

**National Leprosy
Eradication Programme**

**ACTIVE CASE DETECTION AND
REGULAR SURVEILLANCE
FOR LEPROSY**

Operational Guidelines - July, 2020



Central Leprosy Division

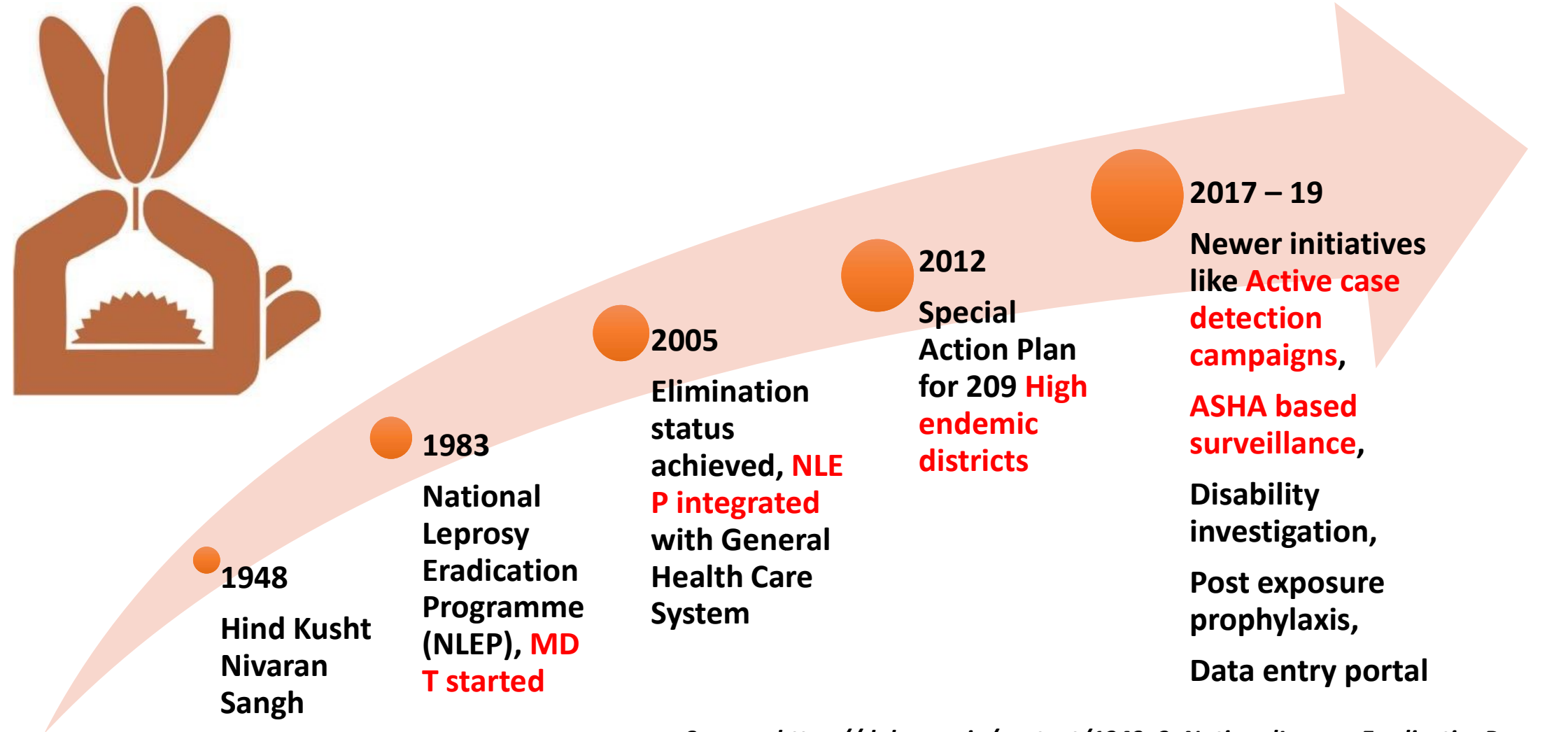
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Active case detection and regular surveillance for leprosy

