Referral in case of suspicion of skin diseases (other than leprosy)

1. Purpose

This Standard Operating Procedure (SOP) describes the procedure to refer contacts with a suspected skin condition other than leprosy to a local health clinic when no diagnosis can be made and/or no treatment can be given at the screening site.

2. Scope

This SOP applies to all aspects that involve referring contacts with signs and symptoms of skin conditions other than leprosy that cannot be diagnosed and treated at the screening site.

3. Target group

This SOP applies to the health staff involved in the screening and referral of contacts of leprosy index patients.
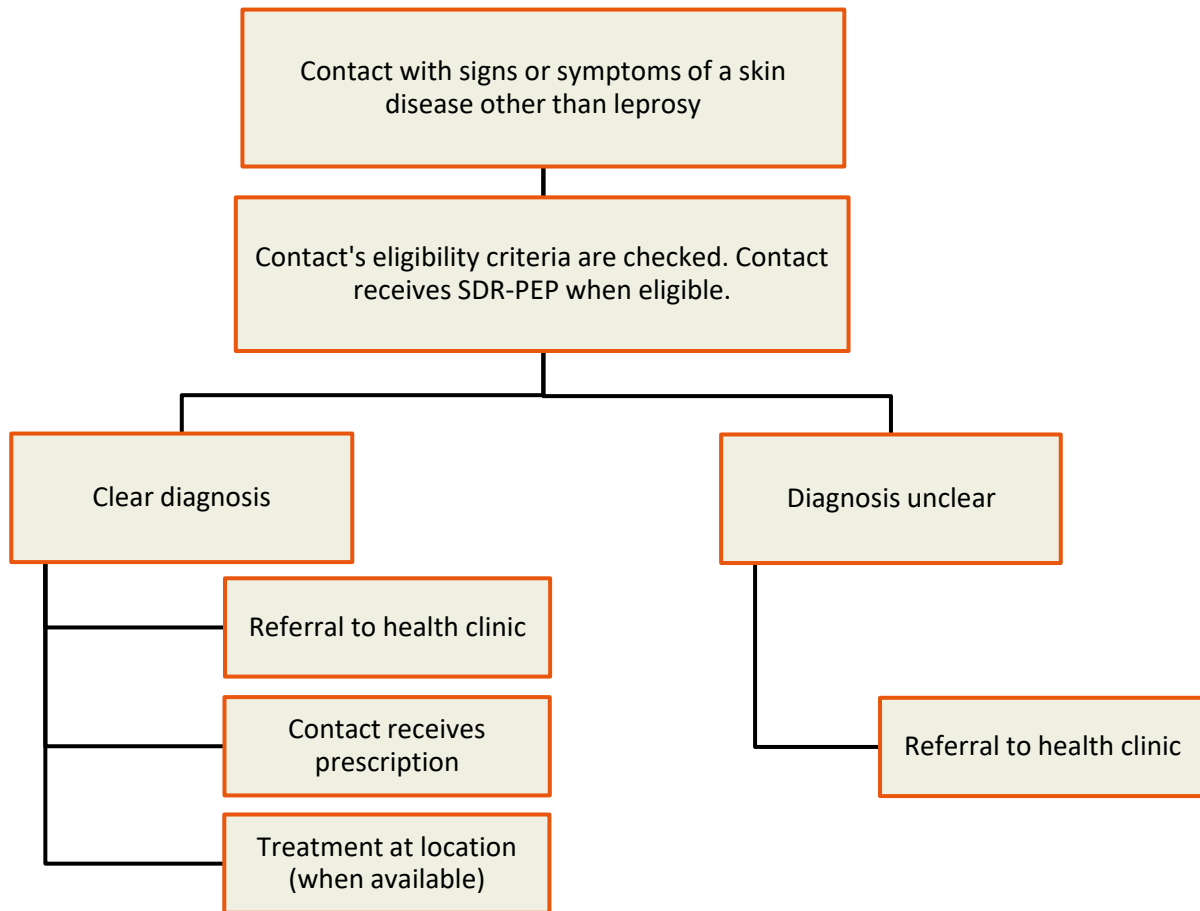
4. Procedure

All close contacts of an index patient will be screened for skin lesions. When a skin disease which needs follow up is suspected or diagnosed or when a diagnosis is unclear, the contact needs to be referred to a health facility.

