairmanship of the District Collector/Magistrate/Chief Executive Officer, co-chaired by CMO/CS/ DMO, with District Leprosy Officer as the Member Secretary will be formed. District-level representatives from Zilla Parishad, APAL, Social Welfare dept, District Publicity Department, District Health Education Officer, District ASHA Coordinator, District Programme Manager and District Epidemiologist should be a part of the committee.

iv) Tehsil / Block Coordination Committee

Similar to the District Coordination Committee, Tehsil/Block Coordination Committee must be set up under the chairmanship of Sub-Divisional Magistrates (SDM) (wherever available) with Block Medical Officer as co-chairman. Further, members of PRI, ICDS, Education Dept, local NGOs, APAL, Social Welfare Dept, ASHA facilitators/ Sahiya Saathi, community mobilizers, Block Development Officers and Block MOICs should be a part of the committee.
Responsibilities of officers at various levels

i) State Leprosy Officer (SLO)

State Leprosy Officer is the key person to coordinate with Central Leprosy Division, State-level authorities and District-level authorities to ensure celebration of 30th January, the first day of Sparsh Leprosy Awareness Campaign fortnight in all Gram Sabhas of States, as per the theme/ prototype provided by Central Leprosy Division.

SLO is responsible for sensitization of all District Leprosy Officers (DLO) and dissemination of various prototypes formulated by Central Leprosy Division, in time.

ii) District Leprosy Officer (DLO)

District Leprosy Officer is the key person to coordinate with State-level authorities, District-level authorities and Block level authorities, including Block PHC Medical Officer, to ensure implementation of the campaign through interdisciplinary approach.

DLO is responsible for sensitization of all Block PHC Medical Officer and dissemination of various prototypes to Block PHC, in time.

iii) Block PHC Medical Officer (MO)

Block PHC MO is the nodal person who is accountable for celebration of 30th January, i.e., the first day of Sparsh Leprosy Awareness Campaign fortnight in all Gram Sabhas/Village of the Block.
Annexure I

(Draft)

Declaration by DM

We the people of district…… (name of district)………………and the district administration, hereby declare that we will leave no stone unturned to make our district “leprosy free”. We will make all efforts to find all leprosy cases as early as possible. We will use all possible resources available in the district, to achieve it. At the same time we declare that we will not discriminate and will not allow others to do any type of discrimination with persons affected by leprosy. We individually and collectively will work to end stigma & discrimination against persons affected by leprosy and contribute in their mainstreaming.

District Magistrate

30th January 2018
DRAFT SPEECH BY GRAM SABHA PRAMUKH

Firstly, I thank all the members of gram panchayat, Panchyat Samiti members, Zila Parishad members, all elders, youths, children and my brothers and sisters for attending the gram sabha meeting.

Today on the occasion of martyrdom of Mahatma Gandhi, Gram sabha has arranged a special meeting to make our village and whole India free from Leprosy. As we have made our village polio, yaws, small pox free, in the same way we have to make India Leprosy free in the coming years.

Health Department is making all efforts to make India free from Leprosy. The treatment for this disease is available free of cost in all Govt. health facility. Health workers are doing door to door survey to detect and identify suspected leprosy cases as early as possible. A person with hypopigmented patch on the body and oily skin with no sensation can be a suspected Leprosy case and should report to health system immediately as delay in seeking care may lead to disability. Disability mainly occurs in those persons affected, who all are not availing timely freely available treatment. This disease neither pass from one generation to another nor a sin made in last birth. These are all superstitions; one should not believe such rumours. If a patient takes full course of MDT, he will be cured.

On 30th Jan, martyrdom of Mahatma Gandhi, we are observing SPARSH Leprosy Awareness Campaign to create awareness about leprosy.

Now we will have few activities on leprosy awareness.

Thank you.
Annexure III

Script of Nukkad Nattak

(It can be done in a street corner or school or any other occasions by 6 actors; that is, (2 children [1 female & 1 male] & 4 adults)

Background for casting: Madan & Meera (or any other name of your choice) lived in the small village with their parents, who were working as farm laborers. They were healthy and never visited any hospital. In case of any ailments, the parents reached out to the village quack or a pujari for relief and perform rituals to ward off the problem they encountered.

The suggested Script (improvisation with a song & additional dialogue may be done at local level)

The characters in the Nattak include: husband & wife (names can be assigned & customized per region/state/language)

All the actors make a round saying “Come one and all! Come one and all!” Listen to the story of Madan's & Meera’s parents………

Appearance of the father noticed by mother creating an alarm as to saying what has happened?

