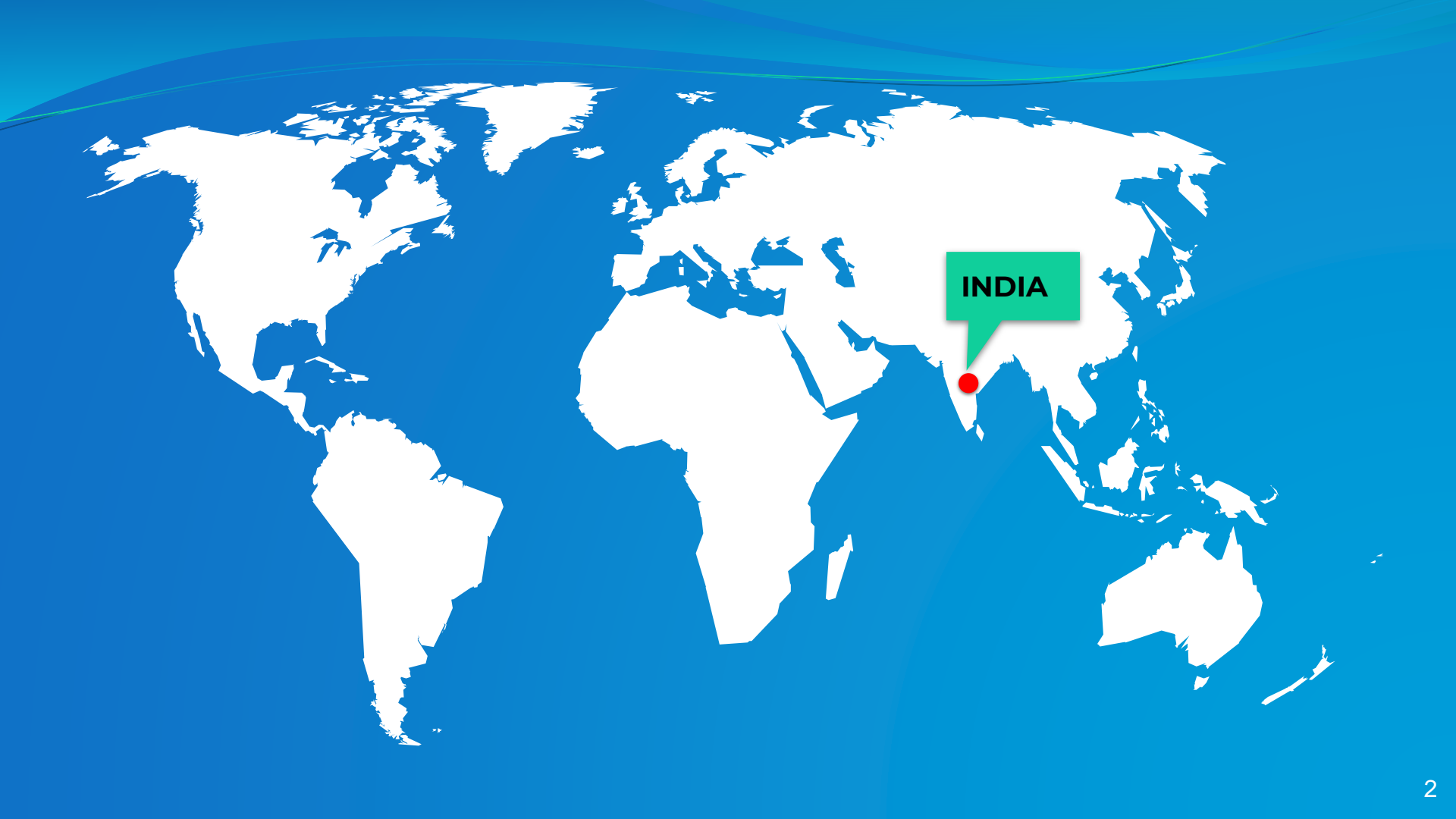


Contact Tracing and PEP : INDIA Perspective

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Introduction of Chemoprophylaxis

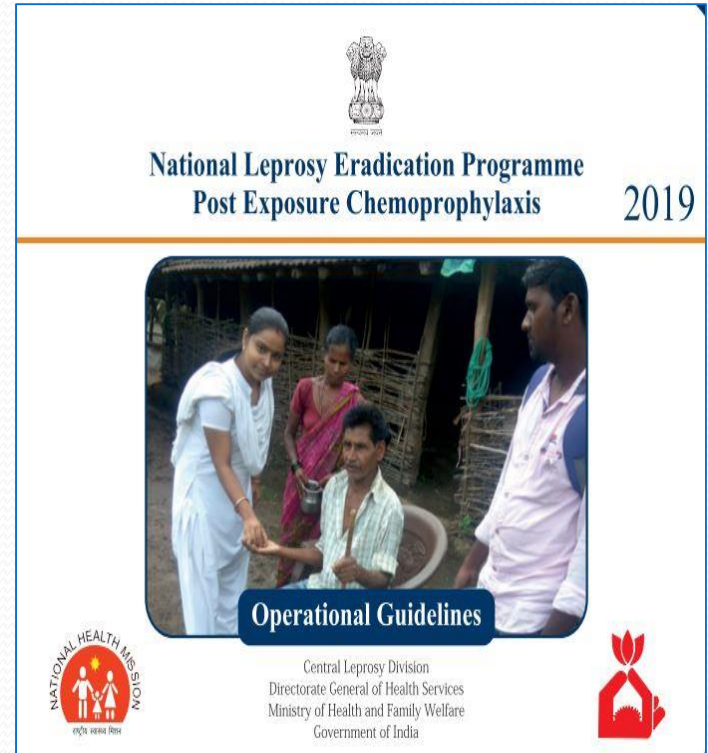
- The prospective sero-epidemiological study on contact transmission and chemoprophylaxis in leprosy found Single Dose of Rifampicin in leprosy contacts associated with a **57%** reduction in the risk of leprosy after 2 years and **30%** after 5–6 years.
- A study entitled "*Operational feasibility was studied for administration & acceptance of SDR as chemoprophylaxis in the contacts of leprosy patients in the Union Territory of Dadra and Nagar Haveli, India*".
- SDR was found to be highly cost-effective in Indian scenario

