



# **ANNUAL REPORT**

**2013 - 2018**



**CENTRAL LEPROSY TEACHING AND  
RESEARCH INSTITUTE,  
MINISTRY OF HEALTH & FAMILY  
WELFARE (GOVT. OF INDIA)  
CHENGALPATTU, TAMIL NADU 603 001**

## From Director's Desk...

I have immense pleasure in bringing into light in the form of Annual Report of activities for the years 2013-2014 to 2017-2018. Established as a diagnostic and therapeutic service center for leprosy, over the period of time conciliate itself as “The *Mekka* of Leprosy”. This report is the reflection of indefatigable journey of rise of the glory of CLTRI from languid state to a steep acclivitous to attain its current prestigious position on the global map. This period CLTRI was the epicenter for many national level policy decision making, capacity building of key and diverse group of NLEP fonctionnaires, brain storming workshops, launching of the innovations, monitoring and evaluation of NLEP activities and many more..



The remarkable achievements of CLTRI in every domain, outpatient and inpatient clinical services, field activities, patient centered initiatives, laboratory facilities, research and administrative accomplishments are indeed an historical achievement.

This is indeed a period of transformation and rebuilding of CLTRI. The intellect of the team in perceiving the requisite of the leprosy friends and getting it fulfilled with outmost quality and persuasive eloquence is admirable. The structural transformation for melioration of leprosy patients and conducive workplace atmosphere resulted into the unprecedented advancement in quality and quantity of services. The report reflects the best example of optimal human resource utilization in appropriate direction resultant into superlative development, CLTRI the holy divine.

I feel of proud and honour to serve at CLTRI and I sincerely record my gratitude for all round cooperation and support my team at CLTRI for successful fulfillment of initiatives. Furthermore I am sure and I know CLTRI will conquest newer heights in future.

**Date:** 16.04.2018

A handwritten signature in blue ink, reading "Showkath Ali".

**Dr. M. K. Showkath Ali, MBBS,DPH, FMTD MBA**  
**Director, CLTRI, Chengalpattu**

## INDEX

Chapter No.	Chapter Name	Page No.
1	ABOUT THE INSTITUTE	i
2	VISION	ii
3	MISSION	ii
4	OBJECTIVES	ii
5	ORGANOGRAM	iii
<b>Part – A</b>	<b>EPIDEMIOLOGY DIVISION</b>	<b>1 – 81</b>
1	Introduction and activities	1
2	<b>TECHNICAL SECTION</b>	4
2.1	Monitoring & Evaluation of NLEP activities	4
2.2	LCDC Activities and Joint Monitoring Mission details	10
2.3	Surveillance Activities	12
2.4	Meetings / Workshops	21
2.5	Anti Leprosy Fortnight Celebration	23
3	<b>TRAINING SECTION</b>	28
3.1	Training activities	28
3.2	Workshop / CME conducted by CLTRI at various Medical Colleges and Institutes	36
3.3	Details about Scientist and Student Hostel	77
4	<b>NATIONAL ASSIGNMENTS BY CLD/MOHFW</b>	42
5	<b>COMPUTER SECTION</b>	73
5.1	Activities	73
5.2	CLTRI Website	75
6	<b>RTI SECTION</b>	76
7	<b>CENTRAL LIBRARY</b>	78
7.1	Activities	78
7.2	Performance report	79
8	<b>VEHICLE SECTION</b>	80
8.1	Vehicles information	80
8.2	Functions	81
<b>Part – B</b>	<b>CLINICAL DIVISION</b>	<b>82-92</b>
1	Introduction and activities	82
2	<b>OUT-PATIENT &amp; IN-PATIENT SECTION</b>	83
2.1	Performance report	84
3	<b>NUSRING SECTION</b>	86
4	<b>PHARMACY SECTION</b>	87
5	<b>MEDICAL RECORDS SECTION</b>	87
6	<b>SANITARY SECTION</b>	90
7	<b>LAUNDRY SECTION</b>	90

8	<b>CENTRAL KITCHEN</b>	91
<b>Part – C</b>	<b>SURGICAL DIVISION</b>	<b>93-112</b>
1	Introduction and activities	93
2	<b>OPERATION THEATRE / RCS PERFORMANCE</b>	94
3	<b>PHYSIOTHERAPY SECTION</b>	98
3.1	Activities	99
3.2	Performance report	105
4	<b>RADIOGRAPHY SECTION</b>	105
5	<b>MICRO-CELLULAR RUBBER (MCR) MANUFACTURING UNIT</b>	106
5.1	Performance report	107
6	<b>FOOTWEAR AND ARTIFICIAL LIMB SECTION</b>	109
6.1	Activities and Performance report	110
<b>PART – D</b>	<b>DIVISION OF LABORATORIES</b>	<b>113 - 121</b>
1	Introduction and activities	<b>113</b>
2	Staff List	<b>113</b>
3	Section wise Performance Report	<b>114</b>
4	<b>BIOCHEMISTRY</b>	<b>115</b>
4.1	Performance report	<b>115</b>
5	<b>MOLECULAR BIOLOGY AND HISTOPATHOLOGY</b>	<b>116</b>
5.1	Performance report	<b>116</b>
6	<b>MICROBIOLOGY</b>	<b>116</b>
7	<b>CLINICAL PATHOLOGY</b>	<b>117</b>
8	<b>ANIMAL HOUSE</b>	<b>117</b>
9	<b>Quality control of laboratory investigations</b>	<b>119</b>
10	<b>PUBLICATIONS AND ONGOING RESEARCH</b>	<b>119</b>
11	<b>Scientific Conferences Attended</b>	<b>120</b>
<b>PART – E</b>	<b>ADMINISTRATION</b>	<b>122</b>
1	Introduction and activities	<b>123</b>
2	<b>ACCOUNTS</b>	<b>114</b>
3	<b>ESTATES</b>	<b>125</b>
4	<b>CENTRAL STORES</b>	<b>127</b>
5	<b>ESTABLISHMENT</b>	<b>128</b>
5.1	Staff Strength	<b>128</b>
5.2	New Appointments /Promotion/Transfers	<b>130</b>
<b>PART – F</b>	<b>VISITS BY EMINENT PERSONS</b>	<b>134</b>
1	Dr. Lin Aung, WHO SEARO	<b>138</b>
2	Dr. Ashok Kumar (Addl. DGHS)	<b>139</b>
3	Dr. Anil Kumar, DDG (Lep)	<b>140</b>
<b>PART – G</b>	<b>OTHER ACTIVITIES CONDUCTED AT CLTRI</b>	<b>141</b>
1	Administrative Trainings	<b>141</b>

2	Institute Yoga Day	141
<b>PART – H</b>	<b>RENOVATION &amp; UP-GRADATION OF PHYSICAL INFRASTRUCTURE</b>	<b>142 -143</b>
<b>PART – I</b>	<b>SCIENTIFIC PUBLICATIONS</b>	<b>144 - 166</b>
1	Publications presented by CHS Officers	160
2	Ongoing Research	164
<b>PART - J</b>	<b>AWARDS &amp; HONOURS</b>	<b>167</b>
<b>PART - K</b>	<b>DETAILS OF CHS OFFICERS</b>	<b>168</b>
<b>PART - L</b>	<b>EMINENT VISITORS' COMMENTS</b>	<b>171</b>
<b>PART - M</b>	<b>Editorial Team</b>	<b>173</b>

## ***ABOUT THE INSTITUTION***

In 1917, the Presidency of Madras decided to shift the existing leper colony from city of Madras to outskirts preferably to form a sanatorium. His Excellency had granted financial provision and identified place at Chengalpattu town. After the First World War, Lady Wellington Leprosy Sanatorium (LWLS) was established in 1924 in a total area about 560.01 acres. On 30<sup>th</sup> January 1946, Father of our Nation Mahatma Gandhiji visited LWLS and gave his wishes and wrote in the Visitors book as “My Best Wishes to Leper Friend”.

On 5<sup>th</sup> Jan. 1955 Lady Wellington Leprosy Sanatorium, Tirumani and Silver Jubilee Clinic Children Hospital, Saidapet were transferred to the Governing body of Central Leprosy Teaching and Research Institute (CLT&RI). In 1957, Dr. Dharmendra Joined as Director of CLTRI under the control of Governing body of Ministry of Health and Family Welfare. Dr. Dharmendra had served in this institute for 13 years.

The New building for CLTRI was completed and started functioning from 1963 with the main motive to provide diagnostic, treatment and referral services to leprosy patients, training the manpower for leprosy control / elimination, besides research on various aspects of leprosy and its control. On 27<sup>th</sup> Feb. 1974, the CLTRI was declared as one of the Subordinate Offices of Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India. On 1<sup>st</sup> April, 1974 Dr. C.G.S. Iyer took the charge as the Director of this institute.

The institute comprises of four technical Divisions. They are Division of Epidemiology and Statistics, Division of Laboratories, Clinical Division and Surgical Division. This institute caters to both indoor and outdoor patients. The hospital has bed strength of 124.

## ***VISION***

To establish as the International Center of Excellence in Hansen's Disease.

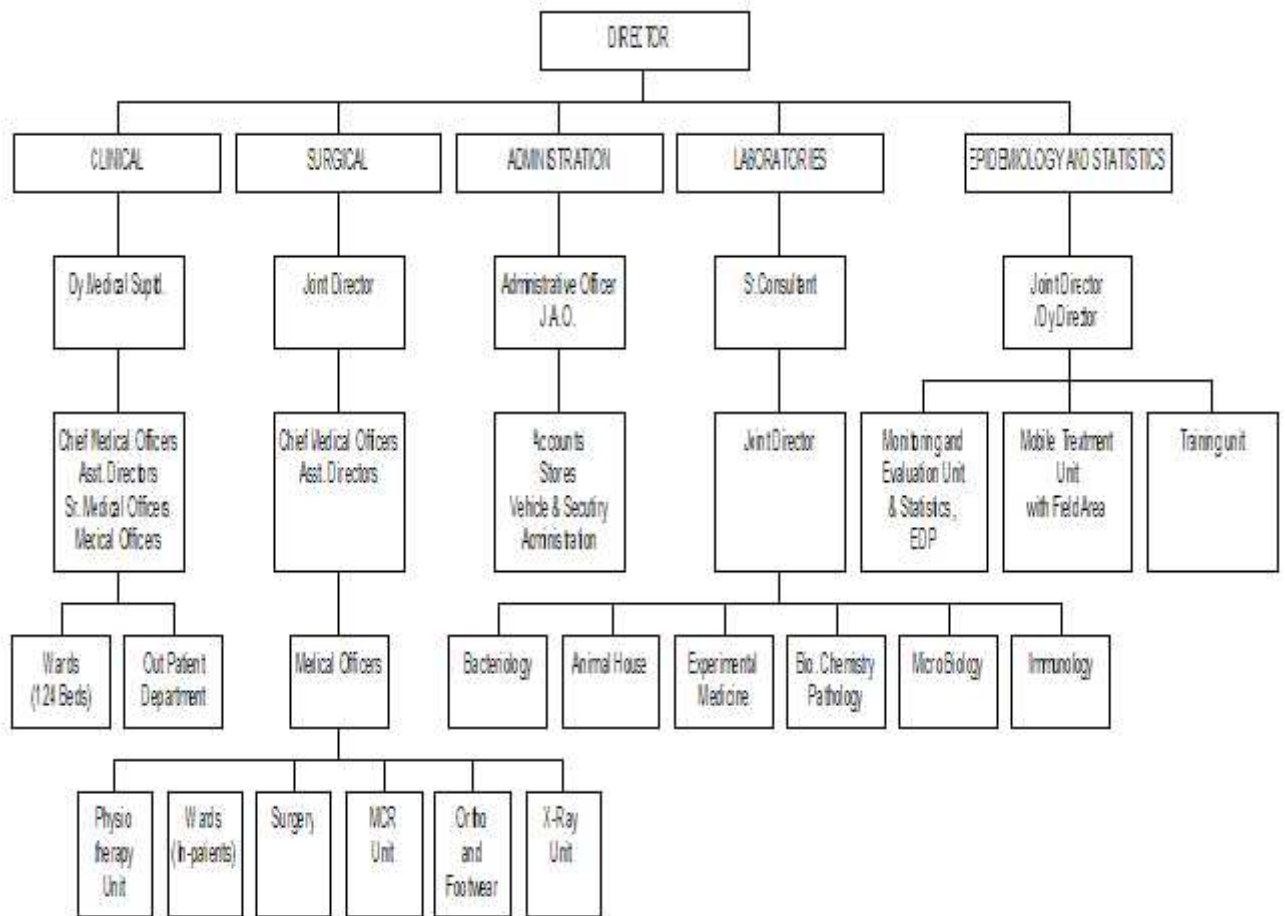
## ***MISSION***

- To develop internationally acclaimed technical expertise in Hansen's Disease
- To provide best quality service to persons affected with leprosy.
- To conduct operational research to improve areas of technical, administrative and services of National Leprosy Eradication Programme (NLEP).
- To provide excellent services for rehabilitation of persons cured of leprosy.

## ***OBJECTIVES***

- To undertake basic research in problems relating to the occurrence, spread and complications of leprosy.
- To train manpower necessary for implementing NLEP.
- To provide specialized services for diagnosis of leprosy, lepra reaction, relapse and Reconstructive Surgery.
- To monitor and evaluate the National Leprosy Eradication Program.
- To function as a pivotal centre for promoting anti leprosy work in the country.

## **ORGANOGRAM**





## ***DIVISION OF EPIDEMIOLOGY & STATISTICS***

The Division of Epidemiology and Statistics comprise of following sections.

- ❖ Technical Section
- ❖ Training Section
- ❖ Statistical Section
- ❖ Computer Section

This Division involves in Operational Research, Monitoring and Evaluation of National Leprosy Eradication Programme (NLEP), Surveillance Activities, Electronic Data Processing, Software Development and providing Training in Leprosy to the Medical and Paramedical Health professionals.

### **Technical Section**

The Technical section has been carrying out routine field work (case Detection activities like Total Population Survey, School Survey etc., and case holding activities like treatment & follow-up of the cases), field trials and field training activities and also special activities like SAPEL, LEC, LEM, Medical / Skin camps in other areas under the directions of the Director, CLTRI. Field Investigators, Non Medical Supervisors, Junior Field Investigator and Para Medical Workers were involved for various training programs conducted in CLTRI.

### **Training Section**

This Section is responsible for conducting Leprosy oriented training to Medical and para Medical staffs. Training Section maintains Trainee's Hostel, Scientist Hostel and Teaching Tools for conducting various training programmes. There are 24(Non AC) rooms in Trainee's Hostel and 16 (AC) rooms in Scientist Hostel. This section is co-ordinating with various Divisions / Faculties for arranging the training.

The institute is actively involved in the training of District Leprosy Officer (5-days), Reconstructive Surgery (one week), Medical Officer (3-days), Non-Medical Supervisor (2 months), Health Statistics (3 days) and CRRI (5-days). In addition to this, special one day training for various medical and non-medical personnel is also conducted.

One year Certificate course in Laboratory Technician Training was got approval for converting into 2 years Diploma in Medical Laboratory Technician (DMLT) course. This proposal is pending with the DME, Govt of Tamil Nadu for approval.

## Staff Position in Division of Epidemiology & Statistics

### Officials

S. No	Name	Designation
1.	Dr. V. C. Giri	Deputy Director (Epid) and Head of Division (Since 06.02.2014)
2.	Dr. Vijay Bhagat	Deputy Director (Epid. & Eval.)
3.	Dr. Shubhangi Baviskar	Deputy Director (Epid.)
4.	Mrs. R. Hemalatha Mr.V.Elangovan	Steno. Gr. I (till 06.07.2017) Steno. Gr.II (from 07.07.2017)

### Section wise List of Staff

S. No	Employee Name	Designation
<b>STATISTICS SECTION</b>		
1.	Shri. U. Aravindan Shri. G. Gurumoorthy	Junior Statistical Officer (till 07.03.2016) Junior Statistical Officer (from 11.04.2016)
<b>COMPUTER SECTION</b>		
1.	Shri. M. Muthukumar	DEO Grade 'B' (retired on 31.01.2017)
2.	Shri. C. Balakrishnan	DEO Grade 'B'
3.	Shri. G. Partha Sarathy	DEO Grade 'A' (Deputation to O/o DGFT Chennai since 22.01.2014)
4.	Shri. A. Aleem Baig	DEO Grade 'A'
5.	Shri. E. Sathish Kumar	DEO Grade 'A'
6.	Shri.K. Sankaradas	Computer Room Attendant

TECHNICAL SECTION		
1.	Shri. C. Ramadoss	Field Investigator (expired on 18.10.2017)
2.	Shri. V. Prabakar	Field Investigator (retired on 31.03.2017)
3.	Shri. M. Ali Khan	Field Investigator (retired on 31.10.2017)
4.	Shri. I. Prabakaran	Junior Field Investigator
5.	Shri. P. Dayalan	Non-Medical Supervisor
6.	Shri. S. Ramesh	Junior Field Investigator
7.	Shri. M. Govindan	Paramedical Worker
8.	Shri. K. Ranganathan	Paramedical Worker
9.	Shri. R. Kotteeswaran	Paramedical Worker
10.	Shri. M. Dhamodaran	Paramedical Worker
TRAINING SECTION		
1.	Smt. P. Uma Selvaraj	Health Visitor
2.	Shri.D. Kanniappan	Peon (retired on 30.06.2015 )
3.	Shri.AakashPriyadarshi	M.T.S
VEHICLE SECTION		
1.	Shri. G. Vijay Kumar	Driver Gr. 1
2.	Shri. C. Rajmohan	Driver Gr. 2
3.	Shri. K. Jagan	Driver (joined on 29.05.2013)
4.	Shri. K. Govindaraj	M.T.S.
5.	Shri. E. Anbu	Cartman
6.	Shri. E. Narayanan	Cartman
LIBRARY SECTION		
1.	Shri. A. Rajendran	Library Information Assistant
2.	Shri. V. Sundararajan	Library Clerk
3.	Shri. G. Udayakumar	Library Attendant

## TECHNICAL/FIELD SECTION

The following activities were carried out by the Technical/Field Section.

### MONITORING AND EVALUATION OF NLEP

The CLTRI has been involved in Monitoring and Evaluation of NLEP activities in Andhra Pradesh, Telengana, Karnataka, Kerala and Tamil Nadu states and Puducherry and Lakshadweep UTs vide CLD Order No. 16025/1/2011- Lep. Dated. 06.09.2011 of the DGHS (CLD), New Delhi.

