

LEPROSY DETECTION FELL DURING PANDEMIC: REPORT

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

To the doorstep: A vaccination vehicle for leprosy patients being flagged off in Tirunelveli in 2021. SHAIKMOHIDEEN A | Photo Credit: SHAIKMOHIDEEN A

The COVID-19 pandemic leading to social distancing and lockdowns caused a fall of 62.5% in the detection of active leprosy cases between April and September 2020 when compared with the cases identified during the corresponding period in 2021 in four States — Andhra Pradesh, Odisha, Bihar and Madhya Pradesh.

In 2019, these States accounted for 35% of the total new leprosy cases reported in the country. They reported 22,000 new cases from April to September in 2019, but only 8,270 for the corresponding period in 2020. The latest report by the Leprosy Mission Trust India, “The Pandemic and the People’s Plight”, says that active case finding activities were suspended in most States since April 2020.

The report highlights that the proportions of multibacillary (MB) leprosy and grade-2 disability (G2D) among the new cases increased by 20% and 12%, respectively, from April to September 2020, compared with the figures for the corresponding six-month period in 2019.

Moreover, the proportion of both women and children among new cases decreased by 70% from the numbers during the two quarters in 2019.

These figures were shared by the National Leprosy Eradication Programme (NLEP), notes the report. Other Indian States may have experienced similar outcomes, especially when the second wave put brakes on the Leprosy Case Detection Campaign for the entire second quarter of 2021 (April-June).

Routine medical needs

The report also has constraints in terms of the sample size it reached out to. “Collectively, we could reach out to around 400 respondents for getting firsthand information on the impact of COVID-19. The in-house survey of patients, residents of leprosy colonies, public health consultants, ASHA workers and students from vocational training centres is restricted to six States and Union Territories: Andhra Pradesh, Chhattisgarh, Delhi, Maharashtra, and Tamil Nadu,” it said.

The report said that people undergoing leprosy treatment need to visit hospitals regularly for their routine medical needs such as blood pressure monitoring, ulcer dressing, medicines (multi drug therapy or MDT blister packs, and steroids), and micro-cellular rubber (MCR) footwear.

The report also states: “With public transport becoming out of bounds because of nationwide lockdown, the scope for getting healthcare and disability management services in institutional setup reduced. Of all the things that COVID-19 pandemic taught us, the most important was, perhaps, the fact that the ‘vulnerable population’ is not a homogenous entity. Their vulnerability is sometimes a complex intersection of different social variables: poverty, disability, stigma, exclusion, etc. The pandemic demonstrated how it affects different vulnerable groups differently.”

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