



# Contact tracing and PEP administration

## Training for health professionals

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# Module 2

## SCREENING

# Contact tracing

A patient is confirmed to have leprosy. The health worker talks with the patient to learn who else may have been exposed.

How do health workers do contact tracing work?

# Contact tracing

The health worker informs the patient about the LPEP project and asks permission to screen his/her contacts for leprosy symptoms. Once the patient is willing to participate, s/he becomes the 'index case'



# Contact tracing

The health worker writes the information of the contacts - household members, neighbours and social contacts - on the LPEP contact registration form



# Contact tracing

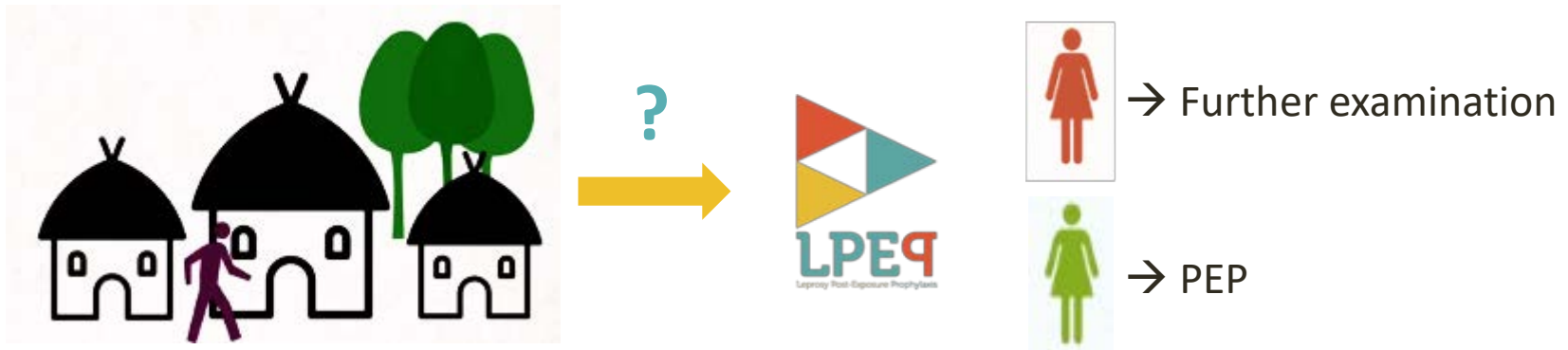
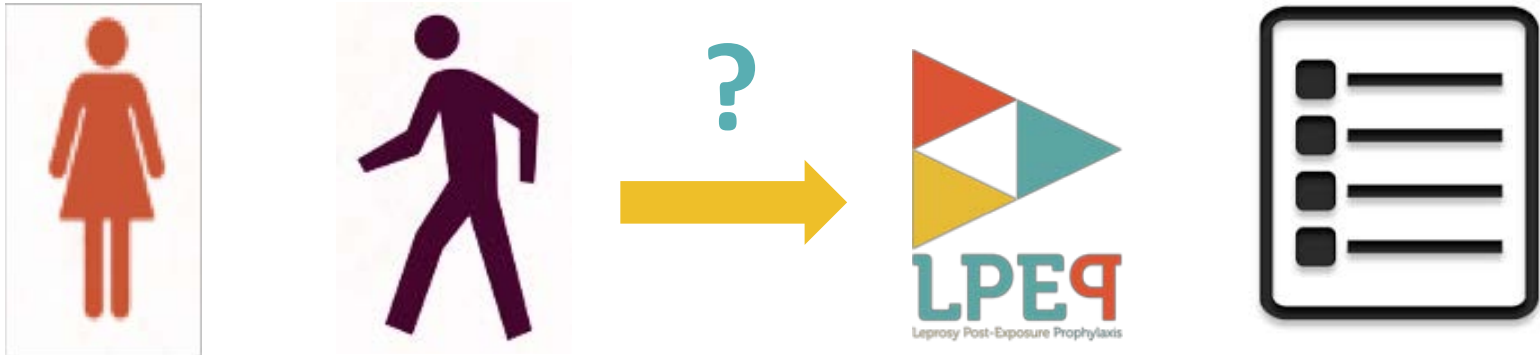
The health worker then visits the contacts on the list, informs them about the LPEP project and screens them for leprosy symptoms.



