

Final Leprosy Push: Out of Society

Sir,

We read with great interest a letter to editor, leprosy: An urgent need to step up surveillance by Dev *et al.*^[1] As leprosy is an old disease of social stigma, disabilities, and deformities caused by low virulent mycobacterium leprae and the disease have been eliminated at the national level in December 2005, there are still cases from various districts and blocks that make a prevalence rate >1/10,000 population. As per the epidemiological situation, as on March 2016, approximately 127,326 new leprosy cases detected and 86,028 cases are on record as of March 31st, 2016. In addition, the percentage of Grade II disability among new cases detected has been increased to 4.61% between 2014 and 2015, which indicates that the cases are being detected late in the community and there may be several cases which are lying undetected or hidden.^[2] The author^[1] has stressed on active surveillance for new cases and essential to find out the hidden cases in the community and stressed on the fact that government should seriously consider active surveillance routinely and through awareness campaign mode at least once or twice a year. In view of this and an attempt to eliminate from high endemic and eradicate from the society, the Central Leprosy Division under Union Health Ministry followed certain strategy for the final push that were in streamline with global leprosy strategy.

STRATEGY TO DETECT AND TREAT HIDDEN CASES

Leprosy case detection campaign (LCDC) launched in March/April 2016 and more than 34,000 hidden cases were confirmed as on February 17, 2017, and put under treatment.^[3]

Sparsh leprosy awareness campaign (SLAC): It has been observed that January 30 of every year as “anti-leprosy day” and message on leprosy awareness is spread out throughout India. From January 30, 2017, in addition to the above activities, SLAC was launched where nationwide Gram Sabhas will be organized in cooperation and coordination with allied sector of health department/ministries, namely, Panchayati Raj Institutions, Rural Development, Urban Development, Women and Child Development, and Social Justice and Empowerment.^[2]

STRATEGY TO PREVENT TRANSMISSION TO CONTACTS OF LEPROSY PATIENT

Single dose rifampicin: After the efficacy proved in reduction of 57% in 2 years after treatment by a single dose of rifampicin^[4,5] among contacts of patients with newly

diagnosed disease and from a trial done at Dadra and Nagar Haveli in 2015 have shown effective it was decided to add SDR among consented contacts screened from LCDC nationwide.

Mycobacterium Indicus Parnii (MIP) vaccine trial: Studies in India have reported that MIP vaccine is a well-tolerated and safe vaccine that have reported significant protection in contacts of index leprosy cases, using two doses of killed MIP vaccine administered at an interval of 6 months. A protective efficacy of 68% and 60% was observed after a period of 3–4 and 7–8 years on follow-up of the contacts, respectively, with sustainable effect for a period of about 7–8 years.^[6] On field basis, Gujarat is planned for trial with three arms with vaccine, single dose rifampicin and combination of both, respectively.

In view of all the above in sequence and combinations, central leprosy division with full support of various health officials, health staffs with hands with patients themselves and their contacts were trying wholeheartedly for the final push of leprosy from the society. We, the doctors should be updated the information through NLEP official site, (<http://nlep.nic.in/>) and CLTRI, Chengalpattu site, (<http://cltri.gov.in/>).

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Conflicts of interest

There are no conflicts of interest.

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