

## An observation of leprosy situation in Surat district from 2001 to 2006

Sir,

Leprosy is still an important public health problem in India. The National Leprosy Control Program launched in 1955 was redesigned as the National Leprosy Eradication Program (NLEP) in 1983 with the introduction of multidrug therapy (MDT). In Gujarat, the prevalence rate of leprosy decreased from 21.1 per 10,000 (1984-85) to the elimination level (0.95) by 2004 and presently it is 0.89 cases per 10,000 (Jan 2007). An effort was made to evaluate the progress of NLEP in Surat district of Gujarat state by retrospective analysis of data of the last six years (2001-06) collected from the district leprosy center in Surat.

Various indicators applied by different authors<sup>[1]</sup> were used for analyzing the data. Cases reported during the modified leprosy elimination campaign (MLEC), school health checkup program and block leprosy awareness campaign (BLAC) were also included.

Surat district shows:

- A marginal decline in the prevalence rate (from 1.83 in 2001 to 1.44 by 2006) with a substantial reduction (0.84%) in 2004.
- A reduction in the new case detection rate from 3.37 (2001) to 1.73 in 2004 but, an increase to 2.57 in the year 2006.
- Male:female ratio as 54:46 (2001), 62:38 (2005) and 58:42 (2006).
- A decline in child cases among new cases of leprosy from 21.5% (2001) to 12.8% (2006).

- An increase in multibacillary cases among new cases (30.9% to 50.1% from 2001 to 2006).
- A 50% reduction in cases with grade II disability from 2.68% (2001) to 1.38% (2006) over a period of six years.

Though the district has shown a declining prevalence rate from 2001 to 2004, there was an increase in the rate seen in the years 2005 and 2006. The decrease may be due to the Block Leprosy Awareness Campaign while the increase may be explained by the large number of migrants coming from Uttar Pradesh, Bihar and Orissa states, which contribute a large number of leprosy cases to India. The state prevalence rate has declined from 1.4 (2001) to 0.84 (2006) per 10,000 population,<sup>[2]</sup> whereas it is still highest at 1.44 (2006) for Surat district.

The proportion of children among new cases shows a declining trend from 21.5% (2001) to 12.8% (2006). The proportion of multibacillary cases among newly detected cases shows an increase from 30.9% (2001) to 50.1% (2006). As the prevalence rate decreases, the number of paucibacillary cases also decreases.

Implementation of three rounds of MLEC from 2001 to 2004 might be the possible explanation for the decline observed in cases with grade II disability from 2.68% (2001) to 0.53% (2004). Implementation of BLAC during 2005 and 2006 may be the reason for the subsequent rise to 1.38% (2006) in grade II disability cases, as has also been reported by Halder *et al.*<sup>[3]</sup>

The goal of the National Health Policy, 2002 was to eliminate leprosy by 2005 by bringing down the prevalence rate of leprosy to less than 1 per 10,000 populations. The present study reveals that Surat district with a prevalence rate of leprosy 1.44 per 10,000 is still to achieve the national goal of elimination of leprosy although the prevalence rate for Gujarat state is 0.89 per 10,000 populations.

Leprosy being an "iceberg" disease, we recommend that Surat district should implement the following programs to bring down the present prevalence rate of leprosy (1.44) to below 1 per 10,000 populations:

1. Block Leprosy Awareness Campaign.
2. Active surveillance from house to house.
3. Detection of cases during school health check up programs.

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