

No. HFW-KGR/NHM (NLEP)/2024/- 17
Office of the Chief Medical Officer, Kangra at Dharamshala

Date: 23/1/25

To,

The Deputy Director Higher Education
Kangra at Dharamshala

Subject: **Regarding Sparsh Leprosy Awareness Campaign 2025 and National Anti-Leprosy Day on 30.01.2025.**

Sir,

This is regarding the letter received from Dy. Mission Director, NHM HP vide No. NHMHP-NLEP0LEPR/2019-11741-4290 dated 20/01/2025 Regarding Sparsh Leprosy Awareness Campaign 2025 and National Anti-Leprosy Day.

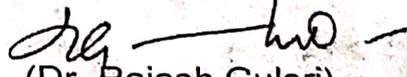
Stigma and discrimination, affect many aspects of life such as social status, employment opportunities, marriage, and family life. These challenges arise due to a lack of awareness and prevailing misconceptions regarding disease transmission, treatment, and cure. The SLAC is a 2-week theme-based campaign that is conducted every year as a nationwide activity i.e. 30th January from Anti Leprosy Day to 14th February 2025.

This year's theme is "**Ending Stigma, Embracing Dignity-** Together, let us raise awareness, dispel misconceptions, and ensure that no one affected by leprosy is left behind" (Guideline of SLAC enclosed).

In this regard, the different IEC activities i.e. Rallies, talk in schools and colleges in distt- Kangra required to be conducted on 30th January 2025.

You are, therefore, requested to give the directions to all School Principals to organize Rallies, talk in schools and colleges in distt- Kangra. Action taken may be shared with this office.

Yours sincerely,


(Dr. Rajesh Guleri)
Chief Medical Officer
Kangra at Dharamshala
01892-224874

Office of the Deputy Director of Higher Education
Kangra at Dharamshala.

29 JAN 2025

Endst. No. EDN-KGR (Misc.) 2024

Dated: Dharamshala

1409-1)

January 2025

Copy forwarded to:-

1. All the Principals/Headmasters of Govt. Sen. Sec. School/Govt. High School of Distt. Kangra for further necessary compliance as per above direction and action taken report may be sent to **the Chief Medical Officer, Kangra at Dharamshala under intimation to this office.**
2. The Chief Medical Officer, Kangra at Dharamshala, for information please.
3. I.T. incharge (internal) to upload this on website.
4. Guard file.


Deputy Director of Higher Education,
Kangra at Dharamshala.

Annexure III

Following IEC messages could be utilized to spread awareness in the community on the occasion of National Anti-leprosy Day.

English:

- Leprosy is a disease caused by a bacteria, called Mycobacterium leprae. It is not a hereditary disease.
- Leprosy is not due to past sins or evils.
- In leprosy the symptoms are hypo-pigmented patch, ulcers, nodules on skin/face with loss of sensation and deformities of hands, foot and face.
- If you come across people who are experiencing such symptoms then, please get in touch with either the ASHA or ANM or Multi-Purpose Workers. They will give you proper guidance on how to address this issue.
- Free treatment is available at all Government healthcare facilities.
- Leprosy is completely curable.
- Early detection and treatment prevents disabilities

Frequently Asked Questions (FAQs)

Q 1. What is Leprosy?

- Leprosy is a chronic infectious disease.
- It appears as a hypo-pigmented patch(s) on skin with definite loss of sensation. The onset of leprosy is subtle and silent. It affects nerves, skin and eyes.
- Of all the communicable diseases, leprosy is very important for its potential cause for permanent and progressive physical disability. In addition, the disease and its visible disabilities in particular, contribute to social stigma and discrimination.

Q 2. What causes Leprosy?

- Leprosy is caused by bacteria (*Mycobacterium leprae*.)

Q 3. How is the disease spread?

- Untreated leprosy-affected person is the only known source for transmission of the bacteria. Respiratory tract, especially nose is the major route of exit of the organism from the body of infectious persons. The respiratory route appears to be the most probable route of entry for the bacilli.
- Disease causing organism enters the body commonly through respiratory system by droplet infections.
- After entering the body, the organism migrates towards the nerves and skin.
- If it is not diagnosed and treated in early stages, it may cause further damage to nerves leading to development of disability.

Q 4. Is the disease hereditary?

- There is no evidence to say that it is hereditary.

Q 5. What are the signs and symptoms of leprosy?

Leprosy should be suspected if a person shows the following signs and symptoms

- Hypo-pigmented or reddish patches on the skin with definite sensory deficit
- Loss or decrease of sensation in the skin patches
- Numbness or tingling in hand or feet
- Weakness of hands, feet or eyelid
- Painful nerves
- Swelling or lumps in the face, earlobes or other parts of the body
- Painless wounds or burns on hands or feet.

