

Leprosy: An Urgent Need to Step Up Surveillance

Sir,

A survey was carried out in four government schools (three higher secondary and one high school) in Sriperumbudur block, Kanchipuram district, Tamil Nadu for active detection of new cases of leprosy among schoolchildren, in the 3rd week of September, 2015. All the schoolchildren present on the day of the survey were examined for hypopigmented, hypoesthetic patches, anywhere on the body.

A total of 2373 students of 11–19 years of age including 1525 (64.3%) girls and 848 (35.7%) boys were examined. Among these, two students (one boy and one girl) were found to have hypopigmented patches and were referred to the nearest primary health center (PHC) for confirmation of the diagnosis. The girl was confirmed to have paucibacillary leprosy (on clinical examination), while the boy was kept under observation by the District leprosy team.

Case history: The girl, found positive for leprosy, was 16 years old with no apparent contact history. She gave history of migration from a Southern district in Tamil Nadu 2 years back. She had noticed the lesion a year back for which she consulted a local doctor who prescribed local antifungal ointment, which she applied for nearly a month. However, there was no improvement in the condition. On examination, two well-defined hypopigmented and hypoesthetic patches 3 × 4 cm and 0.5 × 0.5 cm under the chin [Figure 1] were seen.

Since 2006, after the WHO Global Strategy Plan, the active search for leprosy cases has been stopped and



Figure 1: Two hypopigmented patches under the chin.

the program now focuses primarily on passive case detection only.^[1] According to the National Health Policy 2015 draft report, in India, 80% of the outpatient care is provided by the private sector and 40% of the private care is likely to be by informal unqualified providers.^[2] In the present study, the girl noticed the hypo-pigmented patch almost a year ago, she even consulted a local doctor who misdiagnosed and mistreated her. This emphasizes the importance of active search of hidden leprosy cases in the community, not reporting to the government health facility, and need to continue training the medical personal (both in public and private sectors) in the diagnosis of leprosy. Proactive search for hidden cases of leprosy is also advocated by Shukla *et al.*^[3] in their study in rural Vadodara. Leprosy in the schoolchildren indicates active transmission of the disease as it can lead to transmission of disease in close contacts, that is, the other classmates or close friends.^[4]

Leprosy is still believed to be a hereditary disease and is associated with a lot of stigma and discrimination.^[5,6] In the present study, when the girl was diagnosed with leprosy a lot of resistance was encountered by the health worker from the family. Family members did not come forward to collect the drugs from the PHC, even the health worker was not allowed to come to the house; meeting was arranged outside the house near some bus stand. This indicates that a lot of social stigma is still attached with the disease, as has been widely documented. Information, Education and Communication activities need to focus on the signs and symptoms of the disease, informing people that the disease is curable and is caused by bacteria. When any disease is in the elimination phase, active surveillance for new cases is essential to find out the hidden cases in the community. Government should seriously consider carrying out active surveillance routinely, may be through awareness campaign mode at least once or twice a year, like the pulse polio model.

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Conflicts of interest

There are no conflicts of interest.

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References

1. Leprosy Information Services [Internet] Global strategy for further reducing the leprosy burden and sustaining leprosy control activities 2006-2010 Operational Guidelines. 2016; Available from: <http://www.who.int/lep/resources/SEAGLP20062.pdf>. [Last accessed on 2016 July 26].
2. Ministry of Health and Family Welfare [Internet] Draft National Health Policy 2015. 2014; Available from: <http://www.mohfw.nic.in/showfile.php?lid=3014>. [Last accessed on 2016 July 26].
3. Shukla LK, Patel RN, Patel SV, Baxi RK, Evaluation of the effect of Block Level Awareness Campaign on performance indicators of National Leprosy Elimination Program in Vadodara district, Gujarat, India. *Indian J Dermatol Venereol Leprol* 2015;81:257-62.
4. Progress Report for the year 2014-15 [Internet] National Leprosy Eradication Programme. New Delhi: Central Leprosy Division, Directorate General of Health Services. 2016; Available from: <http://nlep.nic.in/pdf/Progress%20report%2031st%20March%202014-15%20-.pdf>. [Last accessed on 2016 July 26].
5. Strategic framework for reduction of stigma & discrimination: Social integration of the leprosy affected persons with the community [Internet] National Leprosy Eradication Programme, 2016. New Delhi: Central Leprosy Division, Directorate General of Health Services. Available from: <http://nlep.nic.in/pdf/Stigma.pdf>. [Last accessed on 2016 July 26].
6. Sanchar Se Lanchan Se Mukti (Getting rid of stigma through communication), Centre for Research and Education, Hyderabad and Bhopal (2006). Report of National Consultation on Advocacy to Address Anti-Leprosy Legislation in India, February 5-6, 2009, The Leprosy Mission Trust, India; Hundred and Thirty First Report of Rajya Sabha Committee on Petitions on "Petition Praying for Integration and Empowerment of Leprosy Affected Persons", 24th October 2008.

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