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**ANTI LEPROSY CAMPAIGN - Ministry of Health**  
 தொழுநோய்த் தடுப்பு இயக்கம் - சுகாதார அமைச்சு



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 பணிப்பாளர் தொழுநோய்த் தடுப்பு இயக்கக் காரியாலயம், வெலிசாரை, ராகம, தொலைபேசி : 958658

My No. } 2016/ALC/QR/02  
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Date } 13/09/2016  
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**Minutes of 2<sup>nd</sup> Quarterly review meeting on Leprosy control activities held  
 on 08<sup>th</sup> September 2016**

I would like to thank you for your extended support and highly appreciate the contribution of all involved parties in preventive & curative sectors on leprosy control activities.

Herewith I am sending you the minute of the above meeting along with the problems and solutions discussed at the meeting.

Thank you,

*M. L. S. N. Fernando*

Dr. M. L. S. N. Fernando  
 Director  
 Anti Leprosy Campaign  
 Ministry of Health

**Dr. Mrs. M.L.S.N. FERNANDO**  
**Director**  
**Anti Leprosy Campaign**  
**Welisara - Ragama**

## **Minutes of the 2<sup>nd</sup> Quarterly Review Meeting on Leprosy Control Activities held on 08.09.2016**

The 2<sup>nd</sup> Quarterly Review Meeting for 2016 on Leprosy Control Activities was held in New Ministry of Health building auditorium of ALC with the participation of the following officials on 08<sup>th</sup> September 2016. It was chaired by Dr. Sarath Amunugama (DDG-PHS1).

### **List of participants**

Ministry of Health	Dr. Sarath Amunugama, DDG – PHS1
Anti Leprosy Campaign	Dr.M.L.S.N.Fernando - Director/ ALC Dr. Priyantha – Deputy Director/ALC Dr.SupunWijesinghe, Consultant Community Physician/ALC Dr. Suba Perera- Registrar in Community Medicine Dr. Gayan Piyasena – MO –HI/ ALC Dr.N. P. Rathnasekera- MO/ALC Dr. Sujeewa Amarasekera- MO/ALC Dr. Renuka Rupasinghe- RMO/ALC
Participants from Districts	Regional Epidemiologists Leprosy Control – PHII
Absent	Batticaloa District & Matara District

Dr. Nilanthi Fernando – Director, ALC started the session with the welcome speech and gave an introduction on objectives of the meeting.

Dr. Supun Wijesinghe CCP/ALC presented the national statistics for the current quarter.

Regional Epidemiologists of the districts and Leprosy Control PHI of the district presented the district data on leprosy control activities for the quarter.

### **Issues discussed and suggestions given by Dr. Sarath Amunugama- DDG-PHS 1**

<b>Issue/Suggestion</b>	<b>Responsibility</b>
1. Some Regional epidemiologists were not sure whether contact tracing was done by MOOH. Therefore DDG-PHS 1 stressed that it is a responsibility of the RE to make sure contact tracing was done for each and every case of leprosy because unlike other communicable diseases such as dengue there are only few leprosy patients in a district.	RE
2. In Contact Examination Register although there is a column to marked number referred to dermatology clinic, there is no column to mark number attended to the dermatology clinic. He stated the importance of that and suggested to revise the table & add new column to indicate number attended to the clinic in the reporting format.	ALC

3. Suggested to invite Director- Anti Filariasis Campaign for the next Quarterly Review Meeting to deliver a lecture on “How to plan a community screening programme” and appreciated the community screening programme done by AFC.	ALC
4. RE- Galle stated that for Community screening programmes participation of minority ethnic groups was not satisfactory. DDG/PHS 1 explained the way of correct approach by giving the responsibility to that particular ethnic group in order to enhance their participation and emphasized on involving religious leaders in community screening programmes.	RDHS RE PHI-LC
5. It was discussed that in some districts contact tracing and follow up is not satisfactory and advised to conduct more community awareness programmes. In addition to that he stated the importance of following up of leprosy patients. CCP/ALC suggested giving the responsibility of follow up for the range PHI.	RDHS RE PHI-LC Range PHI
6. Stated that it is not essential to send all contacts to MOH for screening. Contacts can be sent to Consultant Dermatologists and if they are busy then they can be sent to MOH based on the necessity. However it was stated that Contact Tracing Register to be marked at the MOH with all contact information.	RE PHI-LC
7. It was emphasized more contribution from Regional Epidemiologists for leprosy control is needed. DDG/PHS 1 stressed that RE should be more involved in leprosy control activities and more time should be spent for this.	RE
<b>Other issues discussed at the meeting</b>	
1. CCP/ALC stated that there is a trend of reporting more leprosy cases towards the end of the year and this is mainly due to stagnation of IPFs in clinics. He stressed that it is not good for the surveillance system and advised PHII to send data as early as possible.	PHI-LC
2. PHLT in Chettkulam & MLT in Vauniya are not trained and ALC agreed to conduct a training programme for them.	ALC
3. Allowance given by the Social Service Department for leprosy patients were discussed in detail. One PHI-LC mentioned that stigma is more when the allowance need the GN certification and it was mentioned that there should be a dialogue between Director-ALC and Social Service Department to allow the patient to get this allowance directly. This discussion had divided opinions among PHI-LCs and it was decided to take up this issue later.	ALC

The meeting was adjourned following the discussion.