

Leprosy Post Exposure Prophylaxis (LPEP)

Criteria for exclusion from 'Single Dose Rifampicin' (SDR)

1. **Contact persons 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. **Contact persons 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 feet.
3. **Contact persons 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. **Contact persons who show contraindication to Rifampicin** such as
 - A. 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. **Contact person with pregnancy** – 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-** If contact person is admitted in hospital for the treatment of any illness.
9. **Migrants**, if someone has not been in the area for more than 3 months

Exclusion criteria – questions to be asked:

While examining contact person, ask the following questions to decide about SDR to be given.

For criteria 1.

1.1 Are you taking / taken Rifampicin to treat any ailment in the past two years?

For criteria 2. (Rule out leprosy)

2.1 Do you have any patch or nodule or thickening of skin without pain & without itching?

2.2 Do you used to have tingling sensation in hands or feet ?

2.3 Do you have painless ulcer on soles of feet?

2.4 Do you notice any weakness of hand, foot or eye by noticing changed gait or dropping of objects from hand or watering from eyes?

For criteria 3. (Rule out Tuberculosis)

3.1 Do you have cough for more than 2 weeks or blood stained sputum?

3.2 Do you have fever in evening or night sweats or loss of weight notices in last 2 weeks?

For criteria 4 (contraindications to Rifampicin)

4.1 Is colour of urine passed is dark yellow, yellow coloration of eyes or loss of appetite?
(indicating liver disease)

4.2 Do you notice any change in the amount of urine passed? Do you feel swelling of face?

4.3 Are you being treated/have you been treated for a liver or renal disease?

4.4 Whether you had any untoward side effects of Rifampicin in past? Such as flu or allergy

For criteria 5.(Rule out pregnancy)

5.1 When you had last menstrual period?

5.2 Any sign of pregnancy

5.3 Result of pregnancy test if carried out?

For criteria 6. (about willingness)

6.1 Have you signed 'informed consent form'?

For criteria 7.(whether contact is < 2yrs of age)

7.1 Ask for the date of birth of child (if child is a contact)?

7.2 Ask for the age in years or months

For criteria 8.

8.1 Don't intervene if contact person is hospitalised for any treatment. s/he may be contacted later

For criteria 9.

9.1 Since how long you are in this district?