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Leprosy programme in India



Source - https://dghs.gov.in/content/1349_3_NationalLeprosyEradicationProgram

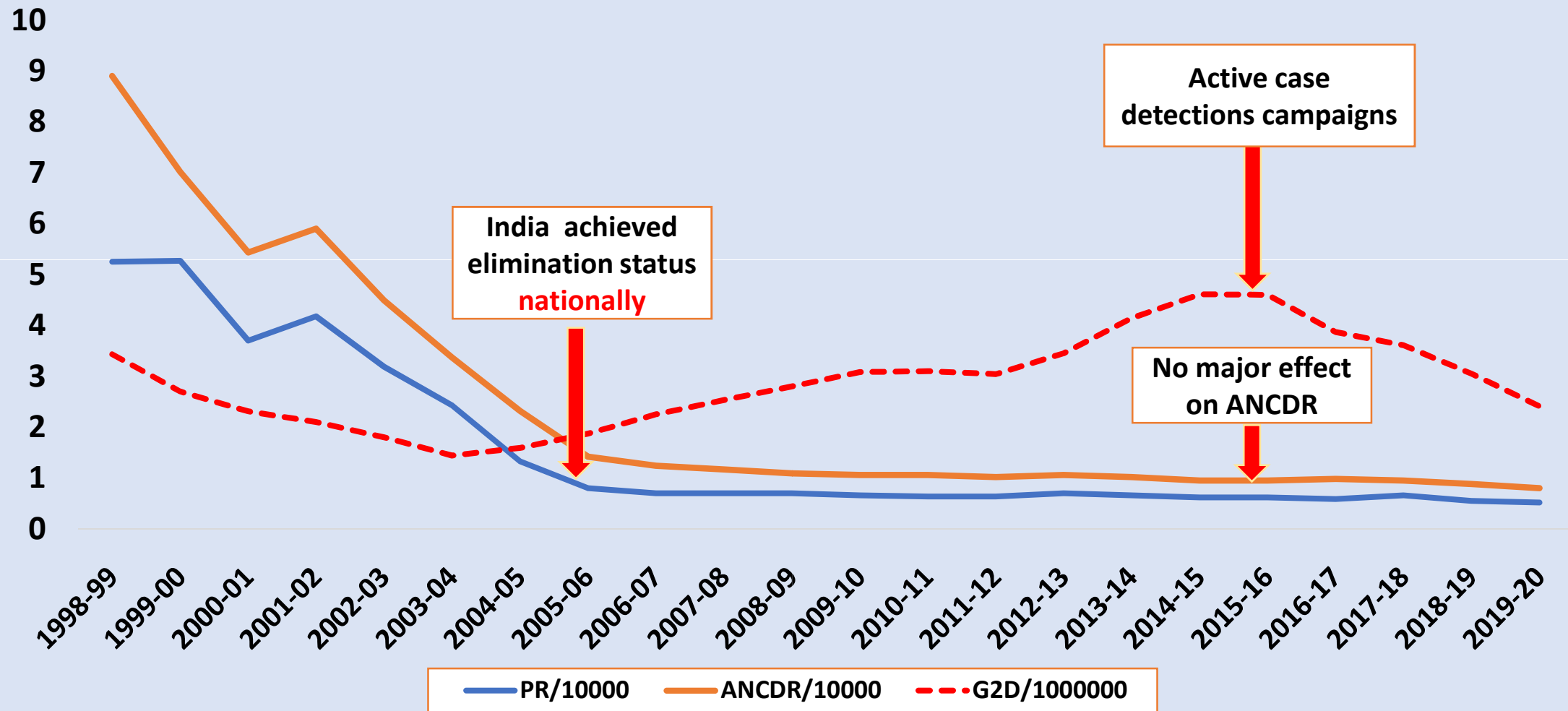
National Leprosy Eradication Programme

- Vision - **Leprosy-free** India
- Mission - To provide **quality** leprosy services **free** of cost to **all** sections of the population, with **easy** accessibility, through the **integrated** healthcare system, including **care for disability** after cure of the disease

