



ACTIVE CASE DETECTION AND REGULAR SURVEILLANCE FOR LEPROSY (ACD&RS)



Operational Guidelines 2020

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NEED ?



- Detect leprosy at an early stage in order to prevent disabilities and stop transmission
- High prevalence in many pockets of certain States/ UTs
- Urban growth challenges
- Imperative to carry out active case search on a regular basis round the year and not occasionally in a campaign mode





METHODOLOGY OF SCREENING (1)

○ Who will screen

✓ ASHA / Trained female Health Worker/Trained female community Volunteer/ trained female Person affected by leprosy/ Trained member of Mahila Aarogya Samiti (MAS)

✓ Non Medical Supervisor/Trained Male Health Worker/Trained male community Volunteer/ trained male Person affected by leprosy

***[hereafter referred as Male/Female Front Line Worker (M/F –FLW)].**

✓ Female members of the HH should be screened only by a female FLW and the male members should be screened by a suitable Male FLW.

○ **Selection of F/M FLW:** DLO shall be responsible for the identification of the most suitable M/F FLWs available.



METHODOLOGY OF SCREENING (2)

- **Who will be screened**

- ✓ All persons above 2 years of age.

- **How to screen**

- ✓ IPC and IEC to be deployed
- ✓ Prior consent to be obtained for screening.
- ✓ If any person shows any reluctance, some close family member should be involved





METHODOLOGY OF SCREENING (3)

○ **Duration of screening round**

- ✓ 6 months or 12 months depending upon the number of screening rounds to be conducted
- ✓ No. of screening rounds (1 or 2) to be decided by the State/UT authorities in accordance with the criteria applicable to the given area.





METHODOLOGY OF SCREENING (4)

Benefits of Time flexibility:

- All the members of a given Household may not be available on a single day.
- Female and the male FLW may not be visiting a HH together
- Quality of screening will be of a very high order
- Allows multiple visits to a single HH by the F/M - FLW concerned till the time all the members of the HH are screened.
- Ample time to maintain complete records in the prescribed formats.
- Provides sufficient time to all health functionaries for qualitative Monitoring and Supervision.

CRITERIA FOR DECIDING THE NUMBER OF SCREENING ROUNDS



Endemicity Status	Criteria	Frequency of screening
Low endemic Block	PR<1/10000 Population AND/OR Annual new cases detected (ANCD) upto 20 cases AND/OR Grade 2 disability < 2 case/million population AND/OR Grade 2 disability percentage < 2% among new cases detected	Once a year
	Any village/urban pocket with in the low endemic blocks, If reporting Even a single child case among new cases AND/OR Child G2D case among new cases AND/OR Any Adult G2D case among new cases	Twice a year, only in that particular village/urban pocket
High endemic Block	PR>1/10000 Population AND/OR Annual new cases detected (ANCD) more than 20 cases AND/OR Grade 2 disability 2 or > 2 case/million population AND/OR Grade 2 disability percentage 2% or > 2% among new cases detected	Twice a year

Endemicity Status	Criteria	Frequency of screening
<p>Urban Areas</p>	<p>Urban slums and other key focus areas</p> <ul style="list-style-type: none"> •Construction sites •Colonies inhabited by migrants, •Mining areas, •Brick kilns etc. 	<p>Minimum one round of screening if a single case of leprosy or G2D is reported.</p> <p>Second round of screening if the criteria for two rounds of screening for high endemic blocks is fulfilled.</p> <p>Can decide second round of screening on the basis of the findings of the 1st round.</p>
<p>Areas with Special needs</p> <p>(e.g. Hard to Reach areas / geographically far flung areas)</p>	<p>Special strategies for ensuring the screening of 100% population in areas with special needs,</p> <ul style="list-style-type: none"> • where the F/M FLW do not reside •The states may consider training some local female and male community volunteers including PAL for active Leprosy case detection on regular basis. •May decide the time duration for conducting and completing screening rounds 	<p>The screening rounds to be conducted and completed in a focussed manner in shorter durations.</p> <p>Rounds should not be closed till the time 100% population of the given area is screened for leprosy.</p>



Flexibilities allowed to decide the number of screening rounds

States/UTs are free to decide whether or not screening should be carried out in all the villages/urban pockets

States/UTs are free to decide the number of rounds (1 Or 2)

NOTE : villages/urban pockets level data must be taken into consideration



EXCLUSION OF AREAS FROM SCREENING ROUNDS

- **A Village/ urban pocket which has not reported any case of leprosy in the last three years may be kept out**
- **Instead F/M-FLW should maintain surveillance**
- **F/M FLW will be eligible for the incentives as per the extant policy guidelines,**
- **No incentive for regular screening of the population shall be paid to the F/M FLW in any such village/urban pocket**



