NATIONAL LEPROSY ERADICATION PROGRAMME

Operational Guidelines on Case Holding

Under the National Leprosy Eradication Programme all newly detected leprosy cases are put under MDT which is continued for 6 months in case of PB and 12 months in case of MB. As per WHO, the 6 months of treatment for PB leprosy must be taken within a period of 9 months. Similarly, the 12 months of treatment for MB leprosy must be completed within 18 months. This means that whenever a PB patient has missed a total of more than 3 months treatment (for MB patients the figure is more than 6 months treatment), it is not possible for them to complete treatment in time allowed and they should be declared a defaulter from treatment.

Case holding under the programme relates to regularity of treatment, monitoring of the drug intake and defaulter retrieval action. To maintain a good quality leprosy service, one has to give proper weightage to each of the above components.

Regularity of Treatment

It is important that the patients attend the health centre / hospital regularly every month and collect their MDT. This can be ensured if adequate importance is given on patient counseling at the time of diagnosis of the case and starting treatment. It is ideal if the first dose of treatment with Refampicin is given to the patient under supervision in the clinic. This practice of giving the first dose under supervision should be continued on each subsequent visit. The patient should be clearly informed on which subsequent date the next monthly drug should be collected.

In addition to the patient counseling, records of MDT delivery should be carefully maintained in the treatment register / patient cards. **The next date on which the patient has to attend the clinic should be recorded in patient card in advance with pencil.** This will help in immediate detection if any patient does not attend the clinic on the fixed date and defaulter retrieval action can then be initiated.

Monitoring the drug intake

While irregularity in attendance can be noticed, irregularity in taking self administered Clofazimine and Dapsone is more difficult to detect and may take several weeks before it becomes known. Nonetheless, it is crucial, if the treatment and regimen is to succeed, that irregularity in drug intake be detected at the earliest. Certain steps can be taken to promote regular self administration of daily drugs. These are :-

- Emphasizing its importance to the patient at the first visit and reinforcing this periodically;
- Advise the patient coming to the health facility to bring the empty MDT BCP packet issued in the last month.
- Random tablet counts by the health workers or health supervisors at least once in two months during home visit for every patient and more frequently for defaulters in order to detect irregularity in consumption. A record of these visits needs to be maintained in a register kept specifically for this purpose.
- Intensive health education directed at patients and their families. This should take place during the regular visits and should be geared towards generating family pressures which can promote regularity in drugs collection and drug intake.

Defaulter Retrieval Action

There are several reasons why someone may not attend the Health Centre regularly for treatment.

- Lack of understanding about the disease and importance of regular treatment.
- Distance from home and travel difficulty.
- Difficulty in taking time off work.
- Leaving place of residence temporarily / permanently.
- Stigma associated with the disease and fear of the community.

Under the National Programme it is emphasized that constant watch on regularity of the patient is to be maintained and **retrieval action is to be initiated in the second month of the last visit.** Such patients should be followed up with a home visit. In the rural situations the sub-centre health worker should be entrusted with this work whereas in urban situations a suitable person including from local NGO should be identified. During the home visit every effort should be made to find out why the patient is absent and rectify the situation.

A few situations and needed action are suggested below :-

Sl. No	Situation	Action
1.	Patient not living in given address -	Delete
2.	Patient temporarily moved out -	Advise the family members to inform the patient to collect Medicine immediately on return. Delete if not returned – PB – 3 months MB – 6 months
3.	Patient permanently shifted out -	Delete
4.	Patient available but not collecting drugs regularly for various reasons -	Enhance counseling and retrieve the patient. A-MDT can be given but regular follow up to ensure drug intake necessary.
5.	Patient obstinate and do not agree to continue treatment - (Old patient, disturbs his drinking habit)	Continue counseling but give medicine only if the patient agree to take the medicine. **1st dose must be given in presence of the worker** and follow up regularly.

The list is not exhaustive and each situation need to be dealt properly as per local condition.