S. No	Place/State	Duration	Participants
<b>Monitoring of NLEP activities in 2013-14</b>			
1.	Thiruvannamalai (Tamil Nadu)	10.06.13 to 13.06.13	Dr. V. C. Giri Mr. U. Aravindan Mr. I. Prabakaran
2.	Villupuram (Tamil Nadu)	18.06.13 to 20.06.13	Dr. V. C. Giri Mr. U. Aravindan Mr. P. Dayalan
3.	Thiruchi (Tamil Nadu)	01.07.13 to 03.07.13	Dr. R. Veerakumaran Mr. U. Aravindan Mr. M. Ali Khan
4.	Ariyalur (Tamil Nadu)	04.07.13 to 05.07.13	Dr. R. Veerakumaran Mr. U. Aravindan Mr. M. Ali Khan
5.	Dharmapuri (Tamil Nadu)	22.07.13 to 23.07.13	Dr. R. Veerakumaran Mr. U. Aravindan Mr. M. Ali Khan
6.	Krishnagiri (Tamil Nadu)	24.07.13 to 25.07.13	Dr. R. Veerakumaran Mr. U. Aravindan Mr. M. Ali Khan
7.	Chennai (Tamil Nadu)	05.08.13 to 08.08.13	Dr. V. C. Giri Mr. U. Aravindan Mr. V. Prabakar
8.	Pudukottai (Tamil Nadu)	30.09.13 to 03.10.13	Dr. R. Veerakumaran Mr. M. Ali Khan Mr. S. Ramesh
9.	Lakshadweep (5 Islands)	08.11.13 to 26.11.13	Mr. U. Aravindan & All Field Staff

Monitoring of NLEP activities in 2014-15			
10.	Chamraj Nagar (Karnataka)	23.06.14 To 27.06.14	Dr. T. Pugazhenthian Mr. U. Aravindan Mr. P. Dayalan
11.	Tanjavur (Tamil Nadu)	21.07.14 To 24.07.14	Dr. M. Punitha Mr. U. Aravindan Mr. I. Prabakaran
12.	Palakkad (Kerala)	04.08.14 to 07.08.14	Dr. M. K. Showkath Ali Mr. U. Aravindan Mr. M. Ali Khan
13.	Gadag (Karnataka)	18.08.14 To 22.08.14	Dr. R. Veerakumaran Mr. I. Prabakaran Mr. S. Ramesh
14.	Cuddalore (Tamil Nadu)	01.09.14 To 04.09.14	Dr. S.S.R.C. Hosanna Mr. V. Prabakar Mr. M. Ali Khan
15.	Nilgiris/ Udagamandalam (Tamil Nadu)	22.09.14 To 24.09.14	Dr. M. K. Showkath Ali Mr. M. Ali Khan Mr. R. Kotteeswaran
16.	Coimbatore & Tirupur (Part) (Tamil Nadu)	08.10.14 To 09.10.14	Dr. M. K. Showkath Ali Mr. V. Prabakar Mr. M. Ali Khan
17.	Lakshadweep (5 Islands)	23.02.15 To 09.03.15	Dr. V. C. Giri Dr. S. S. R. C. Hosanna & All Field Staff
Monitoring of NLEP activities in 2015-16			
18.	Nagapattinam (Tamil Nadu)	18.05.15 to 21.05.15	Dr. M. K. Showkath Ali Mr. V. Prabakar Mr. M. Ali Khan
19.	Madurai (Tamil Nadu)	01.06.15 to 04.06.15	Dr. V. C. Giri Mr. U. Aravindan Mr. M. Ali Khan Mr. I. Prabakaran
20.	Virudhunagar (Tamil Nadu)	22.06.15 to 25.06.15	Dr. Vijay Bhagat Mr. M. Ali Khan Mr. P. Dayalan
21.	Namakkal (Tamil Nadu)	13.07.15 to 17.07.15	Dr. V. C. Giri Mr. U. Aravindan Mr. M. Ali Khan
22.	Theni (Tamil Nadu)	11.08.15 to 14.08.15	Dr. Shubangi Baviskar Mr. V. Prabakar Mr. M. Ali Khan Mrs. P. Uma Selvaraj
23.	Karur (Tamil Nadu)	24.08.15 to 27.08.15	Dr. Vijay Bhagat Mr. M. Ali Khan Mr. P. Dayalan
24.	Tiruvarur (Tamil Nadu)	20.09.15 to 23.09.15	Dr. Vijay Bhagat Mr. I. Prabakaran Mr. S. Ramesh
25.	Nilgiris/ Udagamandalam (Tamil Nadu)	15.10.15 to 17.10.15	Dr. M. K. Showkath Ali Mr. M. Ali Khan Mr. M. Dhamodaran

26.	Kanyakumari (Tamil Nadu)	04-11-15 to 06-11-15	Dr. V. C. Giri Mr. U. Aravindan Mr. M. Ali Khan Mr.R. Kotteswaran
27.	SLO Office, Thiruvananthapuram (Kerala)	07-11-15 to 09-11-15	Dr. M. K. Showkath Ali Mr. M. Ali Khan Mr.R. Kotteswaran
28.	Kozhikodu (Kerala)	28-12-15 to 29-12-15	Dr. M. K. Showkath Ali Mr. M. Ali Khan Mr.M. Dhamodaran
29.	Bengaluru-Rural (Karnataka)	05-01-16 to 07-01-16	Dr. V. C. Giri Mr. U. Aravindan Mr. M. Ali Khan Mr.P. Dayalan
<b>Monitoring of NLEP activities in 2016-17</b>			
30.	Chickaballapur (Karnataka)	25.04.16 to 27.04.16	Dr. Shubangi Baviskar Mr. M. Ali Khan Mr. P. Dayalan
31.	Kolar (Karnataka)	28.04.16 to 30.04.16	Dr. Vijay Bhagat Mr.M. Ali Khan Mr.P. Dayalan
32.	SLO office, Hyderabad (Andhra Pradesh)	03.06.16	Dr. M. K. Showkath Ali Mr. G. Gurumoorthy Mr. V. Prabakar Mr.M. Ali Khan
33.	SLO Office, Hyderabad (Telengana)	03.06.16 to 04.06.16	Dr. M. K. Showkath Ali Mr. G. Gurumoorthy Mr. V. Prabakar Mr.M. Ali Khan
34.	Hyderabad Urban (Telengana)	06.06.16 to 08.06.16	Dr. V. C. Giri Mr. G. Gurumoorthy Mr. V. Prabakar Mr. M. Ali Khan
35.	Kanchipuram (Tamil Nadu)	04.10.16 to 06.10.16	Dr. Vijay Bhagat Mr. G. Gurumoorthy Mr. M. Ali Khan Mr. I. Prabakaran
36.	Ernakulam (Kerala)	19.10.16 to 21.10.16	Dr. M. K. Showkath Ali Mr. G. Gurumoorthy Mr.M. Ali Khan
37.	Puducherry (Puducherry)	15.11.16 to 17.11.16	Dr. Shubangi Baviskar Mr. V. Prabakar Mr. M. Ali Khan
38.	Karaikal (Puducherry)	24.11.16 to 26.11.16	Dr. Vijay Bhagat Mr. V. Prabakar Mr.P. Dayalan
39.	Thiruvananthapuram (Kerala)	22.12.16 to 24.12.16	Dr.M.K.Showkath Ali Mr. G. Gurumoorthy Mr. V. Prabakar

40.	Chittoor (Andhra Pradesh)	18.01.17 to 20.01.17	Dr. Vijay Bhagat Mr. G. Gurumoorthy Mr. I. Prabakaran
41.	Dindigul (Tamil Nadu)	13.02.17 to 15.02.17	Dr. Shubangi Baviskar Mr. V. Prabakar Mrs. P. Uma Selvaraj
42.	Mahe (Puducherry)	13.03.17	Dr.M.K.Showkath Ali Mr.V. Prabakar Mr. S. Ramesh
43.	Kannur (Kerala)	14.03.17 to 15.03.17	Dr.M.K.Showkath Ali Mr.V. Prabakar Mr. S. Ramesh
44.	Sivagangai (Tamil Nadu)	27.03.17 to 28.03.17	Dr. V. C. Giri Mr. G. Gurumoorthy Mr. P. Dayalan
Monitoring of NLEP activities in 2017-18			
45.	Tirunelveli (Tamil Nadu)	31.07.17 to 02.08.17	Dr. V. C. Giri Mr. G. Gurumoorthy Mr. P. Dayalan
46.	Vellore (Tamil Nadu)	11.09.17 to 13.09.17	Dr. S. Elavarasan Mr. I. Prabakaran Mr. S. Ramesh
47.	Thiruvallur	26.02.18 to 28.02.18	Dr. Shubangi Baviskar Dr. Vinod kumar. T Mr. I. Prabakaran Mr. E. Sathish Kumar
48.	Thoothukudi	06.03.18 to 09.03.18	Dr. Vijay Bhagat Dr. Abhijith V Mr. D. George





DD(Epid) delivering Orientation to NLEP and Leprosy at Sivaganga Govt. Medical College during M & E Activities in Sivagangai District

IEC Activity in the field area Chinna Mailar Kanikudierupu Hill station during M & E Activities in Tirunelveli District



Case validation in Govt PHC, Ambiligai in Dindigul District during M & E activities

ASHA Sensitization Programme Lakshadweep 2015 during Monitoring







M & E Kanyakumari District November 2015

Monitoring NLEP Activities Namakkal District 2015



Monitoring of NLEP activities Chamraj Nagar (Karnataka)in 2014

Rapid Survey done in Vadalur Block of Cuddalore District



## NATIONAL LEVEL WORKSHOP BY CENTRAL LEPROSY DIVISION

### LEPROSY CASE DETECTION CAMPAIGN (LCDC)

Brainstorming Meeting of LCDC organized by CLTRI during 13<sup>th</sup>–14<sup>th</sup> January 2016



Dr. Anil Kumar DDG(Lep) addressing the meeting at CLTRI, chengalpattu



Dr. M.K.Showkath Ali, Director CLTRI addressing the gathering



Delegates attended the meeting



Group discussion  
(DDG Dr.Anil Kumar, Dr.S.K.Noordeen,  
Dr.M.A.Arif)



*Dr. Anil Kumar, DDGL addressing the LCDC II Workshop at CLTRI during 22 to 24.06.2016*



## JOINT MONITORING MISSION

Central Leprosy Division has constituted various teams consisting of all four stakeholders i.e, Govt. of India Officials, SLOs, ILEP Partners and WHO Representatives. Dr. V. C. Giri, AD(Epid), Dr. G. Srinivas, Medical Consultant, GLRA and Dr. Anil Kumar, SLO, Madhya Pradesh, participated in the Joint Monitoring Mission from 13.10.2014 to 17.10.2014 in various districts of Bihar (Patna, Gaya, Vaishali, Navada, Muzalapur) for monitoring NLEP activities and the report was submitted to the D. D. G (Lep) CLD, DGHS, New Delhi.



(JMM Bihar debriefing with Health Secretary, Govt of Bihar and SLO Oct 2014)

## SURVEILLANCE CENTRE

CLTRI Field office was initially located in a private Building at Kunrathur and later in the State Govt, building at Tambaram which was later handed over to the concerned. Till 2008, Kunrathur block with adjoining 57 Villages, a semi urban area of Chennai was under regular control of CLTRI Field Team. This Field area was used for Operational Research studies. A number of Clinical trials and Research Activities were done in this area with a team of 19 Field Staffs.

Later, a Pilot Field Study was conducted as per the instructions of the Director, CLTRI in the out skirts of Chennai city. It was found that the Prevalence Rates in the Urban and Semi-Urban areas were significantly high. This necessitated for opening a Surveillance Centre in Chennai. CLTRI Surveillance Centre was opened in the BCG Vaccine Laboratory Quarters, Guindy, Chennai on January 2012.

All the Training Programmes of CLTRI were conducted in this field area to provide all necessary exposure for trainees in leprosy. Initially, the Director, BCGVL, Chennai has allotted 2 adjacent type-I Quarters for the Surveillance Centre.. At present, One Type-I Quarter was with the Division of Epidemiology, CLTRI, Chengalpattu.

## Surveillance Activities – 2013 onwards

### Leprosy case Detection Surveys in Urban /Tribal Areas

S.No	Place	Period	Particulars of				
			Houses	Families	Enumeration	Examination	New Cases
<b>Survey in urban Area</b>							
1.	Maduravoyal, Tiruvallur District, TN	January 2014	2138	4472	16416	9541	1 PB 1 Suspect
<b>Survey in Tribal Area</b>							
2	Thumbur Tiruvallur District, TN	January 2014	142	147	564	265	2 PB 1 Suspect
<b>School Survey</b>							
	Maduravayal, Porur, Ramapuram	January 2014			2051	1864	2 PB

## Co-ordination of MDT drug management with CLD/State/Clinical Division

Earlier CLTRI was receiving MDT drugs from the Govt. of Tamil Nadu. Later as per the directions of the Central Leprosy Division the MDT stocks were supplied to CLTRI by the GMSD, Chennai, CLTRI also has provided MDT to the UT of Lakshadweep, after the active case detection activity was monitored by the CLTRI team

## 12 years follow up study of Single Skin Lesion Leprosy cases treated with ROM (Rifampicin, Ofloxacin and Minocyclin) at CLTRI Rural Field Operational Area ( RFOA) and out of the area

A 12 year follow up study single dose ROM (**Rifampicin, Ofloxacin and Minocycline**) therapy for Single Skin lesion of leprosy was undertaken in CLTRI RFOA and out of the area among the patients treated during 1998-2000. Out of 147 treated cases, a total of 90 cases were traced back. Among them, 89 were cured and 1 had relapsed. Remaining 57 cases had migrated and were not able to trace.

S. No	Place	Period	Particulars
1.	RFOA and Out of Area	August to November 2013	Screened-90/147; Relapse-1

## Intensive Leprosy Case Detection Survey – Lakshadweep Islands

S. No	Islands	Period	Particulars
1.	Kalpeni, Androth, Amini and Kadmat	08.11.13 to 26.11.13	Families 5402 Enumeration-30999 Examination-29469 New cases-10(7 PB+3 MB) Suspect-9

## Screening the inmates of Central Prison for Leprosy

On 27.06.2014, C.L.T.R.I Officials' team visited the Central Prison, Puzhal for Leprosy Screening of the inmates. Dr. V.C Giri, DD(E), Shri.V.Prabakar, FI, Shri. M. Ali Khan, JFI and other field staff from CLTRI along with team from NLEP, Tamil Nadu( 20 Officials), Team from DFIT, Chennai (3 Officials), Team from SRMC & RI, Porur (5 Doctors) had attended and the Supt. of Prison had accompanied of the team. All the teams were divided into groups; visited the entire Blocks/Cells and conducted screening programme for leprosy in Central Prison, Puzhal.

Place	Period	Particulars
Central Prison, Puzhal, Chennai	27.06.14	Screened-1745, New Case-5(1 PB + 4 MB); Suspect -8

## Screening the inmates of Juvenile Home for Leprosy

The approved School for Juveniles in Chengalpattu was screened for Leprosy and General Diseases on 22.12.2014. A Total of 60 students were residing in the school. One PB case was diagnosed and informed to the concerned officials and other two boys were declared as suspects and kept under observation for 3 months.

Place	Period	Particulars
Juvenile Home, Chengalpattu (TN)	22.12.14	Screened-60 students, New Case-1 (PB)

## NLEP Monitoring Activities in Vadalur Block (Cuddalore dist.)

On monitoring visit to Cuddalore, it was noted that more numbers of leprosy cases were reported from Vadalur block persistently. A rapid survey was conducted by CLTRI, to find the real situation and endemicity of leprosy.

Place	Period	Particulars
Vadalur Block Cuddalore District, TN	17.11.14 to 20.11.14	Enumeration-795, Examination-558, New case-(1 MB)

## House hold & Neighbourhood Contact Survey

Place	Period	Particulars
Thirukalukundram (4 Clusters)	December 2014	Houses-1444, Families-1694, Enumeration-6317, Examination- 3629, New cases-6(5 PB + 1 MB) Suspect-2

## Intensive Leprosy Case Detection Survey – Lakshadweep Islands

Islands	Period	Particulars
Kavaratti, Minicoy, Agatti, Chetlat & Kiltan	February & March 2015	Families-5962, Enumeration-33636, Examination-26471, New cases-5 (4 PB +1 MB) Suspect-4

## **Study on Household and Neighborhood Contact of New Leprosy Patients from Thirukalukundram area in 2015-16.**

A number of new MB cases with positivity were coming to CLTRI. Some of the leprologists suggested that MB positive cases were high at the verge of eradication of leprosy. The integration of vertical programme in leprosy with general health care system was done in Tamil Nadu state from 1.8.1997. During the integration, the case load/prevalence was very less and was accepted by the NLEP that it was the time to close the vertical programme and the leprosy activity to be integrated with General Health Care System. To implement this all the medical officers, basic health workers and other general health staff were trained in leprosy. But still the leprosy patients are mostly dependent on the vertical programme staff of the leprosy.

A total of 125 new cases were reported in CLTRI OPD during 2009-10 and 2010-11. Out of those, 89 were MB cases and 36 were PB cases. Nearly 63% cases were coming from Kanchipuram District, Tamil Nadu. Out of them, 18 cases (13 MB+5 PB and 15 Adults + 3 children) were reported from Thirukalukundram area. Proportion of MB cases among new cases was 72% which was very high, having high potential to transmit to their close contacts. Therefore it was desirable to screen the contacts of these patients. A study in China had concluded that at the time of low leprosy endemic situation, the household contact survey was still a useful method for case detection. Follow up of the high risk population is necessary to achieve real elimination of leprosy.

### **Objectives**

1. To study the characteristics of new cases reported in CLTRI OPD and their contacts.
2. To evaluate the risk factors for transmission of leprosy to Household and Neighborhood contacts.

### **Study Design – Prospective Study**

The study was started in 2011 and by the end of Nov.2014, a total of 6233 population was surveyed in the community and 25 new cases (6 MB and 19 PB) were detected. 22 schools were surveyed by the team, and 4 new PB cases detected, out of 4460 children.

During the follow up in July 2015, out of 2294 persons examined, 1 new PB case and 1 suspect case were detected. During the follow up in February 2016, out of 6215 population examined, 1 new PB and 3 suspect cases were detected. The details were as follows.

S. No	Place	Period	Particulars				
			Houses	Families	Enumeration	Examination	New Cases
1	Thirukalukundram (4 Clusters)	Apr, 2015	527	597	2103	1118	6 PB 1 MB
2	Thirukalukundram (10 Clusters)	May, 2015	1317	1537	5707	2809	4 PB
3	Thirukalukundram ( 18 Schools)	July, 2015			2521	2294	1 PB 2 Suspect
4	Thirukalukundram (18 Clusters)	Feb, 2016	3187	3363	12764	6215	1 PB 3 Suspect

## NLEP Special Activities

CLTRI conducted NMS training for 2 months per year as per the request from SLO, Tamil Nadu. In March 2016, a total of 40 NMSs participated in the training. As a part of NMS field training, Neighborhood contact survey was conducted by CLTRI field staff along with NMS during 11.02.2016 to 31.03.2016 in Kundrathur block of Kanchipuram District. During that survey, 1 new PB case was detected and confirmed by the CLTRI Medical Officers in April 2016. The first dose of MDT was started by the CLTRI and referred to the area PHC for the remaining doses and follow-up.

