Role Of Dermatologists in Leprosy Control

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Success of Leprosy Control Program

- Goal of leprosy elimination achieved at Global level (2000) - effective national leprosy control programs & WHO MDT
Where are we today?

- Elimination target achieved at global level
- Decrease in the disease burden
- Standardization of diagnosis & classification
- Shorter treatment regimens

- Integration of leprosy services
- Understanding the need for sustainability
- Stress on quality of services
# Current Leprosy Situation

## Prevalence of leprosy - WHO region 2012 and end of first quarter 2013

*(Weekly Epidemiological Record 30 August 2013)*

<table>
<thead>
<tr>
<th>WHO region</th>
<th>No. of cases registered (PR) /10,000 population</th>
<th>No. of new cases /100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>17 540 (0.26)</td>
<td>20 599 (3.05)</td>
</tr>
<tr>
<td>Americas</td>
<td>33 926 (0.39)</td>
<td>36 178 (4.14)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td><strong>125 167 (0.68)</strong></td>
<td><strong>166 445 (8.98)</strong> (India 134 752) [10.78]</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>4 960 (0.08)</td>
<td>4 235 (0.72)</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>7 425 (0.04)</td>
<td>5 400 (0.30)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>189 018 (0.33)</strong> [India 91 743] (0.73)</td>
<td><strong>232 857 (4.00)</strong> (58% India)</td>
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</table>
## Trends in the detection of leprosy

[16 countries: ≥1000 new cases during 2012]  
WER August 2013

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>7882</td>
<td>6280</td>
<td>5357</td>
<td>5249</td>
<td>5239</td>
<td>3848</td>
<td>3970</td>
<td>3688</td>
</tr>
<tr>
<td>Brazil</td>
<td>38410</td>
<td>44436</td>
<td>39125</td>
<td>38914</td>
<td>37610</td>
<td>34894</td>
<td>33955</td>
<td>33303</td>
</tr>
<tr>
<td>China</td>
<td>1658</td>
<td>1506</td>
<td>1526</td>
<td>1614</td>
<td>1597</td>
<td>1324</td>
<td>1144</td>
<td>1206</td>
</tr>
<tr>
<td>Congo</td>
<td>10369</td>
<td>8257</td>
<td>8820</td>
<td>6114</td>
<td>5062</td>
<td>5049</td>
<td>3949</td>
<td>3607</td>
</tr>
<tr>
<td>India</td>
<td>169709</td>
<td>139252</td>
<td>137685</td>
<td>134184</td>
<td>133717</td>
<td>126800</td>
<td>127295</td>
<td>134752</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>4698</td>
<td>4092</td>
<td>4187</td>
<td>4170</td>
<td>4417</td>
<td>4430</td>
<td>-</td>
<td>3776</td>
</tr>
<tr>
<td>Indonesia</td>
<td>19695</td>
<td>17682</td>
<td>17723</td>
<td>17441</td>
<td>17260</td>
<td>17012</td>
<td>20023</td>
<td>18994</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1924</td>
<td>1993</td>
<td>2024</td>
<td>1979</td>
<td>1875</td>
<td>2027</td>
<td>2178</td>
<td>2191</td>
</tr>
<tr>
<td>Nepal</td>
<td>6150</td>
<td>4235</td>
<td>4436</td>
<td>4708</td>
<td>4394</td>
<td>3118</td>
<td>3184</td>
<td>3492</td>
</tr>
</tbody>
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Present Challenges

- New cases
- Reactions
- Neuritis
- Deformities
- Relapses
- Drug resistance
- Systemic complications
- Uncommon presentations
- Declining expertise
- Delayed diagnosis
- Low priority on health agenda!
Dermatologists & Leprosy Services in India

- Approximately 15,000 dermatologists (MD)
- Leprosy – part of MD curriculum
- Had been managing leprosy patients in routine at hospitals and private clinics
- Involved in training of health care staff and all activities of national leprosy control program
- Contribution in clinical/basic research
- Designated/ committed leprologists - basically dermatologists
Dermatologists & Leprosy care: Drifting scenario

- Dismantling of vertical leprosy control programs. More stress on other national disease control programs.
- Declining number of designated “leprosy officers” – almost nil.
- Non availability of dermatologists at PHC/rural/remote areas.
- Shifting trend towards cosmetology/dermatosurgery.
- Limited funding & research avenues.
- “Next generation dermatologists” – inadequate training/expertise in relation to leprosy.
Drifting scenario…..