1. Symptoms of a skin disease (other than leprosy) are seen:
   a. A skin disease is diagnosed by a health worker, possibly with the support of the NLR SkinApp (see '*SOP 9: Use of the NLR SkinApp*')
      i. The contact is provided with treatment and advice at the screening site, OR
      ii. The contact receives a prescription from a medical doctor, OR
      iii. The contact is referred to a health clinic for treatment.
   b. The diagnosis is unclear, needs confirmation and/or treatment is not available at the screening site.
      i. The health worker could consult a skin specialist/dermatologist, with/without the use of the Siilo app (see '*SOP 10: Siilo usage*'); OR
      ii. The contact is referred to a health facility for diagnosis and treatment.
2. The contact (or parent/guardian if the patient's age is <18 years or in case of a mental impairment) needs to agree with the referral.

All contacts with symptoms of skin diseases, except for leprosy, and who do not meet any exclusion criteria should receive SDR-PEP. For details refer to '*SOP 3: Eligibility criteria for SDR-PEP and screening of contacts*' and '*SOP 5: Referral of contacts in case of (possible signs or symptoms of) tuberculosis or leprosy*'.

The process is described in the referral algorithm below:

SDR-PEP implementation – Standard Operating Procedures

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┌─────────────────────────────────────┐
│  Contact with signs or symptoms of  │
│  a skin disease other than leprosy   │
└─────────────────────────────────────┘
                   │
┌─────────────────────────────────────┐
│  Contact's eligibility criteria are  │
│  checked. Contact receives SDR-PEP   │
│  when eligible.                      │
└─────────────────────────────────────┘
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Contact with signs or symptoms of a skin disease other than leprosy

Contact's eligibility criteria are checked. Contact receives SDR-PEP when eligible.

Clear diagnosis

Referral to health clinic

Contact receives prescription

Treatment at location (when available)

Diagnosis unclear

Referral to health clinic

Skin diseases (besides leprosy) that need referral – if diagnosis/treatment in the current health facility is not possible – include:

- Blistering diseases (could be a medical emergency): immediate referral is required
- Buruli ulcer
- Cutaneous leishmaniasis
- Kaposi's sarcoma
- Lymphatic filariasis
- Mycetoma
- Onchocerciasis
- Podoconiosis
- Psoriasis
- Yaws
- More severe infections
- Bigger wounds/ulcerations
- Possible signs of cancer
- Etc.

Other situations in which referral is needed, if diagnosis/treatment in the current health facility is not possible:

- Severe allergies (could be medical emergency): immediate referral is required
- Severe infections (could be medical emergency): immediate referral is required
- Possible signs of underlying chronic diseases
- Unclear diagnosis
- Treatment not available
- Skin diseases which can be linked with HIV/AIDS: an HIV-test should be performed (e.g. Kaposi's sarcoma, Molluscum contagiosum, Herpes zoster, etc. – see also the NLR SkinApp)

Where to refer?
The closest health facility with staff capable of diagnosing and treating dermatological conditions and/or medical emergencies. Secondary or tertiary referral health facilities such as general hospitals, medical colleges, or NGO supported referral centres could be considered. Use national or local referral forms according to national/local guidelines.

Additional information
More information, including photos of skin diseases, is available in the following resources, which can be used by health workers:

- NLR's SkinApp
- WHO Skin NTDs App
- Common skin diseases in Africa : an illustrated guide by Hees and Naafs (2014) (1)
- Recognizing neglected tropical diseases through changes on the skin: A training guide for front-line health workers by the WHO (2018) (2)

5. Definitions and abbreviations

An overview of all definitions and abbreviations can be found in the document *'Introduction, content and definitions'.*

6. Related SOPs

- *SOP 3: Eligibility criteria for SDR-PEP and screening of contacts*
- *SOP 4: SDR-PEP administration*
- *SOP 5: Referral of contacts in case of (possible signs or symptoms of) tuberculosis or leprosy*
- *SOP 8: Skin medication*
- *SOP 9: Use of the NLR SkinApp*
- *SOP 10: Siilo Usage*

7. References

1. Van Hees C, Naafs B. Common Skin Diseases in Africa - An illustrated guide. 2014; Available from: https://www.leprosy-information.org/resource/common-skin-diseases-africa-illustrated-guide

2. World Health Organization. Recognizing neglected tropical diseases through changes on the skin: a training guide for front-line health workers. World Health Organization. 2018;