# Contact tracing

Contacts screened:

- Positive for leprosy will be further examined or referred for examination
- Negative for leprosy will be checked on the eligibility criteria before they receive PEP



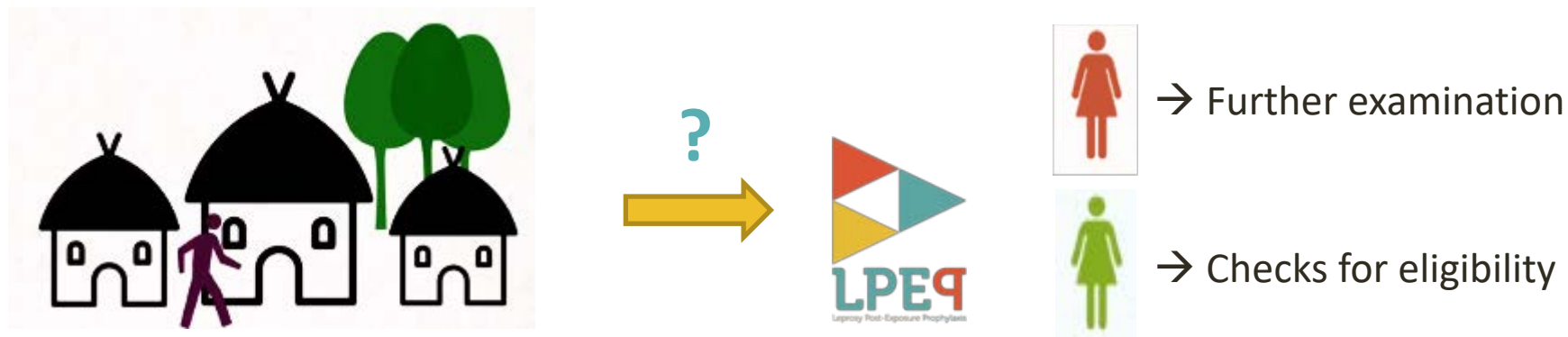
# Objectives

After this training the health worker:

- Understands how to trace and approach the contacts
- Is able to inform contacts regarding the LPEP study and the importance of taking PEP
- Is able to explain and obtain informed consent
- Is able to screen the contacts on signs/symptoms
- Understands and is able to check the eligibility criteria



The health worker visits the contacts on the list, informs them about the LPEP project and screens them for leprosy symptoms.



The health worker:

1. Informs the contact about LPEP
2. Fills out the LPEP contact registration form
3. Screens the contact for leprosy symptoms
4. Checks the eligibility criteria in negative screened contacts

# Type of approach [select the approach for your district]

- **The mixed approach**

An active approach in which the health worker actively visits the homes of the contacts or invites the contacts to the health centre to screen for leprosy symptoms

- **The blanket approach**

An active approach in which a team of health workers visits an area/island to screen the whole population for leprosy symptoms

- **The self-screening approach**

A passive approach in which the contacts are asked to screen themselves (or their family members) for signs or symptoms by handing out a self-screening leaflet

# 1. The health worker informs the contact about LPEP

- The health worker should obtain informed consent from all contacts
- Consent = a formal agreement that a participant gives verbally or signs to give permission for participation in the study and using their data for research purposes
- Thus, informed consent provides participants with sufficiently detailed information on the project so that they can make an informed, voluntary and rational decision to participate
- First the health worker explains the participant about contact examination, PEP and the LPEP project
- Next the health worker asks permission to inform/screen the contacts, to record their personal data and use these for LPEP

# Informed consent

- Give information on:
  - What is leprosy
  - What is LPEP
  - What is the purpose of LPEP
  - What is contact tracing
  - Procedures of the LPEP project
  - Expected duration
  - Right to decline or withdraw
  - Potential adverse events
  - Prospective research benefits
  - Whom to contact for questions
- LPEP stands for Leprosy Post-Exposure Prophylaxis
- Prophylaxis = prevention
- PEP uses drug to reduce the risk of developing leprosy
- Provided to contacts of newly diagnosed leprosy patients
- Single dose of rifampicin
- Rifampicin kills the *M. leprae*
- No protection against re-infection
- Protection only partial

Leprosy is an infectious disease that spreads through the air to people who are in close contact with patients who have not yet been treated. If not treated at an early stage, leprosy can cause chronic problems, such as disability. It can affect anyone. The most common symptoms are skin patches that are numb. Visible disabilities are a late sign of the disease. The disease can be easily recognized by health centre staff and can be completely cured if treated on time.

