

National Leprosy Eradication Program

Training Manual

For

Health Workers and Supervisors



Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare (GoI)
Nirman Bhawan, New Delhi



डॉ. सी. एम. अग्रवाल
DR. C.M. AGRAWAL
उप महानिदेशक (कुष्ठ)
Deputy Director General (Leprosy)



स्वास्थ्य सेवा महानिदेशालय
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय)
भारत सरकार
निर्माण भवन, नई दिल्ली - 110 108
DIRECTORATE GENERAL OF HEALTH SERVICES
(Ministry of Health & Family Welfare)
Government of India
Nirman Bhawan, New Delhi-110 108
Tel: 91-11-2306 2653 Fax: 91-11-2306 1801
E-mail: ddgl@nb.nic.in

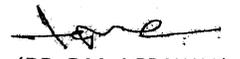
दिनांक/Dated... 12/8/2014

PREFACE

Leprosy services are integrated into General Health Care System. Its treatment is available at all health centers and government hospitals. Although the prevalence of leprosy has been reduced, new cases will continue to appear, may be in small numbers, for many more years. Today, the diagnosis and treatment of leprosy is simple and is available free of charge in all government health facilities. Health workers & health supervisors need to update their knowledge and skills to provide quality services to persons affected by leprosy.

The present training manual is a simplified learning tool for health workers and health supervisors for the management of leprosy cases at primary level. It can be referred whenever needed during field visits or during formal training. I hope it will help in sharpening the skills & knowledge for the management of leprosy cases.

I would like to thank International Federation of Anti Leprosy Associations (ILEP) especially Dr. P. R. Manglani and Dr. B. N. Barkakaty for developing and revising the Health Worker Manual.


(DR. C.M. AGRAWAL)



Let's Fight Leprosy & Make Leprosy a History
Website: www.nlep.nic.in

National Leprosy Eradication Program

(Part A) Training manual for 'Health Workers at Sub Health Center'

Course contents:

What is Leprosy?

Leprosy is a disease caused by a micro-organism called *Mycobacterium leprae*. It affects mainly the nerves and skin. As the skin is affected, patches appear on the body. If the nerves are affected and damaged, loss of sensation on skin, weakness or paralysis of muscles or loss of sweating may occur. Damage to nerves causes disabilities and deformities in leprosy.

What causes Leprosy?

Leprosy is caused by bacteria called *Mycobacterium Leprae* which is similar to that which causes tuberculosis.

What is the source of infection? (From whom leprosy spreads)

Man is the only known source of infection. It is not possible to find out the source of infection in every case. This may be because the patients may not know that there was a case of leprosy around them at the time of their exposure, which may be some years back. There is usually a time gap between the time a person gets infected and the time he or she actually shows signs and symptoms of the disease (incubation period). This period may vary from 3 to 5 years on an average

Mode of spread

Leprosy spreads from person to person by droplet infection (while sneezing or coughing). Patients under treatment do not spread the disease. Disease does not spread by touch.

Immunity of human beings

As in the case of other infective diseases, all persons exposed to leprosy do not develop the disease. This may be due to various levels of immunity within the infected persons. Persons with high levels of immunity have well developed defense mechanisms that can resist the infection totally

Infectivity

Although leprosy is a communicable disease, it has a very low infectivity. Of all persons who are exposed to the disease in a community, 95% have total immunity and do not get the disease at all. Out of the remainder 5% who may develop the disease, 70% will heal spontaneously, that is by themselves. Hence the chance of getting leprosy is very low.

When should you suspect leprosy?

