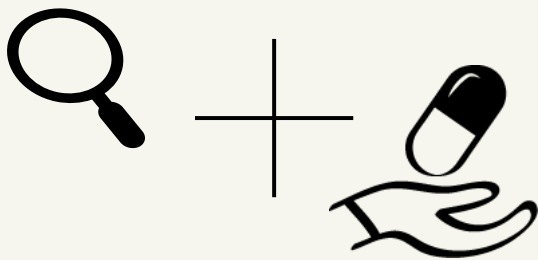


## Pocket Information Card

### Skin screening & SDR-PEP (medication for leprosy prevention)



The PEP4LEP project contributed to the development of this pocket information card. PEP4LEP is part of the EDCTP programme supported by the European Union (grant number RIA2017NIM-1839-PEP4LE). The Leprosy Research Initiative (LRI, [www.leprosyresearch.org](http://www.leprosyresearch.org)) also supported PEP4LEP.

Designed by NLR, version Jan 2024



EDCTP



# SDR-PEP steps

1



**Informed consent**

Explain to the contact:

- Skin screening & PEP for leprosy
- Right to decline
- Ask consent

Contact signs *Informed consent form*, if applicable. *Register contact.*

Does the contact understand and agree?

Yes

No

Send contact home



2



**Eligibility screening**

Does the contact meet all the criteria for PEP?

Yes

**No**, contact is pregnant, <2 years old or weights <10 kg

**No**, other reasons:  
- received rifampicin in past 2 years  
- allergic for rifampicin  
- no consent

**No**, contact might have TB, leprosy, liver, kidney disease

3

**Skin screening:** Examine skin and fill out *medical files* if needed



Refer to doctor, nurse or health facility (use a *referral form*)



Do you suspect leprosy?

Yes

No

No

No

4

Give SDR-PEP & Red Card



Give voucher to receive SDR-PEP later

Skin disease other than leprosy?

Yes

Give skin medication, prescription or medical referral



Other skin disease?

Yes

No

Contact goes home



# 1a. Informed consent index patient



## Who can be an index patient?

? ? ?



Any patient who:

- Was diagnosed with leprosy
- Has contacts
- Has started multi-drug therapy (MDT)

## Informed consent

*If the patient is under 18 years of age, the parents/legal caretakers must (also) provide informed consent, according to national guidelines.*



- *Inform* the patient about leprosy (bacterial infection, transmission, chance of developing disabilities if not treated in time), skin screening for contacts, SDR-PEP and the intervention.
- *Explain* that we need permission from the patient to screen contacts. Explain about privacy/possibility of disease concealment
- *Ask* if the patient understands everything.
- They can ask questions
- Explain that they are allowed to refuse
- If they do consent, and they decide to participate, they can **sign (or thumbprint) the *Informed consent form*, if applicable**



## Register



- Register the household contacts of the index patient.
- Register social or community contacts if they can also be enrolled in the intervention.

# 1b. Informed consent contact



Informed consent is a formal agreement that a participant gives about taking part in this intervention. **Do not name the index patient**, for privacy reasons & to prevent stigma.

*If the patient is under 18 years of age, the parents/legal caretakers must (also) provide informed consent, according to national guidelines.*

## 1. Inform the contact about:

- ❖ **The goal of the intervention:** *“We want to reduce the spread of leprosy by finding the best method of screening people at risk and giving preventive medicine (Single-Dose Rifampicin Post Exposure Prophylaxis, SDR-PEP).”*
- ❖ **Permission to screen: & administer SDR-PEP** *“We would like to offer this preventive treatment for leprosy to you. Leprosy is a bacterial infection which is transmittable and if not treated in time, can lead to disabilities. We need your permission before we can screen your skin for skin diseases such as leprosy, and give you a single dose of the antibiotic rifampicin against leprosy. This medicine provides protection for leprosy (up to 57%), but you still need to be aware of leprosy symptoms after taking it because it does not protect 100% and leprosy reinfection is still possible. Therefore, if you notice skin patches and/or sensation loss, even after taking the protective medicine, do visit a health care provider for a check-up. The most common side-effects are red colouring of body fluids & flu-like symptoms. If you experience other or more severe side-effects, please visit a health care provider.”*
- ❖ **Right to decline:** *“You can decide yourself if you are willing to be screened for skin diseases by the health worker. All information relating to you will be kept confidential. You are free to choose whether to take part in this intervention or not.”*



## 2. Check: does the contact understand everything?

- If yes, they can **sign (or thumbprint) the Informed consent form**, if applicable
- If no, answer questions. If no consent: they cannot participate in the intervention



## 2. Eligibility screening contact



Contacts can only receive SDR-PEP if they meet the criteria on this page.