DEFINITION OF SUSPECT / SYMPTOMS GUIDE FOR SUSPECT CASE IDENTIFICATION*. (*THIS LIST IS NOT EXHAUSTIVE)

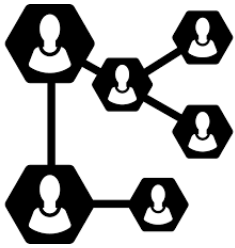
S. No	Signs and symptoms for identification of Suspect case of Leprosy	S. No.	Signs and symptoms for identification of Suspect case of Leprosy
1	Any change in the skin color (Pale or Reddish patches on skin) with partial or complete loss of sensation	12	Loss of sensation in palm (s)
2	Thickened skin on the patches	13	Numbness in hand(s) / foot/feet
3	Shiny Or Oily face skin	14	Ulceration in hand(s) / painless wounds or burns on palm(s)
4	Nodules on skin	15	Weakness in hand(s) when grasping or holding objects; inability to grasp or hold objects
5	Thickening of ear lobe(s)/Nodules on earlobe(s)/nodules on face	16	Difficulty in buttoning up shirt/jacket etc.
6	Inability to close eye(s)/watering of eye(s)	17	Tingling in fingers(s) / toe(s)
7	Eyebrow loss	18	Tingling in hand(s) / foot/feet
8	Nasal infiltration (saddle nose deformity)	19	Ulceration in foot /feet; painless wounds or burns on foot/feet
9	Thickened peripheral nerve (s)	20	Clawing / bending of finger(s) / toe(s)
10	Pain and /or tingling in the vicinity of the elbow, knee or ankle	21	Loss of sensation in sole of foot/feet
11	Inability to feel cold or hot objects	22	Weakness in foot/feet/ footwear comes off while walking



REFERRAL MECHANISM TO REFER ANY SUSPECT FOR FINAL DIAGNOSIS

- F/M FLW will issue a Referral Slip (**Annexure II**).
- A copy of the Referral Slip to be handed over to the CHO/ANM of the Sub-Centre/HWC/UPHC concerned within a day of screening.





CONTACT SCREENING AND TRACING

After confirmation of a new case of leprosy, the PHC/UPHC Medical Officer will inform the concerned CHO/ANM and F/M FLW and shall ensure screening of all the close contacts of such index case following Guidelines for Post Exposure Chemoprophylaxis shared earlier with all States/UTs.






SoP FOR MISSING MEMBER(S) OF ANY HOUSEHOLD

If any member of a HH is away from home continuously for the entire duration of screening rounds (6 months/year), the F/M FLW shall obtain complete details about the current place of residence of such a person along with the phone number, and share such address and phone details with the CHO (HWC)/ANM concerned.

Entries in the HH register



FLOW CHART FOR SHARING INFORMATION REGARDING MISSING MEMBER OF A HOUSEHOLD

Flow of Information	F/M FLW screens members of a household for leprosy
	If any family member is away from home continuously for the entire duration of the screening round
	F/M FLW to obtain complete address and phone no. of such a family member and share with the CHO/ANM concerned
	CHO/ANM to share the information with the MO-PHC/UPHC concerned
	MO – PHC/UPHC to share the information with the Block Medical Officer (BMO)
	BMO to share the information with DLO
	DLO to share the information with his SLO as well as with the DLO of other state/district where such a person reportedly resides
	SLO to share this information with the SLO of the other state where this family member is reportedly residing
	SLO/DLO will ensure the screening of that family member in coordination with the SLO/DLO of the other State/District
	SLO/DLO of the other state shall send the screening report to the SLO & DLO of the referring state
	Both the SLOs shall share the screening report with the Central Leprosy Division



INCENTIVES DETAILS (1)

- F/M FLW shall be paid an incentive of Rs. 1000/- per round of screening and complete reporting after each round.
 - The incentive shall be paid for one screening round in low endemic areas, and for two screening rounds in high endemic areas.
 - payment shall be made after due verification by the ASHA Supervisor/ANM.
 - **No incentive for screening shall be paid to F/M FLW in a village where no case of leprosy has been reported in the last 3 years.**
- ASHA Supervisor/Facilitator shall be entitled for incentive @ 10% per ASHA incentive at the end of each completed screening round.
 - Only after she ensures that all the HHs in the village under screening have been covered by the ASHA(s) under her jurisdiction.
 - A certificate (**Annexure IX- A**) dully filled in to be submitted by **the** ASHA Supervisor/Facilitator to the MO-PHC concerned .



INCENTIVES DETAILS (2)

Other incentives as per the existing guidelines.

