Leprosy free India: clinical perspectives and challenges ahead

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There are mainly two issues relevant in the post-elimination era of leprosy in India which are to be studied carefully.

The first issue is that new cases of leprosy, albeit in smaller numbers, would continue to occur, for some more years, due to its long incubation period and the existence in the community of a small but significant number of hidden patients including those with histoid leprosy. This is evident from the fact that majority of the dermatologists of this country in both private and public sector health care facilities are still getting a small number of fresh BL and LL patients. However, this number is gradually declining after the successful implementation of multi drug therapy (MDT).

The second issue is the integration of vertical leprosy eradication programs with general health services in most of the endemic countries including India. No doubt, this has shown a positive impact especially on attitudes towards leprosy (stigma and prejudice) in areas where leprosy treatment was integrated with other diseases compared to areas where the disease was treated separately.

The National Programme encourages people suspected of leprosy and household contacts of confirmed cases to report voluntarily for examination, but this requires awareness of early signs and symptoms of leprosy, its curability and availability of services at the nearest health care facility. We probably lack in the delivery of this information.

More challenges ahead include difficulties in the correct clinical diagnosis, classification of the disease, identification of leprosy reactions, management and prevention of disabilities and also proper record keeping by health care providers at peripheral level and specialists at referral level.

One important aspect is related to the diagnosis of leprosy by health workers unexposed to this disease at primary health care (PHC) level (sometimes even at the higher levels of care) in the phase of integration. The private health care providers (private practitioners) might also be lacking expertise in the management of leprosy.

In the absence of the classical clinical signs of leprosy, it may be difficult for the untrained or inadequately trained health workers to detect the impairment of sensations, palpate the nerves for thickening and tenderness, assess the disability grade and take a slit skin smear if required. The primary health worker is also supposed to diagnose reactions and even suspect drug resistance – a tall order for a care provider at PHC level. Even at the district level the
medical officer/specialist is supposed to take a skin biopsy, treat reactions and relapse, refer
the patients to an ophthalmologist, neurologist, reconstructive surgeon or a physiotherapist
depending on the clinical condition of the patient. And finally, he may still be required to refer
the case to a tertiary care centre if a specific situation arises. Leprosy care may take a back
seat for an overburdened medical officer/specialist with many other national programmes
and other attention-seeking priority areas.

Ultimately, from the emerging situation, we are left with either the leprologists or the
dermatologists, who are expected to finally sort out the problems enunciated above, including
teaching and training of the students, medical officers and private practitioners. The obvious
dearth of available leprologists after the integration of leprosy eradication program into
general health care has to be taken note of. In this scenario, some referral centres of
excellence for the management of complications and disability, training and research devoted
to leprosy, at least one in each state, need to be developed/nurtured to facilitate the early
achievement of the goal of eradication of leprosy.

We will continue to receive new leprosy patients at primary, middle and more so in
tertiary care level for few more years to come even though the number of new cases is
expected to gradually become less and less. We, the medical fraternity, especially the
dermatologists and remaining leprologists should remain well prepared to face the new
challenge till we achieve our final target of leprosy eradication at the national and regional
levels and as a whole from the globe.

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