Sir,

We thank Dr. Kaushal Verma for his interest in our article.\[1\] The author of the letter states, ‘Atopics are more susceptible to develop contact allergy to compositae plants also. In this study, it seems atopic individuals have developed Parthenium dermatitis and this atopic state may have resulted in positive prick test and elevated IgE levels in these patients . . .’ Until this point, we concur with the authors of the letter; however, the authors continue, ‘. . . which may not have been actually due to parthenium.’

These patients tested positive to prick test with parthenium and negative with saline (negative control). In addition, histamine, which was used as a positive control, also elicited an immediate reaction. The late-phase reaction (LPR) was elicited to parthenium alone and neither the control nor histamine showed a late-phase reaction. This proves that the patient had type I hypersensitivity in addition to type IV hypersensitivity (which was confirmed by patch testing). With regard to the comment that ELISA would be a more reliable test to confirm type I hypersensitivity to parthenium, the only available test is RAST. During our initial trials, RAST gave false positive results. A 6-month-old baby with pustular psoriasis tested positive, and some frank cases of parthenium dermatitis tested negative. In addition, the RAST yields numerous positive reactions which are obviously irrelevant and poses a problem in advising patients. Finally, we planned our study based on an article in Dermatology.
Elimination of leprosy has been achieved by India at the hidden leprosy cases. An intensive, time-limited survey among the people to detect services and to detect and treat hidden cases by conducting building the capacity of general healthcare staff to deliver an objective of increasing public awareness about leprosy, effective treatment. The MLECs had been conducted with early detection of leprosy cases and their prompt and being used is the effective interruption of disease transmission. To achieve the goal of elimination of leprosy, the strategy disease prevalence is still more than the national average. More needs to be done in states like Chhatisgarh where the treated with multidrug therapy (MDT) and cured. However, between 1997-2004, yielded > 1 million new cases that were elimination campaigns (MLECs) which had been carried out by the hospital-based clinic of the military Dermatologist to achieve a reduction in leprosy cases to < 1 in 10,000 in the general population by December 2005. Modified leprosy patients despite claims to having reduced the burden between 1997-2004, yielded > 1 million new cases that were.

One of the goals of the National Health Policy 2002 was to contribute to nearly 63% of the country's case load. The states of U.P, Bihar, Jharkhand, Orissa, West Bengal and Madhya Pradesh population at risk are quite substantial. The states of U.P, Bihar, Jharkhand, Orissa, West Bengal and Madhya Pradesh variations in the prevalence rates and the percentage of leprosy patients despite claims to having reduced the burden of only the exposed areas and rely on inputs from students of leprosy among school children. The limitation of this project is that the "trained teachers" would undertake examination of 16.6 per 10,000. It is possible that due to active screening we found four cases of paucibacillary leprosy amongst the 2400 school children screened, which translates to a NCDR confirmation was done and treatment commenced as per MDT guidelines. We found four cases of paucibacillary leprosy amongst the 2400 school children screened, which translates to a NCDR confirmation was done and treatment commenced as per MDT guidelines. We found four cases of paucibacillary leprosy amongst the 2400 school children screened, which translates to a NCDR confirmation was done and treatment commenced as per MDT guidelines. We found four cases of paucibacillary leprosy amongst the 2400 school children screened, which translates to a NCDR confirmation was done and treatment commenced as per MDT guidelines.

An introductory talk was given to students during the daily school assembly on the occasion of National Leprosy Day and tell their peers about any skin lesions on covered body parts. However, within the overall ambit of the concept of a School Health Program, teachers are usually the first point of contact of school children and as such, are supposed to be keeping a watchful eye on the health of their pupils. Besides, the teachers are co-opted for conducting various screening activities, rendering the teachers attuned to such activities during routine school health examinations, the services of the teachers are less sensitive than a prick test. Clin Dermatol 1997;15:623-35.

This approach may have a component of 'peer embarrassment', Clin Dermatol 1997;15:623-35. Wherein a subset of children may be hesitant to come forward which categorically states 'the RAST is considered to be less sensitive than a prick test.'

Chembolli Lakshmi, C. R. Srinivas
Dept. of Dermatology, PSG Hospitals, Peelamedu, Coimbatore - 4, India

Address for correspondence: Dr. C. R. Srinivas, Dept. of Dermatology, PSG Hospitals, Peelamedu, Coimbatore - 641 004. India. E-mail: srini_cr_1955@yahoo.com

REFERENCES