



LPEP Project

Dadra and Nagar Haveli

Criteria for exclusion from SDR

1. People receiving Rifampicin therapy for any reason in the last two years (e.g. for tuberculosis [TB] or leprosy treatment, or as a contact from another index case).
2. People who have possible signs and/or symptoms of leprosy such as
 - A. Patch/es on skin with no pain or itching,
 - B. Thick red or coppery skin,
 - C. Nodules on ear lobes or anywhere on skin,
 - D. Tingling sensation in hands or feet, painless ulcer on sole, dropping objects from hand or
 - E. Changed gait due to weakness of muscles of foot.
3. People who have possible signs and/or symptoms of TB (patients having any of the following symptoms should be screened for TB):
 - A. Cough for more than two weeks,
 - B. Coughing up blood stained sputum,
 - C. Night sweats, unexplained fever-evening rise of temperature
 - D. Weight loss (3 kg in a month).
4. Contraindication to Rifampicin such as
 - A. People with a history of liver disorders e.g. jaundice-yellow coloration of conjunctiva
 - B. urine or renal disorders manifested by swelling of face or less / more urination,
 - C. History of adverse effects of Rifampicin such as Flu-Syndrome (Fever-cough- cold, joint pain)
5. Pregnant women – ask for last menstrual period or result of pregnancy test if done (PEP can be given after delivery).
6. Refusal of informed consent.
7. Age <2 years.
8. Hospital inpatients
9. Migrants, if someone has not been in the area for more than 3 months

Exclusion criteria – questions to be asked:

1. Are you taking / have you taken Rifampicin to treat any ailment in the past two years?
2. Do you have any patch or nodule or thickening of skin without pain & without itching?
3. Do you have painless ulcer on soles of foot? Do you notice any weakness of hand, foot or eye?
4. Do you have cough for more than 2 weeks or blood stained sputum?
5. Do you have fever in evening or night sweats or loss of weight noticed in last 2 weeks?
6. Is colour of urine passed dark yellow, yellow coloration of eyes or loss of appetite?
7. Do you notice any change in urination? Do you feel swelling of face?
8. Are you being treated/have you been treated for a liver or renal disease?
9. Whether you had any untoward side effects of Rifampicin in past?
10. Have you signed informed consent form?
11. When you had last menstrual period, possible pregnancy or result of pregnancy test if carried out? (ask only to women of reproductive age)
12. Ask for the age of child (if child is a contact)?
13. How long you have been in Dadra & Nagar Haveli?