Place	Period	Particulars
RFOA (5 Clusters)	Mar 2016	Houses-2461; Families-4560; Enumeration-14926; Examination-8349; New case-1 (PB) Suspect-1



## RCS Camp in Lakshadweep Island

A first RCS camp in UT of Lakshadweep was organized by the SLO, Directorate of Health Services, Kavaratti, Lakshadweep from 21.03.2016 to 26.03.2016 in collaboration with the CLTRI, Chengalpattu and the RLTRI, Raipur.

### Following officers & staff from CLTRI participated in the RCS Camp.

S. No	Name	Designation
1.	Dr. R. VeeraKumaran	Chief Medical Officer
2.	Mr. D. George	Physiotherapist.
3.	Mr. Sudhir Kumar	Orthotic Technician.
4.	Mr. V. Chandran	Cobbler

The RLTRI, Raipur, team was lead by Dr. K. M. Kamble, Consultant (Ortho) along with the local operation theater staff.

The camp was inaugurated by the Mr. Vijay Kumar I.A.S., Administrator of UT. Dr. M.K. Showkhat Ali, Director, CLTRI, the SLO, the DLO, the CMO and the Supdt. of Police were the dignitaries. The CLTRI provided support to the RCS camp from 21.03.2016 to 26.03.2016 for Surgical, Pre-operative & Post-operative Physiotherapy, Orthotic and MCR activities. Administrator Mr. Vijay Kumar I.A.S. and the DHS Dr. K. P. Hamsakoya took efforts for conducting the RCS successfully.

Venue of Camp: Indira Gandhi Hospital, Kavaratti



(RCS camp at Kavaratti Island, Lakshadweep by CLTRI, Chengalpattu & RLTRI Raipur (CG) Team)

## Conducting RCS Camp in Thirumanur Block PHC of Ariyalur District, Tamil Nadu

RCS Camp was conducted at Ariyalur district in Thirumanur PHC by CLTRI team. Dr. R. Veerakumaran, CMO, Sri. V. Prabakar, FI, Sri. M. Ali Khan, JFI and Sri. Anand Sathyadoss, Physiotherapist conducted the RCS camp for a claw hand surgery in collaboration with the DLO Ariyalur, Tamil Nadu.

## Leprosy Colony Survey

A survey of two leprosy colonies around Chennai (one at Villivakkam and another near Vandalur Zoo) was conducted. Dr. V. C. Giri, AD(E), Sri. V. Prabakar, FI, Sri. M. Ali Khan, JFI and Sri. S. Ramesh, PMW collected the base line data.

## Defaulter retrieval for cases attending CLTRI OPD

The Technical Section was actively involved in the Defaulter Retrieval especially in the Thiruvallur and Kancheepuram Districts.

Out of **151** cases taking Multi Drug Treatment (MDT) at CLTRI, 117 were regular. 2 were referred to respective District Leprosy Office (DLO) office and they were regular for treatment. 32 patients were irregular for treatment more than 3 months. These patients were physically verified and motivated for treatment. The contacts of these patients were screened for leprosy. Among these contacts, one MB Child case was registered for treatment during the month of Sep-2016.

S. No	Defaulter Retrieval Action	No. of patients
1.	Total no. of defaulters	32
2.	Attempt made to retrieve and motivate	26
3.	Not able to trace	6
	<b>Among Retrieved patients</b>	
4.	Turned up for treatment in CLTRI	9
5.	Attended the nearest P.H.C.	7
6.	Private treatment	1
7.	Not attended anywhere	6
8.	Died	1
9.	Migrated	2

## RESEARCH ACTIVITIES

- **SRQ -20 QUESTIONNAIRES – Data collection for the patients attended the CLTRI OPD/IP.**

Total 380 patients' data were collected. It was evaluated and analyzed. Epidemiology field staffs were involved in data collection from Out-Patient Department and In-Patient Wards of CLTRI.

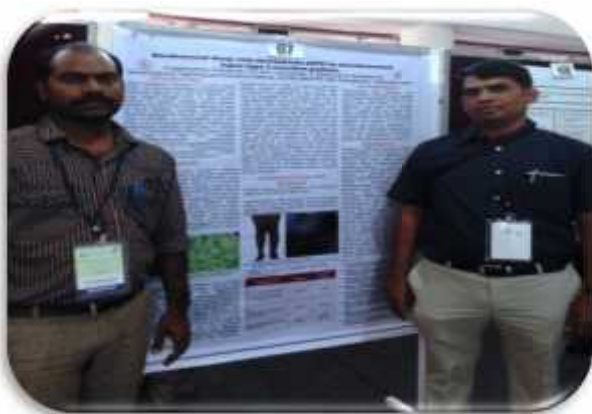
- Tirukazhukundram Cluster Survey Data Entry –Phase III
- Submitted draft for MCR utilization
- Defaulters Retrieval of patients attending CLTRI in Kancheepuram and Tiruvalluvar districts completed
- 12 years follow up study of Single Skin Lesion Leprosy cases treated with ROM (Rifampicin, Ofloxacin and Minocyclin) at Rural Field Operational Area (RFOA) of CLTRI

## MEETINGS / WORKSHOPS ATTENDED ON BEHALF OF THE INSTITUTE

- **IAL CONFERENCE 2013-2014**

The following CLTRI Team attended the Biennial Conference of the Indian Association of Leprologists (IAL) held in the PGIMER, Chandigarh and presented papers.

Place	Date	Participants
PGIMER Chandigarh	28.03.14 to 30.03.14	Dr. V. C. Giri, AD (E) Dr. T. Pugazhenthian, MO Mr. U. Aravindan, JSO Mr. V. Prabakar, FI & Mr. M. Ali Khan, JFI



Poster Presentation in the IAL Biennial Conference PGIMER Chandigarh

### ➤ **Jabalpur conference**

Dr. V. C. Giri, Deputy Director (Epid) participated in the SLO Conference on behalf of Director, CLTRI held at Jabalpur. The meeting was presided over by Dr. C. M. Aggarwal, DDG (L), CLD. The SLOs, the NLEP Consultants and the ILEP Partners also participated in the programme.

### ➤ **Neglected Tropical Disease Conference at Kochi**

An international colloquium on Neglected Tropical Diseases was held at the Amrita institute of Medical Science (AIMS) during 25<sup>th</sup> & 26<sup>th</sup> February 2014. Dr. M. K. Showkath Ali, Director, CLTRI participated in the conference on the topic of Filaria elimination goal.

### ➤ **International Leprosy Congress 2016**

Research paper, by Dr.M.K.Showkhat Ali and Dr. V. C. Giri, was accepted at 19<sup>th</sup> International Leprosy Congress 2016 held during 19.09.2016 to 21.09.2016 in Beijing, China.

### ➤ **61st Annual Conference of Indian Public Health Association**

Presented Research paper titled "Achieving Integration through Leprosy Case Detection Campaign (LCDC)" at 61<sup>st</sup> Annual Conference of the Indian Public Health Association, AllMS, Jodhapur, 24.02.2017 to 26.02.2017 by Dr. V. C. Giri

### ➤ **National Conference on Leprosy**

Dr. M. K. Showkath Ali, Dr. V. C. Giri, Dr. Vijay Bhagat and Dr. Hossana S.S.R.C participated in the National Conference on Leprosy, Aero City, New Delhi during 05.12.2018 to 07.12.2018.

### **Workshop in National Institute of Epidemiology (NIE), ICMR, Chennai**

- ❖ Dr. V. C. Giri, DD(E), participated in curriculum development of monitoring leprosy programme in the country level held at the National Institute of Epidemiology, ICMR, Ayyapakkam, Chennai on 21.07.2016.
- ❖ Validation of Tab based Data collection for field studies at CLTRI and Thirukalukundram was done in association with the Team Lead by Dr. P.Manickam, Scientist 'D, National Institute of Epidemiology, ICMR, Ayyapakkam, Chennai in August 2016.

### **Meeting for Strengthening CLTRI**

Place	Date	Programme
CLTRI	10.04.2014	Workshop on formulating proposal for strengthening of CLTRI, (Special invite:- Dr. S. K. Noordeen, Ex. Director, GLP, WHO, Geneva) in co-ordination with ILEP

### **Meetings**

- ❖ State Level Sensitization and action planning workshop was held at NIEPMD, Chennai (Jointly organized by NIPMED, Chennai and TLM, India) during the period from 26.04.2017 to 28.04.2017 on Law Commission of India Report No. 256 & its draft proposal EDPAL Bill (Eliminating Discrimination against Persons Affected by Leprosy) and the Role of DPOs (Disabled Persons Organizations) in implementation of the Rights of Persons with Disabilities Act 2016 (RPWD Act). Dr. M. K. Showkath Ali, Director, CLTRI and Dr. V C Giri, DD (E), CLTRI participated.

- ❖ National Awareness Convention on Leprosy at CSIR-Central Leather Institute, Chennai on 20.08.2016, chaired by the Hon'ble Mr.J P. Nadda, Union Health Minister. Dr. Saumya Swaminathan, DG, ICMR, and Dr. M K Showkath Ali, Director, CLTRI also participated.
- ❖ Advocacy Meeting and Sharing the findings of Expert Review Group to Karnataka State was held on 07.03.2018 at SIHFW, Magadi Road, Bengaluru, Karnataka. Dr. V. Santaram, Director, RLTRI and Dr. V. C. Giri, Deputy Director, CLTRI, Expert Group member for State of Karnataka, participated.



- ❖ National Review Meeting on NLEP for High Endemic States was held at Raipur, Chhattisgarh in August 2017 by the Central Leprosy Division, MOHFW, Govt., of India. Dr. M K Showkath Ali, Director, Dr. V. C. Giri, DD(E) and Dr. Vijay Bhagat, DD(E&E), CLTRI participated
- ❖ SLO Review Meeting was held at Pune during 28.05.2014 to 29.05.2014 by the by CLD, MOHFW, Govt of India. Dr. V. C. Giri, DD(E) CLTRI participated

### **Quarterly Review Meeting of Deputy Director (L) of Tamil Nadu**

Quarterly Review Meetings of Deputy Director (Leprosy)/DLOs in Tamil Nadu was held at the DMS Campus, Teynampet, Chennai organized by the Additional Director (Leprosy)/SLO. The MD, NHM chaired the session and the DPH and the DMS participated. Director, Deputy Director and Asst. Director, CLTRI shared the monitoring findings in the meeting and provided Technical inputs.

S.NO	Place	Participants from CLTRI	Date
1	DMS Campus, Chennai	Dr. V. C. Giri, Mr. U. Aravindan, Mr. M. Ali Khan	23.05.14
2	DMS Campus, Chennai	Dr. V. C. Giri, Mr. U. Aravindan, Mr. M. Ali Khan	18.12.14
3	DMS Campus, Chennai	Dr. M.K. Showkath Ali, Dr. V. C. Giri, Mr. U. Aravindan, Mr. M. Ali Khan	21.01.15
4	DMS Campus, Chennai	Dr. V. C. Giri, Mr. U. Aravindan, Mr. M. Ali Khan	20.07.15
5	DMS Campus, Chennai	Dr. V. C. Giri, Mr. U. Aravindan, Mr. M. Ali Khan	20.11.15
6.	DMS Campus, Chennai	Dr. M. K. Showkath Ali Dr. V. C. Giri Mr. M. Ali Khan	20.11.17

## SPECIAL ADVOCACY MEETING

Place	Date	Participants
Salavakam PHC (NLEP Advocacy meeting), Kanchipuram	03.11.15	Shri. V. Prabakar, FI Shri. S. Ramesh, PMW

## ANTI-LEPROSY FORTNIGHT CELEBRATIONS DURING 2013-14

During Anti-Leprosy day celebrations, CLTRI conducted various programmes in different schools in CLTRI field Area. Dr. V.C.Giri, AD(E) and field staff of CLTRI participated the programme.

S. No	Place	Date	Programme
1.	Govt Girls Higher Secondary School, Kunrathur	28.01.14	Quiz program for students
2.	Little Flower Matric Secondary School, Kunrathur	29.01.14	Quiz program for students
3.	Little Flower Matric Secondary School, Kunrathur,	30.01.14	Oration & Prize distribution
4.	Govt Girls Higher Secondary School, Porur	30.01.14	Elocution & Prize distribution
5.	Eswari Engineering College, Ramapuram	30.01.14	Debate



## ANTI-LEPROSY FORTNIGHT CELEBRATIONS DURING 2014-15

During Anti-Leprosy fortnight celebrations, CLTRI conducted various programmes in different schools in CLTRI field Area.

S. No	Place	Date	Activity
1.	Schools	22-01-15 to 23-01-15	Preparatory work
2.	Schools	27-01-15 to 29-01-15	Competition
3.	CLTRI	30-01-15	Celebration

### (Elocution Competition during Anti-Leprosy fortnight celebration in RFOA 2015)



- CME (Continuing of Medical Education) was conducted at Karpaga Vinayaka Institute of Medical Sciences, Chinna Kolambakkam, Madurandagam as a part of Anti Leprosy fortnight Celebrations on 02.02.2015, for Medical students and Faculties. Dr. M.K.Showkath Ali, Director, CLTRI, Dr. V. C. Giri, AD(E), Dr. R. Veerakumaran, CMO and Dr.T.Pugazhenthana, MO participated as Resource Persons.



**(Dr. M.K.Showkath Ali, Director, CLTRI, Dr. Chakrovatty, Dean, Dr. Annamalai, Managing Director Dr. Mahendra HOD, Community Medicine, KVIMS)**



- CME was conducted at the Chettinad Health City, Kelambakkam for Nursing Students by CLTRI. Dr. V. C. Giri, AD(E) and Sri. M. Ali Khan, JFI participated as Resource Persons.

### **Anti-Leprosy fortnight celebration at SRM University, Ramapuram, 2015**

As a part of Anti leprosy fortnight celebration, a debate "whether Leprosy is a Medical issue or Social issue", was conducted at the Auditorium of Dental College, SRM Hospital, Ramapuram campus. The function was chaired by the Dean of SRM Hospital. Mr. G. Venkataraman (Poet Gee Vee), Health Educator, Govt. of Tamil Nadu presided the debate. Sri. M. Ali Khan, JFI, Sri. S. Ramesh, PMW and NLEP staff from Tamil Nadu were the speakers in the debate. Dr. V. C. Giri, AD(E), CLTRI and the Students and faculties of the Dental College and the Engineering College participated in the programme. The recording was telecasted on Chennai Radio and Tamil News channel.



### **ANTI-LEPROSY FORTNIGHT CELEBRATIONS DURING 2015-16**

#### **29.01.16: CLTRI**

- ❖ Morning Session - Sports activities for 200 Leprosy Cured Persons in CLTRI.
- ❖ Evening Session - Cultural Programme, Drama, Debate & Distribution of prizes.
- ❖ Meeting (Chief Guests:- Swami Aksharatmanadaji from Sri Rama Krishna Mission, Miss. Padma Venkataraman from the Raising Star, Mr. Derric Warner from Bindu Arts, Dr. Sharafath Ali, MO, State Govt. Leprosy Centre and representatives from Vallalar Narapani Mandram and LAP Association)

### **30.01.2016: Chennai**

- ❖ Anti-Leprosy Day Program at Vivekananda House, Chennai was conducted by Sri Rama Krishna Math, Mylapore, Chennai. Dr. M. K. Showkath Ali. Director, Dr. V. C. Giri, Deputy Director and Mr. M. Ali Khan, JFI, participated.

### **28-01-2016 to 03-02-2016: Kunrathur**

- ❖ As part of the Anti Leprosy fortnight celebration, Quiz competitions were held in the schools in and around Kunrathur by the CLTRI field staff.

### **04-02-2016: Puducherry**

- ❖ As part of the Anti Leprosy fortnight celebration, CME Programme was conducted in Mahatma Gandhi Medical College, Puducherry. Dr. M. K. Showkath Ali. Director and Dr. V. C. Giri, Deputy Director participated.

### **08-02-2016: Thirupporur**

- ❖ As part of the Anti Leprosy fortnight celebration, Leprosy Awareness Programme was conducted in Sri Sathya Sai Medical College, Ammapettai, Thirupporur

### **09.02.2016 to 11.02.2016: Thirukalukundram Taluk**

As part of the Anti Leprosy fortnight celebration, Skin Camps were conducted in three villages in Thirukalukundram Taluk. DD (E), AD (E & E), Medical Officers and Field staff conducted the Skin Camps. Publicity was made one day earlier to the Skin Camps. In each Camp, more than 150 public attended and were treated for common skin diseases. One new PB case was detected and was treated.

## Glimpses of Anti-Leprosy Day 30.01.2016

*Anti-Leprosy Day debate programme on 30.01.2016.*



*30.01.2016 Anti-Leprosy Day Skit performed by cured leprosy patients*



*30.01.2016 Sports programme for persons cured of leprosy.*



## ANTI-LEPROSY FORTNIGHT CELEBRATIONS DURING 2016-17



(Quiz Competition for School Students during Anti Leprosy Day Celebration 2017)

## ANTI-LEPROSY FORTNIGHT CELEBRATIONS DURING 2017-18

SPARSH Leprosy Awareness Programme(SLAC), organized by Govt. of Tamil Nadu was held at the Tamil Nadu Open University, Saidapet, Chaired by the Dr, C. Vijay Baskar Hon'ble Health Minister of Tamil Nadu. Dr. Radhakrishna, I.A.S. Health Secretary, Government of Tamil Nadu, Dr. J. Indhumathi, SLO, Tamil Nadu, Dr. Roshni Arthur, Sr.Regional Director, Tamil Nadu, Dr.S.Elavarasan, Additional Director, CLTRI and Dr. V. C. Giri, Deputy Director, CLTRI participated in the function.

Leprosy screening camp for Metro Rail Migrant labours was conducted in Chennai on 30.01.2018. Dr. V. C. Giri, Deputy Director (Epid) had briefed the purpose of screening, importance of leprosy and key messages for leprosy in Hindi as most of the Metro Rail workers are native of Northern States. Post Graduate doctors from Department of Dermatology, Madras Medical College, Chennai provided supported for screening & treatment purposes.

## TRAINING ACTIVITY

The following training programmes have been conducted regularly as per the approved calendar Programme.

S. No	Training Programme	No. of days
1.	State/ District Leprosy officer	5 days
2.	Medical Officer	5 days
3.	Physiotherapy Technician	9 months
4.	Non-Medical Supervisor	2 months
5.	Skin Smear Training for Lab Technician	5 days
6.	Skin Smear Refresher Training	2 days

Apart from the above, this institute is actively involved in imparting NLEP training to Master of Public Health (MPH), Post Graduate (Dermatology, PSM & Microbiology), CRRI, Biotechnology, Nursing, Laboratory technicians and other Para Medical students. Academic visit from Medical and Paramedical Institutions are also entertained.

## ANNUAL TRAINING CALENDAR

CLTRI Training Calendar is regularly published in CLTRI Website [www.cltri.gov.in](http://www.cltri.gov.in) and copies are circulated to all Directorate of Health Services, SLOs, MDs (NHM) and NGO Partners. Based on nominations, trainings are conducted. Also Non- scheduled training is conducted based on the request from SLO/State/ District Health Authorities.