There is a drug called rifampicin that is effective in reducing the risk of contacts of leprosy patients getting leprosy themselves. Taking only one dose is enough. This is called PEP. PEP does not give 100% protection, so it remains possible for people who have had the preventive medicines to still develop leprosy. In that case, they can be diagnosed early and given treatment with MDT.

You have been identified as a contact of a leprosy patient. If you are willing, you will be checked by health officials to make sure you do not have leprosy yourself. After that you be offered a dose of this preventive medicine rifampicin to reduce the risk of you getting leprosy in future. You will be asked to take the pills under the supervision of the health officer.

All information relating to you will be kept confidential. We greatly appreciate your participation in this event, which will be useful to you and for your community. However, after receiving this explanation, you are free to choose whether to accept the medicine or to refuse. If anything is not clear, please feel free to ask us.

Thank you very much for your attention and good cooperation.

Name:

Age:

Address:

Signature for consent:

**Contact person:**

## **Introduction on the disease**

Leprosy is an infectious disease that spreads through the air to people who are in close contact with patients who have not yet been treated. If not treated at an early stage, leprosy can cause chronic problems, such as disability. It can affect anyone. The most common symptoms are skin patches that are numb. Visible disabilities are a late sign of the disease. The disease can be easily recognized by health centre staff and can be completely cured if treated on time.

## **What is PEP?**

There is a drug called rifampicin that is effective in reducing the risk of contacts of leprosy patients getting leprosy themselves. Taking only one dose is enough. This is called PEP. PEP does not give 100% protection, so it remains possible for people who have had the preventive medicines to still develop leprosy. In that case, they can be diagnosed early and given treatment with MDT.

**Contact tracing  
PEP  
administration**

You have been identified as a contact of a leprosy patient. If you are willing, you will be checked by health officials to make sure you do not have leprosy yourself. After that you be offered a dose of this preventive medicine rifampicin to reduce the risk of you getting leprosy in future. You will be asked to take the pills under the supervision of the health officer.

**The right to  
decline or  
withdraw  
Whom to  
contact for  
questions**

All information relating to you will be kept confidential. We greatly appreciate your participation in this event, which will be useful to you and for your community. However, after receiving this explanation, you are free to choose whether to accept the medicine or to refuse. If anything is not clear, please feel free to ask us.

Thank you very much for your attention and good cooperation.

**Agreement**

Name:

Age:

Address:

**Contact person:**

# 2. The health worker fills out the LPEP contact registration form

- The health worker takes the form to the contact to fill in the missing information
- The LPEP contact registration form needs to be filled out:
  - Correctly (right relative-, distance- and religion codes)
  - Completely
  - Legibly
  - With black or blue pen
- After completion, it should be safely stored

<b>RELATIVE CODES:</b>	
M	Spouse
C	Child (son/daughter)
P	Parent (father/mother)
B	Brother or sister
CL	Son or daughter in law
PL	Father or mother in law
BL	Brother or sister in law
O	Other relative
N	No relative

<b>DISTANCE CODES:</b>	
HH	Household contact
N	Neighbour next to patient
S	Social contact

<b>RESIDENCE CODES:</b>	
U	Urban
R	Rural



# Exercise for coding

- Ram Chander is diagnosed with leprosy and his wife and son (4 years) are listed as contacts. His wife and son have the following relative and distance codes:
  - a. W HH and S HH
  - b. M HH and C HH
  - c. M HH and CL HH
  - d. M S and C S
- The brother of Meena, living next door, is diagnosed with leprosy. Mena and her husband are listed as contacts. They have the following relative and distance codes:
  - a. B N and BL N
  - b. S N and BL N
  - c. B HH and BL HH
  - d. M HH and P HH



LPEP PATIENT DETAILS:

Central Reg. Nr:

Name: \_\_\_\_\_

District / Health Centre: \_\_\_\_\_

CONTACT REGISTRATION FORM NR:

Country (circle): BR ID IN LK MM NP TZ ....

Form nr/ ID	Name	Age	Gender M / F	Relative code	Distance code	Religion	Education	Absent	Exclusion criteria								Include	Dose of Rifampicin (mg)	BCG scar	Index address: U / R	
									Refusal inf. consent	Pregnancy	Suspect of leprosy	Rifampicin treated	Under 2 years of age	Liver or renal disease	Already contact	Rifampicin allergy				Possible TB	GPS (Decimal Degrees, 5 decimals):
....0								Y	Y												
....1																					
....2																					
....3																					
....4																					
....5																					
....6																					
....7																					
....8																					
....9																					

- Name of the contact
- Age
- Gender
- Link to the index (relative code)
- Distance to the index (distance code)
- Religion
- Education
- Absent