Q 6. Is Leprosy curable?

- The disease is curable after treatment with Multi-Drug Therapy (MDT)
- Recurrence after adequate treatment with MDT is rare.

Q 7. Why leprosy takes so long to show symptoms?

- The symptoms of the disease occur generally after a long period as the incubation period for leprosy is variable from few weeks to 20 years or more.
- The average incubation period of the disease is said to be five to seven years.

Q 8. What should be done in case of suspicion of leprosy?

In case of presence of signs and symptoms of leprosy, please contact ASHA or ANM of your area or visit the nearest healthcare facility. Treatment of leprosy is available free of cost at all government healthcare facilities.

Q9. What is the impact of leprosy?

- It results in physical disability and deformity due to nerve damage resulting in sensory loss and muscle weakness.
- All this leads to dry skin - that with added sensory impairments, results in development of hardened skin, blisters and ulcers.
- If ulcer is neglected, it may further worsen the disability. This is compounded by muscle paralysis leading to deformity.

Q 10. Where is the medicine for leprosy available?

- MDT is available free of cost at all the Government healthcare facilities in the country. Under the National Leprosy Eradication Programme, treatment is provided free of cost including NGO institutions.

Q 11. Can the deformities be corrected?

- Yes, the deformities can be corrected with suitable reconstructive surgery and other assisted devices.
- However, deformities can be prevented by early detection and treatment. MDT should be started as soon as possible after the person is diagnosed.

Q 12. How to prevent disability?

- Detect cases as early as possible, before deformities can set in.
- It is therefore important to take regular treatment (MDT), report immediately in case of loss of sensation or nerve pain.

Q 13. Should a person affected by leprosy be sent to a leprosy sanatorium?

- There is no need to treat leprosy patients in special clinics or hospitals. However, difficult to treat cases and some cases of leprosy reactions may be sent to nearby general hospitals or leprosy Institutes.

Q 14. Can I live with a person affected by leprosy?

- Yes, you can live with a person affected by leprosy because leprosy does not spread easily from person to person. People affected by leprosy should not be isolated from their family and community. They can take part in social events and go to work or school as normal.

Q 15. Can a person affected by leprosy get married?

Yes, a person affected by leprosy can lead a normal married life and have children.

Q 16. Is it necessary to examine those in contact with a person affected by leprosy?

Those who live with a person affected by leprosy are at increased risk of getting the disease. Therefore, it is important to have people living in the same household and close friends examined regularly for leprosy. At the same time, they should also be educated regarding the signs and symptoms of leprosy as well as the type of help they can give to the leprosy patient living with them.

Q 17. What should one know about MDT?

- MDT is a combination of different drugs and the duration of treatment consist of either six months (Pauci Bacillary) or twelve months (Multi Bacillary).
- One should complete the full course of MDT as prescribed according to the type of leprosy and also to ensure there is no relapse.
- MDT is available free of cost in all government healthcare facilities even in remote areas.
- Any adverse reaction to MDT should be reported to the nearest healthcare facilities.

Q 18. What are the risks of incomplete treatment or default treatment?

It is desirable that a leprosy patient should complete a full course of MDT. However, there are circumstances where a patient is compelled to move to other places for the sake of job. In that case, there is a chance of incomplete treatment or default treatment. However, Nikusth 2.0 (ICT application for NLEP) there is provision of transfer out/ transfer in facilities for the migrant leprosy cases, which ensure completion of treatment without interruption.

Q 19. What are the adverse drug reactions with MDT?

MDT is reasonably safe, and severe adverse reactions are rare.

Minor adverse drug reactions commonly seen are:

- Rifampicin: Reddish urine
- Dapsone: Anemia
- Clofazimine: Brown discolouration of skin

Q 20. Is MDT safe during pregnancy and lactation for the mother and the baby?

- Yes.

Q 21. What is a relapse?

A relapse is defined as the reoccurrence of the disease at any time after the completion of a full course of MDT. Relapse is diagnosed by the appearance of definite new skin lesions.

Q 22. What is leprosy reaction?

Leprosy reaction is the sudden appearance of symptoms and signs of inflammation in the skin of a person with leprosy in the forms of redness, swelling, pain, and sometimes tenderness of the skin lesion. New skin lesions can also appear. Leprosy reaction can occur before, during and after completion of treatment. In case of leprosy reaction, report to your nearest dispensary.

Q 23. What is the current focus of the program?

Early detection of all cases in a community and completion of prescribed treatment using MDT are the basic tenets of the National Leprosy Eradication Programme. The current focus of the program is to achieve zero transmission of leprosy by 2027 through strengthening of the leadership, commitment and partnership, accelerate case detection, quality services, prevention of disease, disability, stigma, discrimination and violation of human rights, digitalization.