*Training Calendar of Financial year*

S. No	Name of the Training Programme	Seats per Programme	Duration of Programme	Eligibility
1	NLEP Training Course for State / District / Zonal Leprosy Officer	10	5 Days	State / Zonal /District Leprosy Officer
2	NLEP Training Course for Medical Officer	10	3 Days	Medical Officer (In-service / Sponsored)
3	NLEP Data Management Course	10	5 Days	Statistician / Data Entry Operator / any official dealing with NLEP Data
4	NLEP Training Course for Health Supervisors / Non-Medical Supervisors	10	5 Days	Health Supervisor /NMS/NMA/HI/HA/PMW/MPH W
5	Non-Medical Supervisor Training	10	2 Months	Health Supervisor/NMS/ NMA/HI/HA/PMW/MPHW
6	Physiotherapy Technician	10	9 months	In-service candidate (or)Sponsored candidate X+2 passed with Science subject &50% min. of mark
7	Refresher Course for Physiotherapy Tech.	10	5 days	Only for In- service candidate.
8	Skin Smear Technicians	10	5 Days	Only for In- service candidate.
9	Refresher Course for Lab. Technician and Skin Smear Technician	10	2 days	Only for In- service candidate.

## TRAINING PARTICULARS

S. No	Name of the Training Programme	2013-14	2014-15	2015-16	2016-17	2017-18
1	State/District Leprosy Officer & Training Course (5 days)	0	23	29	47	11
2	Medical Officer Training Course (3days)	0	3	0	0	0
3	MD (DVL) PG Students (2 weeks)	1	4	5	17	13
4	Non-Medical Health Supervisor's Training Course (2 months)	62	25	40	28	56
5	Skin smear Technician Training (2/5days)	99	0	0	0	0
7	Physiotherapy Technician Training Course ( 9 months)	3	4	0	0	11 (5 days)
8	CRRIT Training (5 days )	44	95	170	191	142
9	In plant training in Microbiology & Molecular Biology to Biotechnology	5	0	0	2	0
10	Animal House Handling	0	2	0	0	0
11	Health Supervisor (5 days)	0	0	4	24	17

One day observation/Leprosy orientation visit by Medical/Paramedical students from various institution as follows

S. No	Name of the Training Programme	2013-14	2014-15	2015-16	2016-17	2017-18
1	MBBS	120	300	293	154	337
2	Nursing (B.Sc., & Diploma)	120	261	139	20	54
3	M.D. (Microbiology), M. SC	-	14	19	2	27
4.	M.Sc. (Bio-Chemistry)	-	-	-	-	68
5.	Bio- Technology(B. Tech)	65	14	-	-	0

### SLO TRAINING for NLEP 2014-2015

S. No	Name of Programme	State	Duration		No. of Trainees
			From	To	
1.	SLO	Meghalaya Tamil Nadu	15.09.2014	19.09.2014	4
2.	SLO	Karnataka	07.09.2015	11.10.2015	6
3.	SLO	Lakshawadeep	28.09.2015	06.10.2015	1
4.	SLO	Bihar	30.11.2015	04.12.2015	8
<b>TOTAL</b>					<b>19</b>

### District Leprosy Consultant TRAINING for NLEP2016-2017

S. No.	Name of The Programme	State	Duration		No. of Trainees
			From	To	
1	District Leprosy Consultant	Karnataka, Uttar Pradesh	21.11.2016	23.11.2016	6

### Leprosy RCS training for Surgeons for NLEP 2016-17.

S. No.	Name of The Programme	State	Duration		No. of Trainees
			From	To	
1	Leprosy Re- Constructive Surgery training for Surgeons	Karnataka	23.01.2017	27.01.2017	4



## DLO TRAINING for NLEP 2014-2017

S.NO	Name of The Programme	State /Institution	Duration		No. of Trainees
			From	To	
1	DLO	Tamil Nadu	16.06.2014	20.06.2014	8
2	DLO	Tamilnadu	15.12.2014	17.12.2014	4
3	DLO	Tamil Nadu Bihar	15.12.2014	19.12.2014	7
4	DLO	Madhyapradesh, Lakshawdeep, Gujarat, GLRA	15.06.2015	19.06.2015	5
5	DLO	Lakshwadeep	28.09.2015	06.10.2015	1
6	DLO	Bihar	23.11.2015	27.11.2015	8
7	DLO	Karnataka	07.11.2016	11.11.2016	14
8	DLO	Karnataka	05.12.2016	09.12.2016	08
9	DLO	Karnataka Tamil Nadu	06.02.2017	10.02.2017	03
10	DLO	Tamil Nadu Andhra Pradesh Bihar	27.02.2017	03.03.2017	12

## MEDICAL OFFICERS TRAINING 2014-2015

S. No	NAME OF THE Programme	State	Duration		No. of Trainees
			From	To	
1	Medical Officers	Rajasthan	19.01.2015	21.01.2015	3

## Health Supervisors / NMS Training

S. No.	Name of The Course /Programme	State/UT / Institution	Duration		No. of Trainees
			From	To	
1.	NMS Training	Tamil Nadu	01.05.2013	28.06.2013	27
2.	NMS Training	Lakshdweep	01.08.2013	31.09.2013	05
3.	NMS Training	Tamil Nadu	08.01.2014	07.03.2014	30
4.	NMS Training	Nagaland	02.06.2014	31.07.2014	6
5.	NMS Training	Nagaland Chattisgarh	18.08.2014	17.10.2014	13
6.	NMS Training	Nagaland	02.02.2015	31.03.2015	6
7.	Health Supervisors	Karnataka	07.09.2015	11.09.2015	2
8.	Health Supervisors	Karnataka	15.02.2016	19.02.2016	2
9.	NMS Training	Tamilnadu	01.02.2016	31.03.2016	40
10.	Training for Field Investigators	National Institute of Epidemiology(NIE), Avadi, Tamil Nadu	18.07.2016	22.07.2016	24
11.	NMS Training	Tamil Nadu	01.12.2016	31.01.2017	28
Total					183

## Post Graduate Dermatology Training 2013-2017

S. No	Name of the Programme	Institution	Duration		No. of PG students
			From	To	
1.	Tertiary Course Management of Leprosy	Tirunelveli Govt. Medical College, Tirunelveli	17.10.2013	13.10.2013	1
2.	Tertiary Course Management of Leprosy	Mahatma Gandhi Medical College & Research Institute, Puduchery	07.10.2014	17.10.2014	3
3.	Tertiary Course Management of Leprosy	Tirunelveli Govt. Medical College, Tirunelveli	03.02.2015	13.02.2015	1
4.	Tertiary Course Management of Leprosy	Sri Mugambika Institute of Medical Sciences, Kanyakumari(T.N)	01.06.2015	12.06.2015	1
5.	Tertiary Course Management of Leprosy	Tirunelveli Govt. Medical College, Tirunelveli	01.12.2015	15.12.2015	1
6.	Tertiary Course Management of Leprosy	Mahatma Gandhi Medical College & Research Institute, Puduchery	04.01.2016	08.01.2016	3
7.	Tertiary Course Management of Leprosy	Tirunelveli Govt. Medical College, Tirunelveli	18.07.2016	29.07.2016	01
8.	Tertiary Course Management of Leprosy	Sri Mugambika Institute of Medical Sciences, Kanyakumari(T.N)	01.09.2016	15.09.2016	01
9.	Tertiary Course Management of Leprosy	Sri Devaraj Urs Medical College, Kollar, Karnataka	01.09.2016	15.09.2016	02
10.	Tertiary Course Management of Leprosy	Sri Mugambika Institute of Medical Sciences, Kanyakumari	09.01.2017	20.01.2017	01
11.	Tertiary Course Management of Leprosy	Mahatma Gandhi Medical College & Research Institute, Puduchery	13.02.2017	23.02.2017	04
12.	PG MD Community Medicine	SRM Medical College & Hospital, Kattankulathur	01.08.2016	05.08.2016	03
13.	PG MD COMMUNITY MEDICINE	Karpaga Vinyaka Institute of Medical Sciences, Chinna Kollabakkam	12.01.2017	25.01.2017	01
14.	PG MD COMMUNITY MEDICINE	Hassan Institute Medical Science, Hassan, Karnataka	11.07.2017	13.07.2017	4



## Post Graduate Bio-Technology 2016-2017

S. NO.	Name of The Course	Institution	Duration		No. of Trainees
			From	To	
1.	PG BIO-TECH	Dr. ALM PG IBMS University, Taramani, Chennai	23.05.16	01.07.16	01
2.	PG BIO-TECH	SJ College of Engineering	02.12.16	07.12.16	02

## Skin Smear Training for Lab Technicians 2013-2014

S. NO.	Name of The Course	State /Institution	Duration		No. of Trainees
			From	To	
1.	Skin Smear (5 Days)	Tamil Nadu,	07.10.2013	11.10.2013	02
2.	Skin Smear (2 Days)	Tamil Nadu	02.12.2013	21.01.2014	99
3.	Skin Smear (5 Days)	JNMC, Wardha	03.03.2014	07.03.2014	01

SLO/DLO TRAINING FOR KARNATAKA



SLO, Karnataka, DLO's from Govt. of Karnataka for NLEP Training



NLEP Training for DLO/CPO (Bihar State)- 2015-16



DLO Training Batch Tamil Nadu along with their SLO in 16.06.2014 to 20.06.2014



DLO Training 08.01.18 to 12.01.2018



Health Supervisors Training Karnataka Batch- 15.01.2018 to 18.01.2018



Lab Technician Training karnatka batch- 2018



NMS Training Batch Tamil Nadu - Sept 2017



PG Dermatology Training of MGMC Puducherry at CLTRI 08.01.2018 To 19.01.2018



Physiotherapist Training- Jan 2018



Leprosy RCS Training for Karnataka -Jan 2017



Leprosy RCS Training for Karnataka- Jan 2017



Field visit to Erutar Tribal colony Thirukalukundram 2016 during DLO Training





Lab Technician Training from Goa- 2014



SLO/DLO Training batch Karnataka- 2016

## One Day leprosy orientation Training to MBBS students - 2015-2016

S. No	Name of The programme	Institution	2015-16	
			Batches	No. of Students
1.	One day leprosy orientation	SRM Medical College, Kattankulathur	9	191
2.	One day leprosy orientation	Govt. Medical College, Chengalpattu	17	257
<b>Total</b>				<b>448</b>

## CRRI TRAINING 2015-2016

S. No	Name of The programme	Institution	2015-16		2016-17	
			Batches	No. of Students	Batches	No. of Students
1.	CRRI (MBBS Students)	Chengalpattu Govt Medical College, Chengalpattu	28	52	57	62
2.	CRRI (MBBS Students)	Karpaga Vinayaga Institute of Medical Sciences, Madurantagam	36	103	21	120
<b>TOTAL</b>				<b>155</b>		<b>182</b>

## One Day leprosy orientation Training to Nursing Students -2015-2016

S. No	Name of The programme	Institution	Date	No. of Students
1.	B. Sc. (Nursing)	M. V. Chetty College, Mangalore	09 <sup>th</sup> JULY. 2015	71
2.	Diploma Nursing	Lakshmi Ammal Nursing College, Chengalpattu	22 <sup>nd</sup> & 23 <sup>rd</sup> SEP. 2015	20 + 10
3.	Diploma Nursing	Chengalpattu Medical College School of Nursing	26 <sup>th</sup> & 27 <sup>th</sup> OCT. 2015	50 + 50
4.	Public Health Nursing	SRM Medical College, Kattankulathur	19 <sup>th</sup> AUG. 2015	23 + 3 (Faculties)
5.	Diploma Nursing	Lakshmi Ammal Nursing College, Chengalpattu	29 <sup>th</sup> September 2016	2 Batches, 80 students
<b>TOTAL</b>				<b>224</b>

## One Day leprosy orientation Training to M.D. (Microbiology) / M.Sc. (Micro) - 2015-2017

S. No	Name of The programme	Institution	2015-17	
			Batch	No. of Students
1	M.Sc (Micro)	IBMS, Taramani Chennai	1	21
2	MD (PSM)	Sri Sathya Sai Medical College & Research Institute, Ammapettai	1	03



*Leprosy Orientation training 2016 for MPH Students of SRM School of Public Health, SRM University, Kattankulathur*



*SRM School of Public Health MPH Students Orientation 2015*



*MBBS Students visit from Govt. Medical College, Villupuram - 2014*

## Workshop/ CME Conducted by CLTRI at various Medical Colleges and Institutions

1. CME on Recent update in Leprosy, Tirunelveli Govt. Medical College, Tirunelveli September 2012

CLTRI Faculty	Dr. R. Veerakumaran, CMO Dr. V. C. Giri, Assistant Director (Epid)
Venue	Auditorium TMC
Organized by	Dr. Nirmaladevi, Prof & Head, Dept of Dermatology, TMC
Target Audience	Medical students, Intern, Medical faculty

2. Training Programme for Medical Officers of Kanchipuram & Tiruvallur District at Institute of Public Health, Govt. of Tamil Nadu, Poonamalle, Chennai, 2013

CLTRI Faculty	Dr. V. C. Giri, Assistant Director (Epid) Dr. Hosanna SSRC, Medical Officer Mr. M. Ali Khan, JFI
Venue	Institute of Public Health, Govt of Tamil Nadu
Organized by	D.D.(L) Kanchipuram & Tiruvallore
Target Audience	Medical Officers of Kanchipuram & Tiruvallur districts

3. CME on Anti-Leprosy Day at Karpaga Vinayaga Institute of Medical Sciences, Madurantagam, Chennai, 05.02.2015

CLTRI Faculty	Dr. M. K. Showkath Ali, Director Dr. R. Veerakumaran, CMO Dr. V. C. Giri, Assistant Director (Epid) Dr. T. Pugzhanthan, Medical Officer
Venue	Auditorium, KVIMS
Organized by	Dr. Mahendra Khobragade, Prof & Head, Dept of Community Medicine
Target Audience	Medical Students, Faculty & PGs.

4. Guest Lecture on 'Leprosy Free India' at Chettinad Health City, Kelambakkam, Chennai 12.02.2015

CLTRI Faculty	Dr. V. C. Giri, Assistant Director (Epid) Mr. M. Ali Khan, JFI
Venue	Chettinad School of Nursing, Chettinad Health City, Kelambakkam
Organized by	School of Nursing, Chettinad Health City
Target Audience	Nursing students, Nursing tutors and Medical Faculties

5. CME on Leprosy at Mahatma Gandhi Medical College, (Sri Balaji University) Pondicherry, 04.02.2015

CLTRI Faculty	Dr. M. K. Showkath Ali, Director Dr. R. Veerakumaran, CMO Dr. V. C. Giri, Assistant Director (Epid) Dr. Hosanna SSRC, Medical officer Dr. T. Pugzhanthan, Medical Officer
Venue	Auditorium, M. G. Medical College & RI
Organized by	Prof & Head, Dept. of Dermatology, MGMCRI, Pondicherry
Target Audience	Medical Students, Faculty & PGs.

6. CME on Leprosy at Sri Satya Sai Medical College and Research Institute, Ammapettai, Chennai on 28.01.2016

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid) Dr. Vijay Bhagat, Assistant Director (E&E) Dr. Shubhangi Baviskar, Assistant Director (Epid)
Venue	Dept. of Dermatology
Organized by	Prof & Head, Dept of Dermatology
Target Audience	Medical Students, Faculty & PGs.

7. Workshop on Update in Leprosy, Shri Meenakshi Medical College and Hospital, Kanchipuram, 21.03.2017

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid) Dr. Hosanna SSRC, Medical officer Dr. T. Pugzhanthan, Medical Officer Dr. S.P. Saravanan, Medical Officer
Venue	Auditorium, MMC&H, Kanchipuram
Organized by	Dept. of Community Medicine, MMC&H, Kanchipuram
Target Audience	Medical Students, Faculty & PGs.

8. Workshop on NLEP and Leprosy Updates, Tagore Medical College and Hospital, Vandalur, Chennai, 2016

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid) Dr. V. Durai, Assistant Director (Surgical) Dr. T. Pugzhanthan, Medical Officer Dr. Kalaivani, Medical Officer
Venue	Dept. of Community Medicine
Organized by	Dr. A. Balaji, Prof & Head, Dept of Community Medicine, T.M.C.H, Chennai
Target Audience	Medical Students, Faculty & PGs.