- Eligible criteria
- If any yes → exclude
  - All no → include

- Address and /or GPS

Other notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# 3. The health worker screens the contact for leprosy symptoms

- [The health worker actively visits the homes of the contacts to screen for leprosy symptoms]
- [The contacts screens themselves using the self-screening leaflet]
- Screening procedure is ideally be done by a health worker of the same gender
- Private and comfortable place
  
- Watch the following clip on leprosy screening
- Write down important points about:
  - How to screen
  - How to recognise leprosy

- Short screening movie

# Important points

- How to screen?
  - Ask if the contact noticed unusual spots/patches and/or unusual sensations in their hands or feet.
  - Examine the skin for patches, from head to toe and on the front of the body as well as the back. Patches can appear as pale or reddish with a raised edge.
  - Test the feeling in the skin patches. Ask the person to close their eyes. Lightly touch the skin patches with cotton wool and ask the person to point the place where you touched them.



*Testing the feeling in the skin patches*

# Important points

- How to recognise leprosy symptoms?
  - Pale or reddish patches on the skin
  - Loss, or decrease, of feeling in the skin patch
  - Numbness or tingling of the hands or feet
  - Weakness of the hands, feet or eyelids
  - Painful or tender nerves
  - Swellings or lumps in the face or earlobes
  - Painless wounds or burns on the hands or feet.



# 4. The health worker checks the eligibility criteria



→ (Referral for) further examination



→ Check the eligibility criteria




# Eligibility criteria

- Important for inclusion or exclusion of the contact
- Criteria safeguard eligibility of the participants
- Researchers have greater confidence that results of the study are caused by the intervention being tested and not by other factors.
- Contact will be excluded when they:
  - Are  $\leq 2$  years old
  - Refused the informed consent
  - Do not meet the definition of a contact (contact for  $>3$  months)
  - Show signs of leprosy
  - Show signs of tuberculosis
  - Are (suspected to be) pregnant
  - If any of the following eligibility questions is answered with 'yes'

# Eligibility questions

- Are you pregnant?
  - Rifampicin is distributed throughout the body and can cross the placenta. Rifampicin is not harmful to the unborn baby. However, we do not want to take any risk, so will wait with giving PEP until after the delivery.
- Have you received this medicine (rifampicin) before?
  - If the contact has had rifampicin before (within 2 years), the possibility of sufficient quantities of *M. leprae* in the body is very small and therefore they do need PEP.
- Do you have a history of liver disorders (e.g. jaundice) or renal disorders?
  - Rifampicin is degraded by the liver. Liver disorders may lead to hepatotoxicity

# Eligibility questions

- Do you have any of the following symptoms?
  - any cough
  - night sweats
  - unexplained fever
  - weight loss

Tuberculosis symptoms
- Do you have an allergy to rifampicin?
  - If a person is allergic to rifamycin (rifampicin is a derivate of rifamycin), s/he should also be excluded from the study.

# Role-play exercise

- Role-play is acting out a scene or episode, simulating a real or imagined situation. The purpose is not to perform for an audience, but to increase the participant's self-confidence in a specific situation. The participants learn to look from different perspectives to that situation and they learn to understand the feelings of the characters they are playing.
- Situation: Health worker pays a home visit to a contact
- Practice:
  - filling out the LPEP contact registration form
  - using the relative, distance, religion and education codes
  - giving informed consent
  - screening for leprosy symptoms
  - checking the eligibility criteria

# Feedback on role-play

- Reflecting is an essential part of the role-play
- Each participant reflects on:
  - The performance of the health worker
  - The content of the performance
  - Problems or difficulties
  - The observed behaviour/attitude of both the players
  - Improvements for the next role-play
- The participants will use the feedback form

<b>Content / method</b>	<b>Very well</b>	<b>Well</b>	<b>Poorly</b>	<b>Very poorly</b>
The overall performance of the health worker				
The attitude of the health worker				
Listening by health worker				
Answering questions of the patient/contact				
Filling in correctly the LPEP registration form				
Using the correct relative-, distance- and religion codes				
Checking the eligibility criteria				
Include or exclude the patient/contact correctly				
Explaining clear the content of the home visit (module 2)				
Providing information on the rationale behind PEP				
Providing information on leprosy				
Providing information on taking PEP				
Providing information on adverse events				
Examining the contact (module 2)				
Diagnosing the contact (module 2)				
Providing the correct dose of rifampicin to the contact (module 2)				