

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:365
ANSWERED ON:10.05.2006
PREVALENCE RATE OF LEPROSY
Acharia Shri Basudeb;Panda Shri Prabodh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has announced that the country has reduced the prevalence rate of leprosy to less than 1 in 10,000 population as reported in The Telegraph dated February 13, 2006;
- (b) if so, the facts of the matter reported therein;
- (c) whether the Government has eliminated leprosy as a public health problem according to WHO definition;
- (d) whether the attention of the Government has been drawn to the process being adopted to manipulate the number of leprosy patients; and
- (e) if so, the reaction of the Government thereto?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) to (e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 365 FOR 10TH MAY, 2006

(a) Yes, Sir. India has achieved the goal of elimination of leprosy as a public health problem, defined as achieving the prevalence rate of less than 1 case per 10,000 population, at the national level in the month of December 2005. As on 31st December 2005, Prevalence Rate recorded in the country was 0.95 per 10,000 population.

(b) The factual position in respect of various points mentioned in the news item dated 13th February, 2006, is as follows:

Reports of leprosy cases are generated at PHC/CHC & hospitals which are compiled at district level then at state level before sending to Central Leprosy Division. Reports are submitted in a time bound manner to reach Central Leprosy Division. The scope of data manipulation is limited because of the number of levels involved and the number of reporting centres. Under NLEP, new leprosy cases are recorded regularly and in 2005-06 as on December 2005, 1,26,981 new cases were recorded in the country.

According to WHO, keeping cured/unaccounted patients on treatment register leads to an inflated case load thus making it impossible to quantify MDT requirement and it also promotes social stigma. Hence it is pointed out that monthly cleaning of register is an essential component and it is being carried out regularly under the programme.

A total of 5 Modified Leprosy Elimination Campaigns (MLEC) were conducted during 1997-98 to 2004 which detected 9.9 lac cases thereby reducing the transmission potential and resulting in decline in new cases during successive campaigns.

Single skin lesion cases were treated with single dose ROM (Rifampicin, Ofloxacin and Minocycline) and were recorded separately from 1998-99 to 2001-02. This practice was stopped from 2002-03 and these cases are being recorded as PB cases and treated for 6 months duration.

As far as patients treated in private sector are concerned, through a special bulletin of Journal of Indian Medical Association (JIMA) circulated throughout the country in December, 2004, all private doctors were informed about diagnosis and treatment of leprosy. In addition, orientation training to private doctors in over 63 endemic districts was imparted by the Indian Medical Association. Patients going to private doctors are being recorded in the district leprosy office from where MDT is issued to the private doctors as MDT blister packs are not available in the market.

The data relating to NLEP is validated annually through an independent Leprosy Elimination Monitoring (LEM) Study. This study has found the national data on leprosy to be consistent.

(c): According to WHO definition, elimination of leprosy as a public health problem is the reduction of leprosy cases to less than 1/10,000 population. As per this definition, India has achieved this goal at National level in December 2005 as the prevalence rate on

31st December 2005 was 0.95/10,000 population.

(d) and (e) : As is clear from the information furnished hereinabove, no manipulation of data relating to leprosy patients has occurred.