9. Workshop on Anti Leprosy Day, Shri Ramchandra Medical College and Hospital, Porur, Chennai. 28.11.2016

CLTRI Faculty	Dr. Vijay Bhagat, Assistant Director (E&E) Dr. V. Durai, Assistant Director (Surgical)
Venue	Auditorium
Organized by	Dept. of Community Medicine, SRMC & DD(L) Kanchipuram
Target Audience	Medical students of PGs, UGs & Faculty, Dept. of Community Medicine



10.SIG Workshop on Leprosy Missing Number and Cases, Shri Ramchandra Medical College and Hospital, Porur, Chennai. 2017

CLTRI Faculty	Dr. M. K. Showkath Ali, Director Dr. V. C. Giri, Deputy Director (Epid)
Venue	Auditorium of S.R.M.C&H, Chennai
Organized by	Tamil Nadu Association of Dermatology & Dean of S.R.M.C&H
Target Audience	PGs of Dermatology & Faculties

11.CME on Leprosy at Sri Satya Sai Medical College and Research Institute, Ammapettai, Chennai 28.01.2017

CLTRI Faculty	Dr. M. K. Showkath Ali, Director Dr. V. Durai, Assistant Director (Surgical) Dr. V. C. Giri, Deputy Director (Epid) Dr. Vijay Bhagat, Assistant Director (E&E) Dr. T. Pugzhanthan, Medical Officer
Venue	Auditorium of S.S.S.M.C
Organized by	Dept. of Dermatology
Target Audience	Medical students PGs, UGs & Faculty

12. CME on Challenges in Leprosy Control for Medical Faculty by IMA Chengalpattu, 09.02. 2017

Guest Speakers	<div>1. Dr. Atul Shah -RCS in Leprosy</div> <div>2. Dr. Shindhuja Balaji, Associate Prof, CMC -Differential diagnosis</div> <div>3. Dr. Shiba, Associate Prof, CMC -Histopathology</div> <div>4. Dr. V. Jaypal, Prof, MGMC -Immunology of Leprosy</div> <div>5. Dr. Thompson, GLRA -Management of Leprosy</div> <div>6. Mr. Kribakaran Samul, HKNS -Social Aspects of leprosy</div> <div>7. Dr. M. K. Showkath Ali, Director, CLTRI -Leprosy India</div>
Venue	Auditorium of CLTRI
Organized by	Central Leprosy teaching & Research Institute, Chengalpattu
Target Audience	SLOs, DLOs, MOs and MBBS students, IMA members and Faculties of Dept. of Community Medicine & Dermatology from Tamil Nadu & Puducherry

13.Plenary Session on NLEP and Future Challenges, Indian conference of Communicable Disease, Shri Balaji Medical College and Hospital, Chrompet Chennai, 23.04.2017

CLTRI Faculty	Delivered guest lecture is plenary session Dr. V. C. Giri, Deputy Director (Epid)
Venue	Auditorium, SBMCH
Organized by	Dept. of Community Medicine
Target Audience	Public Health Specialist, PGs & Medical Faculty

14. Training Workshop for Medical Officers at TLM Hospital, Vadathorasalur, Villupuram District -March 2017.

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid)
Venue	TLM Hospital, Vadathorasalur, Villupuram District
Organized by	Dr. Dharmalingam, D.D(Leprosy), Villupuram District
Target Audience	Medical Officers, Health Inspectors & Non-Medical Supervisors of Villupuram district

15. CME on Leprosy on Neglected Tropical Disease; Present Challenges , Sri Balaji Medical College and Hospital, Chrompet, Chennai 13.04.2017

CLTRI Faculty	Dr. M. K. Showkath Ali, Director Dr. V. C. Giri, Deputy Director (Epid) Dr. Shubhangi Baviskar, Assistant Director (E&E) Dr. V. Durai, Assistant Director (Surgical) Dr. T. Pugzhanthan, Medical Officer
Venue	Auditorium
Organized by	Dr. Gopal Krishnan, Prof & Head , Dept of Community Medicine
Target Audience	Medical & Nursing students, PGs & faculties

16. CME on Leprosy for Medical students/faculties at CMC, Chengalpattu 2016

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid)
Venue	Auditorium
Jointly Organized by	Dr. Manan Ebenzer, Director, SIHR&L Team, Karigiri
Target Audience	Medical Students & faculty

17. CME on Leprosy for Medical Students/Faculties at CMC, Chengalpattu 2017

CLTRI Faculty	Dr. Vijay Bhagat, Assistant Director (E&E)
Venue	Auditorium, CMC, Chengalpattu
Jointly conducted by	SIHR&L Karigiri
Organized by	Dr. Anitha, Vice Principal of CMC
Target Audience	Final year MBBS students

18. Guest Lecture for DLO Training Programme at Regional Leprosy Training Research & Institute, Gouripur, Bankura District, West Bengal, 2015

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid)
Organized by	Dr. B.C. Mandal, Director, RLTRI
Target Audience	DLOs from West Bengal & Assam

19. Guest Lecture for PG(SPM) and Faculties Training Programme at AIHPH Kolkatta, RLTRI, Gouripur 17.01.2018 and 18.01.2018

CLTRI Faculty	Dr. Vijay Bhagat, Assistant Director (E&E)
Organized by	Dr. B.C. Mandal, Director, RLTRI
Target Audience	Post Graduates & Faculties

20. Workshop on leprosy updates at Madras Medical college, 2015

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid)
Organized by	Dept of Community Medicine & DD (L) Chennai Urban
Target Audience	UGs and PGs of Madras Medical college

21. Workshop on Research Methodology for Post Graduate Students at Chengalpattu Govt. Medical College, 24.01.2017 & 25.01.2017

CLTRI Faculty	Dr. V. C. Giri, Deputy Director (Epid) Dr. Vijay Bhagat, Deputy Director (E&E) Dr. Shubhangi Baviskar, Deputy Director (Epid)
Organized by	Dept. of Community Medicine, CMC
Target Audience	PGs of various departments in CMC

22. Support for Desertation of Dr. Muthulakshmi Muthiah, Post Graduate, Department of Community Medicine, Sree Balaji Medical College. Titled "A qualitative study to assess the stigma among Leprosy patients." - May 2017



CME at Sri Balaji Medical College & Hospital, Chrompet, Chennai 13.03.2017



CME on Leprosy at SSSMCRI, Ammapettai, 24.06.2017



CME at Meenakshi Medical College, Kanchipuram 21.03.2017



CME at Tagore Medical College 03.11.2016, Dr. Durai demonstrating cases

## One Day Orientation Visit of International Delegates

Apart from MBBS students, Nursing students and National organizations, International Volunteers also visit CLTRI to study about leprosy, current status and for updating their knowledge regarding leprosy.

International Volunteers from Restless Development, International Civil Society, United Kingdom have undergone one day orientation in CLTRI during 2017.

S. No	Date of Visit	No. of Participants
1.	07.06.2017	10
2.	19.06.2017	11
3.	25.07.2017	11
4.	25.10.2017	10



## National Level Assignment by Central Leprosy Division /MoHFW

### 1. National Level Training Need Assessment (TNA) in NLEP

The National Leprosy Control Programme since its inception in 1955; performed very well and updated the strategies with changing epidemiological pattern in the country. With the introduction of MDT in 1983, NLEP witnessed a dramatic reduction in leprosy burden in the country. The intensified active case detection activities such as MLEC, further detected large number of cases remained in the community and brought them under treatment.



Thereafter the programme was integrated into the general health care; and was expected to be implemented along with other national health programmes.

Based upon the recent NLEP status report of 2014-15, large number of undetected cases can be predicted in the light of rising proportion of Multi Bacillary and grade II deformity patients among the newly diagnosed cases.

It is essential to update the knowledge and skills of the health personnel to cope up with the changing trend of the diseases and the programme strategies. Considering this emergent need as per recommendation of Technical Resource Group (TRG), it was directed to conduct a training need assessment at National Level by CLTRI as Nodal Agency and co-opted members as per the letter T11020/2/2015-Lep, Central Leprosy Division, DGHS, New Delhi, Dated 16.06.2015. Accordingly a committee constituted under Chairmanship of Dr. M K Showkath Ali, Director, Central Leprosy Teaching and Research Institute, Chengalpattu (TN), and Dr. B.C. Mandal (Member), Director, Regional Leprosy Training and Research Institute, Gouripur (WB), Dr. V. Santaram (Member), Director, RLTRI, Aska (Odisha) Dr. Sunil V. Gitte (Member), Deputy Director, RLTRI, Raipur (CG), and along with Dr. Mannan Ebenzer (Member), Director, SIHRLC, Karigiri (TN) and Dr. Loretta Das, (Member), Deputy Director, The Leprosy Mission, Naini (UP) constituted for the purpose .

The report is prepared under five chapters,

- 1) **Situation Analysis:** This chapter discussed, the past and present developments in NLEP, especially with regard to strategies evolved over a period of time to control this debilitating disease are incorporated. The detailed analysis of suboptimal case detection and the urgent thirst for assessment of training needs are also discussed under this heading.
- 2) **NLEP Training - Gap analysis:** The review of urgent training need assessment and the gaps in the existing training pattern are discussed in this chapter.
- 3) **Resource Mapping:** in this chapter the currently involved institutions in NLEP trainings are enlisted; further it recommended the mapping of the states to these institutes for execution & evaluation of training at various geographic areas. The document also provides the expected team composition for optimal satisfaction of training needs.
- 4) **Training Design:** This chapter contains details of the types of training, course contents for each level of personnel along with well elaboration upon duration and frequency of the training. The chapter also contains the comprehensive place, trainee and trainer matrix and training methodology.

5) **Course Curriculum:** Under this chapter the course curriculum at each level of the personnel in detailed including the educational objectives, course contents and training methodologies.

6) **Training implementation plan:** This chapter consists of the recommended plan of implementation of trainings at various levels towards factual articulation for improving the implementation of NLEP as per the desired quality.

At the end the document outlines the agenda & schedule of meetings and contribution of participants. The document also provides a supplement for role play sessions to be conducted during the training.

The current training need assessment in NLEP completed under the auspices of CLTRI during July & Oct. 2015 and May 2016. This extensive brainstorming exercise resulted into a comprehensive training need assessment document addressing the various gaps in the present epidemiological situation in the country and existing knowledge and skills of the health personnel at various levels. This document is a complete set of detailed training strategies at various levels, the curriculum design, resource mapping and evaluation of the trainings in the context of current programme requirements.

S. No	Date
1.	9 <sup>th</sup> July 2015
2.	12 <sup>th</sup> October. 2015
3.	13 <sup>th</sup> October. 2015

## Nikusht online reporting system for NLEP

Central Leprosy Division has developed a “Nikusht” Online Reporting System for National Leprosy Eradication Programme. Central Leprosy Teaching & Research Institute, Chengalpattu was assigned to organize the training of master trainers (TOT) in online reporting system developed for NLEP in coordination with ICMR by CLD vide letter dated on 28 August 2016.

### ❖ North Zone Training (1<sup>st</sup> TOT)

Date	: 5 <sup>th</sup> & 6 <sup>th</sup> September 2016
Venue	: National Institute Of Finance Management (NIFM), Faridabad
Nominated states	: Delhi, Chandigarh, Haryana, Punjab, Uttar Pradesh
Number of participants attended	: 18 (DLO)
Faculty from ICMR	Dr.S.K.Dey Biswas, Mr.Shiv kumar Tayal, Mr.V.K.Dutta
CLTRI Faculty	Dr Showkath Ali, Director; Dr V.C.Giri, Deputy Director



### ❖ East Zone Training (2<sup>nd</sup> TOT)

Date	: 22 <sup>nd</sup> & 23 <sup>rd</sup> June 2017
Venue	: National Institute of Cholera and Enteric Diseases (NICED), Kolkatta
Nominated states	: Uttar Pradesh, Bihar, West Bengal, Arunachal Pradesh
Number of participants attended	: 26 ( DLO)
Faculty from ICMR	Dr.S.K.Dey Biswas, Mr.Shiv kumar Tayal, Mr.V.K.Dutta
CLTRI Faculty	Dr Showkath Ali, Director; Dr .Vijay Bhagat, Deputy Director

### ❖ South Zone Training (3<sup>rd</sup> TOT)

Date	: 14 <sup>th</sup> & 15 <sup>th</sup> September. 2017
Venue	: Karpaga Vinyagar College of Engineering ,Chengalpattu
Nominated states	: Tamil Nadu, Lakshadweep, Pondicherry, Andhra Pradesh, Kerala, Karnataka and Telangana
Number of participants attended	: 42 (SLO/DLO, DNMO/NMS/DEO)
Faculty from ICMR	Dr.S.K.Dey Biswas, Mr.Shiv kumar Tayal, Mr.V.K.Dutta, Mrs. Reetika Malik
CLTRI Faculty	Dr Showkath Ali, Director; Dr V.C.Giri, Deputy Director; Dr .Vijay .Bhagat, Deputy Director; Dr .Shubhangi .Baviskar, Deputy Director

### ❖ West Zone Training (4<sup>th</sup> TOT)

Date	: 23 <sup>rd</sup> & 24 <sup>th</sup> November. 2017
Venue	: Vaikunth Mehta National Institute of Co-Operative Management ,Pune
Nominated states	: Andaman Nicobar, Chattisgarh, Dadra Nagra Haveli, Gujrat, Jammu kashmir, Rajasthan, Goa, Madhya pradesh,Uttarakhand, Maharashtra
No. of participants	: 47 (SLO/DLO, DNMO/NMS/DEO)
Faculty from ICMR	Mr.Shiv kumar Tayal, Smt. Renu Bahadur
CLTRI Faculty	Dr Showkath Ali, Director; Dr Vijay Bhagat, Deputy Director

### ❖ North East Zone Training (5<sup>th</sup> TOT)

Date	: 29 <sup>th</sup> & 30 <sup>th</sup> November. 2017
Venue	: Indian Institute of Bank Management, Guwahati
Nominated states	: Sikkim, Tripura, Odisha, Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Nagaland, Jharkhand
Number of participants attended	: 14 (SLO/DLO, DNMO/DEO)
Faculty from ICMR	Mr.Shiv kumar Tayal, Smt. Renu Bahadur
CLTRI Faculty	Dr Showkath Ali, Director; Dr V.C.Giri, Deputy Director



TOT for North Zone States at National Institute of Finance Management (NIFM), Faridabad, New Delhi on 5<sup>th</sup> & 6<sup>th</sup> September 2016



TOT 3<sup>rd</sup> Batch for South Zone at Karpaga Vinyagar College of Engineering, Chengalpattu



TOT 5<sup>th</sup> Batch for North East Zone States Batch at Indian Institute of Bank Management, Guwahati

### **Management of NLEP Activities in the Border Areas of Tamil Nadu & Pondicherry**

A meeting convened on 09.03.2017 in the Conference Hall of CLTRI, Chengalpattu, to discuss and resolve the issues in Management of NLEP Activities in the Border Areas of Tamil Nadu & Pondicherry, as per the direction of the DDG(L) in the SLO meeting for Low Endemic States, at Mount Abu, Rajasthan.

### **NEED ASSESSMENT AND PLANNING & IMPLEMENTATION OF DPMR – RCS**

The detection, management and prevention activities for leprosy were taking place in the country in isolation and not to the required level since 2005. Therefore the load of leprosy cases with deformity was increasing and remained in the community, mostly unattended. There was a steep increase in the proportion of Grade II deformity cases in the community from 1.87% in 2005-06 to 4.61% in 2014-15 within ten years of integration of NLEP into the general health care system.

The innovative, focused and strategic approach through Leprosy Case Detection Campaign (LCDC) resulted in detection of large number of hidden leprosy cases as well as Grade II deformity cases throughout country.

In the view of above scenario the DDG (L) ordered to constitute a committee to assess the need and to create a systematized action plan for implementation to streamline the services under Disability Prevention, Medical Rehabilitation (DPMR) and Re-constructive Surgeries (RCS).

The brainstorming deliberations over the matter by heterogenous group of experts namely physicians, surgeons, public health specialists, programme managers, NGOs & APAL representatives at Central Leprosy Teaching & Research Institute, Chengalpattu (25<sup>th</sup> – 26<sup>th</sup> May, 2017) and Regional Leprosy Training & Research Institute, Raipur (13<sup>th</sup> -14<sup>th</sup> July, 2017) resulted into a comprehensive action plan for implementation.

The comprehensive report consists of following components.

S. No	Topic
<b>I.</b>	<b>Need assessment DPMR-RCS</b>
	i. Services to be Provided under DPMR & RCS
	ii. Manpower & facilities required for DPMR-RCS service delivery
	iii. Improving awareness to bring the beneficiaries to the facilities
	iv. Line listing of the APAL with disabilities
	v. Developing appropriate linkages
	vi. Training of the manpower for efficient service delivery
	vii. Material /Logistics required for each of the functions
	viii. Documentation of the services
	ix. Functions of personnel involved in DPMR-RCS
<b>II.</b>	<b>Action plan for implementation of DPMR-RCS services in the country</b>

This report with action plan for implementation will be submitted to DDG (L) for further processing.





## Standardize Leprosy Modules For Leprosy Training Workshop on 21<sup>st</sup> and 22<sup>nd</sup> September 2017.

Central Leprosy Teaching And Research Institute, Chengalpattu was assigned by Central Leprosy Division to conduct workshop for standardization of training modules for leprosy training letter dated 11<sup>th</sup> September 2017. The purpose of this is to finalize **Uniform /Standardize Leprosy Modules for Leprosy Training** (Medical Officer/ Health Supervisor/Physiotherapist/Lab Technician etc). Workshop was conducted on 21<sup>st</sup> and 22<sup>nd</sup> September 2017.



## State Level Workshops Conducted by CLTRI

Central Leprosy Teaching & Research Institute provides resource faculties for “Nikushth Online Reporting System” to DLOs, Data entry operators, HIs and NMSs in state level.

- ❖ State Level Workshop for Nikushth Online reporting for Tamil Nadu DLOs on 03.01.2018 at SIHFW, Egmore, Chennai
- ❖ State Level Workshop for Nikushth Online reporting for Kerala DLOs and Health Staff on 16.12.2017 at SIHFW, Thiruvananthapuram (Kerala)
- ❖ District Level Workshop for Nikushth Online reporting system for Kanchipuram and Thiruvallur District at IPH Poonamale, Chennai on 15.03.2018
- ❖ Resource Faculty for Nikushth Online reporting system for NLEP at Namchi (South Sikkim District) by SLO Sikkim on 19.03.2018



(Group photo Nikushth Training Namchi 19.03.2018)

### **Assignments by Central Leprosy Division**

- ❖ Expert Group Member for finding reasons for High MB proportion and implementation of NLEP in state of Karnataka from 13.12.2017 To 15.12.2017 (Team lead By Dr. V. Ramesh, Professor & Head, Dept of Dermatology, Vardhaman Medical College & Safdarjang Hospital, New Delhi.
- ❖ Editorial Member, NLEP Newsletter, Central Leprosy Division, Dte.GHS, MOHFW, Govt. of India (Since 2015)

### **DENTAL SCREENING CAMP AT CLTRI**

A team from Karpaga Vinayaga Institute of Dental Science, Department of Public Health Dentistry, visited CLTRI, Chengalpattu on 25.07.2017 to screen for the dental check-up and treated for patients and CLTRI staff.

On that day the team has screened 27 patients for dental complaints, among the 27 patients, 16 persons are done scaling treatment and also 23 patients are referred to Karpaga Vinayaga Dental College for further treatment like cleaning the teeth and remove the broken pieces of teeth.

The team from Karpaga Vinayaga Institute of Dental Science, Department of Public Health Dentistry visited CLTRI, chengalpattu on 26.06.2017 to screen for dental complication of inpatients and staffs.

The team visited all wards and screened 45 patients in the hospital. Among the 45 patients, 23 patients were treated at spot, 20 persons are done scaling and 3 persons are for restoration, also referred 22 persons to the Karpaga Vinayaga Information and Dental services for further treatment or other complications.

The team screened (25.07.17 & 26.07.17) 2 days, Out of 72 patients, 39 were treated and 45 patients referred for further check-up to the Karpaga Vinayaga Information and Dental Services.

For the said check up screening camp Mobile Dental Van with 2 dental chairs and trained paramedical staff accompanied the team.

Professor and Head of Community Dentistry and Assistant Professor participate in programme. The said programme coordinated and organized by Division of Epidemiology.

## **MONITORING OF LCDC ACTIVITIES 2016**

### **Monitoring of LCDC Activities in Maharashtra State (Summary Report)**

Central Monitor (Level 1) :Dr. V.C. GIRI, Deputy Director, CLTRI  
: Maharashtra state (Nagpur, Washim,  
Yavatmal, and Amaravathi Districts)





## BACKGROUND

- ❖ Leprosy Case Detection Campaign was proposed to be conducted in five Districts of Maharashtra from 22<sup>nd</sup> February to 6<sup>th</sup> March 2016
- ❖ With reference to the Deputy Director General (Leprosy) Letter vide No L20025/4/2016-Lep CLD, DteGHS, Nirman Bhavan, New Delhi, dated 01.02.16, the list of Central Monitor Level-1 has been assigned for Maharashtra State to Dr. V.C. Giri, Deputy Director, CLTRI for Monitoring the LCDC Activity.