The most common presentation of leprosy in early stages is a skin patch which may have been present for a period ranging from few months to a few years. A patch on the skin present since birth or very itchy patches appearing and disappearing or milky white skin patches are unlikely to be due to leprosy. Common signs and symptoms of leprosy include-

- Pale or reddish patches on the skin with loss of sensation or reduced sensation (developing slowly over months or years)
- Skin thickened, shiny and reddish in colour
- Numbness or tingling of the hands or feet
- Painful or tender nerves
- Weakness of the hands feet or eyelids
- Painless wounds or burns on the hands or feet
- Swellings or lumps in the face or earlobes

Although the majority of leprosy patients have straight forward skin lesions which are easy to see. Experienced workers know that there is a great variety in the skin lesions of leprosy. Some skin lesions are very diffuse and difficult to distinguish from normal skin: in these cases other symptoms and signs become important. Let us first look briefly at the common ways in which the disease shows itself. Later we will describe the important points in detail.

Symptoms (or what the patient's complaints will be) In Early Stages one or more of the following may be found.

- A small patch usually lighter in colour than normal skin or reddish (most common sign of leprosy)
- Loss, or decrease of feeling in the skin patch
- Numbness or tingling of the hands or feet



Single patch on skin



Multiple patches on skin

In Later stages:

- Skin patches more in number or larger in size
- Painless injuries, burns or other ulcers of the feet and/or hands
- Obvious nodules and/ or thickened skin (infiltration)
- Bending of fingers, inability to pinch or use the thumb properly, dropping of feet,
- slipping of foot wear / chapels, bending of toes



Leprosy Reaction Type 1



ENL Eruption



Lagophthalmus



Planter Ulcer



Claw Hand

Sensory testing to screen the suspected cases-

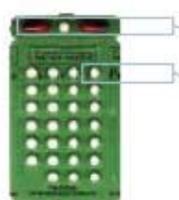
Persons with hypo-pigmented (lighter colored) or reddish patches on skin should be examined for sensation over the skin by touching the patch by tip of ball pen lightly without producing a dimple on the skin and asking whether he felt the touch, first with open eyes and then by closed eyes of examinee. Similarly sensations can be tested over hands & feet also.

Classification or grouping of patients for the purpose of treatment:

There are basically two groups of cases – Pauci-bacillary (written as PB) having 1 to 5 patches and /or one nerve involvement. Multi-bacillary (written as MB) cases have more than 5 patches and / or two or more nerve involvement. Patients who are found to have bacilli on skin smear examination are classified as Multi-bacillary.

Treatment of leprosy:

Leprosy is treated by a combination of drugs called MDT i.e. Multi Drug Therapy. MDT is available as Blister Calendar Packs (BCP) at each PHC and hospitals free of cost. There are 4 types of BCP. Two (Adult & Child) for MB cases and 2 (Adult & Child) for PB cases. Each pack contains drugs for 28 days. Drugs are taken orally. Pulse dose at the top of BCP is given supervised. PB cases need MDT for 6 months and MB cases are given MDT for 12 months. More than 6 doses/BCP of PB MDT or more than 12 doses/BCP of MB MDT is not given. If patient has taken 6 PB or 12 MB BCP in stipulated period S/he is released from treatment and send to medical officer for assessment & advice. Each patient is to be given information about regular intake of drugs and common side effects such as red coloration of urine after taking pulse dose.

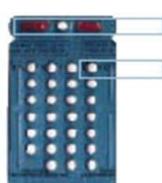


PB adult blister pack

PB adult treatment:

- Once a month: Day 1**
 - 2 capsules of rifampicin (300 mg X 2)
 - 1 tablet of dapsone (100 mg)
- Once a day: Days 2-28**
 - 1 tablet of dapsone (100 mg)

Full course: 6 blister packs



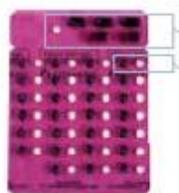
PB child blister pack

PB child treatment (10-14 years):

- Once a month: Day 1**
 - 2 capsules of rifampicin (300 mg+150 mg)
 - 1 tablet of dapsone (50 mg)
- Once a day: Days 2-28**
 - 1 tablet of dapsone (50 mg)

Full course: 6 blister packs

For children younger than 10, the dose must be adjusted according to body weight.

