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SUWASIRIPAYA

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எனது இல  
My No.

ALC/MH/DG/2015/ 01

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உமது இல  
Your No. :

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திகதி  
Date

2016/01 /07

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சுகாதாரம் மற்றும் சுதேசவைத்திய அமைச்சு  
Ministry of Health, Nutrition & Indigenous Medicine

General Circular Letter No: .....

All Provincial Directors of Health Services  
Regional Directors of Health Services  
Deputy Regional Directors of Health Services  
Directors of Teaching Hospitals  
Heads of Specialized Campaign  
Heads of all Health Institutions

**Tracing contacts of all confirmed newly diagnosed leprosy patients notified under the general notification system**

This circular is in addition to the department's announcement dated 10<sup>th</sup> September 2013, on notification of confirmed cases of leprosy and improving follow up and, announcement dated 17<sup>th</sup> July 2012, on implementation of the enhanced strategy for further reducing the disease burden due to leprosy in Sri Lanka.

It has been well established that contacts of patients with leprosy have a higher risk of developing leprosy than does the general population. Contact tracing and examination to diagnose and treat leprosy at an early phase is one of the key interventions identified in reducing the disease transmission and detecting new cases before they develop complications.

The contact examination has been carried out in some dermatology clinics in the country up to a certain extent. However, due to large number of patients attending for diseases other than leprosy, this process was carried out with lot of difficulties in the dermatology clinics. Due reasons such as reluctance of contacts to attend busy clinics and poor awareness of the public health staff about these contacts resulting no follow up by the PHII, the Anti Leprosy Campaign at Ministry of Health is streamlining the contact tracing process by involvement of MOOH and PHII. In this way the MOOH and PHII will have a responsibility in following up of contacts in their areas. Since MOOH and PHII are

## Responsibilities of the Public Health Staff

### Responsibilities of Range Public Health Inspectors

- Ensure all notified leprosy cases are entered into the inward register.
- Investigate all confirmed cases of leprosy and transfer them to infectious disease register after investigation.
- Provide all contacts with referral card (ALC/CT/2015) indicating their name, date and time for MOH/ AMOH to examine. Provide them with necessary information and refer them to the MOH office for contact screening.
- Enter all contacts details in the Leprosy Contact Register

### Responsibilities of Supervising Public Health Inspectors

- Ensure all notified cases are timely investigated by range PHII
- Discuss leprosy contact tracing/screening situation in the ranges in monthly conferences.
- Ensure that the Leprosy Contact register is duly maintained and quarterly returns ALC/CT/QR/2015 are prepared on time (before 10<sup>th</sup> of the following month).
- Send 'nil' returns for areas where there are no cases reported during the quarter

### Responsibilities of Medical Officer of Health (MOH)

- Ensure all notified cases of leprosy are investigated by the range PHII
- Ensure all notified cases of leprosy are entered in the Inward register, Notification Register, Outward register and enter all confirmed leprosy cases in the Infectious Disease register and Weekly Return of Communicable Diseases (WRCD) H399.
- Ensure that the Contact tracing register is maintained by the SPHI and all information on contacts are entered by the range PHI / SPHI in the register.
- Organize contact screening clinic at least once a month according to the number of contacts referred by the Range PHII in the area.
- MOOH after discussing with AMOOH, SPHI and range PHII to prepare a contact screening clinic schedule
- Screen all contacts for leprosy and refer suspected leprosy cases to the dermatology clinic for confirmation. Leprosy should be suspected in individuals, with any of the following symptoms or signs:
  - a. Pale or reddish patches on the skin with loss or decrease of sensations in the skin patch,
  - b. Swelling and lumps in the face or ear lobes,
  - c. Thickened nerves with or without pain or tenderness associated with numbness or tingling of the hands and feet,
  - d. Weakness of the hands, feet or eyelids, painless wounds or burns in the hands or feet
- Send a quarterly return of contacts (ALC/CT/QR/2015) examined during the quarter to the RE

### **District PHI Leprosy control**

- Ensure contract tracing activities are conducted in the districts
- Coordinate contact tracing clinic activities in the MOOH level
- Assist Regional Epidemiologist in collection, consolidating and preparing reports and returns
- Identifying issues and problems at MOH level

### **Responsibilities of Regional Epidemiologist**

- Consolidate information received quarterly from MOOH and send them to Anti Leprosy Campaign quarterly. Consolidate information received from Quarterly Return of leprosy statistics by 20<sup>th</sup> of the following month. Should send 'nil' returns for areas where there are no cases reported during the quarter
- Make sure all MOOH and AMOOH are trained on leprosy screening and diagnosis.
- Ensure all notified cases are investigated by range PHII.
- Facilitate and monitor contact tracing clinics at MOH offices.

### **Regional Director of Health Services**

- Facilitate smooth functioning of contact tracing activities in the district
- Over all supervision of all categories of staff

### **Responsibilities of Anti Leprosy Campaign**

- Conduct training of trainers for district teams to mobilize as resource persons in training for MOH staff.
- Consolidate contact tracing information received quarterly.

Please bring the contents of this circular to the notice of all relevant staff members in your province/region/institution.

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Dr. P. G. Mahipala  
Director General of Health Services  
Ministry of Health