Period	Dist. visited	Purpose	Health facilities visited
29.02.16 To 05.03.16	Nagpur, Yavatmal, Amaravati	Participation in District Task force, Training, Block Training, Desk Review and Activity Preparedness	ADHS and DHO, Yavatmal, Govt Yavatmal Medical College, PHC Mahsola, Amaravati ADHS and DHO, ADHS and DHO Nagpur, Hingna Block and Nagpur Rural Block
20.03.16 To 22.03.16	Washim	Activity monitoring and Post activity monitoring in some block	ADHS and DHO Washim, PHC Shendurjana (Washim), Manora, Magrudpir Block, Karpa Sub-Health centre
03.04.16 To 08.04.15	Nagpur, Yavatmal, Amaravati	During activity and post activity Monitoring	Amaravati SULU, Amaravati Urban Medical College, Tapovan Leprosy Hospital, Chandur Railway Block RH, Padskhed PHC, Sub-centre, Nagpur Urban, Kuhi Block, Mandhal PHC, Gothangaon Village

## Date of Activity

Initially proposed period of activity was from 22.02.2016 to 06.03.2016. But since Pulse Polio campaign was ongoing and also since non receipt of funds, the activity was postponed. The activity started in different dates, based on local feasibility by District Health Authority.

## State Level Workshop

State Level Workshop was conducted on 04.02.2016 to 05.02.2016 at Office of the Joint Director of Health Services (TB & L), Pune. Assistant Director of Health Services (Leprosy), Taluka Health Officers, Medical Officers, Representatives from the District Collector and Zilla Parishad Chief Executive Officers (CEO) were the participants for the Workshop at Pune( Maharashtra). Distribution of Operational Guidelines was done during the State level Training meeting at Pune.

## **Involvement of District Administration**

Representatives from District Collector and CEOs of Zilla Parishad have participated in the State level Workshop. District Task Force committees were formed in all the districts. District Collector of Amaravati and Washim have issued letters to all stake holders for participation in LCDDC.

## **District Co-Ordination Meeting and Workshop**

Committee was formed under the Chairmanship of the District Collector/ the CEO Zilla Parishad in District. Attended training workshop conducted by DTF at Yavatmal District on 01.03.2016.

## **IEC**

Printing of pamphlets and banners was done and also electronic and print media publicity was done in limited district, as they were uncertain over the fund release. So IEC activities were conducted in limited.

## **Denial of Activity**

Many Block Medical Officers expressed their concerns about the denial to participate in the activity due to less incentive per day for activity (Rs. 20/day) and due to non availability of male volunteers in urban Area. Many blocks have refused to participate in the activity due to these issues

## **Micro – Planning**

Micro-planning pertaining to allotment of human manpower was available in the district as well as block level but detailed micro-planning like Pulse Polio Programme (PPI) was not available in the district.

## **House Marking**

In most of the places, house marking was good. However in some places, no house marking was available since ASHAs mis-understood that because they have already conducted BLCC in January month, there would be no need to conduct the activity with the query that how they would get cases again within one month.

## Supervision

In most of the places, supervision is done only by Regular/ Contractual staff of NLEP. The involvement of Paramedical staff of General Health Care like ANM, MPW, HA, HV were negligible. On interview, some staff quoted the reason of completing the Family Planning work target as it was the month of March.

## House to House Visit by Team

In majority of the places, ASHAs were able to ask about the symptoms pertaining to leprosy. ASHA has visited the house and enquire about family members. Some confusion about 'L' house 'X' house was found in many places as every house was considered as 'L' house and only closed houses were 'X'. X to L conversion were found in the few area only. Since Tally sheets were translated in local language "Marathi" in all districts, ASHAs found it easier to fill.

## Team composition in rural area

ASHA was the key element for house to house activity and contributed main role for the team. But mainly single member team only, in few places, family members of ASHA helped her as Male Volunteer.

## Case Confirmation

Case Confirmation by Medical Officers was very less as they found it the work of Vertical staff personnel like NMA, NMS, LT et, in most of the places the Suspected case confirmations in all districts were done by NLEP staff only. Medical Officers lack the confidence & interest for diagnosing case of leprosy. PHC Medical Officers' role was mostly restricted to putting signature on patient/case card and the remaining task NLEP staff will complete.

## Reporting Method

Formats were translated in Marathi. Reports were not transmitted on day to day basis. Since suspect confirmation was pending many places reports were not transmitted to higher health facility level. Most of places daily reporting to District was not functional.

## Budgetary Issues

Entire period budget release was main bottle-neck for activity. Because of the less incentive, majority of block ASHA has submitted representations for non-participation in the activity. The State has submitted supplementary PIP, was not approved by NHM, MOHFW, GOI due to some reason, was the main cause of delay in fund release. State NHM has not agreeing to support financially from State Government side. Since budget was not released for district programme manager and uncertainty over date of activity, the IEC activities were not conducted properly. There was no provision for budget Supervisor's mobility, so supervision by GHC staff was not done properly. Many Health and supporting staff misunderstood this activity about same financial provision like pulse polio campaign (PPI)

## Suggestions

1. Date of the activity may be planned excluding financial year end.
2. Translation of formats in the local language for more users friendly.
3. Proper Budgetary provision for ASHA and Male Volunteers
4. Activity date which give sufficient time for planning and Training of Workers.
5. State specific activity like Block Leprosy Control Campaign (BLCC) can have difference of at least 3 months apart.
6. More emphasis on training of Medical Officers to increase ownership in programme.
7. Strengthening Distributing Flash Card per team will help the team to get more result.
8. IEC by using Electronic and Print Media
9. Case Confirmation to be done within a week of completion of activity.

## Glimpse



House to House activity monitoring



Awareness by using local folk artists



Visit to PHC



High risk area monitoring

## Monitoring of LCDC activities in Chhattisgarh State (Summary Report)

### Preamble

Leprosy Case Detection Campaign 2017 is planned to conduct in 20 States/ UT to detect the hidden leprosy cases with house to house active case search. This year LCDC is planned to conduct 27 districts of Chhattisgarh. Central Leprosy Division (CLD), Dte GHS, Ministry of Health and Family Welfare, Govt. of India, deputed Central Monitor to Chhattisgarh State for the LCDC monitoring.

Objectives of the monitoring is to assess the status of implementation of LCDC in context with coverage, quality of house to house search, capacity building of search team, identify the bottlenecks and root causes of issues in the various districts and selected field health facility and villages of the State of Chhattisgarh

## Methodology

The Monitoring is carried out by Central Monitor Level-I (Dr. V. C. Giri), Deputy Director, Central Leprosy Teaching and Research Institute, MOHFW, Govt. of India, Chengalpattu (Tamil Nadu). Initially visited office of State Leprosy Officer and Desk Review of ongoing activity, based on priority, some districts were identified for LCDC monitoring. The LCDC activity in state was planned from 02.10.2017 to 15.10.2017. The data collection for monitoring consists of Desk Review of Records and Reports, In-Depth Interview of (IDI) of district authorities like CMHO, Civil Surgeon, District Leprosy Officer, BMOs, MOs.

Micro-plan IEC, committees, logistics and training were scrutinized based on a timeline; activities were identified for well preparedness of LCDC. The block level personnel who were involved in planning and supervision of activities were interviewed. The house to house activity was verified as micro-plan and teams were observed for house visit, way of interaction, and visual examinations of body parts by team members, format filling and house marking and reporting mechanism on daily basis. The previous day activities were monitored by interview of household, house marking and format filled by team members.

After visiting, the feedbacks were shared to the districts and blocks, authorities, on spot to teams. At the end of the visit all findings and constraints were discussed for corrective interventions and future strategy of LCDC with DLO and CMHO.

Also visited the Central Government Institutions like Regional Leprosy Training and Research Institute (RLTRI), Raipur and Department of dermatology, All India Institute of Medical Sciences (AIIMS), Raipur to understand patients flows and services provided and other feedback pertaining to NLEP.



## Districts Visited for Monitoring

Date	District	Institution visited	Officials	Task	Team Members
06.10.2017	Raipur	Directorate of Health Services, SLO, DLO and CMHO	SLO, BFO and SMO	Desk Review, IDI, Planning for monitoring, IEC folk show observation and Feedback	Dr. V. C. Giri, Central Monitor Level-I, Chhattisgarh SLO, SMO, Respective DLO and Nodal NMA for concern districts
07.10.2017	Raipur	Raipur Urban, District Hospital, AIMMS Raipur, CHC and PHC of Villages	CS, DLO, NMA, Prof Dermatology, BMO, MO, NMA, MPW, ASHA	Desk Review, IDI, H to H activity monitoring	
08.10.2017	Travel to Bastar District( Jagdalpur)				
09.10.2017	Jagdalpur	CMHO, CS, Medical College, PHC, HSC, Village	CMHO, CS, Prof derm, DLO, BMO, NMA, ASHA, MPW, RMA	IDI, Desk Review, H to H monitoring and Feedback	
10.10.2017	Dantewada	CMHO, CS, DLO, NMA, BMO, MO, RMA, ASHA, MPW, ASHA	CMHO, District Hospital, CHC, PHC,	IDI, Desk Review, H to H monitoring and Feedback	
11.10.2017	Kanker	CMHO, DLO, NMA, BMO, MO, RMA, ASHA, MPW, ASHA	CMHO, CHC, PHC, HSC, Villages	IDI, Desk Review, H to H monitoring and Feedback	
12.10.2017	Dhamtari	CMHO, CS, DLO, NMA, BMO, MO, RMA, ASHA, MPW, ASHA and RLTRI Raipur	CMHO, District Hospital, CHC, PHC, Director and Joint Director, RLTRI, Raipur	IDI, Desk Review, H to H monitoring and Feedback	
13.10.2017	Raipur	Directorate of Health Services, SLO	Commissioner of Health/ Mission Director NHM, Director Family Welfare, SLO	Debriefing about monitoring findings	

## STRENGTH/ GOOD PRACTICES

- ❖ Good support from top health authority for better implementation of LCDC
- ❖ Persistence efforts for case detection over last few years
- ❖ Funds to districts were released well in advance
- ❖ MITANIN is played crucial role in identification suspects in earlier campaigns

- ❖ IEC material like banners and posters are all facility levels.
- ❖ The LCDC Control Room was functional at state level
- ❖ SLO is pro-active and committed to implementation of the campaign
- ❖ In urban area Male voluntaries were identified in search team from training school.
- ❖ Despite of many issues in LCDC implementations, large numbers of suspects were identified by search teams and confirmed by Medical Officers.

## MONITORING FINDINGS HIGHLIGHTS

- ❖ Most of visited districts H to H teams were consist of only MITANIN (ASHA) devoid of male volunteer.
- ❖ Micro-plans were need to prepared as per LCDC guidelines
- ❖ Training need to conducted effectively in many districts
- ❖ District level task force meeting were conducted in all visited districts
- ❖ Block level task force meeting not conducted in most of the visited places.
- ❖ IEC (LCDC and routine) need to done more effectively.
- ❖ Involvement of NMA need to improve a lot for better implementation of LCDC
- ❖ Routine NLEP records and reports were not maintained as per guidelines.
- ❖ Supervision by Medical Officers and NMAs, MPWs need to improve, it was weakest link in the programme.
- ❖ DLOs are working in multiple charges (DTO, IDSP, PCPNDT, etc)
- ❖ Concurrent case confirmation were done by conducting skin diagnostic camp at PHC level
- ❖ Involvement of Medical Officers in the case conformation need to improve.
- ❖ Few of Non Medical Assistants (NMA) are actively participating in LCDC and routine case detection and NLEP services.
- ❖ The composition of house to house team based on MPW and not ASHA.
- ❖ Quality of house to house search was mostly based on the question and not the examination of the body parts.

- ❖ The first level of supervision is merged as part of search team. ANM/MPW(RHO) plays a dual role (H to H Team member as well as supervisor)
- ❖ Most of the places MITANINS refused to fill the LCDC formats and house markings.
- ❖ Many places house markings were not properly.
- ❖ Weak supervision at block as well as district level officers.
- ❖ Involvement of supporting departments was lacking in the campaign.
- ❖ Formats were not filled and submitted by supervisors at block level denote weak supervision.

## **District Specific Feedback on LCDC and Routine Case Detection**

### **1. Institution Visited in Raipur (Urban and Rural)**

Chhattisgarh State Headquarter & Raipur and Naya Raipur.

1. Office of State Leprosy Officer
2. Office of Directorate of Health Services
3. Office of Chief Medical Health Officer, Raipur district
4. Office of District Leprosy Officer, Kalabadi, Raipur district
5. District Hospital, Raipur
6. Office of Chief Medical and Health Officer
7. Urban ward, Raipur Urban
8. Dept of dermatology, All India Institute of Medical Sciences(AIIMS), Raipur
9. PHC, Mandir Hasaud
10. CHC, Karonga

### **Observations**

- ❖ IEC done with help Lokdal Artists( Folk artists) in various place with Special IEC van
- ❖ The work was not started most places as micro-plan till day of visit.
- ❖ Most of the MITANINs refused to fill the format and do the house marking
- ❖ The quality of LCDC training need to improve.
- ❖ Poor involvement of NMA in the LCDC and routine case detection, need to improve for better implementation.

- ❖ House to house teams were only asking the question to household and no visual inspection of body parts.
- ❖ Involvement of DLOs need to improve in the programme
- ❖ LCDC was planned for few urban area only, as less numbers of ASHA(MITANIN) in urban area.
- ❖ No special plan for the high risk area in microplan for migrant labour, construction site, etc

## **2. Institutions visited in Baster (Jagdalpur) District**

1. Rani Durgawati Hospital / Medical College Hospital, Jagdalpur
2. Office of Civil Surgeon, Baster district
3. Office of District Magistrate
4. Office of District Leprosy Officer
5. Professor and head, dept of dermatology, Rani Durgawati Hospital, Jagadalpur
6. Sector PHC, Malgaon
7. Urban ward, Jagadalpur
8. PHC Belar, Lohandiguda Block

## **Observations**

- ❖ Micro-plan need to prepared as per LCDC guidelines
- ❖ DLO have multiple charges
- ❖ Funds were allotted to the districts well in advance
- ❖ Urban area covered with MPW Trainees as team members along with MITANIN
- ❖ Maximum numbers of cases were detected at Rani Durgawati Medical College & Hospital, Jagadalpur (Urban)
- ❖ Rural area team were doing house to house activity asking only questions, but need do visual examination of whole body parts
- ❖ House marking and formats filling were done properly
- ❖ Effective training to be imparted to ASHA and health supervisors
- ❖ IEC found satisfactory for LCDC activity

- ❖ Daily reports was compiled at block and district level.
- ❖ Maximum numbers routine cases detected and treated at Rani Durgawati Hospital, however case holding and reporting mechanism need to improve.
- ❖ In one of Sector PHC four cases were on treatment without maintaining any patient case card (ULF 01)
- ❖ Poor involvement of Non Medical Assistant in NLEP as well LCDC activity.

### **3. Institute Visited in Dantewada District**

1. Office of District Leprosy Officer
2. Office of Chief Medical and Health Officer
3. Office of Civil Surgeon
4. District Hospital, Dantewada
5. Dantewada Urban area
6. CHC, Geedham
7. Town area, Geedham

### **Observations**

- ❖ DLO with multiple charges, involvement in programme need to improve
- ❖ Microplan need prepared as per LCDC guidelines
- ❖ Funds were allotted to district well in advance
- ❖ Team were doing the work with filling the format and not doing the House Marking
- ❖ LCDC Training to be conducted at district and block.
- ❖ Supervision by health supervisors and Medical Officers were lacking in LCDC
- ❖ A Dermatologist is posted at District Hospital, the services need to be utilize for NLEP
- ❖ Urban area MPW trainee were used as team members along with Mitaniin(ASHA)

### **4. Institute Visited in Kanker District**

1. Office of District Leprosy Officer
2. Office of Chief Medical and Health Officer
3. Block Medical Officer, Sarona



4. PHC, Sarona
5. Health Sub-centre Dawarkhar
6. Daspur Village, District Kanker
7. CHC, Narharpur

## **Observations**

- ❖ Pre-activity IEC done in schools and public places
- ❖ District level training programme of ASHA and health staff conducted at block level
- ❖ Team consist of two Mitandin
- ❖ H to H activity done as per Microplan
- ❖ Teams filling the formats and doing the house markings properly
- ❖ The visual examination of household need to improve
- ❖ The NMA are pro-actively involved in LCDC and routine case detection activity
- ❖ Funds were allotted to district well in advance
- ❖ Supervision done by MPWs, ANMs and Medical Officers in most of the visited places
- ❖ House marking and format filling by team member found satisfactorily
- ❖ Ongoing skin camp were conducted at most of PHCs for confirmation of suspects indentified during the LCDC
- ❖ Revisit on same day and next day done by most of visited teams
- ❖ Sufficient numbers of suspect were identified and reported by H T H teams
- ❖ Referral slip seen with most of suspect identified during the campaign
- ❖ Daily reporting mechanism at block level was present
- ❖ Overall involvement of health staffs was good.

## **5. Institute Visited in Dhamtari District**

1. District Hospital, Dhamtari
2. Office of Chief Medical and Health Officer
3. Office of District Health Officer
4. PHC, Kharenga
5. Village Kharenga

6. CHC, Kandel
7. Village Megha, Block Kurud
8. Village Mohadi, Block Kurud

## **Observations**

- ❖ Involvement of DLO in LCDC and routine NLEP active need improve lot ( least priority given to NLEP)
- ❖ District level LCDC training was not conducted effectively
- ❖ Planning for LCDC need to improved
- ❖ Little involvement of Medical Officers in LCDC
- ❖ NMAs in the districts were not aware about LCDC guidelines and participation, supervision planning and training was not conducted effectively.
- ❖ Most of visited places activity was not conducted
- ❖ No supervision by NMA/ MPW/ ANM for ongoing activity
- ❖ NLEP records were not maintained properly at PHCs

## **CENTRAL GOVERNMENT/ AUTONOMOUS MEDICAL INSTITUTION VISITED**

Visited the Regional Leprosy Training and Research Institute (RLTRI), Raipur, had discussion with Director, Consultant (Ortho), Joint Director (PH), Assistant Director (PH). The RLTRI teams visited Rajanandgoan district, for Monitoring LCDC activities, the findings were shared by Director, RLTRI. The RLTRI play crucial role in Case detection, Management of reaction, relapse and Reconstructive Surgeries (RCS) and providing faculty support and technical input to State Government.

The dept. of dermatology, All India Institute of Medical Science (AIIMS), Raipur is one of the referral and tertiary care hospital providing support for case detection and management of lepra reaction cases. The NLEP staff is posted by state at AIIMS play crucial role for reporting of cases, record maintenance, feedback to districts and providing MDT services.

