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## LEPROSY POST-EXPOSURE PROPHYLAXIS (PEP) FOR DERMATOLOGISTS AND MEMBERS OF INDIAN ASSOCIATION OF LEPROLOGISTS (IAL)

**Introduction:**

Early detection, treatment, care and prevention of leprosy is crucial for interruption of leprosy transmission and mitigation of suffering. The Sustainable Development Goal (SDG) 3.3 aims to end the epidemic of Neglected Tropical Diseases (NTDs) by 2030 and leprosy is one of the NTDs.

## Leprosy – Current Situation:

- About 200,000 cases of leprosy occur globally, and more than 50% of them are from India.
- Around 5% of these are children.
- Around 5% have disabilities due to leprosy.
- By 2027, India intends to reduce the incidence of leprosy by 50% compared to 2023.
- The dermatologists diagnose and treat good number of leprosy cases in India<sup>(1)</sup>.
- The leprosy cases are referred to them by the general physicians (GPs), some consult on their own.
- A proportion of members of Indian Association of Leprologists (IAL) are dermatologists and they can play a significant role in interruption of leprosy transmission.
- A leprosy case during treatment may be more receptive towards getting his family screened and administered PEP.



## Prevention of Leprosy using PEP/SDR:

- Close contacts of index cases are more susceptible for developing leprosy.
- Single dose of Rifampicin (SDR) is effective in preventing leprosy among contacts of index case by 57%<sup>(2)</sup>.
- The World Health Organization (WHO)<sup>(3)</sup> and the National Leprosy Eradication Programme (NLEP) have endorsed the use of SDR for Leprosy Post-exposure Prophylaxis (LPEP).
- The Government of India in its NLEP and National Strategic Plan (2023-27) has emphasized on extensive coverage of SDR PEP.

- Around 20 eligible contacts need to be administered SDR for desired results.
- A contact for LPEP is defined as a person who had prolonged regular or interrupted contact with an index case during the last one year. The time period of contact should be around 3 months (cumulative) and 20 hours/week.
- A child below two years of age and pregnant women should not be given SDR.
- Also, those who have taken rifampicin in last two years due to any reason or having any signs or symptoms of tuberculosis or leprosy or signs and symptoms of liver and kidney disease should not be given SDR.
- Another enhanced chemoprophylaxis is under trial-PEP++<sup>(4)</sup>.
- BCG vaccine is known to help, government is also doing a study on MIP vaccine.

## How IAL Members/Dermatologists can support PEP/SDR:

- Screen the family members of the leprosy patient and advise SDR PEP to the eligible contacts.
- Can mentor the GPs on leprosy and SDR PEP.
- Can organize Continued Medical Education (CME) and seminars on leprosy.
- Can take part in media discussions to generate awareness about leprosy and its prevention.
- Cases detected in private practice should be reported to the government as per notification guidelines issued by the state.
- May refer cases to physiotherapists for appropriate disability care.
- May link with NGOs for supportive care.

## Recommendations:

- Based on the above evidence and the recommendation of the WHO and NLEP on the use and value of PEP using SDR, the IAL as an association recommends that all IAL members/Dermatologists treating leprosy patients in their clinics, organizations, and departments follow the above mentioned protocol and implement PEP using SDR for the patients family and close contacts.

1. Rao PN et al. The DermLep Study: Results of prospective nation-wide survey of the number & profile of leprosy patients seen by Dermatologists in India. Indian Dermatol Online J 2020;11:701-11.
2. Moet FJ, Pahan D, et al; COLEP Study Group. Effectiveness of single dose rifampicin in preventing leprosy in close contacts of patients with newly diagnosed leprosy: cluster randomised controlled trial. BMJ. 2008 Apr 5;336(7647):761-4. doi:10.1136/bmj.39500.885752.BE. Epub 2008 Mar 10. PMID: 18332051; PMCID: PMC2287265.
3. <https://iris.who.int/bitstream/handle/10665/274127/9789290226383-eng.pdf>.
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