Objectives of NLEP

- **Prevalence rate**
 - **< 1/10,000** population at subnational and district level (83% of districts)
- **Grade II disability**
 - **< 1 %** among new cases at national level (current-2.39%)
 - **< 1 case** per million population at national level (1.94 per million)
 - **Zero** disabilities among new child cases (63 cases)
- **Zero** stigma and discrimination (106 laws)

Need for regular surveillance



Source - https://dghs.gov.in/content/1349_3_NationalLeprosyEradicationProgram

Rationale for regular surveillance

- Undetected and untreated cases **continue transmission**, and **develop disability**
- Minimum **6-9 months** required to develop deformity
- **G2D reported** even with active case detection campaigns twice a year
- Leprosy became a neglected chapter, **only discussed** during campaign

Key components of ACD&RS guidelines

- **Methodology**
- **Frequency and criteria**
- **Case definition of suspect**
- **Referral mechanism**
- **Contact screening and tracing**
- **SOP on missing person**
- **Incentive details**
- **Supervision and monitoring**
- **Important documents in ACD&RS**

Methodology of ACD&RS

Who to screen

- 1 Male and 1 Female front-line worker
- Identified by MO approve by DLO

Whom to screen

- All persons above 2 years of age

How to screen

- Visual examination
- Verbal enquiry

Duration of screening

- Span of 6 months or 12 months based on endemicity of block

Frequency and criteria for screening rounds

Endemicity Status	Criteria	Frequency of screening
Low endemic Block	<ul style="list-style-type: none">• Prevalence Rate $< 1/10000$ population, AND/OR• Annual New Case Detection up to 20 cases, AND/OR• Grade 2 Deformity < 2 case/million population, AND/OR• Grade 2 Deformity $< 2\%$ among new cases	Once a year

Exceptions –

*Screening **twice** a year in a village/urban pocket within the low endemic blocks, if reporting*

- *Child case and/or*
- *Adult G2D case among new cases*

Frequency and criteria for screening rounds

Endemicity Status	Criteria	Frequency of screening
High endemic Block	<ul style="list-style-type: none">• Prevalence Rate $>1/10000$ population, AND/OR• Annual New Case Detection more than 20 cases, AND/OR• Grade 2 Deformity ≥ 2 case/million population, AND/OR• Grade 2 Deformity $\geq 2\%$ among new cases	Twice a year

Exceptions –

*Villages **not** reported leprosy case in last 3 years may be **kept out** of screening rounds. The decision on number of rounds in a village shall be taken based on the villages/urban pockets level data, and not the Block level data*

Frequency and criteria for screening rounds

Endemicity Status	Criteria	Frequency of screening
Urban areas	<ul style="list-style-type: none">• Urban slums and other key focus areas such as construction sites, colonies inhabited by migrants, mining areas, brick kilns etc.	Minimum once a year
Areas with Special needs	<ul style="list-style-type: none">• Hard to Reach (HTRA) areas / geographically far-flung areas where the F/M FLW do not reside on a permanent basis	Minimum once a year

Note – For HTRA, screening may be conducted and completed in a focused manner in shorter durations. It must be ensured that not a single member of the community remains out of the screening coverage.

Case definition of suspects - I

On visual examination

- **Any change in the skin color (pale or reddish patches on skin)**
- **Shiny or oily face skin**
- **Nodules on skin/ earlobe(s)/ face**
- **Inability to close eye(s)/watering of eye(s)**
- **Eyebrow loss**
- **Ulceration in hand(s)/ foot /feet / painless wounds or burns on palm(s)/ foot/ feet**
- **Difficulty in buttoning up shirt/jacket etc.**
- **Clawing / bending of finger(s) / toe(s)**
- **Foot drop / dragging the foot while walking**

Case definition of suspects - I

On enquiry

- **Skin patches with partial or complete loss of sensation**
- **Pain and /or tingling in the vicinity of the elbow, knee or ankle**
- **Inability to feel cold or hot objects**
- **Loss of sensation in palm (s) / sole of foot/feet**
- **Numbness in hand(s) / foot/feet**
- **Weakness in hand(s) when grasping or holding objects; inability to grasp or hold objects**
- **Tingling in finger(s) /toe(s) /hand(s) /foot/feet**
- **Weakness in foot/feet/ footwear comes off while walking**
- **Thickened peripheral nerve (s)**

