

**NATIONAL LEPROSY ERADICATION PROGRAMME**  
**(Central Leprosy Division )**

**Note on Introduction of New Indicator – “Rate of New cases detected with Grade – II disabilities”**

In the XIth Five year plan (PIP) document of National Leprosy Eradication Programme, a new indicator was added as “Number of Grade – II disabled cases” – 25% reduction by March 2012, taking 2006-07 as the base year.

Recently WHO has also proposed to introduce “New cases with Grade – II disability” as the key indicator to monitor progress in addition to current list of indicators. It is also suggested that The Rate of New Cases detected with Grade – II disabilities per 100,000 population is proposed as the new indicator for a global target, as it is less influenced by operational factors, it focuses attention on impairments which are critical to persons affected by leprosy and stimulates improvements in case detection. It is a robust marker of the level of occurrence of disease in the community and operationally it is easier to recognize compared to the early signs of the disease.

The WHO document further adds that while there are limitations in using this indicator, the benefits it will bring in increasing the commitment to leprosy programmes will outweigh any limitations. When reviewed together with other indicators, the indicator of new cases detected with grade – II disabilities per 100,000 population can be used to estimate under – detection; measure the impact on the need for physical and social rehabilitation; advocate the use of prevention of disabilities activities; and promote collaboration with other sectors. In addition, the use of such an indicator would help to emphasize on the issues that are important to persons affected with leprosy, governments and nongovernmental organizations, donors and other partners.

In view of the fact that the new indicator is being used in the NLEP from the current year itself, certain actions are required to be taken at the State, District and Peripheral level so that the indicator become reliable and useful to the programme as desired.

**Actions suggested are :-**

- (a) Screening for Grade – I and Grade – II disability in each new patients should be correctly done and recorded at the time of 1<sup>st</sup> diagnosis.
- (b) Tests for neuritis, nerve damage, Reaction, Voluntary Muscle Testing (VMT) etc. Should be properly conducted by the trained persons and recorded in the specific cards.

- (c) Treatment with prednisolone must be started promptly wherever needed in the prescribed doses of 1 mg per kilogram body weight daily as indicted in the NLEP training manual.
- (d) Treatment with MDT must be started immediately in all new cases and regularity of treatment should be ensured.
- (e) Regular followup with sensory testing and VMT should be carried out as prescribed.
- (f) While recording a new Grade – II disabled case as new leprosy case, one should ensure that the patient is not an old case treated elsewhere as that will cause duplication of record.
- (g) Give maximum awareness to the population emphasising that early detection and regularity of treatment in the Govt. Health Centres/Hospitals, can prevent disability in Leprosy and completely cure the person.
- (h) Implement innovative approaches for case finding in order to reduce delay in diagnosis, including special efforts to improve control activities for population living in difficult to assess and suburban areas.

Proper diagnosis in time, careful assessment of the patient's condition, quality care, regular monitoring and evaluation of the case can do wonders for the leprosy affected persons.

---xxxx---