Role of dermatologists in leprosy elimination and post-elimination era in India

DEVINDER MOHAN THAPPA, RASHMI KUMARI & GAJANAN A. PISE
Department of Dermatology and STD, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Pondicherry 605 006, India

Considering their strength in India, dermatologists do have to play a crucial role in leprosy elimination activities and attending to the related clinical problems. After the integration of the leprosy programme in general health services, a still greater responsibility has fallen on dermatologists. Even though a lot has been achieved in the last 20 years, leprosy is still a lingering problem and the disease burden in the community is still high. This can only be tackled if there is more interaction between field managers, leprologists, doctors in primary care settings and dermatologists in private practice and those in government service. The time has come for dermatologists to play a key role in leprosy control program both from clinical and public health perspectives.

Dermatologists may contribute towards maintaining and imparting quality training to health workers engaged in leprosy work, as is being done in Pondicherry, India. They may play a role in managing problem cases, monitor treatment and complications during reactional episodes, and thus prevent the consequences of nerve damage. Further more, dermatologists may undertake clinical and operational research, and provide solutions to logistic and delivery problems to help provide better health care to patients.

Though it has been emphasized time and again by WHO that the fixed duration MDT of 12 months is practically sufficient for all multibacillary patients and 6 months therapy for all paucibacillary patients (with a single dose ROM for single lesion leprosy), this view has not been taken seriously by all dermatologists in India. In a symposium on ‘therapy of leprosy – dermatologist view’ organized by the Indian Association of Leprologists in Pune in 1999, many dermatologists referred to problems of reactions and persistence of skin lesions after successful completion of therapy and so expressed their reservations about the existing duration of therapy. They particularly expressed reservations for the single dose ROM therapy.

According to Dr Noordeen, only about 10–15% of leprosy patients are handled by dermatologists, as compared to about 80–90% of tuberculosis patients. This may be the personal opinion of a leprologist and may be relevant for two southern states of India; however, it does not seem to be true for the rest of the country, where practising leprologists...
are hard to come by and patients with leprosy are primarily taken care of by dermatologists. In the southern states, due to the dwindling number of leprosy patients, the specialty of leprosy has been merged with the major specialty of dermatology.

‘And sadly leprosy will be a public health problem beyond the year 2000’, 6 this statement has in fact come true for India. The annual case detection rate in India is among the highest in the world (53 per 100,000). 7 The case detection rate is not showing any appreciable decline, and this is obvious also from our published data. 8 Even in the last 6 months or so, the number of cases recorded in the Leprosy Clinic of Department of Dermatology and STD, JIPMER, Pondicherry, is on the rise. Moreover, the rise in multibacillary cases is more in comparison with the paucibacillary cases. These multibacillary cases especially the lepromatous leprosy cases (likely to be missed at the level of primary health centre) are epidemiologically the most important as far as the transmission of leprosy is concerned. Does this scenario augur well for the control programme? Is it the after effect of an effective control programme?

Thus, even though leprosy is close to elimination so far as programme managers are concerned (with free MDT not available at many centres in India), dermatologists have to take the lead role to stem this problem by effectively diagnosing and managing those new cases which continue to pour and the trickle will still continue for many more years.

References