Role of dermatologists in leprosy elimination and post elimination era

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Officially, we have eliminated leprosy in India and most of the world. Now we have entered the post elimination era. The vertical program has come to an end and the control program has been integrated with general health services.

With these policy changes, let us analyse how this will influence the control programme. In the post-elimination era, we will examine fewer leprosy patients, which will result in:

1. Less emphasis on the leprosy control programme.
2. Decline in awareness for diagnosis of leprosy.
3. Increased rate of delayed diagnosis.
5. Overall increase in complacency for the disease in the long term.
6. Increased transmission of disease, due to delayed diagnosis (which is especially frequent in MB leprosy).
7. Fall in quality of teaching and training in leprosy.

In the past, major lacuna with the control programme has been the problem of early diagnosis, because of the oligosymptomatic nature of the disease. At times, even experienced leprologists, with all their clinical acumen and investigative armamentarium at their disposal, face difficulty in diagnosing leprosy. Once a tag of leprosy is attached, all the implications of prolonged treatment and stigma come into play. In the post-integration phase, the major part of detection will be passed on to general physicians, who have a number of other important and fascinating spheres to exhibit their skills. Leprosy will therefore definitely take a back seat. On the other hand, dermatologists because of their experience, have more awareness and are already more vigilant about this disease. Therefore, in the post-elimination era, until and unless dermatologists are involved actively in the diagnosis and management of leprosy, early diagnosis will be elusive, resulting in increased transmission.

Since the treatment of uncomplicated leprosy was oversimplified by the World Health Organization, it has primarily become the domain of field workers. The role played by dermatologists in leprosy control programmes has been mainly in diagnosis, especially early diagnosis, the management of reactions and recognition of relapses. Overall, the programme has been managed by epidemiologists or generalists. Even in middle level management, dermatologists have been sidelined. In research, microbiologists, leprologists and the dermatologists have all contributed to a variable extent.

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In the future, what is going to happen with this disease is anybody’s guess. When the financial sources dry up, it will be nobody’s domain or concern. It will fall in the lap of dermatologists, as leprosy is primarily a neurocutaneous disease. Leprologists will be almost non-existent. Control teams will also shrink.

As a teacher in dermatology, I must admit that although the quality of teaching and training in leprosy is being maintained for the time being at postgraduate level, but there is a definite decline at the undergraduate level. The quality is bound to go down even at the postgraduate level in the near future as the disease burden declines. This is partly due to decreased availability of clinical material, and to a lesser extent to reduced emphasis on the disease.

To sum up, the role of dermatologists in the post-elimination era will be almost the same as it has been in the past, i.e. they will be instrumental in the diagnosis of difficult cases of leprosy and their management. Probably, they will not have any role in the programme itself. Of course, the teaching and training of leprosy at undergraduate and postgraduate levels has been in the domain of dermatologists and will remain so.

Dermatologists have been handling leprosy for the sake of disease and patients and not for their own interest. This will continue, as they are involved in the equally important fields of dermatology and sexually transmitted diseases, which remain their bread and butter.