## SUGGESTIONS FOR STRENGTHENING OF LCDC ACTIVITIES

- ❖ Adherence to the LCDC guidelines
- ❖ Inclusion of male volunteer (FLW) as team member as per LCDC guidelines
- ❖ Chhattisgarh State is having approximately 400 Non Medical Assistants in place posted various districts, their involvement in the NLEP and LCDC activity is minimal. Need to improve involvement of NMA in the programme.
- ❖ Good quality training to team members and supervisory staff.
- ❖ Microplan need to be prepared as per LCDC guidelines
- ❖ Supervision at block level need to be strengthened during the campaign
- ❖ House to house activity emphasis on body parts examination of households not only asking the questions.
- ❖ Need more involvement of DLOs, it is lacking due to multiple charges.
- ❖ Line listing and referral of the suspect should be given priority without delay.
- ❖ Proper maintenance of NLEP records and reports



LCDC Chhattisgarh monitoring with Health Secretary and SLO CG 2017

LCDC Monitoring Chhattisgarh along with SLO Dr Deshpande 06.10.2017

## Monitoring of LCDC activities in Jharkhand State

Central Monitor (Level I) : Dr. Vijay Bhagat, Assistant Director, CLTRI,  
Chengalpattu

State : Jharkhand

Date : 28.03.2016 to 02.04.2016

### Monitoring visits done

Date	Visiting area	Halt
28.3. 2016	Ranchi Desk review DLO and other Prog. Managers	Ranchi
29.3. 2016	Dist,: E. Singhbhum Blocks: Jugsalai and Potka	Train Journey to Dumka
30.3. 2016	Dist: Dumka Blocks: Dumka (U), Jama and Masalia	Godda
01.4. 2016	Dist: Godda Blocks: Godda (R) and SundarPahari	Train Journey to Ranchi
02.4. 2016	Dist: Ranchi Blocks: Ranchi, Bedo and Ratu Debriefing to SLO & Central Monitor Level-2	Ranchi
03.4.2016	Ranchi to Chennai	--

### LCDC Activities in Jharkhand State

S. No	District involved in LCDC	District Monitored
1.	<b>Ranchi</b>	Ranchi
2.	<b>Godda</b>	Godda
3.	<b>Dumka</b>	Dumka
4.	<b>East Singhbhum</b>	East Singhbhum
5.	Gumla	
6.	Chatra	



## Observations and Recommendations

1. **IEC:** IEC materials were not distributed properly (especially, Jugsalai block of E. Singhbhum District). Handouts (with coloured pictures) were printed but not distributed by ASHAs to houses during campaign.
2. **Training:** ASHA training was conducted at most of the facilities. But the quality of training was not up to the mark. In many places, the block level trainers themselves were not trained (e.g. Bedo & Ratu Blocks of Ranchi Dist.). In some blocks, many ASHAs were not trained (e.g. at Jugsalai about 27% ASHAs were not trained).
3. **Planning & Implementation of LCDC:** The Micro plans were not prepared appropriately. Planning for the high risk areas was lacking. Planning for covering peri-urban areas was also lacking especially, in Golmuri (E. Singhbhum) and Ranchi Urban. The examination of the family members requiring IPC skills among ASHAs expected to be imparted during training was lacking. Identification of suspects was also lacking.
4. **Supervision:** Lack of supervision, especially, by the health staff was noticed at all levels from ANMs to Medical Officers. This affected the quality of field activity and the timely reporting. The Prog. Managers, especially, MOs & DLOs were not involved in the activities in most of the areas. In the areas where SahiyaSathi (ASHA Supervisors) were acting as supervisors, the activity was very well supervised. In the areas, where the MOs were interested and involved, the activity was implemented properly (e.g. Potka block of E. Singhbhum Dist.).
5. **Recording & Reporting:** Due to lack of supervision, the flow of reports was adversely affected. Therefore the recording and reporting of the activity is lacking in most of the places.

## Glimpse



House to House activity monitoring



Case Confirmation and initiation of MDT at house



## Monitoring of LCDC activities in Bihar State (Summary Report)

Central Monitor : Dr. Vijay Bhagat, Assistant Director(E & E)  
 State : Bihar  
 Date : 05.09.2016 to 18.09.2016

### Visited places in districts of Bihar state during LCDC

Date	District	Visiting area
6.9.2016	Muzaffarpur	office of the Dist. Leprosy Officer <b>Block</b> :Minapur <b>Village</b> : Turki
7.9.2016	Sitamarhi	office of the Dist. Leprosy Officer <b>Block</b> :Runi Saidpur <b>Village</b> : Thumba, Talkhapur, Dumra, Kothitola
8.9.2016	Sheohar	office of the Dist. Leprosy Officer <b>Block</b> :Tariyani <b>Village</b> : Chatauni Avadhpur (Ward no.5)
9.9.2016	Gopalganj	office of the Dist. Leprosy Officer <b>Block</b> :Uchakagaon <b>Village</b> : Mahaicha
10.9.2016	Gaya	office of the Dist. Leprosy Officer <b>Block</b> :Belaganj <b>Village</b> : Khaneta

### ASHA concerns & suggestions provided to SLO

CONCERNS	SUGGESTIONS
Payment of last LCDC (Mar. - Apr.2016) not received as conveyed by most of the ASHAs.	Need to be settled at SLO level.
Monitors were not approachable	Monitors need to prepare ATP and involve in the programme intensively.
Improper knowledge and confusion about SMS reporting.	On field training of the ASHAs.
Lack of involvement of Key Opinion Leaders at the field level, therefore non cooperation by some of the families.	Intensive monitoring by the health staff can improve community involvement.

### Observations

District	Observation
<b>Muzaffarpur (6.9.2016)</b>	1. 447 personnel (ASHAs & Male Volunteers) trained in two days at Meenapur block. 2. Untrained NMA working in LCDC also involved in case confirmation activity in NLEP.

<b>Sitamarhi (7.9.2016)</b>	<ol style="list-style-type: none"> <li>1. Runi-saidpur block: Microplan in custody of Ramesh Kumar (BCM) who is not available since 3<sup>rd</sup> Sept.</li> <li>2. A patient of MB Child (on MDT) noted to be wrongly diagnosed as leprosy.</li> <li>3. None of the high risk area included in the microplan.</li> <li>4. Inadequately trained NMA involved in case confirmation activity.</li> </ol>
<b>Seohar (8.9.2016)</b>	<ol style="list-style-type: none"> <li>1. False reporting (Activity not carried out but reported falsely)</li> <li>2. Post-dated reporting (filled in tally sheets found with ASHA for future days), Chatauni (Ward no. 5), Tariyani Block.</li> <li>3. Training of 115 ASHAs &amp; 105 Male volunteers in one day (3.9.2016)</li> <li>4. Two Brick kilns currently working are not included in microplan for LCDC activity.</li> </ol>
<b>Gopalganj (9.9.2016)</b>	<ol style="list-style-type: none"> <li>1. Appreciable work by ASHA, Residential school children examined.</li> <li>2. Residential school not in microplan.</li> <li>3. No plan of internal monitoring (ATP).</li> </ol>
<b>Gaya (10.9.2016)</b>	<ol style="list-style-type: none"> <li>1. 3 areas (Gaya Urban, Manpur &amp; Dumaria) not carrying out LCDC, not reported to SLO. Gaya Urban: ASHA (Already trained) refused to carryout LCDC, Manpur &amp; Dumaria: No acceptable reason.</li> <li>2. SMS reporting not carried out in entire dist, as reported by DLO.</li> </ol>
<b>ASHA Concerns</b>	<ol style="list-style-type: none"> <li>1. Payment of last LCDC (Mar-Apr.2016) not received as conveyed by many ASHAs.</li> <li>2. Improper knowledge and confusion about SMS reporting.</li> <li>3. Lack of involvement of Key Opinion Leaders at the field level, therefore noncooperation by some of the families.</li> </ol>
<b>Common observations</b>	<ol style="list-style-type: none"> <li>1. No physical examination of the family members. Most of the ASHAs only enquiring about the 'Characteristic' patch.</li> <li>2. Large no. of ASHAs trained (150-350) in 1-2 days.</li> <li>3. One supervisor (ASHA facilitator) for 20-30 ASHAs. She looks after the supervision after completing h-t-h work in her own area.</li> <li>4. No plan of internal monitoring (ATP) at most of the blocks.</li> </ol>

## Monitoring of LCDC activities in Odisha State

Central Monitor : Dr. Vijay Bhagat, Deputy Director(E & E), CLTRI,  
Chengalpattu  
State : Odisha  
Date : 30.10.2017 to 04.11.2017

### Plan of Monitoring Visits

Date	Visiting area	Halt
30.10. 2017	Desk review with SLO, RD and other prog. managers	Bhubaneshwar
31. 10. 2017	<b>District:</b> Boudh <b>Blocks:</b> Adenigarh, Harbhanga, Boudh Urban	Sonepur
01. 11. 2017	<b>District:</b> Sonpur <b>Block:</b> Sonepur (U), Binka, Dunguripalli	Phulbani
02. 11. 2017	<b>District:</b> Kandhmal, <b>Block:</b> Tikabali, Udaigiri (U)	Phulbani
03. 11. 2017	<b>District:</b> Ganjam <b>Block:</b> Gobara, Belenghata	Berhampur
04. 11. 2017	<b>District:</b> Ganjam <b>Block:</b> Behrampur (U), Purushottampur	Bhubaneshwar
05. 11. 2017	Debriefing to SLO & Central Monitor Level-2	-

### Summary Report of monitoring of LCDC activities in Odisha

**1. IEC:** IEC material was printed at state headquarter and distributed to the districts. Many places the IEC reported to reach after starting of h-t-h activity. The pamphlets printed by state were used by the search teams. Many areas with high prevailing stigma, were noted to be reluctant for providing adequate information and were running away from search teams.

**2. Training:** ASHA training was conducted at most of the Blocks and Sector PHCs. But the quality of training was not as required. Most of the trainings were conducted in one setting for 2-3 hours with number of participants were ranging from 150-350. Therefore the important component of IPC was not delivered appropriately to the search team.

**3. Micro-planning:** The information of local influential person and high-risk area was lacking in all the microplans. In Ganjam district the microplans were available with only 7 out of 26 reporting units.

**4. House-to-house activity:** The examination of the family members requires IPC skills among ASHAs, which is expected to impart during training. As the quality of training was not at par the ASHAs were only surveying, examination of household persons was lacking in most of the blocks. Identification of suspects had also lacking. Most of the houses were noted to be covered by ASHA.

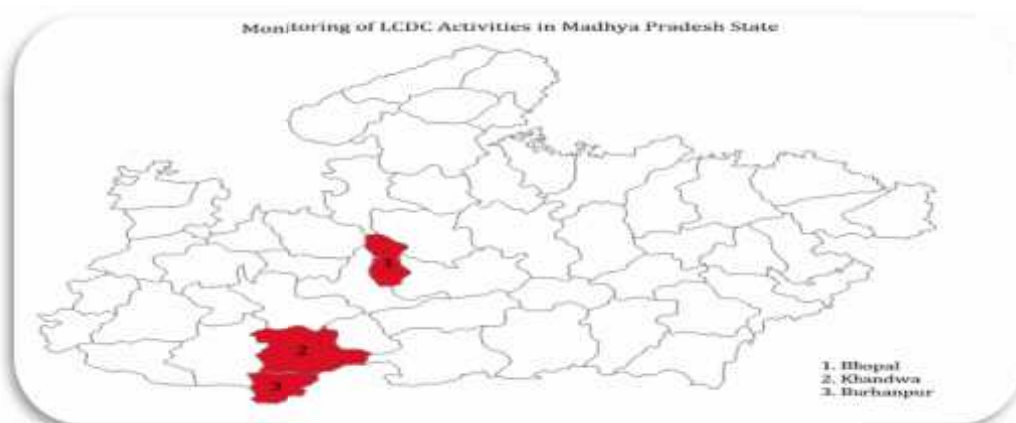
**5. Supervision:** There was lack of supervision by all supervisory staff. The ANM was assigned as level I supervisor, but as she had a fixed schedule, she could not performed this additional duty. A block level nodal person was assigned exclusive duty for LCDC supervision in most of the blocks. As a single person supervising entire block the quality of supervision was not maintained. Moreover the involvement of medical officer was negligible. In a block of Ganjam district a case which was diagnosed as MB leprosy further modified as PB by block medical officer, was visited by the team and confirmed as not a case of leprosy. Therefore training of medical officer in clinical diagnosis of leprosy needs to be looked into. An orphanage consisting of approximately 100 inhabitants, which is close to DLO's house was not in the microplan and therefore was left by the team.

**6. Recording & Reporting:** Due to lack of supervision, the flow of reports was adversely affected. Some of the districts such as Bough were regularly submitting daily report, due to lack of effective supervision many districts were not providing daily report. Therefore the recording and reporting of the activity is lacking in most of the places. It was notable that the concurrent suspect examination was happening in about half of the districts which was of appreciable quality.

The findings were conveyed to the Chief Dist. Med. Officer and Dist. Leprosy Officer for corrective action. Also the observations were briefed to State Leprosy Officer and Central Monitor Level II.

## LCDC Activities in Madhya Pradesh State

Central Monitor (Level I)	: Dr. Shubhangi Baviskar Assistant Director, CLTRI, Chengalpattu
State	: Madhya Pradesh (Bhopal, Khandwa & Burhanpur Distircts)
Date	: 14 <sup>th</sup> Mar.2016 –Bhopal; 15 <sup>th</sup> to 16 <sup>th</sup> Mar. 2016- Khandwa; 16 <sup>th</sup> Mar. 2016- Burhanpur



### General Observations

- ❖ MPW (M) & ANMs were on the strike and so, were not involved in LCDC.
- ❖ Non Medical Assistants. (NMA) were available and were assigned supervision. No involvement of male volunteers.
- ❖ Activities (Training, IEC and Survey) were according to micro-plan.
- ❖ Among confirmed cases, Females >Males.
- ❖ Many Gr II Deformity cases among newly detected cases.

Activity	Bhopal	Khandwa	Burhanpur
<b>Area &amp; Facilities visited</b>	2 Blocks, (1 Urban, 1 Peri - urban & 1 Rural area), 1 CHC & 1 Sub Centre.	6 Blocks, 5 Villages, 1 CHC & 3 Sub Centres.	2 Blocks, 4 villages, 3 PHCs & 2 Sub Centres.
<b>Micro-plan</b>	No missed area.	No missed area.	No missed area.
<b>IEC</b>	Only through posters & pamphlets.	Through posters, pamphlets, wall paintings and radio.	Through posters, pamphlets & TV.
<b>House marking</b>	Survey was conducted, Many False 'L' are detected. Only few were marked 'X'. Lack of supervision is noted.	Survey was conducted, Few False 'L' are detected. Supervision was adequate.	Survey was conducted, Few False 'L' are detected. Supervision was not adequate. ASHA training was in-adequate.



<b>Logistic availability</b>	'X' Formats were not available.	Adequate.	Adequate.
<b>Case finding activities</b>	Suspects were not verified by the Supervisors. Monitor examined 4 Suspects and confirmed all as cases.	Suspects were verified by the Supervisors. Monitor examined 11 Suspects and 8 confirmed as cases.	Suspects were verified by the Supervisors. Monitor examined 4 suspects and 3 confirmed as cases.
<b>Recording &amp; reporting</b>	'X' Forms not available with ASHAs. Formats were properly filled by ASHA.  Daily reporting: Yes.	Formats were available adequately. Formats were properly filled by ASHA.  Daily reporting: Yes	Formats were available adequately. Formats were in English but, not understood by ASHAs. Therefore discrepancies were identified in Formats filled by ASHA. Daily reporting: Yes
<b>Notable observations</b>	DLO's involvement: lacking. Lack of coordination among ASHA- Supervisor- DLO.	DLO: Involved.NMA: Actively involved. Earmarked files were provided to each team with pen, formats, contact numbers, area info. etc.	DLO's involvement: Lacking. Lack of coordination among ASHA- Supervisor- DLO.

## Monitoring of LCDC activities in Lakshadweep

Central Monitor Level - I	Dr. M. K. Showkath Ali, Director, CLTRI, Dr. S. S R. C. Hosanna, Medical Officer, Dr. T. Pugazhenthana, Medical Officer,
Field Staff	Sri. V. Prabakar, Field Investigator Sri. I. Prabakaran, Junior Field Investigator Sri. P. Dayalan, Non Medical Supervisor Sri. S. Ramesh, Para Medical Worker Sri. K. Ranganathan, Para Medical Worker Sri. M. Dhamodaran, Para Medical Worker
UT	Lakshadweep (Kavaratti, Androth, Kalpeni, Minicoy, Amini, Kadmat, Agatti, Kiltan, Chetlat & Bitra Islands)
Date	24.10.2016 to 05.11.2016

1. Leprosy Case Detection Campaign in Lakshadweep Islands was carried out. 2 MOs and 6 Field Staff from CLTRI participated in the programme from 18<sup>th</sup> October to 5<sup>th</sup> November 2016. All the 10 islands were covered by the teams individually.
2. Training imparted to ASHAs and Para medical staff.
3. Total population survey was conducted.
4. Capacity Building of the officials was done while confirming the Suspect cases which were detected by the ASHAs and Para medical staff.
5. Cross-checked the 'L' Houses during survey.

### Monitoring of LCDC activities in Lakshadweep

Central Monitor Level I	Dr. M. K. Showkath Ali, Director, CLTRI, Dr. S. S R. C. Hosanna, Medical Officer, Dr. T. Pugazhenthana, Medical Officer,
Field Staff	Sri. I. Prabakaran, Junior Field Investigator Sri. P. Dayalan, Non Medical Supervisor Sri. S. Ramesh, Para Medical Worker Sri. K. Ranganathan, Para Medical Worker Sri. M. Dhamodaran, Para Medical Worker
State/UT	Lakshadweep (Kavaratti, Androth, Kalpeni, Minicoy, Amini, Kadmat, Agatti, Kiltan, Chetlat & Bitra Islands)
Date	23.10.2017 to 05.11.2017

## COMPUTER SECTION

### Staff Position

Name of the Post	Sanctioned	In position	Vacancy
Data Entry Operator Grade 'B'	4	1	3
Data Entry Operator Grade 'A'	4	2+1*	1
Computer Room Attendant	1	1	Nil

\* - On Deputation to DGF&T, Chennai

## Duties & Responsibilities

- ❖ Data Entry & Processing
- ❖ Software Development & Maintenance
- ❖ Website Development & Maintenance
- ❖ Consultancy Services
- ❖ Data Analysis and Report preparation
- ❖ Faculty for various Training Programmes
- ❖ System & Network Maintenance

## Data Entry

- ❖ Monthly Progress Reports (MPR) of Tamil Nadu and Andhra Pradesh.
- ❖ Data Entry of Survey of Thirukazhukundram.
- ❖ Preparation of Documents/ Reports / Certificate for various training Programmes.
- ❖ Any other word processing work assigned by the superiors from time to time

## Software Development & Maintenance

1. Simplified Information System (since 2002)
2. Salary System (since August 1998)
3. Stores Inventory System (since 2012)
4. Pharmacy Inventory System (since 2016)
5. Leave Management for Admin Section (since 2016)
6. MCQ Test Module for Health professionals (since Oct 2012)
7. Website Development (since October 2012)
8. Training Information Management System (since 2017)

## Future Proposals

- ❖ Computerisation of CLTRI Out Patient Department (OPD).
- ❖ Computerisation of CLTRI Central Library.
- ❖ Computerisation of CLTRI Pension and Commutation.

