



# **GUIDELINES ON KALA-AZAR FORTNIGHT**



Government of India

**Dte. of National Vector Borne Disease Control Programme**  
22-Sham Nath Marg, Delhi – 110 054  
Ph. No. 011-23967745/23967780, Fax No. 011-23968329/23972884  
Website: [www.namp.gov.in](http://www.namp.gov.in)

## Guidelines on Kala-azar Fortnight

### **1. Introduction:**

The detection of all cases of kala-azar, and their treatment is an imperative necessity for reducing parasite load in the community and identifying all disease foci for undertaking intervention measures to eliminate kala-azar. There are two approaches for case detection:

- i) Passive case detection;
- ii) Active case search.

The passive case detection involves reporting from institutions, like PHCs, dispensaries, district hospitals etc. However, such cases represent those patients who seek treatment from the government institutions and have access to them. There are many patients who prefer to seek treatment from the private or non-governmental sector or who may not seek any treatment at all for want of resources. To liquidate all foci of kala-azar, cases not reporting to the government institutions must be detected. For achieving this objective, door to door searches, and enquiries from the community are necessary to find out the total case load in the community. Thus active case detection in the endemic areas is needed for demarcating all areas for organizing intervention measures. In the case of kala-azar elimination programme active searches are all the more necessary, since post-kala-azar dermal leishmaniasis, which manifests in the community as painless disease condition is often overlooked by the patient himself. PKDL is an extremely potent reservoir for further transmission of disease, and all such cases must be detected and completely treated.

For finding out undetected cases of kala-azar door to door searches have been organized under the Kala-azar Control Programme through a 'Fortnight' of domiciliary visits in the villages of the endemic districts, by the health workers and volunteers, who by interpersonal interaction with the community members, elicit the presence of suspected cases of kala-azar and PKDL according to the case definition. These suspected cases are referred to the PHC or to the camp where Medical officer examines them for confirmation and initiation of treatment. The anti-kala-azar programme is now in the elimination mode. Moreover, the onset of the disease is through out the year in view of its long incubation period. It is necessary to carry out 2-3 active case searches in a year. During 2006, the first active case search is being organized through observance of a Kala-azar Fortnight during January, 2006.

### **2. Objectives:**

- i) To find out all cases of prolonged fever for more than a fortnight not responding to anti-malarials and antibiotics and refer them to the PHC's for confirmation of diagnosis.
- ii) To provide complete treatment to all confirmed cases of kala-azar.

- iii) To update the endemicity of the districts by preparing lists of villages affected in the past five years, found to be affected currently, and those confirmed to be kala-azar endemic during the search.
- iv) To promote awareness of the signs and symptoms of the disease for better treatment seeking behaviour by the community.
- v) To promote cooperation with non-governmental organizations and civil society.

**3. Modalities of active case search:** The active case search will be carried out during one fortnight for which will be decided by each of the endemic states. The case search operation is a community based operation, to detect all suspected cases of kala-azar according to the case definition of kala-azar and PKDL. Community must therefore be aware of the purpose of house to house visits by workers and the workers who visit villages should be familiar with case definition, the reporting formats and the treatment schedules, etc. The fever cases detected during the 'Fortnight' are to be treated with the appropriate regime of the prescribed drugs, sufficient quantities of which should be available at the PHC and district levels. Active case search is to be carried out in all villages of the endemic district where transmission of kala-azar is possible. The existing staff strength of the PHC's may be augmented with voluntary workers, like, volunteers of the NCC, Nehru Yuva Kendras and NSS. The voluntary workers should be given orientation training in kala-azar. The search programme is to be drawn up in realistic manner so that all the villages within the affected districts are covered by the workers. Following activities are necessary for the successful completion of the 'Fortnight'.

**4. Situation Analysis:** Prior to the observance of the Kala-azar Fortnight, the situation analysis of the district should be carried out. All affected blocks and villages within the district/PHC should be identified. There may be some areas, (for example, Darjeeling town in Darjeeling district, where transmission is improbable, which can be excluded from the search schedule. The number of workers required may be identified. A beat programme for subcentre workers and volunteers is to be prepared. The observance of the 'Fortnight' is to be backed by considerable IEC activities. The community is to be made aware of the free diagnostic and treatment facilities under the Kala-azar Control Programme.