Referral mechanism

FLW identifies
suspect



Issues a referral
slip



ANM informs
CHO-HWC/ MO
PHC/UPHC/CHC



ANM ensures
suspect visits
HWC/PHC/UPHC
/CHC



ANM and FLW
ensure contact
tracing



Doubtful
cases, referred
to higher center



MDT started after
confirmation by
CHO-HWC/ MO
PHC/UPHC/CHC

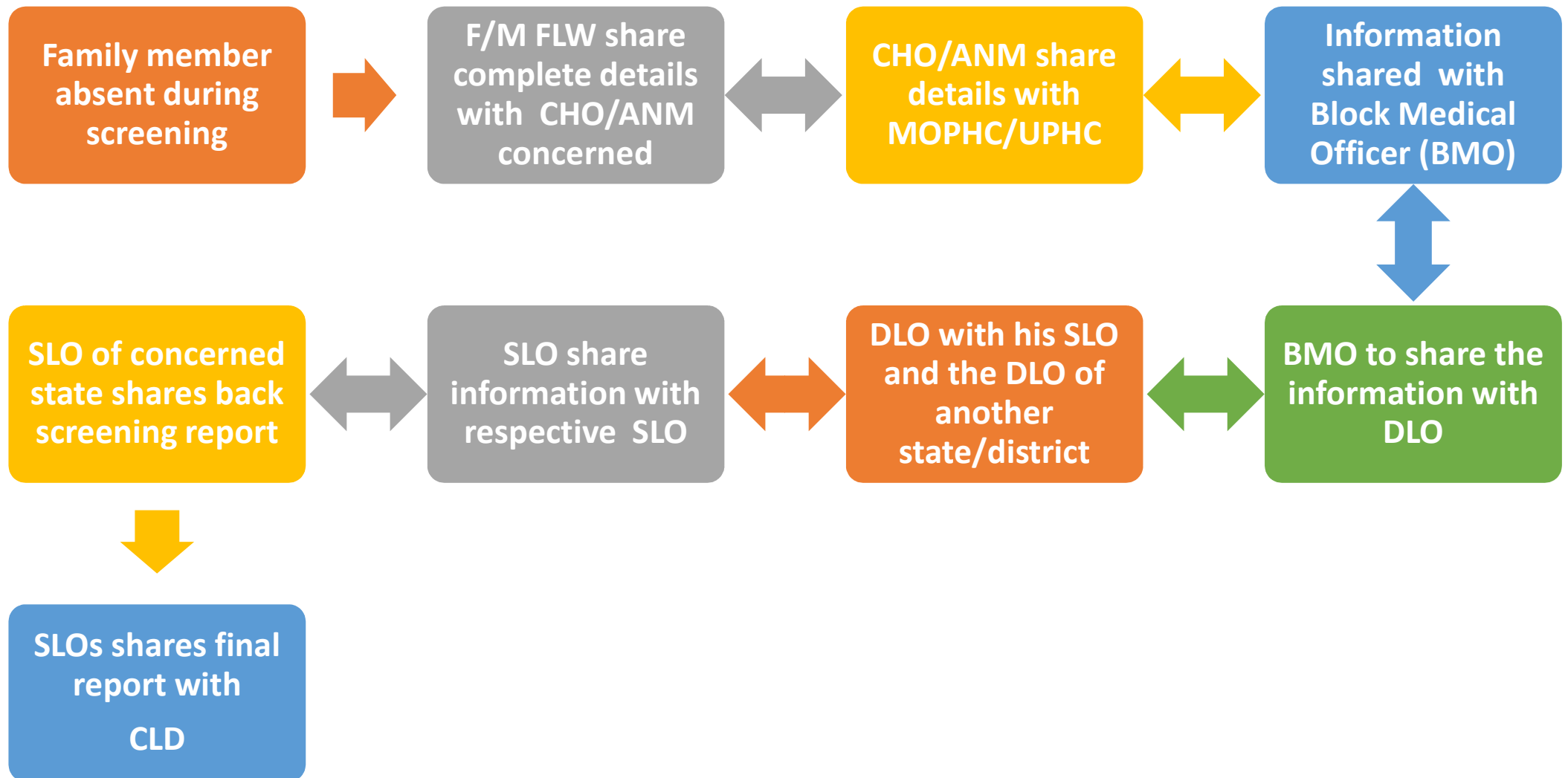


Suspect visits
PHC/UPHC/CHC

Contact screening and tracing

- **Line listing of close contacts**
- **Screening for signs or symptoms of leprosy ,**
- **By trained health worker,**
- **Under supervision of the CHO - HWC/MO- PHC/UPHC**
- **Post Exposure Chemoprophylaxis (PEP)**
 - **Single Dose Rifampicin (SDR) to eligible contacts**

SOP for missing persons



Incentive details

F/M FLW –

- **Rs. 1000 / FLW / round**
- Updated screening register
- Verified by supervisor
- information slip on missing persons

Additional incentives –

- Case detection –
 - **Rs. 250** /case without disability,
 - **Rs. 200** /case with disability
- Treatment completion –
 - **Rs. 400**/PB case
 - **Rs. 600**/MB case

ASHA Supervisor/Facilitator –

- **10% per FLWs incentive**
- after screening of all HHs
- referral of all suspects
- ensuring final diagnosis

Note - ANM/HW are not eligible for any incentive

Supervision and monitoring



CHO (HWC)/ANM **to verify** at least 10% of persons screened

MO- PHC/UPHC **to verify** at least 10% of persons screened

CHO (HWC)/ANM **to certify** 100% screening along with missing person details

MO- PHC/UPHC **to certify** 100% screening along with missing person details

MO- CHC **to certify** 100% screening along with missing person details

DLO **to certify** 100% screening along with missing person details

SLO **to certify** 100% screening along with missing person details

Important documents in ACD&RS

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ANNEXURE III

Referral Slip for Suspect

Suspect	Copy of Referral Slip for CHO/ ANM record
Name of the State	
Name of the District	
