Punjab is a low endemic state in terms of prevalence of leprosy. There were a total of 690 cases on record as on 29.02.2012 with which prevalence rate becomes 0.23/10000 populations. During the year 2011 upto February, 2012, 639 new leprosy cases have been detected and brought under treatment. Out of this, 177 patients are Punjabi Cases, which is a matter of concern. As much as, State is already under elimination goal of Govt. of India i.e. less than 1 case/10000 population. National PR is 0.74/10000 whereas of Punjab is 0.23/10000 as on 29.02.2012. So far higher emphasis was given on the prevalence rate of a given area which was mainly for purpose of achieving the elimination which is yet to be achieved. For better epidemiological analysis of the situation, gradually emphasis is being shifted to the Annual New case Detection Rate (ANCDR), Presently the ANCDR of Punjab State for 2011 upto February, 2012 is 3.28 per 10000 population.

**Epidemiological Status for last 5 year:-**

<table>
<thead>
<tr>
<th>Year</th>
<th>New Cases Detected</th>
<th>ANCDR per 1,00,000</th>
<th>Cases on record</th>
<th>PR per 10,000</th>
<th>Grade II Disability</th>
<th>Disability %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>960</td>
<td>3.61</td>
<td>849</td>
<td>0.32</td>
<td>28</td>
<td>2.9%</td>
</tr>
<tr>
<td>2007-08</td>
<td>964</td>
<td>3.50</td>
<td>897</td>
<td>0.33</td>
<td>40</td>
<td>4.15%</td>
</tr>
<tr>
<td>2008-09</td>
<td>933</td>
<td>3.33</td>
<td>868</td>
<td>0.32</td>
<td>34</td>
<td>3.64%</td>
</tr>
<tr>
<td>2009-10</td>
<td>824</td>
<td>2.94</td>
<td>741</td>
<td>0.26</td>
<td>42</td>
<td>5.10%</td>
</tr>
<tr>
<td>2010-11</td>
<td>676</td>
<td>4.29</td>
<td>429</td>
<td>0.24</td>
<td>21</td>
<td>3.62%</td>
</tr>
<tr>
<td>2011 upto Feb., 2012</td>
<td>639</td>
<td>3.28</td>
<td>690</td>
<td>0.23</td>
<td>20</td>
<td>2.29%</td>
</tr>
</tbody>
</table>
Epidemiological status reveals that during last five years there were continuous downfalls in no. of New Cases, ANCDR, PR. However the status of Grade-II disability shows that initially, there were more cases then downfall and then again arise. The reason for this change in Grade-II disability cases and percentages is seems to be better reporting. The disease trend of last 5 years in Punjab state reveals there is a continuous decline in no. of new cases which also includes decline in indigenous case i.e. Punjabi cases. It also reveals there is decline in ANCDR, PR, and MB Cases.

 Initiatives during 11th Plan Period:

 Disability prevention and Medical Rehabilitation: -

 Special emphasis is required for prevention and possible correction of deformity in leprosy affected persons with disability. For prevention of deformity, early detection & complete treatment of leprosy cases, prompt management of cases with lepra reaction and nerve involvement is being pursued under the programme through the primary health care system and referral of complicated cases to district and specialist hospitals for their management. However, leprosy affected persons already cured but with deformity of hands, eyes or feet would require Reconstructive Surgery (RCS) for correction of their deformity and for improving their functional ability. For this purpose LAP are paid the incentive amounting to Rs. 5000/- belonging to below poverty line families for each major Re-Constructive Surgery and also provided Rs. 5000/- per RCS conducted by Govt. Institutions as institutional support.

 In Punjab selection of cases for RCS from the treated deformed cases a special survey was got conducted in all the districts and list of treated deformed cases for the last 10 years was got prepared. For the Re-Constructive Surgery from these listed patients a special camp was organized on 24.01.2009 at Jalandhar under the banner of ILEP. Dr. Alok Shah a Renowned Plastic Surgeon from Bombay who chaired the camp. After final selection a list of 17 patients was prepared from the above list for Re-Constructive Surgery (RCS). Out of these selected patients 7 were treated for Re-Constructive Surgery on 27.07.2009 at Civil Hospital Jalandhar by the same team. During the current year 2011, 17 patients were also operated for RCS at Govt. Hospital, Ludhiana by the same team from Mumbai.
**Involvement of ASHAs:-**

ASHAs under NRHM have been trained and involved for suspecting leprosy cases and refer to the PHC MO for diagnosis and treatment incentive of Rs. 100/- is paid to ASHA for suspecting cases after diagnose is confirmed. ASHA are also paid incentive of Rs. 200/- and Rs. 400/- for follow up of the cases of PB and MB respectively to complete treatment in due time. Involvement of ASHA is likely to show good results in higher detection of cases particularly in the difficult tribal inhabitant and inaccessible areas. In Punjab so far approx. 15600 ASHAs have been trained and during the current year 3000 more ASHAs are likely to be trained.

**Leper colonies: -**

There are 33 leper colonies in different parts of state in which 2192 inmates are residing. All of them have already been treated with Multi-Drug Therapy (MDT) and are cured persons except for the deformities.

**National Sample Survey:-**

The National Sample Survey was conducted throughout India including Punjab to access the disease burden of leprosy in India. For this sample survey the areas for survey were selected at National level on random basis. This survey was conducted for Urban & Rural areas separately. **In Punjab three districts namely Ludhiana (Urban), Jalandhar & Mansa (Both Rural) were selected. In these districts 6 wards of Ludhiana city for Urban Survey and 2 blocks each from Jalandhar (Kartarpur & Jandiala) and Mansa (Surdulgarh & Khayala Kalan) respectively were selected for National Sample Survey.**

**Ludhiana:-**In Ludhiana city after completing pre-survey activities, actual survey started w.e.f. 17.06.2010 and was completed by the end of September, 2010. This survey involved approx. 2.25 lac Population.

**Jalandhar:-**In Jalandhar the survey in Kartarpur block was completed on 01.06.2010 and the survey in second block i.e Jandiala was also completed by the end of September, 2010.

**Mansa:-**In Mansa district survey delayed on account of flood due to rains and has now completed in both blocks i.e. Surdulgarh & Khayala Kalan in October, 2010.

The new patients diagnosed in the survey were treated and given free medicines.
Activities proposed to be undertaken during 2012-13:-

In the year 2012-13 the following activities are proposed to be undertaken to reduce the burden of disease and to achieve the goal of leprosy free India.

1. The LAP will be provided free Medical Aid, Leprosy Foot, Tricycles and other Aids and Appliance under DPMR. To remove deformity more cases will be detected for RCS and if found desirable then a camp will be held in Govt. Hospital for RCS.

2. More doctors and Para Medical Staff will be trained so that most of the doctors and Para Medical Staff may be able to diagnose the symptoms of disease and may be treated with MDT.

3. To create awareness among general public about the stigma of this disease, more IEC activities will be undertaken in various Villages/ Blocks/ Schools/ Melas etc where maximum public is supposed to visit. Some of the following activities under IEC head are given under:-

   a) Advertisement through the Media of All India Radio.
   b) Bus Panels/ LED Strips.
   c) Folk Shows/ Cultural Shows/ Nukkad Natak.
   d) Magic Shows/ Puppet Shows.
   e) Orientation Camp.
   f) School Rallies.
   g) Health Melas.
   h) Meeting with Village Community Members.

4. NGO in the state who are actively engaged for the cause of Leprosy if any will be given financial help for looking after the LAP and providing them all sorts of help.

5. The funds position during the year 2011-12 is enclosed.