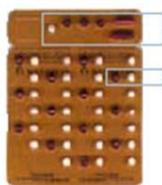


MB adult blister pack

MB adult treatment:

- Once a month: Day 1**
 - 2 capsules of rifampicin (300 mg X 2)
 - 3 capsules of clofazimine (100mg X 3)
 - 1 tablet of dapsone (100 mg)
- Once a day: Days 2-28**
 - 1 capsule of clofazimine (50 mg)
 - 1 tablet of dapsone (100 mg)

Full course: 12 blister packs



MB child blister pack

MB child treatment (10-14 years):

- Once a month: Day 1**
 - 2 capsules of rifampicin (300 mg+150 mg)
 - 3 capsules of clofazimine (50 mg X 3)
 - 1 tablet of dapsone (50 mg)
- Once a day: Days 2-28**
 - 1 capsule of clofazimine every other day (50 mg)
 - 1 tablet of dapsone (50 mg)

Full course: 12 blister packs

For children younger than 10, the dose must be adjusted according to body weight.

Those patients who are irregular in taking treatment are to be contacted to know the reasons and motivate them for completing treatment in stipulated period i.e. maximum 9 months for PB and 18 months for MB case. Each case should be advised to go for contact examination at least get their family members to be examined to rule out leprosy.

Exacerbation of disease in the form of sudden appearance of signs & symptoms of inflammation of skin lesions i.e. redness, swelling & tenderness with appearance of new lesions. Crops of subcutaneous nodules may appear with fever & malaise. Pain & swelling of joints may occurs at peripheral parts. Weakness in hand, foot or eye lids may develop in few days manifesting in the form of slipping of foot wear while walking, dropping the objects due to poor grip and inability to close the eye completely. This exacerbation of disease is called as leprosy reactions. Leprosy reactions can occur during, after or even before the treatment and can be treated. Therefore reactions should be referred to medical officer without any delay.



Inflamed patch during reaction



Eruption of nodules during reaction

Cases with complications are also given other drugs too, like Prednisolone for reaction cases, Iron & Folic acid tablets for Anemia and some Antacid tablet if required. Continuation or maintenance doses can be delivered from sub centers if suggested by Medical Officers.

Messages for patients and community:

Patient should receive help and counseling so that the disease can be treated in the best possible manner. Patient should be counseled on every visit to the health facility. It is important that the patient learns:

- That he/she should lead a normal life
- That leprosy is caused by a germ and is curable
- Treatment is for either 6 or 12 months
- Tablets must be taken every day at home
- A new blister-pack is needed every 28-days
- Common side-effects include red urine and darkening of skin
- That consultations and treatment are free-of-charge
- That leprosy is no longer infectious once treatment has started
- Regular treatment cures leprosy and prevents disabilities
- Close contacts may develop leprosy, so should be brought for examination at the next visit
- That the skin patches take time to disappear and sometimes may not disappear
- Existing disability may or may not improve with treatment
- Patient needs to take care of anesthetic and affected / deformed parts of the body especially hands, feet and eyes
- New disability can occur at any time but it can be treated
- Leprosy reactions can occur, and can be treated
- Various skills will need to be learnt to help prevent and manage disability. Advice to be given to patient when full course of treatment is over and treatment is stopped
- Explain that established deformities, especially sensory loss, may not recover, if this was complete at the start of the treatment. Often patients and their relatives get disheartened because the patient continues to get ulcers on the anesthetic parts.
- Explain that over / continued treatment of cured cases does not increase the chance of recovery of nerve damage

- Explain that stopping chemotherapy does not mean stopping patient care. If S/he needs treatment (eg. for ulcers) or needs to do exercises required services should be arranged for.
- Advise patients to come for checkup IMMEDIATELY, if they think their disease appear to be coming back; they may be getting a RELAPSE.