Mother describes the changes in the father’s face saying there is swelling (small nodules in the ear) & several patches on the body.

Father: retorts and dismisses it as nothing to worry!

Mother: is not convinced and insists on going to the traditional healer in the village.

Both parents go the traditional healer accompanied by Meera & Madan.

The village healer said that there seems to be a curse due to some evil eye.

Traditional Healer: sprinkled some ‘tirth (holy water)’ & blessed him with a bunch of neem leaves.

The parents left an offering Rs. 50 to the healer and returned home.

6 months later……………………

The mother sees more prominent signs and symptoms on the body that looks as if some insect bite and allergy! They decide it's time to go the pujari/fakir/priest (depending on the community composition).

The parents take the children to the pujari/fakir/priest.

The father shows the pujari how his condition progressed in the last 6 months.

Pujari/fakir/priest: confirm that there is definitely a problem of the evil spirit & that needs mannat/sacrifice to appease & cast away the evil spirit. Following a prayer he prescribed the reparations including sacrificing a chicken & Rs. 200/- (this could be improvised as per the established local traditions).

6 months later……………………

The condition is worsened further and the anxiety of the family is heightened.
Madan & Meera also notice the change in the structure of the ear lobe & the face of the father. One day prior to taking his shower the children saw more prominent patches (at this point in time the father can be made to show his bare back/shoulder with lesions).

One day Meera comes back from school and shared with her mother that she may know about her father’s problem. He has to go the government hospital immediately for a check-up. Mother anxiously enquires from Meera about her source of information and she shares that is from the school health education program. Mother reaches out to her close friend in the village who is the ASHA to confirm whether they can visit a Government centre. The family was informed that the father has leprosy, which is easily curable with modern medicines that are freely available at all Government health centres.

All the actors reiterate, ‘not to be afraid of leprosy, treat it!’
Annexure IV

One or two of the posters given below may be utilised for the role play by ‘Sapna’

Poster I

LEPROSY IS FULLY CURABLE WITH MDT

Leprosy is caused by a bacterium called *Mycobacterium leprae*. Leprosy can be cured with multidrug therapy (MDT). MDT is available free of charge in all Primary Health Centres and leprosy hospitals run by NGOs.
Hi Seema! How is your treatment for leprosy going on?

Sapna, the doctor had prescribed MDT for six months. But after four months, I am already feeling alright. So I have stopped the medicine now.

That's not right Seema! You cannot stop your MDT before completing the full course. This way the disease can relapse. Please see your doctor immediately and ask him what to do.

MDT SHOULD BE TAKEN REGULARLY FOR COMPLETE CURE OF LEPROSY

Multidrug therapy (MDT) taken regularly ensures complete cure of leprosy, prevents deformities and stops transmission to other individuals.
Aunty ji, have you taken Babloo to the doctor to show this light-coloured patch on his hand?

Arrey Sapna....this is nothing! Kids keep getting a hundred things now and then—it will go away in a day or two.

No aunty! Please don’t ignore this. Light-coloured skin patch without sensation can be a symptom of leprosy. Get Babloo checked immediately by a doctor. If treatment is started early with MDT, it will prevent disability.

EARLY DIAGNOSIS WILL ENSURE COMPLETE CURE OF LEPROSY AND PREVENT DISABILITY

Early diagnosis, appropriate treatment and completion of the full course of treatment will prevent disability due to leprosy.
Stop! You can’t take water from this tap. Your father has leprosy, so you may have it too.

Aunty ji! Because her father had leprosy doesn’t mean she also has leprosy, Doctors assure that leprosy is not hereditary. It is caused by bacteria and does not pass from parents to children.

LEPROSY IS NOT HEREDITARY

Leprosy is caused by a bacterium called Mycobacterium leprae, and it does not transmit from parents to children.
Sapna, where are you taking me? You know I am taking MDT for leprosy, I don’t want to go to the wedding because people will think that I may spread the disease.

Arry Aunty! You don’t need to stay away from people. Leprosy does not spread through touch, Come join the wedding celebrations!

LEPROSY DOES NOT SPREAD THROUGH TOUCH

Casual touch like shaking hands or playing together or working in the same office will not transmit or spread leprosy.
We don’t want Lakhan to stay in our village. He has leprosy.

Our forefathers have said, and people believe that leprosy is a curse, a result of past sins!

Sarpanch ji, leprosy is neither a curse, nor a result of past sins. It is caused by bacteria. As the village leader, you can guide our community with right knowledge and in dispelling these age-old myths.