Name of the Block	
Name of the village/urban pocket	
Name of the Suspect	
Address and telephone no.	
Date of screening	
Referred to CHO-HWC/PHC/UPHC name:	Referred to CHO-HWC/PHC/UPHC name:
Name of the Female/Male FLW	Name of the Female/Male FLW

Referral slip

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ANNEXURE IV

Information Slip for Missing Household Members

Information sharing mechanism: If any household member is not available throughout the screening round

Complete address of the household

Name of the missing household member

Age: Gender: Female/Male

Complete address of the missing household member

Name of the missing household member

Name and signature of the CHO(HWC)/ANM

Information slip

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ANNEXURE IV

Village/Urban pocket level Monthly Reporting format for details of Active Case Search Activity for submission to the MO-PHC/UPHC by CHO/ ANM-Sub centre/HWC/UPHC Concerned

Name of reporting Month: Year:

Name of the State/UT		
Name of District		
Name of the Block		
Name of the PHC/UPHC		
Name of the Sub-Centre/Health & Wellness Centre/UPHC		
Enumerated Population of Sub-Centre/Health & Wellness centre/UPHC		
Population eligible for screening under Sub-Centre/Health & Wellness Centre/UPHC		
Screened Population		
Suspects referred		
Suspects examined		
Cases confirmed		
Cases started MDT		

Monthly reports

National Leprosy Eradication Programme

ANNEXURE V

Screening Round Completion Certificate by ASHA Facilitator

This is to certify that _____ ASHA Facilitator, _____ village/urban pocket of _____ District, _____ State, completed the _____ (First/ Second) round of screening for Leprosy for the Financial Year _____. 100% resident population has been screened during this round; suspects have been referred and final diagnosis has been made by concerned Medical Officer - PHC/UPHC/ CHC/DH. The HH screening register for Leprosy has been duly checked in respect of all the entries.