Promoting Self-Care-Practices:

Self-care practices are essential to prevent worsening of disabilities and heal the ulcers. A disabled persons need to learn & adopt these practices such as prevention from external injuries on anesthetic hands, feet or eyes, soaking scraping and oiling of dry anesthetic skin and active /passive exercises to prevent contractures. All disabled persons need to be motivated to learn & adopt self –care practices.



Soaking



Scraping



Oiling



Daily inspection



Exercises



Protection from external injuries

Participation in special activities / campaigns:

Special activities are planned on Anti-Leprosy-Day, Anti-Leprosy-Fortnight and other campaigns like SAP in high endemic areas. Co-operation & contribution from health workers, volunteers and NGOs is taken during these campaigns.

Maintaining the records- Case Card and Drug Stock:

Every month records of drug issued should be entered in case card (ULF-01). Any change in address or telephone number should be recorded. If there is any untoward sign i.e. signs of reactions or side effects of drug, it is recorded for referral purpose and the patient should be referred.

(Part B) For Health workers at PHC level including Health-Supervisors-

(In addition to contents given above)

Cardinal Signs for confirmation of diagnosis of leprosy:

Most of the cases can be diagnosed clinically by eliciting cardinal signs which are unique to leprosy. These signs are as follow-

1. Definite loss of sensation in a pale or reddish skin patch.
2. A thickened or enlarged peripheral nerve, with loss of sensation and /or weakness of the muscles supplied by that nerve.
3. The presence of acid fast bacilli in a slit skin smear.

Definite loss of sensation in a skin lesion may be detected by touching the skin lightly by ball point of dot pen or cotton wool. The person's skin is touched in different places. The person is then asked to point to each place that is touched. If the person cannot feel the points of contact within the skin patch but does point to other places where the skin is normal, diagnosis of leprosy is confirmed.

Clinical Examination also includes counting the number of skin patches, number of nerves involved and assessing disability grade.

Palpate *Great Auricular Nerve* on the side of the neck, *Ulnar nerve* at the elbow, *Median nerve* at the wrist, *Common Peroneal Nerve* at the knee and *Posterior Tibial Nerve* at the ankle. Palpate them for thickening, consistency and tenderness and compare them on both the sides. It requires some experience.

Check the sensation in the palms of the hands and the soles of the feet, using a ballpoint pen. Explain the test to the patient. Ask them to cover their eyes. Touch the skin very lightly with the ball point. Ask the patient to point to the place you touched. Test a minimum of four points on each hand and foot. Note any area where the pen is not felt. Definite loss of sensation in nerve area over palm or sole is diagnostic of Leprosy.

Check the motor function of nerve by examining three key muscles. Perform Voluntary Muscle Test (VMT) for median, Ulnar and Peroneal Nerves. Ask the person to put out their hand, palm up, support their hand in yours. Ask them to point the thumb towards their nose and test the strength of the thumb to stay in that position to test median Nerve. To test ulnar nerve, ask the person to put out their hand, palm up, support their hand in yours. Ask them to move the little finger out. Test the strength of the little finger to stay in that position. Peroneal nerve can be tested by asking the examinee to raise the fore foot while his





lower leg remains supported by your hand (dorsiflexion at ankle joint). Test the strength of foot.

Muscle strength is recorded as S (strong), W (weak) or P (paralyzed).

Vision test should also be carried out by using Snellen's chart or by finger counting method from a distance of 6 meters.

Disabilities are assessed and graded as 0, 1 or 2. Grade 0 means no disability found. Grade 1 means loss of sensation has been found in hand or foot and they are at risk of developing ulcers. Grade 2 means that visible damage or disability is noted. Calculate the EHF score which is the sum of all individual disability grades for the two eyes, two hands and two feet. Record the disability grades and EHF score for future reference.