**5. Microplan:** The microplan should identify the workers, allot villages according to the number of days of the beat programme, identify the supervisors and medical officer, the camp site for treatment, requirement of drugs and dates of examination of suspect cases by the medical officer (see proforma annexed).

Requirement of spray equipment is to be clearly identified. The microplan should be made available to the Block Health Committee and the Gram Panchayat. The spray schedule for the first round may also be prepared and communicated to the block administration and Gram Panchayat.

**6. Orientation of Field Level Officers/Staff:** Meetings will have to be organized out at all levels where the roles and responsibilities of the various functionaries should be discussed. At the state level, for example, a meeting of district officers is to be called. One meeting at district level, involving the Block Medical Officers and other medical officers of the Block PHC and staff identified for supervision may be held. In the meeting the microplan of active case search programme, IEC activities during the fortnight and distribution of staff and volunteers and reporting formats should be discussed. Microplan for IRS first round may also be prepared during the meeting.

#### **Kala-azar case Definition**

Persons with fever of more than 15 days duration not responding to anti-malarials and antibiotics with splenomegaly is a suspected case of Kala-azar.

#### **PKDL**

Persons with depigmented patches on the body with sensation and with a history of kala-azar in the past is a suspected case of PKDL.

**7. Orientation of Search Workers:** The orientation of the sub-centre workers and volunteers may be carried out at the PHC level. The workers and volunteers are to be oriented in the case definition of kala-azar and PKDL. The Importance of PKDL in the transmission of the disease has to be explained. The beat programme of the workers identifying the villages and population according to the dates of the different days of fortnight should be emphasized. The reporting formats are to be explained to the workers.

**8. Logistic Supply:** Posters/Leaflets and material for Wall writing should be in place before one week of the 'Fortnight'. Required formats, reagents, drugs are to be supplied to the periphery at least one week prior to the 'Fortnight'.

**9. Requirement of Fund:** Estimates are to be prepared and submitted to the State Programme Officer for sanction. Funds may be required for the following:

- i) DA of survey team members and honorarium for voluntary workers @ Rs. 50/- X No. of days.
- ii) For IEC & training at the Block and District levels.
- iii) For mobility and supervision
- iv) For contingent expenditure during the 'Fortnight'.

Funds are available under cash grants to the states and should be utilized during the fortnight and reflected in the statements of expenditure.

**10. IEC activities during the fortnight:** The door to door active case search offers an opportunity for the kala-azar workers to come in close contact with the community. This opportunity is to be utilized for conveying messages to achieve the programme objectives. There are various methods of conveying IEC messages. The most appropriate methods during the Kala-azar Fortnight is **Interpersonal Communication**. The objectives of IEC activities during the 'Fortnight' are:

- To create awareness about the signs and symptoms of the disease and proper diagnosis.
- Awareness about the desirability of the complete treatment for individual relief as well as bringing down parasite load.
- Create awareness of kala-azar as a community problem.
- Awareness about the methods of vector control particularly IRS.

IEC messages should reinforce the need for a complete of treatment and prevention with the following messages:

- Kala-azar is a life-threatening disease, which is caused by parasite introduced into the body of the patient from another person, through the bite of an insect.
- It is this kala-azar causing parasite that is responsible for all the suffering of the individual patient and many others in the community.
- Unless the body of the patient is freed of these parasites, the patient will not recover complete health.
- This is possible only after the patient is administered the effective drug, over a minimum period of 28 days.
- Discontinuation of treatment midway is dangerous for the patient, as well as the community, as the parasites of kala-azar if not removed from the body of the patient will again cause the disease in him/her, and what is even worse, some of them be transferred, though the bite of the insect to other healthy individuals.

Community members must also be alert about the development of similar symptoms in the contacts of the patients. Thus the simple case definition of kala-azar, should also be incorporated in the brochure, so that the contacts and other family members are advised diagnosis at the treatment centre.

The IEC should also emphasize the use of personal protective measures to protect the individuals from re-infection.

**11. Reporting Formats:** The reporting formats are annexed with guidelines, and should reach the State Programme Officer within 10 days of the completion of activity.