Start to ask the following questions and observe the participant for the listed symptoms, and fill in *Contact registration form*, if applicable:

- Do you have any of the following symptoms (TB)?
  - Any cough, night sweats, unexplained fever, unexplained weight loss?
- Do you have a kidney or liver disease?
  - Do you have any of following symptoms: continuing nausea, yellowish eyes, swollen abdomen/legs, upper abdominal pain, unexplained weight loss?

→ If any of the above is YES: **exclude** the contact for SDR-PEP and **refer** to doctor, nurse or health facility by using a *referral form*

→ If all of the above is NO: continue with the following questions:

- Did you participate in a screening like this before where you received an *SDR-PEP Red Card*?
- Do you have an allergy to antibiotics as rifampicin?
- Have you had tuberculosis or leprosy medicines within the past 2 years?



→ If any of the above is YES: **exclude** the contact for SDR-PEP and **continue to skin screening**

→ If all of the above is NO: check if the contact:

- Is over 2 years old and weighs more than 10 kg
- Is not pregnant



→ If any of the above is NO → **exclude** the contact for SDR-PEP, but give them the **SDR-PEP voucher**. They can receive SDR-PEP at the local health facility when they meet all criteria.

For now, **continue to skin screening**.



→ If all is YES → **include** the contact for SDR-PEP and **continue to skin screening**.



# 3. Skin screening



Screening is checking for symptoms. Here, we examine the skin to check for skin diseases. Before the screening starts, ensure that there is enough privacy, the contact has given permission and feels comfortable. Use the local language if possible.



1. Be respectful



2. Let women be examined by women



3. Create a private and safe space



4. Use daylight so you can see well



5. Wash hands, put on anti-septic solution & if necessary: put on gloves



6. Examine the **entire** body (ask the patient to uncover the skin of their entire body)



7. Test for sensation when you see a patch



8. Look for any wounds & deformities



When you see a skin disease, ask these questions:

1. **Since when** was the skin abnormality noticed?
2. Are there any **other symptoms** (itchiness, pain, numbness, etc.)?
3. Does anyone in your **family** have the same symptoms?
4. What do you [the patient] think is the **cause** of the skin disease?
5. What **treatments** did you try?

## After every examination:

- ❖ Fill in *Contact Registration form*, if applicable
- ❖ Are you unsure about diagnosis? Use the WHO Skin NTD App or NLR SkinApp or contact a more experienced colleague
- ❖ Wash your hands, use antiseptic solution / replace your gloves
- ❖ If needed: refer to health centre/hospital for diagnosis/treatment  
Use a *referral Form*



## 4. Medication handout



After the skin screening, the contact may need medication. A doctor or nurse administers the medication, after performing all medication checks (patient characteristics, expiry date). Medication needs to be stored appropriately. If skin medication is also available, hand this out according to national guidelines.

If the contact is **included** for SDR-PEP, they receive a single dose of rifampicin suitable for their age and weight:



15 years and older	600 mg
10-14 years	450 mg
6-9 years and body weight of 20 kg and higher	300 mg
Children above 2 years old and between 10 and 20 kg	150 mg or 10-15 mg/kg (liquid)

Contacts that receive SDR-PEP **also** receive the **'SDR-PEP Red Card'**, which they can save in their homes together with their medical files: this proves that they received SDR-PEP and should not receive SDR-PEP again in the next 2 years.

**Medication:** A doctor or nurse or house officer administers the medication, after performing all medication checks (patient characteristics, expiry date), according to national & WHO guidelines. Medication needs to be stored appropriately.



If you established earlier that the contact may become eligible to receive SDR-PEP later (when pregnancy is over, weight over 10 kg or age over 2 years), you can give them the SDR-PEP Voucher.