1. Rs. 200 for leprosy case confirmation with disability
2. Rs. 250 for confirmation of leprosy case without disability
3. Rs. 400 for ensuring completion of treatment of each Pauci Bacillary (PB) patient
4. Rs. 600 for ensuring completion of treatment of each Multi Bacillary (MB) patient



ESSENTIAL CONDITIONS FOR PAYMENTS OF INCENTIVES (1)

Role & Responsibilities of a F/M FLW

Female FLW	Male FLW
I. To complete the screening of all the female members of each household and maintain the record in the HH Screening Register (Annexure I)	I. To complete the screening of all the male members of each household and maintain the record in the HH Screening Register (Annexure I)
II. If any Suspect found is in any household, he/she must be referred to the MO-PHC for examination and final diagnosis.	II. If any Suspect found is in any household, he/she must be referred to the MO-PHC for examination and final diagnosis.

NOTE : Both female as well as male FLW maintain HH screening register separately



ESSENTIAL CONDITIONS FOR PAYMENTS OF INCENTIVES (2)

- Passing on information of missing members (Annexure III)
- Evaluation of the screening work and incentive claims of F/M FLW to be independent of each other.
- Means of Verification
 - Household Screening Register,
 - Referral Slips
 - PHC/UPHC-OPD/referral register





SUPERVISION & MONITORING (1)

- CHO (HWC) / ANM to independently verify at least 10% of the persons claimed to have been screened by FLW.
- Before closing any screening round in a village/urban pocket, the CHO/ANM (SC/HWC/UPHC) certify that 100% population of the village/Urban pocket concerned has been screened, 10% of population has been crosschecked, and complete information in respect of the missing person(s) has been shared (**Annexure IX - AA**).
- The MO-PHC/UPHC to certify that 100% population of the area under PHC/UPHC jurisdiction has been screened for Leprosy, and complete information in respect of the missing person(s) have been shared (**Annexure IX - B and Annexure IX -BU**).



SUPERVISION & MONITORING (2)

- MO CHC/UCHC to certify that 100% population of the area under CHC/UCHC jurisdiction has been screened (**Annexure IX - C**).
- The DLO concerned to certify that 100% population of the area under his/her jurisdiction has been screened (**Annexure IX - D**).
- The SLO to certify that 100% population of his/her state has been screened for Leprosy, and complete information in respect of the missing person(s) (**Annexure IX - E**).
- The SLO and DLO concerned to independently and randomly cross verify the population screened in his/her jurisdiction, and satisfy himself/herself about the veracity of the claims regarding screening.



CERTIFICATES FOR CLOSURE OF SCREENING ROUNDS (ANNEXURE IX)

1. Screening completion certificate to be signed by **ASHA Supervisor/Facilitator** for each ASHA, and to be submitted to CHO-HWC/MO-PHC/CHC (Annexure IX-A)
2. **Village/Urban pocket level certificate** to be signed by **CHO (HWC) /ANM** on round completion and to be submitted to the PHC/UPHC concerned (Annexure IX-AA)
3. **PHC level certificate** to be signed by **MO – PHC** on round completion and to be submitted to the CHC concerned (Annexure IX-B)
4. **UPHC level certificate** to be signed by **MO – PHC/UPHC** on round completion and to be submitted to the UCHC concerned (Annexure IX – BU)
5. **Block CHC/UCHC level certificate** to be signed by **MO – CHC/UCHC** on round completion and to be submitted to the District Leprosy officer concerned (Annexure IX-C)
6. **District level certificate** to be signed by **DLO** on round completion and to be submitted to the State Leprosy Officer concerned (Annexure IX-D)
7. **State level certificate** to be signed by **SLO** on round completion and to be submitted to the Central Leprosy Division (Annexure IX-E)



MAINTENANCE OF RECORDS RELATED TO SCREENING

1. House hold Screening Register for Leprosy **(Annexure I)**
 - ✓ To be maintained by F/M FMW to capture data at HH level
 - ✓ Nature of permanent record, should be used for multiple years.
 - ✓ Both male as well as female FLW will maintain separate HH Screening Register
 - ✓ All the columns must be filled up.
2. Referral Slip, for the Suspect identified during household screening **(Annexure II)**
3. Information Slip for the Missing household members/contacts **(Annexure III)**




MONTHLY REPORTING FORMATS

1. Village/Urban pocket level Monthly Report form for details of Active Case Search Activity for submission to MO – PHC/UPHC by CHO/ANM – Sub Centre/HWC/UPHC (**Annexure IV**)
2. PHC/UPHC level Monthly Report form for details of Active Case Search Activity for submission to Block Medical Officer by MO – PHC/UPHC (**Annexure V**)
3. Block level Monthly Report form for details of Active Case Search Activity for submission to District Leprosy Officer by Block Medical Officer (**Annexure VI**)
4. District level Monthly Report form for details of Active Case Search Activity for submission to State Leprosy Officer by District Leprosy Officer (**Annexure VII**)
5. Compiled district wise Monthly Report form for details of Active Case Search Activity in the State for submission to Central Leprosy Division by State Leprosy Officer (**Annexure VIII**)

