

Minutes of the District Review Meeting on Leprosy Control Activities and LPEP Pilot study in Puttalam District- 17.05.2016

The district review meeting 2016 and review of LPEP activities in Puttalam district was held at RDHS office Auditorium with the participation of the following officials on 17th May 2016.

Anti Leprosy Campaign	Dr.M.L.S.N.Fernando Director- ALC Dr.SupunWijesinghe Consultant Community Physician-ALC Dr.GayanPiyasena MO-HI/ALC , Dr.N. P. Rathnasekera MO-ALC Mr.NuwanPriyadarshana PHI-ALC
Local Participants	Dr (Mrs) PreminiRagendiran, Consultant Dermatologist DGH Chillaw, Dr.Ajith Hemantha.-Acting Regional Epidemiologist – Puttalam /Mr.Kulathunga- PHI-LC Medical Officers – Dermatology Clinics in DGH Chilaw, BH Puttalam& BH Marawila Medical Officers of Health, SPHID, SPHII, PHIs, ICNO, Physiotherapists, Pharmacists

Dr Ajith Hemantha, the acting Regional Epidemiologist of Puttalam District started the session with a welcome speech and brief introduction on objectives of the meeting.

Dr.SupunWijesinghe Consultant Community Physicion-ALC presented a lecture on Leprosy Statistics in Puttalam District. In his presentation he stressed the importance of early detection of leprosy cases and contact tracing. In addition to that he mentioned that average performances of Puttalam District was satisfactory.

Dr (Mrs) Premini Ragendiran, Consultant Dermatologist, DGH Chillaw presented a lecture on Leprosy diagnosis and management to raise awareness and knowledge of the audience.

Event	Issue/Suggestion	Action to be taken	Responsibility
1,Hospital presentation- DGH Chillaw by Dr. U. H. R. P. Kumara	Data on Dermatology Clinic at DGH Chillaw was presented. It was noted that there was no policy in performing slit skin smears Presented the data on contact examination at the clinic.	ALC stressed the importance of having a policy on taking slit skin smears. ALC appreciated the performances of contact examination & keeping records of them. It was	Consultant Dermatologist MO Dermatology

	Need of punch biopsy sets	<p>suggested that if contact examination was done at the skin clinic, MOH can directly start SDR without re-examining the contacts</p> <p>ALC agreed to supply punch biopsy needles according to the requirement.</p>	ALC
2. Hospital Presentation- BH Puttalam by Dr. K. D. I. Dinupa	<p>Data on Dermatology Clinic at BH Puttalam was presented.</p> <p>Had a policy on taking slit skin smears. Conducting mobile clinics in targeted areas.</p> <p>The main issue is only one MO is working in the Dermatology Clinic & unable to establish a Satellite Clinic in Kalpitiya.</p>	<p>ALC appreciated the slit skin smear policy.</p> <p>ALC also stressed the importance of appointing another MO for clinic.</p>	<p>RDHS-Puttalam</p> <p>MS- BH Puttalam</p> <p>RE</p>
3. Hospital Presentation BH Marawila by Dr. M. D. C. Fernando	<p>Data on Dermatology Clinic at BH Marawila was presented.</p> <p>They also do not have a policy on slit skin smears</p> <p>They are sharing the Dermatology Clinic room with Medical Clinic and therefore unable to conduct clinics daily.</p>	<p>Dermatology Clinic need a separate Clinic room.</p> <p>ALC stressed the importance of having a policy on taking slit skin smears</p>	<p>MS- BH Marawila</p> <p>Consultant Dermatologist- BH Marawila</p>

4. Puttalam District Presentation with LPEP progress	<p>The presentation was done by PHI leprosy Control.</p> <p>MOH – Dankotuwa stressed that data of his MOH area was incorrect and signature of some forms.</p>	<p>Dr.SupunWijesinghe – CCP/ALC advised the PHI-LC/RE to reassess the data and stressed the importance of placing signature in the forms.</p> <p>CCP-ALC also advised to update the data up to 2nd week of May.</p>	RE PHI- LC
5, Dr SupunWijesinghe CCP- ALC	Presented details regarding new IPF format/ Leprosy disease surveillance system and forms and registers used in leprosy surveillance.		
6. Discussion	<p>No permanent RE in Puttalam district</p> <p>No policy on taking slit skin smears in many Dermatology Clinics and underutilization of PHLT services. It was suggested to perform slit skin smears before starting treatment and after completion of the treatment</p> <p>The other main issue discussed was that almost all MOHs has not signed the Contact Tracing Form.</p> <p>RE & MOH Dankotuwa explained that they are not aware about this.</p>	<p>ALC stressed the importance of having permanent RE to carry out disease control activities.</p> <p>All parties agreed to perform slit skin smears before starting treatment and after completion of the treatment</p> <p>Dr.SupunWijesinghe – CCP/ALC explained the importance of placing signature and he mentioned that it is not for audit purposes. All MOHs agree to sign Contact Tracing Form.</p>	<p>RDHS- Puttalam</p> <p>Consultant Dermatologists</p> <p>PHI- LC MOH</p>

	Delay in sending reports on Contacts Tracing	CCP/ALC suggested SPHII to take responsibility of this and send reports on 15 th & 30 th of every month (If no contacts within this period they need to send Nil reports)	MOH SPHI
	Delay in contact tracing & starting LPEP	ALC stressed the need of completing contact tracing & starting LPEP within 2 months for all prospective cases. If contacts cannot be traced or do not give consent for the study they can be dropped out mentioning either untraceable or refusal to participate for the study.	PHI-LC MOH SPHI
	Rifampicin Storage issue Quality of Rifampicin may be affected due to high room temperature (>30° C)	ALC advised to store Rifampicin in the door of the refrigerator at MOH offices	RE PHI-LC MOH SPHI

The meeting adjourned following the vote of thanks by SPHID- Puttalam.