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Why Leprosy has Resurfaced in India

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(The editorial is based on the article “Why leprosy has resurfaced in India” which appeared in Down To Earth for 28th February 2019. In this article, we will discuss the reasons behind the recurrence of leprosy in India.)

Leprosy, which was declared eradicated in India one-and-a-half decades ago, has re-emerged in different states with high intensity.



Indeed, 'elimination' was confused with 'eradication'. According to WHO, 'elimination' implies a prevalence rate of less than one case per 10,000; whereas 'eradication' means to reach zero level — a condition where no infection remains, and there is no possibility of further transmission.

Concerns

- Globally, the **difference between the expected and observed numbers of new cases of leprosy is more than 2.6 million**. This number is expected to increase to over 4 million by 2020.
- **India has the highest number of new leprosy cases in the world**, followed by Brazil and Indonesia.
- Every year, over 200,000 such cases are detected globally and **India accounts for more than half of these, according to the World Health Organization (WHO)**.
- In the past two-and-a-half years, **India accounted for 60% of the global total of new leprosy cases**.
- In a recent report, the Central Leprosy Division, which comes under the Union Ministry of Health & Family Welfare, revealed that 135,485 new cases were detected only in 2017, which means that **in every four minutes, one person is diagnosed with leprosy in India**. This is nowhere close to elimination.

Leprosy Facts

- Leprosy is a chronic disease caused by a bacillus, *Mycobacterium leprae*.
- *M. leprae* multiplies slowly and the incubation period of the disease, on average, is 5 years. In some cases, symptoms may occur within 1 year but can also take as long as 20 years to occur.
- The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract, and also the eyes.
- Leprosy is curable with multidrug therapy (MDT).
- Although not highly infectious, leprosy is transmitted via droplets, from the nose and mouth, during close and frequent contacts with untreated cases.
- Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs, and eyes.

Reasons for Recurrence

- **Declaration of the elimination of leprosy in the year 2005 is criticized as an immature decision by the government, which led policymakers and people to believe that the disease has been eradicated completely.**
- The declaration of elimination diluted efforts of health workers, who were helping in identifying cases in rural areas. As a result, **efforts to fight against the disease at different levels were also reduced to a great extent.**
- After the declaration of the leprosy elimination status, the leprosy programme was shifted to the National Health Mission.
- Indeed, new detections occurred due to major changes in the **National Leprosy Elimination Programme (NLEP)** and the Global Leprosy Programme.
- Efforts made under these programmes led to the discovery of child leprosy, apart from other new cases. **Many of such cases were found due to late diagnosis as well.**

- The major cause of hidden cases is low voluntary reporting in the community due to a **lack of awareness as well as stigma and discrimination**. The extent of stigma and discrimination is evident by the fact that 200,000 people are residing in about 750 leprosy colonies.
 - Leprosy colonies are the places where people affected by leprosy lived or were sent.
 - Leper colonies or houses became widespread in the Middle Ages, particularly in Europe and India, and often run by monastic orders.
- **Lack of awareness, myths, socio-cultural beliefs**, and the stigma attached to leprosy are perhaps the most pressing problems before public health activists today.
- Doctors and health workers at the primary health care level are sometimes unable to detect silent neuritis (*inflammation of a nerve accompanied by pain and sometimes loss of function*), atypical presentations, or reactions at early stages.

Way Forward

- **The health ministry, along with other institutions should work to fight leprosy, should start formulating new strategies to deal with the huge volume of cases.**
- The government **needs a clear strategy** and implementation plan to address the problem and achieve real eradication of leprosy.
- **The strengthening of the public health system** at the ground level is necessary to handle this issue in areas where a large number of cases are being reported.
- Awareness **campaign that deals with stigma and discrimination** are also necessary so that those infected come forward for treatment and don't feel left out.
- After achieving the target of elimination at all levels, the **emphasis must shift to more policy level changes** and the sustaining of quality of services.
- The **government needs to take proactive steps** to modify or repeal leprosy laws or to eliminate discrimination against persons affected by leprosy.
- A multi-stakeholder partnership is of utmost importance to ensure that leprosy remains on the health agenda as long as it is necessary.
- **The government, NGOs and private agencies need to work together in a coordinated fashion.** Continued training of medical officers, nurses, physiotherapists, and paramedical workers about quality diagnosis and treatment of leprosy must also be given prime focus.
- **Those who have been cured at an early stage and can work often need to given opportunities to learn skills and trades that would enable them to keep working.**
- **They also can be assisted with links to financial institutions and special bank loans** which would enable them to start a livelihood initiative on their own.

Leprosy is one of the most misunderstood diseases of the world; it poses some unique challenges in its control and elimination. Careful examination of the theoretical and practical approaches of the past can provide vital insights for the future. To reduce the burden, it is important to develop a holistic and multi-pronged approach that includes key policy changes, a public education campaign, sustainable livelihood programmes, skill training workshops and bringing in other medical stakeholders to generate employment, identify interventions to dispel stigma and mainstream the affected people.

Government Policies

- Leprosy Case Detection Campaign (LCDC) (specific for high endemic districts);
- Focussed Leprosy Campaign (for hot spots i.e., rural and urban areas where Grade II disability is detected)
- Special plan for hard to reach areas.
- Sparsh Leprosy Awareness Campaign for awareness, Grade II disability case investigation.
- Post Exposure chemoprophylaxis administration to the contacts of cases detected in LCDC districts etc.
- ASHA based Surveillance for Leprosy Suspects (ABSULS) has been introduced during 2017-18 to enhance early case reporting.

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[World Leprosy Day](#)

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