Leprosy Reactions- Episodes of Leprosy reaction can occur before, during or after the course of MDT. During type 1 reaction patches are inflamed, nerve may be tender with threat of rapid nerve damage and minimum constitutional symptoms. Onset is acute and usually it responds well to prednisolone therapy. During Type 2 reaction crops of subcutaneous nodules called ENL is erupted with fever and constitutional symptoms. Recurrences are common in type 2 reaction. It is treated with Prednisolone in combination with Clofazimine. Sometimes nerve damage is there without any change in skin lesion or constitutional symptoms; it is called as Silent neuritis.

Supervision-Health supervisors need to assess the performance of health workers functioning at sub centers and at PHC using a check list. Supervision is the way to ensure staff competence & effectiveness through observation, discussion, and support and On-The –Job Training. Supervisor should know the job responsibilities of supervisee & self, performance assessment during last visits, feedback and further inputs required.

Recording & reporting- Supervisor need to ensure records & monthly reports (ULF 01- ULF 06 of USIS) in terms of correctness & completeness and timely submission of reports.

Job Description of ANM or MPW at Sub Center

1. During her/his visit to PHC, the ANM/MPW should collect case cards of the new patient from his/her area, whom the first dose have been given at the PHC
2. He / She should deliver the second dose onwards to the cases referred from PHC/APHC. (After confirmation of diagnosis and dispensing first dose. (the patient should be told to collect his further BCPs i.e. second dose onwards from respective SC or from ANM/MPW of the area)
3. ANM/MPW should ensure that the pulse dose is taken by the patient in their presence
4. He/she should enter the date of the second dose onwards in the case card
5. He/she should counsel the patient about disease, side effects, complications, regularity of treatment etc.
6. He/she should update/ get updated the treatment register when visiting the PHC
7. He/she should follow up the absentee cases and ensure regularity of treatment
8. ANM/MPW should encourage the patient to bring his/her contacts to the PHC for check up
9. He/she should be alert, to suspect cases and refer, to the PHC for confirmation
10. He / She should keep coordination with ASHA in the village to suspect cases & follow up treatment for completion in time
11. He/she should be alert, to refer cases with complications, to the PHC

Job Description of Health Supervisor at PHC/District level

1. Improve the quality of services by supervision/on-the-job-training & new case validation
2. Ensure proper recording & reporting as per USIS of NLEP. Complete the case card (ULF-01) on EHF score, contact survey, reactions etc.
3. Ensure the availability of MDT drugs, supportive drugs, drugs for leprosy reaction and other logistics
4. Assist MO/DLO in referral of difficult cases, compilation of monthly/quarterly or annual reports and in analysis of NLEP progress in the area.
5. Involve persons affected by leprosy in planning, decision making and providing leprosy services

Checklist for supervision for district / state**Name of Supervisor:****Date of Supervision:****Name of Health Facility:****District:**

1.	Recording correct diagnosis with classification	Yes / No
2.	Verifying/ assessing nerve functions	Yes / No
3.	Demonstrating patient counseling	Yes / No
4.	MDT availability adequate	Yes / No
5.	Stock register maintained	Yes / No
6.	Referral and feedback system appropriate	Yes / No
7.	Management of reactions	Yes / No
8.	POD and self-care activities	Yes / No
9.	Capacity building of in-house staff	Yes / No
10.	Master register maintain	Yes / No
11.	Timely submission of MPR by 5 th of every month	Yes / No
12.	Punctuality of staff ensured	Yes / No
13.	IEC material displayed properly	Yes / No
14.	Cleanliness of dispensary premises	Yes / No
15.	Maintenance of proper records for ASHA involvement and payment of incentive in time	Yes / No