- Declining pool of appropriately knowledgeable and ‘skilled health workers’ [due to reducing leprosy prevalence] – to sustain quality leprosy services in an integrated setting

- Thus it will become more difficult for people with leprosy to access expert and timely care – both for the initial diagnosis & management of complications

- Declining numbers – less interest of the trainer and of those to be trained
Drifting scenario.....

- New Leprosy cases will continue to occur [about 1 million by 2025], so also reactions and relapses in a setting where leprosy expertise is greatly diminished
Drifting scenario….Survival

- World wide interest in leprosy diminishing with reduced funding and continuing ‘brain drain’ from the subject

- Many leprosy laboratories diversifying into tuberculosis and HIV research
# After effects (post elimination)

<table>
<thead>
<tr>
<th>Patients</th>
<th>Disabilities, loss of self esteem, less chances of getting a job, begging, reduced facilities for treatment</th>
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<tbody>
<tr>
<td>Doctors</td>
<td>Relapses/ drug resistance</td>
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<tr>
<td></td>
<td>Deformities –correctable/care</td>
</tr>
<tr>
<td></td>
<td>Reactions</td>
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<tr>
<td></td>
<td>Neuritis and nerve function impairment</td>
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<td></td>
<td>Ocular &amp; other complications</td>
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<tr>
<td></td>
<td>Non healing ulcers</td>
</tr>
<tr>
<td>Society</td>
<td>Stigma</td>
</tr>
<tr>
<td></td>
<td>Burden of rehabilitation</td>
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<tr>
<td></td>
<td>Colonies, slums</td>
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Role of dermatologists in leprosy control

Clinical

- As the program is now transferred from leprosy workers (vertical) to general health care workers, establishing ‘Referral Centres’ should be re-emphasized

- Dermatologists are available outside the PHC at the district level at private hospitals or at [some] Govt. District hospitals – 2nd level (Intermediate referral)

- Clinical problems/ complications that are difficult to be managed at primary care health facilities should be referred to the nearest Institute/medical college, which need to be identified depending on the expertise available – Tertiary care
Role of dermatologists in leprosy control

Referral:

- Diagnosis (atypical presentations)
- Suspected relapse/drug resistance
- Disability/deformity requiring surgery
- Severe reactions – Type 1 or 2 (especially if no response to 4 weeks of steroid therapy)
- Neuritis/recent nerve function impairment
- Management of trophic ulcers
- Acute eye & other systemic complications
- Serious adverse drug reactions, advanced disease
Role Of Dermatologists

Operational

- Leprosy NGOs should network with practicing dermatologists and medical colleges for technical assistance – SSS facility, reactions, complications, deformities

- MDT blister packs may be made available to the interested practicing dermatologists and they should be requested to maintain records, networking with NGOs/local health facility for follow-up of patients
Role Of Dermatologists……..

Training

- Utilize the services of the dermatologists to train medical officers, nurses, physiotherapists, and paramedical workers about basics of diagnosis, treatment and early referral.

- Update on leprosy about changing Leprosy Control Programs strategies, treatment regimes, WHO policies through CME programmes.

*not a disease to be forgotten*
Future directions for Dermatologists

- Implementing WHO global strategy 2010-2015
- Sustainable services through the GHC system
- Referral services and long term care
- Prevention and management of impairments & disabilities
- Reduction in social stigma
- Creation of special interest groups (SIG)
- Coordinate with the specialists of other systems

- Sufficient interest, skills and experience should be generated and maintained among general health services staff to deal adequately with varied aspects of leprosy
Renewed commitment—
Dermatologists

“It is difficult to estimate what the dermatologists have contributed for leprosy control in the past, but it is obvious that they will be expected to continue to do so rather with greater zeal in the ‘post-elimination era’

Leprosy Review 2007 (March)
The battle against leprosy...

WORKING TOGETHER

Thank you