**12. Activities:** The various activities which are to be carried out during the fortnight are detailed as follows:

**(i) State Level :** The role of the state Govt. is pivotal in organizing the Kala-azar Fortnight, as it is the sanctioning authority for funds, logistics, staff deployment, coordination, and other vital inputs. Therefore concurrence and **commitment of the state Govt.** to the observance of the Kala-azar fortnight is the first imperative need, and should be ensured.

The state should also convey a meeting of district health officers, district collector & Districts Malaria Officers and inform them about the objective and modalities of Kala-azar fortnight observance and their respective roles. Once the programme of Kala-azar Fortnight is agreed by the state government the Dte, Health Services should **issue guidelines** on the active case searches and other activities to be carried out during the fortnight. State should also make an assessment of the requirement of funds, drugs, treatment cards, and make all logistical arrangements for the districts.

The state should issue directions to the Medical Superintendents of all district hospitals and Medical colleges for making provisions for the admission of the new cases detected and referred for confirmation of diagnosis & treatment.

The **Secretary (Health) should be requested** to issue advisory to all district magistrates to extend co-operations and support for the successful completion of the activities under Kala-azar fortnight in their districts.

The state may **also request the Hon'ble Chief Minister to issue appeal to the MLA's** in the endemic districts for the active co-operation in the Kala-azar elimination programme, in particular the kala-azar 'Fortnight'.

**(ii) Districts Level:**

Orientation of PHC Medical Officers

All the PHCs Medical Officers are to be briefed about the objectives of the Kala-azar fortnight a few days prior to carrying out of the activity. Specifically the district officers should emphasize the following:-

- A brief about Kala-azar elimination programme, with particular reference to the elimination target of 2010.
- The strategy of Kala-azar elimination with emphasis on the importance of the active case searches and their treatment at appropriate level.
- Discussion on the action plan prepared by the PHCs for undertaking the active case searches.
- IEC activities during the Kala-azar Fortnight.
- And the reporting formats of the search operations.

The districts also make an assessment of requirement of drugs, treatment Cards and other logistic arrangements and provide the required funds to the PHC's for observing the Kala-azar 'Fortnight'.

**(iii) PHC Level:** At PHC level the Block Medical Officer I/c would be responsible for identification of peripheral workers and their orientation for door-to-door searches. He will draw up village-wise, date-wise seek programme for each sub-centre. **A sample copy is enclosed for ready reference.**

Block Medical officer will be responsible for identification **and briefing of NGO's and other non-Govt. workers.** He/she will supply guidelines to the sub-centre workers and volunteers and draw up the micro action plan. He/she will provide the **printed forms and treatment cards** for follow up of the cases and **approach and involve private practitioners in case detection.** The Block Medical officer I/c will identify the camp site for treatment of confirmed cases of kala-azar, as well as the Medical Officer, who will supervise and initiate treatment.

The block medical officer would also be responsible **for requisitioning the required drugs from the district.**

Block Medical Officer I/c will submit the list of confirmed Kala-azar cases from the villages to the district within a week of completion of fortnight.

He/she will ensure sample check of cases (10% of villages) by identified supervisors to validate case searches.

**(iv) Sub-centre Level:** Following crucial functions are to be performed at the sub-centre level:

- Identification of survey team for each village at the sub centre.
- Convening meeting of Anganwadi Workers, FTDs, DDCs and other volunteers, Panchayat members to apprise them about the importance of kala-azar fortnight.(Area MO + Area supervisors)
- Providing printed survey forms to each team member.
- Contact the village Pradhan, CBOs, Social workers to seek their support.
- Convey appropriate IEC messages to the villagers through the IPC mode.
- Carrying out door to door searches.
- Referral card to suspected kala-azar cases.
- Make a tally of all suspected cases conforming to the case definition of kala-azar and PKDL, in the village.

- The treatment cards to be obtained from M.O. I/c PHC on confirmation of cases. The first dose of SAG will be administered by the Medical Officer, PHC. Subsequent dose may be administered by the sub-centre staff with due entries in treatment card. However, the fresh vials of SAG injection will be issued at the PHC after the M.O. has taken back the empty SAG injection vial.
- Follow up of suspected cases of kala-azar referred by health workers to PHC/CHC to ascertain the status of such cases.
- Recording of each household detail visited by the team.
- Compilation of report and submission to the area health supervisor.