Increasing Child Proportion – Is it a red signal for National Leprosy Eradication Programme?

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Sir,

The main objectives of the National Leprosy Eradication Programme1 are to detect and cure people with leprosy, to stop the transmission of the disease and to prevent disabilities. It is essential to measure progress towards the achievement of these objectives. Several indicators are used to assess the progress.

Among the indicators child proportion rate is the percentage of children among all new cases detected during the reporting year. A high child proportion may be a sign of active and recent transmission of the disease. It is thus an important epidemiological indicator. The child proportion (along with the number of new PB and MB children) is valuable also for calculating drug requirements.

At the beginning of any leprosy control programme, an accumulated backlog of adults and elderly with leprosy, containing a high proportion of disabled and MB cases, will be detected. By contrast, the child proportion is usually low at the beginning of a programme. Subsequently it tends to stabilize at a higher level. When the transmission is decreasing among the general population, it is to be expected that fewer and fewer children will develop the diseases. The child proportion should therefore decrease. This is, however, a very slow process.

In 2005, India achieved elimination of Leprosy (less than 1 new case per 10,000 population per year) as a Public Health Program at National Level.2 Since then the programme has ceased to be a vertical programme and has been integrated with the general healthcare system. Incidence of leprosy has decreased to an all-time low of 1,26,709 in 2010, but since then there has been a revival with more cases reported in 2011 (1,27,295) and 2012 (1,34,752).3

There is also a rise in child proportion rate even in low endemic states like Kerala. It might be that Kerala has entered the intermediate phase of leprosy control from its initial stage with greater thoroughness in case detections and that active case finding is going well within the integrated programme.

Else it may be a tip of the iceberg where actual case load is much higher. If so, case detection should be intensified by giving more training to peripheral health workers to identify leprosy as well as to restart school surveys which were stopped after NLEP became a horizontal programme. This will help to move from the intermediate phase to the eradication phase indicated by decreasing child proportion ratio along with decreased disability and MB case proportion.

End Note

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Conflict of Interest
None Declared

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