Information
flow

Steps to be followed for Monthly Reporting of Active case Detection and Regular Surveillance



Female as well as male FLW will maintain the HH Screening Register and show to the assigned SC's/Urban pocket's CHO/ANM/ ASHA Facilitator on monthly basis along with the incentives claim (**Annexure I & II**)

The CHO/ ANM SC/HWC/Urban pocket shall submit the village/urban pocket level monthly report to the MO-PHC/UPHC concerned in the prescribed form (**Annexure IV**)

MO – PHC/UPHC shall submit the compiled monthly report of the PHC/UPHC to the concerned Block health office in the prescribed form (**Annexure V**)

Block Health officer shall submit the compiled monthly report of the block to the DLO concerned in the prescribed format (**Annexure VI**)

DLO will submit the compiled block wise (both rural and urban) monthly report to the concerned SLO in the prescribed form (**Annexure VII**)

SLO will submit the district wise monthly report to the CLD in the prescribed form (**Annexure VIII**)

Reporting formats





National Leprosy Eradication Programme

House Hold Screening Register for Leprosy Cover Page of the House Hold Screening Register

(To be maintained and filled by ASHA/NMS/trained male or female community health volunteer/ Male health worker / MAS members involved in the screening for Leprosy)

1. Name of the State:
2. Name of the District:
3. Name of the Block/Ward:
4. Name of the Village/Urban Pocket:
5. Population of the Village / Urban Pocket:
6. Name of Sub- Centre/HWC/UPHC :
7. Name of CHO/ANM
8. Name of PHC/UPHC In -charge for this village/urban pocket:
9. Name of the ASHA/Trained volunteer/trained female Health Worker/MAS member:
(Trained for screening for Leprosy)
10. Name of the Male Health Worker/NMS/Trained male volunteer:
(Trained for screening for Leprosy)
11. Name of the ASHA Facilitator/ ASHA Supervisor:
12. Name of the ANM (SC):



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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. No.	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	



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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/UPHC name:	Referred to CHO-HWC/PHC/UPHC name:
Name & Signature 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:

Certificates



SCREENING ROUND COMPLETION CERTIFICATE BY ASHA FACILITATOR



ANNEXURE IX-A



National Leprosy Eradication Programme

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: _____



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Screening Round Completion Certificate by CHO/ANM

*This is to certify that _____ 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, and complete information in respect of missing persons has been
submitted to the concerned Medical officer – PHC/UPHC.*

I do hereby declare that above information and facts stated are true, correct and complete to the best of my knowledge and after random checking of 10% of the screened population.

Name and Signature of CHO/ANM, Sub- Centre/Health & Wellness Centre/UPHC: _____ Date: _____



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Screening Round Completion Certificate by MO-PHC

*This is to certify that all the villages falling under the jurisdiction of _____ PHC,
_____ 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, and complete information in respect of
missing persons has been submitted to the Medical officer – Community Health Centre.*

I do hereby declare that above information and facts stated are true, correct and complete to the best of my knowledge and after random checking of 10% of the screened population.

Name and Signature of MO – PHC: _____ Date: _____



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Screening Round Completion Certificate by MO UPHC

This is to certify that _____ urban slum / key focus area falling under the jurisdiction of _____ Urban - PHC , _____ Ward / 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, and complete information in respect of missing persons has been submitted to the Medical officer – Urban Community Health Centre.

I do hereby declare that above information and facts stated are true, correct and complete to the best of my knowledge and after random checking of 10% of the screened population.

Name and Signature of MO – UPHC: _____ Date: _____



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Screening Round Completion Certificate by MO- CHC/UCHC

*This is to certify that all the population covered under the jurisdiction of
_____ CHC/UCHC 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, and complete information in respect of missing persons has been submitted to the
District Leprosy Officer.*

Name and Signature of MO – CHC/UCHC: _____ Date: _____



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Screening Round Completion Certificate by DLO

*This is to certify that all the population covered under the jurisdiction of _____
_____ District, _____ State has completed the _____ (First / Second)
round of screening for leprosy for the Financial Year _____, 100% population has been
screened during this round, and complete information in respect of missing persons has been
submitted to the District /State Leprosy Officer.*

Name and Signature of District Leprosy Officer: _____ Date: _____



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Screening Round Completion Certificate by SLO

This is to certify that all the population covered under the jurisdiction of _____ State has completed the ____ (First | Second) round of screening for leprosy for the Financial Year _____. 100% population has been screened during this round, and complete information in respect of missing persons has been submitted to the State Leprosy Officer of the State concerned.

Name and Signature of State Leprosy Officer: _____ Date: _____

THANK YOU

