

NATIONAL LEPROSY ERADICATION PROGRAM

**Presented by-
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Mahatma Gandhi says: "Leprosy work is not merely medical relief, it is transforming frustration of life into joy of dedication, personal ambition into selfless service. ..."



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OBJECTIVES

- list the of NLCP and NLEP
- enumerates the strategies of NLEP
- discuss MDT
- explains the strategies for NLEP
- states the organization of NLEP
- describe the roles of key persons
- enumerate the infrastructurel
- list the institute involved in anti-leprosy activities
- discuss Modified leprosy elimination campaign
- explains NLEP action plan, strategies and indicators
- Describes the DPMR
- list nurses responsibility

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Introduction

- **Chronic infectious disease caused by Mycobacterium leprae.**
- **It usually affects the skin and peripheral nerves**
- **Long incubation period generally 5-7 years.**
- **Classified as paucibacillary or multibacillary**
- **permanent disability**
- **Timely diagnosis and treatment of cases**

Background

- Global registered Prevalence : 181, 941 cases (2012)
- Nation leprosy control program – 1995
- MDT came in to wide use from 1982
- National leprosy eradication Program -1983
- NHP 2002 – Eliminated leprosy by 2005

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Milestones in NLEP

- ✓ 1948 – hind kusht nivaran sangh
- ✓ 1955- govt. of India launched NLCP
- ✓ 1983- launched NLEP and introduced MDT for treatment
- ✓ 1991- WHO declaration to eliminate leprosy at global level by 2000
- ✓ Modified leprosy elimination campaign
- ✓ 1993-2000 World bank supported NLEP 1st 2001-2004
- ✓ World bank supported NLEP 2nd
- ✓ 2005 national program continues with GOI funds
- ✓ 2005 – India achieved elimination of leprosy at national level December 05
- ✓ Sponsored by central government
- ✓ Funding pattern central government
- ✓ Ministry / department – DGHS
- ✓ Beneficiaries – individual and community Eligibility criteria anyone
- ✓

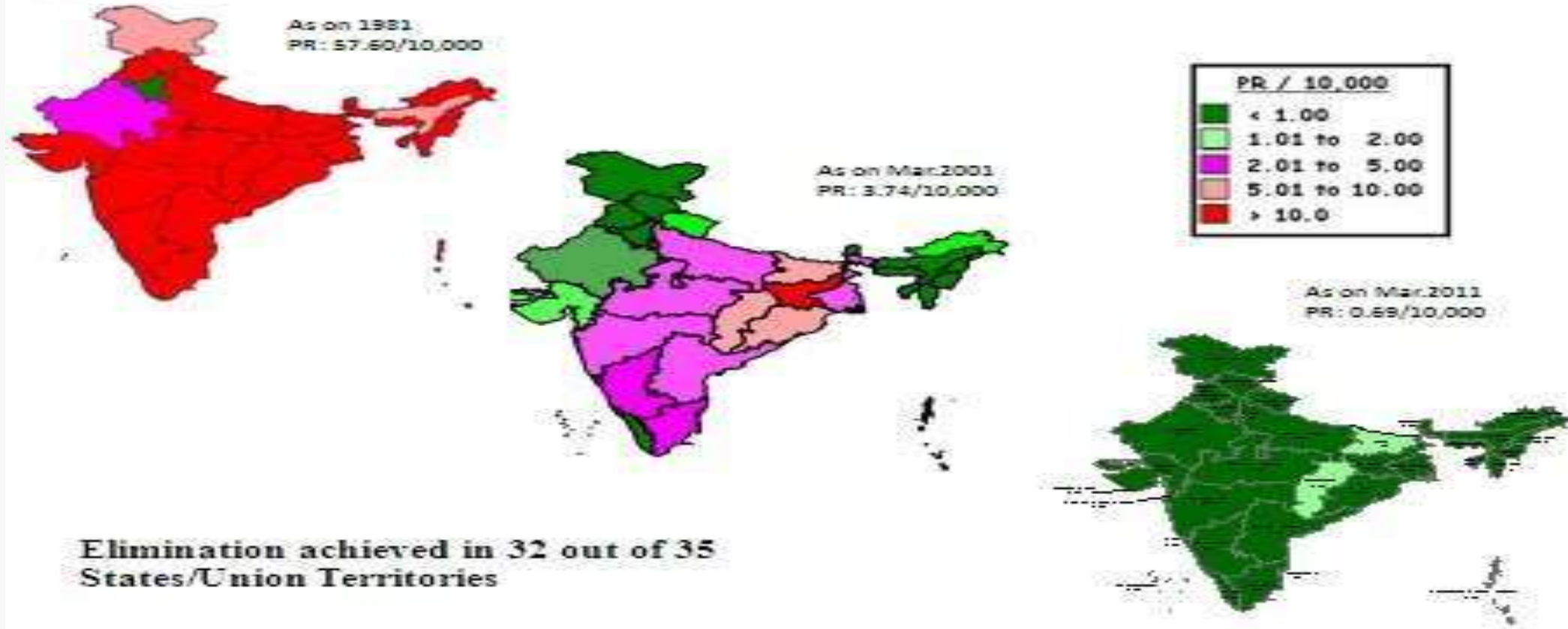
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School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