Name and Signature of ASHA Supervisor/Facilitator Date: _____

Completion certificate



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House Hold Screening Register for Leprosy Format (House Hold wise format)

Address of the Household: _____

Telephone No: (i). _____ (ii) _____ (iii) _____

S. N o.	Name of the family Members	Age	Gender (M/F)	Date of screening		If family member living elsewhere: address and contact no.	Whether under treatment for leprosy OR an old/known case of Leprosy	Suspect for Leprosy (Y/N)	Confirmed for leprosy Y/N	Date of start of MDT treatment	Date of completion of treatment
				I Round	II Round						
Signature of the Male/Female FLW involved in the screening							F.Y. YEAR	Round I	Round II	Date of completion of screening round	

ANNEXURE II

Guidelines 2020 for Active Case Search and Surveillance on Regular Basis

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Referral slip for Suspect

Referral slip for Suspect	Copy of Referral slip for CHO/ ANM record
Name of the State	Name of the State
Name of the District	Name of the District
Name of the block	Name of the block
Name of the village/urban pocket	Name of the village/urban pocket
Name of the Suspect	Name of the Suspect
Address and telephone no.	Address and telephone no.
Date of screening	Date of screening
Referred to CHO-HWC/PHC/ <u>UPHC name:</u>	Referred to CHO-HWC/PHC/UPHC name:
<u>Name & Signature</u> of the Female/Male FLW	Name of the Female/Male FLW



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Information Slip for Missing Household Members

Information sharing mechanism: If any household member is not available throughout the duration of the screening round

Complete address of the household

Phone no.

Details of the missing household member

Name

Age

Gender

Current Address of the missing household

Phone no.

Name and signature of the CHO(HWC)/ANM



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Village/urban pocket level Monthly Reporting format for details of Active Case Search Activity
submission to MO-PHC/UPHC by CHO/ ANM-Sub centre/HWC/UPHC Concerned

Name of the State /UT	Name of District	Name of the Block	Name of the PHC/UPHC	Name of the Sub – Centre/ Health & Wellness Centre/UPHC	Enumerated Population of Sub – Centre / Health & Wellness centre/UPHC	Population eligible for screening under Sub- Centre/ Health & Wellness centre/UPHC	Screened Population	Suspects referred	Suspect examined	Cases confirmed	Cases started MDT

Name and signature of CHO/ANM – Sub centre/HWC/UPHC:

Date:



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PHC/UPHC level Monthly Reporting format for details of Active Case Search Activity for submission to Block Medical officer by MO-PHC/UPHC

Name of the State /UT	Name of District	Name of the Block	Name of the PHC/UPHC	Enumerated Population of PHC/UPHC	Population eligible for screening under PHC /UPHC jurisdiction	Screened Population	Suspects referred	Suspect examined	Cases confirmed	Cases started MDT

Name and signature of MO-PHC/UPHC:

Date:



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Block level Monthly Reporting format for details of Active Case Search Activity for submission to DLO by BLO/ Block Health Officer

Name of the State /UT	Name of District	Name of the Block	Enumerated Population of Block	Population eligible for screening at Block	Screened Population	Suspects referred	Suspect examined	Cases confirmed	Cases started MDT

Name and signature of Block health officer:

Date:



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District level Monthly Reporting format for details of Active Case Search Activity for submission to SLO by DLO

Name of the State /UT	Name of District	Enumerated Population of District	Population eligible for screening at District	Screened Population	Suspects referred	Suspect examined	Cases confirmed	Cases started MDT

Name and signature of District Leprosy Officer:

Date:



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State level (Compiled District- wise) Monthly Reporting format for details of Active Case Search Activity for submission to Central Leprosy Division by State Leprosy Officer

Name of the State /UT	Name of Districts	Enumerated Population of District	Population eligible for screening at District	Screened Population	Suspects referred	Suspect examined	Cases confirmed	Cases started MDT
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							

Name and signature of State Leprosy Officer:

Date:



ANNEXURE IX-A



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Screening Round Completion Certificate by ASHA facilitator

This is to certify that _____ ASHA of _____ village/urban pocket of _____ Block, _____ District, _____ State has completed the _____ (First / Second) round of screening for leprosy for the Financial Year _____. 100% population has been screened during this round; suspects have been referred and final diagnosis has been made by concerned Medical officer – PHC/UPHC/ CHC/DH. The HH screening register for leprosy has been duly checked in respect of all the entries..

Name and Signature of ASHA Supervisor/Facilitator: _____ Date: _____

Thanks