# Guidelines for drawing up Referral System under NLEP by the States/ UTs

The Programme Implementation Plan (PIP) for continuation of NLEP from 1st April 2005 to 31st March 2007 has indicated under MDT services that a suitable Referral system is to be developed.

Leprosy services in India was being run through a vertical set of leprosy workers from the beginning of the National Leprosy Eradication Programme started in the year 1982 till recently. In the year 2001-02, the concept of Integration of leprosy services with the General Health Care system was put to implementation. During the subsequent years leprosy services were made to be delivered from all General Health Care institutions with active support from the earstwhile vertical staff. By March 2004, the strength of earstwhile vertical leprosy staff were reduced to 25% of the original and these staff were kept as support to sustain the leprosy services in the periphery. Formation of a district nucleus under the District Leprosy Officer is the backbone whereas other staff available are placed at Block PHC/CHC level wherever needed. This pattern of providing leprosy services through the General Health Care system with support from the district nucleus is to continue.

Under the National Leprosy Eradication Programme, the General Health Service Personnels are trained to clinically diagnose leprosy cases following WHO's definition of a new leprosy patient. Such a procedure is helpful to the programme to detect most of the leprosy patient and put them under treatment. This has helped the programme epidemiologically. However it is being felt that while the programme need is being attained, need of the patients are not fulfilled as some cases are not being able to be picked up by the General Health Services Medical Officers. Such left out patients, if MB may be a cause of problem in the future. The PHC Medical Officers should be able to suspect leprosy in such cases, but should refer them to the district hospital where a specialist can examine and diagnose them.

A referral system is required primarily for –

1. Diagnosis of doubtful cases with diffuse infiltration or with only nerve involvement or nodular form of lesions, where insensitive patch may not be there or partial loss of sensation is observed.
2. Cases with reactions under treatment with steroids if there is no response after 4 weeks.
3. Complications with other system involvement including eye involvement.
4. Reconstructive surgery (RCS).

While reconstructive surgery cases can be referred to existing NGO hospitals and Govt. Hospitals/ Medical Colleges where the service exist, a referral system for quality diagnosis and treatment of complicated cases need to be developed early.

The situation prevailing in different states regarding the availability of DLO, District nucleus staff, availability of Dermatologist / Medical Specialist in different District Hospitals will vary; therefore it will be better if states prepare their own referral system for diagnosis and management of doubtful and complicated cases. Following principles may be kept in view while drawing up the referral system.

1. The Dermatologist (Skin Specialist) posted in the District hospital should be the main referral point for diagnosis of difficult cases. In District Hospitals where Dermatologists are not available the Medical Specialist will be the referral point.

2. After diagnosis in suspected cases the patients will be referred back to the PHC for starting treatment with MDT.

3. Management of complicated cases may be under the Specialist guidance in the District hospital and patient will be sent back to PHC system after the completion of treatment for complication.

4. The states have to draw up suitable referral card (sample enclosed) from PHC to the Referral centre and back.

5. Funds required for printing and implementation of the system should be borne out of the District society budget.

6. The identified Medical Specialist/ Dermatologist will preferably be given a specialized training for diagnosis of doubtful leprosy cases and management of complicated cases. The ILEP organizations have agreed to provide such training in 122 apex leprosy institutions in the country, list of which was enclosed in the MOU signed between GOI and ILEP in February 2005.

**SAMPLE**

## NLEP - Referral Card for Suspected Cases

(In Duplicate)

Date of Referral ___________________________

Name of suspected patient _________________________________________________

Father's / Husband's Name ______________________________ Age & Sex _______

Full Address ____________________________________________________________

_______________________________________________________________________

Detail of lesions :-

_______________________________________________________________________

Referred to ___________________ Specialist Hospital

_______________________________________________________________________

Remarks of Skin Specialist :- (i) Confirmed Leprosy PB/ MB :

(ii) Name of the disease (other than leprosy)

(iii) Advice given to the patient :

- ❑ Return to the PHC for treatment.
- ❑ To be hospitalized.
- ❑ To take treatment from the Hospital outdoor.

* One copy of this form to be handed over to the patient and the second copy to be sent to the main PHC, for further necessary action.

Signature of Specialist

____________________ Hospital