LEPROSY IS NOT THE RESULT OF PAST SINS OR IMMORAL BEHAVIOUR

Leprosy is not caused due to a curse or due to a person’s past sins or immoral behaviour. It is caused by a bacterium called *Mycobacterium leprae*. 
Since I was affected by leprosy, people have stopped coming to my shop to get clothes stitched. Now I have no work and no money to take care of my daily needs.

Uncle ji, you don’t have to give up. You must speak to the gram pradhan who can educate everyone in the village on the correct facts about leprosy and remove their ignorance. Then your customers will come back to you.

EACH PERSON HAS THE RIGHT TO EARN LIVELIHOOD

People affected by leprosy have the right to livelihood. Let's guarantee them this right.
In addition to the above role plays, key IEC messages to be disseminated by Sapna are as under:

**Hindi:**

- जल्द जांच, समय से इलाज
- कुष्ठ से मुक्ति, विक्लांगता से बचाव
- चमड़ी पर दाग, चकत्ते, सुधपन कुष्ठ रोग हो सकता है।
- कुष्ठ रोग की शंका होने पर पास के स्वास्थ्य केंद्र पर संपर्क करे
English:
- Leprosy is a disease caused by mycobacterium leprae. It is not a hereditary disease.
- Leprosy is not due to past sins or evils.
- In leprosy the symptoms are development of hypopigmented patches on the skin with loss of sensation.
- If you come across people who are experiencing such symptoms then please get in touch with either the ASHA behenji or ANM behenji or Multi-Purpose Workers. They will give you proper guidance on how to address this issue.
- Free treatment is available at all Government hospitals.
- Leprosy is completely curable.
- Early consultation, timely treatment Cures leprosy, prevent disability
अनुभवः

चमड़ी के दागों से, कान की गठानों से
यहाँ - वहाँ भटके, तांत्रिक के जाल में अटके
सालो तक भटके

आखिर, एम. डी. टी. खायी

सरकारी अस्पताल ही काम आयी

जो जल्दी जांच कराएगा
पूरी औषधि खायेगा
कुष्ठ मुक्त हो जायेगा
विकृति से बच जायेगा
कभी नहीं पछतायेगा
Annexure VI

Frequently Asked Questions (FAQs)

Q 1. What is Leprosy?
   - Leprosy is a long persisting (chronic) infectious disease.
   - It appears as a hypo-pigmented patch on skin with definite loss of sensation. The onset of leprosy is subtle and silent. It affects nerves, skin and eyes.
   - Of all the communicable diseases, leprosy is very important for its potential cause for permanent and progressive physical disability. In addition, the disease and its visible disabilities in particular, contribute to intense social discrimination of patients.

Q 2. What causes Leprosy?
   Leprosy is caused by bacteria (Mycobacterium leprae.)

Q 3. How is the disease spread?
   - Untreated leprosy-affected person is the only known source for transmission of the bacteria. Respiratory tract, especially nose, is the major route of exit of the organism from the body of infectious persons.
   - Disease causing organism enters the body commonly through respiratory system by droplet infections.
   - After entering the body, the organism migrates towards the nerves and skin.
   - If it is not diagnosed and treated in early stages, it may cause further damage to nerves leading to development of permanent disability.

Q 4. Is the disease hereditary?
   There is no evidence to say that it is hereditary.

Q 5. What are the signs and symptoms of leprosy?
   - Leprosy should be suspected if a person shows the following signs and symptoms:
     - Dark-skinned people might have light patches on the skin, while pale-skinned people have darker or reddish patches
     - Loss or decrease of sensation in the skin patches
     - Numbness or tingling in hand or feet
     - Weakness of hands, feet or eyelids
     - Painful nerves
     - Swelling or lumps in the face or earlobes
     - Painless wounds or burns on hands or feet.

Q 6. Is Leprosy curable?
   - The disease is curable. If detected early it can be cured by Multi-Drug Therapy (MDT)
   - Recurrence after adequate treatment with MDT is extremely rare.

Q 7. Why leprosy takes so long to show symptoms?
   - The symptoms of the disease occur generally after a long period as the incubation period for leprosy is variable from few weeks to 20 years or more.
   - The average incubation period of the disease is said to be five to seven years.

Q 8. What should be done in case of suspicion of leprosy?
   In case of presence of signs and symptoms of leprosy, please contact ASHA or ANM of your area or visit the nearest dispensary. Treatment of leprosy is available free of cost at all government dispensaries.
Q9. **What is the impact (medical) of leprosy?**
- It results in physical disability and deformity due to nerve damage resulting in sensory and muscle weakness.
- All this leads to dry skin - that with added sensory impairments, results in development of hardened skin, blisters and ulcers.
- If ulcer is neglected, it may further worsen the disability. This is compounded by muscle paralysis leading to deformity.