U.L.F 01

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)											
PATIENT CARD											
subcenter						PHC					
Block/CHC					Districts				State		
Registration Number:						Sc	ST	Others			
Name						Age	Female	Male			
Address (With Mobile No.)											
Duration of signs/symptom in months Duration of disability if any										
Mode of detection	Voluntary / by ASHA / referred by other/ by contact survey/ other mode										
Classification	PB	MB	New Case		Other Case (specify)						
Disability	Gr. - I	Gr. II	EHF score								
Date of First Dose											
AFTER ENTERING ABOVE INFORMATION IN THE PHC TREATMENT RECORD, THIS PATIENT CARD IS TO BE TRANSFERRED TO SUB-CENTER FOR DELIVERY OF SUBSEQUENT DOSES						Signature of Medical officer					
Date of subsequent doses:											
2	3	4	5	6 (PB Final)	7	8	9	10	11	12 (MB Final)	
Date of Discharge	Date:					RFT / Otherwise deleted (specify):					
End status	EHF score:		Follow up required (after RFT) for reaction, deformity, ulcer or eye care:								
THIS CARD IS TO BE MAINTAINED AT SUB-CENTER. AFTER EVERY DOSE, UPDATE THE PHC TREATMENT RECORD. AFTER ACHIEVING END STATUS, THE MPW SHOULD SIGN THIS CARD AND RETAIN AT SUB-CENTER FOR FUTURE REFERENCE						Signature of Sub centre MPW					
Mode of detection	ASHA /Health worker /contact survey /search /voluntary reporting										
CONTACT SURVEY IN MB/CHILD CASE	No. Examined -				Cases detected						
					MB -		PB -				
Record of Lepa Reaction /Neuritis											
Type - I / II						Neuritis - Yes / No					
Prednisolone doses issued with dates at PHC / District hospital											
Dates of MCR foot wear if issued-											
Date of referral for RCS-											
Contact examination done on, new cases suspected/confirmed											
NB: this patient card is for use for the new cases as well as other cases. In urban situation this card can be used by changing sub-centre /PHC /CHC with appropriate health unit /area /region											

Annexure V

U.L.F. 02/B

TREATMENT REGISTER FOR OTHER CASES																										
PHC _____					Block PHC/CHC _____																					
Districts _____					State/UTs _____					Fiscal Year _____																
Reg. No.	Sub centre	Name	Address & mobile number	Age	Sex M/F	ST/ SC	PB/ MB	Disability I / II	Date of first dose	Date of Subsequent doses												Date of RFT	Category of case*			
										2	3	4	5	6 (PB final)	7	8	9	10	11	12 (MB final)						

* Category of case - Relapse, re- entered for treatment completion, referred and changing in classification of MB/PB.

SENSORY ASSESSMENT

DATE / ASSESSOR	Palm		Sole		Comments
	RIGHT	LEFT	RIGHT	LEFT	
					
					
					
					
					

Key : (Put these mark/icon on the site where lesion is seen)

✓ Sensation Present within 3 cms	S Contracture	 Scar/Callus
X Anaesthesia	 Wound	 Shortening Level
^ Clawing	 Crack	

Annexure VII (continued)

U.L.F. 04 (Page 2)

Assessment of Disability & Nerve Function

Name _____ Village _____ Date of Registration _____
 S/O, W/O, D/O _____ Sub-centre. _____ Date of RFT. _____
 Age/Sex. _____ Registration No. _____ Referred by. _____
 Occupation _____ MB/PB _____ Date of assessment _____

RIGHT						LEFT				
					← Date →					
					Vision (0, 2)					
					Light closure lid gap in mm					
					Blink present/ Absent					
					Little Finger Out					
					Thumb up					
					Wrist Extension					
					Foot up					
					Disability Grade Hands					
					Disability Grade Feet					
					Disability Grade Eyes					
.On Date										
Max. (WHO) Disability Grade										
EHF Score										
Signature of Assessor										

Muscle power: S=Strong, W=Weak, P=Paralysed
--

Score of vision: Counting fingers at 6 meters 0=Normal, 1= Blurred vision, 2 = Unable to count finger
--