Introduction of Chemoprophylaxis

- Expert group of ICMR recommended implementation of chemoprophylaxis in programmatic mode in 163 districts identified for conducting Leprosy Case Detection Campaign (LCDC).
- During LCDC 360 million population was screened for leprosy across 163 districts.
- Identified Contacts of all new cases detected in campaign was administered SDR.

Operational guidelines

- Guidelines dissemination and orientation conducted
- Paramedical Worker visits house of the confirmed case along with village health representative "ASHA".
- Contacts (Family, Household, Neighborhood and Social) - minimum 20 contacts identified and screened for leprosy.
- Suspects referred to Medical Officer for confirmation of diagnosis. Remaining administered SDR as per protocol.



The image shows the cover of a booklet titled "National Leprosy Eradication Programme Post Exposure Chemoprophylaxis 2019". At the top center is the Government of India emblem. Below it, the title is written in blue text. To the right of the title is the year "2019". A central photograph depicts a healthcare worker in a white uniform examining a patient's hand, with a woman in a pink sari and another man in a white shirt standing nearby. Below the photo is a dark blue banner with the text "Operational Guidelines" in white. At the bottom left is the "NATIONAL HEALTH MISSION" logo, and at the bottom right is a red logo of a hand holding a flame. The text at the bottom center reads: "Central Leprosy Division, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India".

National Leprosy Eradication Programme
Post Exposure Chemoprophylaxis 2019

Operational Guidelines

Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India

Inclusion

- A person who has been living/working/having social activities with a newly detected case of leprosy for more than three months and 20 hours/week in the last 1 yr.
- Age ≥ 2 years.

If any contact is not available at home, exclusion criteria will be assessed with the help of family members by MPW and prophylactic dose to be handed over to ASHA, who will take informed consent before administration.

Exclusion Criteria

- Pregnant women (PEP can be given after delivery).
- People receiving rifampicin therapy for any reason in the last two years (e.g. for tuberculosis [TB] or leprosy treatment, or as a contact from another index case).
- People with a history of liver disorders (e.g. jaundice) or renal disorders.
- People who have possible signs and/or symptoms of leprosy.
- People who have possible signs and/or symptoms of TB any Acute illness.

Dosage of PEP under NLEP

Age/weight	Rifampicin single dose
15 years and above	600 mg
10–14 years	450 mg
Children 6–9 years (weight ≥ 20 kg)	300 mg
Children < 20 kg (≥ 2 years)	10–15 mg/kg



Reporting

- States are instructed to collect data for the indicators as mentioned below:
 - Total no. of index cases
 - Total no. of contacts screened
 - Total no. of contacts diagnosed with leprosy (amongst the contacts)
 - Total no. of contacts found eligible for PEP
 - Total no. of PEP administered

Adverse Event Management

Likely adverse drug reactions are: Stomach Upset, heartburn, nausea, headache, drowsiness, or dizziness

Referral of contacts with symptoms and counseling regarding side effects such as reddish coloration of urine, saliva and sweat by PEP administrator

Medical officer responsible for management as per standard treatment protocols.

Glimpses of PEP Administration



Status of Implementation

S. No	Year	Indicators	
		No. of contacts identified	No. of SDR administered
1	2018-19	554,768	340,771
2	2019-20	647,576	462,199
3	August, 2020	132,222	69,212
	Total	1,334,556	872,182 (65.35%)

Challenges

- Timely procurement and ensuring availability of Rifampicin
- Training of field level staff to identify the contacts
- Follow up of all newly registered cases required
- Based on criteria difficult to identify social contacts (neighbors, office colleagues, school children). Criteria hard to fulfill in hilly and tribal areas
- Migration : Tough to trace all the identified contacts, if identified and traced need additional logistic support,
- Non availability of contacts at one time, repeated visits required
- Few refusals to consume drugs especially by social contacts

Challenges contd..

- Difficult to convince the Contacts, as there are no signs and symptoms of leprosy present.
- Difficult to administer SDR among contacts in urban areas, social contacts of school.
- Rigorous Counseling required: Patients/contacts ask so many questions, especially parents of young adults.
- Confidentiality of the index case

Conclusion

- Rifampicin procurement getting streamlined, budget provision have made for States.
- Community support and acceptability is satisfactory
- India continuous to strengthen PEP initiative
- Special approaches being adopted for HTR, tribal, slums, urban pockets and hilly area.
- Detailed reporting, monitoring and supervision is being done
- Ongoing capacity building of HR with the support of stakeholders
- Incentivisation upon case confirmation and treatment completion

Thanks!