Q10. **Where is the medicine for leprosy available?**
MDT is available free of cost at all the Government Health Care Facilities in the country. Under the National Leprosy Eradication Programme, treatment is provided free of cost to all the cases diagnosed each year through the general health care system including NGO institutions.

Q11. **Can the deformities be corrected by medicine?**
- No, but can be prevented by early detection and treatment.
- Medicines (MDT) should be started as soon as possible after the person is diagnosed as having leprosy. Those who start the MDT late, after irreversible loss of nerve functions, are left with deformities and become disabled physically. Such deformities can be corrected to a limited extent only with surgery.

Q12. **Can the deformity be corrected by surgery?**
Only partial deformity can be corrected by surgery.

Q13. **How to prevent disability?**
- Detect cases as early as possible, before deformities can set in.
- It is therefore important to take regular treatment (MDT), report immediately in case of loss of sensation or nerve pain.

Q14. **Should a person affected by leprosy be sent to a leprosy sanatorium?**
There is no need to treat leprosy patients in special clinics or hospitals. In many countries, leprosaria have been transformed into general hospitals or other functions.

Q15. **Can I live with a person affected by leprosy?**
Yes, you can live with a person affected by leprosy because it is not highly infectious. People affected by leprosy should not be isolated from their family and community. They can take part in social events and go to work or school as normal.

Q16. **Can a person affected by leprosy get married?**
Yes, a person affected by leprosy can lead a normal married life and have children.

Q17. **Is it necessary to examine those in contact with a person affected by leprosy?**
Those who live with a person affected by leprosy are at increased risk of getting the disease. Therefore, it is important to have people living in the same household and close friends examined regularly for leprosy. At the same time, they should also be educated regarding the signs and symptoms of leprosy as well as the type of help they can give to the leprosy patient living with them.

Q18. **What should One know about MDT?**
- MDT is a combination of different drugs as leprosy should never be treated with any single anti-leprosy drug.
- One should complete the full course of MDT as prescribed by a trained health worker according to the type of leprosy.
- MDT is available free of charge at most health facilities including in remote areas.
- Any adverse reaction to MDT should be reported to the nearest health facilities.
Q 19. What if a leprosy patient cannot complete a prescribed course of MDT treatment?
It is important to understand that a leprosy patient must complete a full course of MDT. However, there are circumstances where a patient is forced to stop the treatment.

In case, the patient has to move out from the place where he/she lives, the following actions are advised:

- Request for a referral letter from the health care centre where he/she is currently taking the treatment. The letter should contain reports pertinent to his/her diagnosis and treatment.
- Request from the same healthcare centre for sufficient MDT stock to ensure continuous treatment before he/she reports to the nearest healthcare centre in his/her new place. All health care centres can provide leprosy treatment and care.
- Identify and report to the nearest healthcare centre in his/her new place by showing the referral letter; inform the new health care centre about new address in detail including contact no., if appropriate.

Q20. What are the adverse drug reactions with MDT?
MDT is remarkably safe, and severe adverse reactions are rare. Minor adverse drug reactions include:

- Rifampicin: reddish urine
- Dapsone: anemia
- Clofazimine: brown discoloration of skin

Q 21. Is MDT safe during pregnancy and lactation for the mother and the baby?
Yes.

Q22. What is a relapse?
A relapse is defined as the reoccurrence of the disease at any time after the completion of a full course of MDT. Relapse is diagnosed by the appearance of definite new skin lesions.

Q 23. What is leprosy reaction?
Leprosy reaction is the sudden appearance of symptoms and signs of inflammation in the skin of a person with leprosy in the forms of redness, swelling, pain, and sometimes tenderness of the skin lesion. New skin lesions can also appear. Leprosy reaction can occur before, during and after completion of treatment. In case of leprosy reaction, report back to your nearest dispensary.

Q24. What is the current focus of the program?
Early detection of all cases in a community and completion of prescribed treatment using MDT are the basic tenets of the Enhanced Global Strategy for Further Reducing Disease Burden Due to Leprosy. The Strategy emphasizes the need to sustain expertise and increase the number of skilled leprosy staff, improve the participation of affected persons in leprosy services and reduce visible deformities – otherwise called Grade 2 disabilities (G2D cases) – as well as stigma associated with the disease.