DECLINING LEPROSY PREVALENCE IN INDIA



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Objectives of NLCP - 1955

- Early case detection
- To provide domiciliary treatment to render infectious cases to non-infectious
- **Objectives 1984**
- To detect all cases of leprosy
- Irrespective of endemicity of the area
- To treat all detected cases of leprosy and its complication till its cure or recovery
- To impart training to all categories of health personnel
- Vision : The Attainment of Leprosy Free Status for the People of India To recommend grant in aid to various voluntary agencies engaged in anti-leprosy work
- To promote medico surgical rehabilitation of the disease arrested deformed cases. To encourage research on various aspects of leprosy

Strategies for NLEP

- Early case detection
- Short term multi drug therapy (MDT)
- Health education
- Rehabilitation services

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- **multibacillary**

Multi Drug Therapy

a) Intensive phase (lasting for 14 days)

- Rifampicin 600 mg daily (**supervised**)
- Clozapimine 300 mg daily (**supervised**)
- Dapsone 100mg daily (unsupervised) Continuation Phase (lasting for 2 or more years)
- Rifampicin 600 mg once a month (supervised)
- Clozapimine 50 mg daily and 300 mg/month (supervised
- Dapsone 100mg daily (unsupervised)
- Ethionamide and prothionamide (duration:2 years are until 2 consecutive skin smears taken at monthly interval become negative.)
- The follow up is done once in 6 month for 5 year

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Paucibacillary

- Rifampicin 600 mg once a month (supervised)
- Dapsone 100mg daily (unsupervised)

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Strategies for NLEP during 9th five year plan

- Identifying **case detection** and **MDT coverage** in high prevalence states and areas difficult to access
- Strengthening **laboratory services** PHC/CHC , establishing surveillance
- Preparing for and initiating horizontal **integration** of leprosy program in to **primary health care system**, Providing greater emphasizes on disability prevention and treatment
- Implementation of modified leprosy elimination campaign
- Ensuring rehabilitation of cured patients
- Repeal of discriminating provision under marriage act where leprosy is ground for divorce

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Role of key persons: Health worker

- Identification of persons with hypo pigmented patches or thickened tender nerves
- Help and motivate VHG to detect such cases
- Ensure that cases are clinically examined for diagnosis
- Ensure that the treatment is taken regularly by all cases till cure.
- Motivate defaulter to take treatment regularly Educate patients on care of feet, skin , eyes etc
- Educate members of family and community by imparting correct knowledge. Dispel misconception, misbeliefs. Help to remove stigma
- Examine contacts of diagnosed cases for presence of hypopigmented patch, thick/ tender nerve
- Keep record of suspected cases and cases under treatment