(This Form should be filled-in at time of registration and repeated after 3 months (Once in 2 weeks in case of neuritis / reaction)

Annexure VIII

Disability Register

PHC/ CHC _____

District _____

State/UTs _____

Sl. No.	Name of the patient	Age/ Sex	Address Village/ Sub-centre/ PHC with phone number	New/ UT/ Old case	MB/ PB	New Case (NC) /UT case/ RFT	Disability Gr.-I/ II	Site of disability						
								Eye		Hand		Foot		
								Gr-0	Gr-II	Gr.I	Gr.II	Gr.I	Gr.II	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	

Ulcer Simple / Complicated	EHF score	Neuritis	Reaction Type-I/ Type-II	DPMR Services Provided				Refer with date				New Disability developed after starting of prednisolone			Referral Services provided/ Follow up taken up/ Remarks
				Steroid/ dose/duration	Self-care practice	Ulcer Treatment	Other if any	RCS	Complicated Ulcer	Eye	Reaction not responding to steroid	Eye (Gr-II)	Hand (Gr-I/ Gr-II)	Foot (Gr-I/ Gr-II)	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

NLEP Monthly Reporting Form						
PHC / Block PHC Report						
PHC _____		Block _____				
Districts _____		State _____				
Reporting Month _____		Year _____				
				1.1 New case	1.2 Other cases	
1.	No. of balance cases at the beginning of the month	PB				
		MB				
		TOTAL				
2.	No. of New Leprosy Cases detected in the reporting month	During reporting month				
				PB	MB	TOTAL
		Adult				
		Child				
		Total				
Among new cases – number from other states		Total				
3.	Among new leprosy cases detected during the reporting month, number of	Female				
		Disability	Grade -I			
			Grade -II			
		SC				
		ST				
4.	Number of new leprosy cases deleted during the month	RFT -				
		Otherwise deleted				
		Total				
5.	Number of New leprosy cases under treatment at the end of the month (1.1+ 2 - 4)					
6.	Number of "Other cases" recorded and put under treatment	(I) Relapse				
		(II) Reentered for treatment				
		(iii) Referred				
		(IV) Reclassified				
		Total				
7.	No. of other cases' deleted from treatment	RFT				
		Otherwise deleted				
		Total				
8.	No. of 'other cases' under treatment at the end of reporting month (1.2 + 6 -7)					
9.	Total number of cases under treatment at the end of month.	New +Others (5+8)				
10. Leprosy Drug Stock at the end of the reporting month (if required use extra sheets):						
	Blister Pack	Quantity	Expiry Date	Total Stock	No of patient under treatment (new & others)	Patient month BCP
	MB(A)					
	MB(C)					
	PB(A)					
	PB(C)					
NB: please calculate patient-t Month Blister packs for MB (A), MB (C), PB(A) and PB(C) Quarterly in the month of March, June September and December and indicate the same in that respective Monthly Report.						
REMARKS, (if any) --						
Signature of Medical officer						

NLEP Monthly Reporting Form				
PHC/ Block PHC				
S.No.	Indicators	During reporting month		
		PB	MB	Total
1.	No of New Leprosy cases recorded			
2.	No. of reaction cases managed at PHC			
3.	No. of reaction cases referred to Dist. Hosp./ other instt.			
4.	No. of relapse cases suspected and referred			
5.	No. of relapse cases confirmed at district hospital			
6.	No. of cases developed new disability after MDT			
7.	No. of patient provided with footwear			
8.	No. of patient provided with self care kit			
9.	No. of patient referred for RCS			
10.	No. of new cases confirmed at PHC out of referred by ASHA			
11.	No. of case completed treatment through ASHA			
12.	No. of ASHA paid incentives			
13.	No. of contacts examined			
14.	No. of cases detected amongst contacts			
15.	No. of cases voluntarily reported, out of new cases recorded (Sl. No. 1)			

Signature of the Medical Officer