Role of key persons :Village heath guide

- Identification of persons with hypo pigmented patches and getting such person examined clinically
- Reassuring diagnosed cases of cure if treatment is taken regularly and motivate them to take such treatment as long as necessary
- Keeping in touch with cases to ensure that the treatment is taken regularly
- Educate family members about the curability , infective nature of disease and remove misconception if any
- Educate community by imparting correct knowledge. Dispel misconception, misbeliefs. Help to remove stigma
- **Health assistant / supervisor:** Supervise the activity of health worker,, Compilation of reports

Medical officer

- **Confirm suspected case of leprosy**
- **maintain register of cases under treatment an defaulters**
- **supervise activities of health assistant**
- **ensure drug supply compile records and assess the activities with the help of indicators**
- **find out the problem faced by health worker , health assistant during monthly meeting and try to find solution**
- **inform / educate patients / contacts and populations**

Infrastructure

- 1.the leprosy control units
- 2.survey education and treatment (SET)centers
- 3.urban leprosy centers

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The leprosy control units

- are established in endemic areas with one medical officer 2 non-medical supervisor and 20 para medical worker .Each unit covering a population of 4.5 lakhs. each paramedical workers covers a population of 15 to 20000 and is expected to examine at least 8000 persons per year

Survey education and treatment (SET) centers

team consists of one paramedical workers for 20- 25000 population. One medical supervisor for every 5 paramedical workers. these centers attached to PHC

Urban leprosy centers:

established for every 30-40 thousand population. At central level, the leprosy division of the directorate general of health services, New Delhi is responsible for planning, supervision and monitoring of program

Institute involved in anti-leprosy activities

- Central leprosy teaching research institute ,Chengalpattu
- Regional leprosy training and research institute ,Raipur Chhattisgarh
- Regional leprosy training and research institute< gauripur (West Bengal)
- International agencies such as SIDA Swedish international development agency), DANIDA (Danish international development agencies), WHO, UNICEF (United Nations international children's emergency fund), Damien foundation Etc.

Responsibilities of nurse

- Find the source of infection
- Assist in the examination of household contacts especially children
- Education on the early sign and symptoms of leprosy
- Help the patients and family to understand the nature of disease
- Observe all patients in clinic Demonstrate nursing care
- Assist with diagnosis and treatment
- Follow up and contact as needed
- Assist with rehabilitation
- Participate in all programs, including referring to other agencies for necessary help and treatment

Newer update

- **Leprosy Case Detection Campaign (LCDC)**
- 8 October 2016 |Geneva | New Delhi — A record 320 million Indians have been screened in a door-to-door leprosy detection campaign, revealing thousands of “hidden” cases. In 2015, a total of 127 326 new cases were detected accounting for 60% of the global total of new cases, compared with 125 785 new cases in 2014. IE 1541

- In 2016, WHO has launched a new global strategy – **The Global Leprosy Strategy 2016–2020: accelerating towards a leprosy-free world** – which aims to reinvigorate leprosy control efforts and avert disabilities, especially among children affected by the disease in endemic countries. This strategy emphasizes the need to sustain expertise and increase the number of skilled leprosy staff, to improve the participation of affected persons in leprosy services and to reduce visible deformities – also called grade-2 disabilities – as well as stigmatization associated with the disease.

Conclusion

- Leprosy is curable and treatment provided in the early stages averts disability if Multidrug therapy provided. Control of leprosy has improved significantly as a result of national and subnational campaigns in most endemic countries. Integration of basic leprosy services into general health services has made diagnosis and treatment of the disease more accessible.

REFERENCES

1. **Park, K. (2015).** *Park's textbook of preventive and social medicine (23rd Ed.)*. Jabalpur: M/S Banarsidas Bhanot.
2. **Kumari, N. (2011).** *A Text Book of community health nursing*. Jalandhar: S.vikas and company (medical) India
3. **Gulani,k.K2009).** *Community health nursing principles and practice(2nd ed.)*.New Delhi:Kumar publishing house.
4. **Kamalam,K.(2012).** *essentials in community health nursing practice(1st ed.)*. New Delhi: Jaypee Brothers Medi

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