## CLTRI WEBSITE INFORMATION

To communicate with public / patients 24x7 and to give information about our patient care, training and research activities, a website for our Institute is highly essential. The proposal for development of CLTRI Web Site was submitted from the Division of Epidemiology & Statistics in September 2012. The CLTRI Website was developed by Computer Section of Division of Epidemiology & Statistics using open source and hosted in NIC Server. The website is maintained by Computer Section of Division of Epidemiology & Statistics.

<http://www.cltri.gov.in>

### Available Information

The detailed information about our Institute and various Divisions functioning is made available. Information on Training, Publications, Statistics etc. were also periodically updated in our website. All notifications pertaining to Recruitments & Tenders were also published regularly in our website. The website contains RTI section which complies with RTI 4(I) B of RTI Act 2005.

### Web Information Manager / Nodal Officer for Website

Dr.V.C.Giri,  
Deputy Director (Epid.)  
Division of Epidemiology & Statistics,  
Central Leprosy Teaching & Research Institute,  
Chengalpattu - 603 001, Tamil Nadu, INDIA.  
email : nodalofficercltri.tnchn@nic. in. Phone : 044-27426065





## Information uploaded in CLTRI Website

Particulars	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Recruitments	-	-	-	2	9
Tenders				10	30
RTI 4(I)B	1	1	1	1	1
Statistics	1	1	1	1	1
Officer's Profile	-	8	-	3	4
Training Calendar	1	1	1	1	1
Publications	-	-	-	-	-

## Right To Information (RTI) Section

Designation	Name	Contact details
Central Public Information Officer (CPIO)	Dr. V. C. Giri, Deputy Director	Phone : (044) 27426065 Fax: (044) 27426064
Appellate Authority	Dr. M. K. Showkath Ali, Director	Phone : (044)-2742675 Fax : (044) 27426064
Administrative Assistant	Mrs. R. Hema Latha, Stenographer, Gr I	Up to 06.07.2017
	Mr.V.Elangovan Stenographer, Gr II	From 07.07.2017



## Particulars

S. No	Item	2013-14	2014-15	2015-2016
1.	Opening Balance	Nil	Nil	Nil
2.	No. of Applications Received as Transfer from other Ministries/DGHS during the year	13	18	16
3.	No. of Applications Received during the year	23	21	20
4.	No. of Appeals Received during the year	1	3	4
5.	No. of Cases Transferred to Other Ministries.	-	1	
6.	No. of Requests/Appeals accepted	36	39	36
7.	No. of Requests/Appeals rejected	-	-	
8.	Total No. of CPIOs Designated	1	1	1
9.	Total No. of AAs Designated	1	1	1
10.	Fees collected during the year	Rs. 240/-	Rs. 190/-	Rs.200/-
11.	Additional Fees collected as incidental charges during the year	Rs. 648/-	Rs. 376/-	Rs.1363
12.	Details of various Provisions of Section 8- while rejecting the requisite information.	-	-	Cases 1.Section8(1)(b)(e)(h) & (j) 2.Section 8(1)(b)(e)(h)& (j) 3.Section8(1)(j)
13.	Is the mandatory Disclosure under Sec.4(1)(b) posted on the website of Public Authority	Yes	-	Yes
14.	Provide detail/URL of web page, where the disclosure is posted	<a href="http://www.cltri.gov.in.RTI.cltrirti.pdf">http://www.cltri.gov.in.RTI.cltrirti.pdf</a>	-	<a href="http://www.cltri.gov.in">http://www.cltri.gov.in</a>

## Accodamation facilities for Trainees

### SCIENTIST HOSTEL

In the Scientist Hostel, 15 rooms (2 bedded), well equipped with Air-Condition (AC) and Geyser are available for trainees.



## STUDENT HOSTEL

In the Students Hostel, 18 rooms (16 two bedded and 2 four bedded) with basic infrastructures are available for trainees.

## INSTITUTE CANTEEN

Canteen is available in the Scientist Hostel for the trainees, staffs, patients and visitors.

Contractor Name	: K. Vargueses
Area	: Canteen in Scientist Hostel
Facilities	: Breakfast, Lunch, Dinner
Rate	: As per Govt Norms.

## CENTRAL LIBRARY

The full-fledged library was established in 1961 to act as an aid on the development of research and applications in the field of leprosy. As on date, the total collection of Central Library is 3297 books and 4572 Bound volumes of periodicals and total members of the library is 68. The library remains open from 09-00 to 17.30 hrs. in all working days.



## Purchase and Stock Position

During the year 2015-2016, CLTRI library added to its stock in the Central Library 56 books and 17 Bound volumes of periodicals. The library subscribed to 26 Foreign and 8 Indian Journals on behalf of CLTRI. In addition 4 foreign and Indian Journals are being received on Grants.

## Utilisation of library

During this period under the report, 2686 books and periodicals (Enclosed Annexure A) have been issued to the readers. 36 different topics of bibliographies

on leprosy have been prepared and issued to Medical Officers/District Leprosy officers (DLO) and trainees of this Institute. 428 references were collected in deferent topics of leprosy through net search in library.

## Man Power Resources

The library is being run with the help of two professional and one supporting staff.

- ❖ Library Information Assistant : - Shri. A. Rajendran
- ❖ Library Clerk : - Shri. V. Sundararajan
- ❖ Library Attendant : - Shri. G. Udhayakumar

## Library Committee

The Library Committee governs the Library. The Institute ranks will be the In-charge of the library Committee and acts as the Secretary of the Library Committee. During the period the following members were constituted as Library committee:

- Chairman : Dr. M. K. Showkath Ali, Director
- Secretary : Dr. V. C. Giri, Deputy Director (Epidemiology)
- Members : Dr. R. Veerakumaran - CMO, Dr.M.Punitha- SMO,  
Shri. A. Rajendran -Librarian, Shri.S.Sivakumar, Head Clerk

## Inter-Library Loan System

The library has Inter-library loan arrangement with all Medical Institutions and British Council Library, Chennai.

### Year Wise Detail of Library Utilisation

S. No	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1.	2013	125	82	78	132	125	93	88	59	102	112	141	147	1284
2.	2014	90	120	85	98	62	125	211	73	145	126	125	142	1402
3.	2015	125	90	14	107	54	89	77	86	97	133	106	111	1089
4.	2016	318	285	154	95	110	159	187	185	126	128	123	146	2016
5.	2017	130	92	160	140	111	93	146	186	128	105	175	87	1553

## VEHICLE SECTION

### Staff Position

S. No.	Staff position	Numbers
1.	No. of Drivers sanctioned strength	5
2.	No. in position	3
3.	Vacancies	2
4.	Under process for recruitment	1

These two vacancies are managed temporary by utilizing one MTS as regular driver in full time and a cart man, has been allotted to the vehicle section, in addition to his routine duties.

#### 1. No. of vehicles in working condition

S. No	Vehicle model	Year of Purchase
1.	Qualis (Toyota)	2004
2.	Sumo (Tata)	2003
3.	Commander (Mahendra)	2000
4.	Gypsy (Maruthi)	1995



#### 2. Vehicles to be condemned

S. No	Vehicle model	Year of Purchase
1	Mahendra	1984
2	Mahendra	1988
3	Tata bus	1990

All the above vehicles were inspected by the concerned officer from the Airport Authority of India, Chennai and the reports were sent to the DGHS /MoHFW for approval and further processing.

### 3. Proposal for procurement of Vehicles

The proposal for the procurement of one Ambulance and one Field Vehicle against the condemned vehicle has been submitted to the CLD, DGHS, MoHFW in Jan 2017.

### 4. Purpose:-

- i Field work and field based research activities.
- ii Monitoring and Evaluation of NLEP activities in Tamil Nadu, Pondicherry, Kerala and Karnataka
- iii Training activities.
- iv Shifting the Patients to the general hospital for complications.
- v Pick up and Drop of Officials on duty.
- vi Purchase of Medicines, Chemicals and Stores items.
- vii Procuring and processing of mice feed and for kitchen items
- viii Patient diet distribution every day.
- ix Estate monitoring work.
- x Cleaning of garbage from Quarters, Wards and estate
- xi Collection and distribution of linen.
- xii Procurement of diesel for Generators.



## Clinical Division

Clinical Division primarily dedicated for the patient care services from the entry of a patient into the hospital, their medical care and discharging after proper treatment. This department is headed by Additional Director/Senior-most Medical Officer who is assisted by a team of Medical Officers in rendering patient care services, training the medical personnel and other administrative duties.

### Patient Care Activities Provided in the Division

- ❖ Out-patient care – General / MDT Services
- ❖ In-patient treatment –General / MDT services
- ❖ Expert management of reactions with thalidomide, relapses/drugresistance etc.
- ❖ Teaching activities in leprosy to Medical Officers, Post Graduates and Undergraduates, House Surgeons of local Medical Colleges and Non-Medical Supervisors etc.
- ❖ Long term follow up study of relapse/reaction cases in leprosy.

The various departments working under Clinical Division and their brief elaboration is as follows:-

1. Out-patient department (OPD)
2. In-patient department (IPD)
3. Nursing Section
4. Pharmacy Section
5. Medical Records Section
6. Sanitary Section
7. Laundry section
8. Central Kitchen

### HOD and Doctors in Surgical and Clinical Division

Head of Clinical Division	Doctors Name	Designation
Dr. V. Durai Assistant Director (Surgical)  Dr.S.Elavarasan, Additional Director From 17.07.2017	Dr. G. Dinesh Kannan	Chief Medical Officer
	Dr. M. Punitha	Senior Medical Officer
	Dr. Hosanna, SSRC	Medical Officer
	Dr. T. Pugazhenthana	Medical Officer
	Dr. S.P. Saravanan	Medical Officer
	Dr. T. Kalaivani	Medical Officer
	Dr. M. Sandhanalakshmi	Medical Officer
	Dr. Sajitha.V	Medical Officer
	Dr. .Abhijit .V	Medical Officer
	Dr.vinod kumar .T	Medical Officer
	Dr.Barla vidyasagar	Medical Officer

## Staff of Clinical Division

S. N o	Name	Designation
1.	Mr. V.Elangovan Mrs. Hemlath from(17/7/2017)	Stenographer-II
2.	Mrs. T. Nachammai	Pharmacist
3.	Mrs. M.R. Ravichandran	Pharmacist
4.	Mr. V. Ramalingam	MTS
5.	Mrs. D. Lakshmi	MTS

## Brief Elaboration of the Various Activities of Clinical Division

### Out-Patient Department

This department is primarily concerned with diagnostic and management services of Hansen's patients. The OPD services are provided from Monday to Friday except Saturday, Sunday and Public holidays. Though emergency services are carried out round the clock and are perpetual. OPD starts at 9 am in the morning and services are extended throughout till 5.30 pm in the evening.

Utmost expertise and caution is exercised by the team of qualified Doctors in confirming a person affected with leprosy and its subsequent management.

The patients visiting the Out-patient department are mainly old as well as newly diagnosed cases of leprosy requiring various services ranging from Multi Drug Therapy, Lepra-reaction management, Ulcer management, Deformity management, disability management, Counseling and Footwear.

All OPD services are absolutely free of cost and no patient is charged for any of services rendered at CLTRI. A great concern and dedication in the services rendered in the quality and quantity of time spent with the patients and commitment of the doctors and staff in diagnosis and management of leprosy, making CLTRI the premier most tertiary care hospital available for management of leprosy for the people of India.

### In-Patient Department

CLTRI is sanctioned with 124 bed strength hospital for the inpatient management of leprosy patients. The inpatient department is divided into eight wards under four Heads viz., Ward 1 & 2 (Sick room), Ward 3 & 4 (Women Hospital), Ward 5 & 6 (Surgical Ward) and Ward 7 & 8 (Main hospital).

The major conditions which are managed are chronic and non-healing infected ulcers, lepra reactions, deformities requiring surgical correction and general ailments of the leprosy patients.

Each ward is headed by a Medical Officer in-charge assisted by Nursing Sister, Staff Nurses, Dresser and Nursing Attendants. Daily ward rounds are conducted and patient care services are ensured. Dressing of the ulcers is performed in clean environment by trained Dressers and Nursing Attendants. Medications are instituted at bed side by the Nursing personnel. Besides Management of the complications of leprosy, the disease conditions requiring attention of other medical specialties' viz. diabetes, hypertension, renal failure, endocrinal, orthopedic, neuropsychiatric problems etc. are also considered and managed effectively by seeking consultation with the concerned specialist from the nearby Government Medical College Hospital.

All wards are equipped with sterile surgical instruments, dressing materials, sterilizer, dressing tables, wheel chairs, crutches, Basic life support (BLS) Kit, Air beds and a Common Dead Body Freezer Box. All the medical wastes, food wastes and other wastes are placed in color coded dustbins for safe disposal as per waste management norms.

Beds are placed with sufficient inter-bed space to avoid cross infection. The well aerated wards with false-ceiled roofs provide a comfortable stay and psychological wellbeing for the poor destitute patients helping in speedy recovery. In each ward, food is provided hygienically at bed side and safe drinking water facility is ensured with Reverse Osmosis Units.

Television with DTH facility is provided in OPD and all wards for the IEC as well as entertainment of the patients of CLTRI. Rest rooms are provided with western type lavatories besides custom type for the help of the all kinds of patients getting admitted in CLTRI.

As most of the patients admitted are abandoned and destituted, some of the old leprosy cured people who are willing, are employed as patient helpers, for help of the patients for their daily routines.

Death incidence have come down. When died, the bodies of the patients are preserved in the Freezer box till their relatives arrive.

### Patients Position In-Patient Department

S. No	Particulars	2013-14	2014-15	2015-16	2016-17	2017-18
1	Admissions	665	803	773	1328	1030
2	Discharges	676	788	764	1285	1003
3	Deaths	3	2	13	12	14

## Patient Particulars in Out-Patient Department

S. No	Particulars	2013-14	2014-15	2015-16	2016-17	2017-18
1	No. of new cases attended OPD	96	66	58	70	50
2	No. of old cases attended OPD	5950	6375	6109	10313	7864
3	No. of patients attended OPD from GLC Block	1830	1755	1553	2221	1665
4	No. of other cases (NCL) attended OPD	1588	1567	1662	3100	3848
5	Total no. of patients examined in OPD	9464	9763	9382	15704	13427

Out-Patient Department



Sick Room(Ward 1&2)



Surgical Ward(Ward 5&6)



## Nursing Section

Nursing Section working under the Clinical Division is headed by Assistant Nursing Superintendent (ANS) who is responsible to the Head of Clinical Division. ANS is supported by Nursing Sisters, Staff nurses and nursing attendants (Male and Female) in rendering the patient care services in the OPD as well as In-Patient Department.

The care given by the Nursing personnel is unique in its way as compared to any other hospital in its surmount affection and compassionate way of handling the poor destitute patients who mostly come to the hospital alone, being denied treatment in certain peripheral health care units due to the yet prevailing barbarous stigma in the society.

Many a times the patients who come with dirty, foul smelling pus filled with maggot infestation are taken care and their wounds are cleaned and dressed, and given food and proper clothing which shows the extent of dedication and selflessness of the nursing personnel of CLTRI.

### Staff Details

S. No	Name	Designation
1.	Mrs. U. Mangaleswari	Assistant Nursing Superintendent
2.	Mrs. V. Chandra	Nursing Sister
3.	Mrs. J. Maalini Grace Jayaseeli	Nursing Sister
4.	Mrs. G. Shanthi	Nursing Sister
5.	Mrs. R. Mary	Nursing Sister
6.	Mrs. A. Gnanasundari	Nursing Sister
7.	Mrs. S. Jayakumari	Nursing Sister
8.	Mrs. Jessi Tamil Selvi	Nursing Sister
9.	Mr. K. Rajarathinam	Nursing Sister
10.	Mrs. B. Sumathi	Nursing Sister
11.	Mrs. C. Vallideivanai	Nursing Sister
12.	Smt. B. Prasannakumari	Nursing Sister
13.	Mrs. AmeenaBie	Staff Nurse
14.	Mrs. C. Siluvaikani	Staff Nurse
15.	Mrs. R. Helen Vidhyavathi	Staff Nurse
16.	Mrs. J. Suguna Clement	Staff Nurse
17.	Mrs. A. Ambiga	Staff Nurse
18.	Mrs. S. Jayanthi	Staff Nurse
19.	Mrs. B. Ezhilarasi	Staff Nurse
20.	Mrs. K. Chokkammal	Staff Nurse
21.	Mrs. B. Elizabeth	Staff Nurse
22.	Mrs. D. Himala	Staff Nurse
23.	Mrs. S. Sheela	Staff Nurse
24.	Mrs. Patricia Elizabeth Pereira	Staff Nurse
25.	Mr. D. Janet Santhakumari	Staff Nurse
26.	Mrs. P. Moghana	Staff Nurse
27.	Mrs. S. Prabhavathi	Staff Nurse
28.	Mrs. G. Kalavathy	Staff Nurse
29.	Mrs. R. Dheepa	Staff Nurse
30.	Mrs. Suseela Glory Samraj	Staff Nurse



## Dressers, Nursing Attendants and MTS

S. No	Name	Designation
1.	Mr. T. Rajkumar	Dresser
2.	Mrs. S. Nagomie	Dresser
3.	Mrs. S. Jayalakshmi	Nursing Attendant
4.	Mr. A. Dharmaraj	Nursing Attendant
5.	Mrs. C. Komala	Nursing Attendant
6.	Mr. G. Manimaran	Nursing Attendant
7.	Mrs. Y. Jayanthi	Nursing Attendant
8.	Mr. R. Vengadeswaran	Nursing Attendant
9.	Mr. D. Dhamodharan	MTS
10.	Mr. I. Yesudoss	MTS
11.	Mr. D. Stanley SelvaDurai	MTS

## Pharmacy Section

This section is handling the Medical Sub Store and dispensary in CLTRI. The pharmaceutical section is managed by two Pharmacists. They are given bellow.

This section is responsible for supplying day to day requirements of medicines and other medical paraphernalia to the OPD and IPD. A proper and well updated register of the stocked medicines, dispensed medicines, expiry details, damaged supplies are maintained and reported to the Head of Clinical division on daily basis for flawless service of the patients. The data is updated in customized software prepared by CLTRI.

The medical prescriptions received at the pharmacy are well filed and maintained for a minimum of five years and periodical drug audit is performed ensuring rational drug prescription. All the medicines are preserved in a well-equipped and air conditioned store room. Refrigerators are provided for medicines requiring optimal temperatures.

Disinfectants are preserved separately and safety is ensured. Certain antiseptic solutions viz. EUSOL are freshly prepared and supplied for the patient use on daily basis for quality assurance.

Proper instructions given to the patients regarding the mode and method of use of medicines and possible side effects and precautions are well explained by Doctors and reinforced by the Pharmacists. All the medicines provided at CLTRI are free of cost.

## Medical Record Section

This department handles various registers and records regarding the patient care activities rendered at CLTRI. They are well preserved and as of today, records of past 70 years are well maintained and are traceable for effective follow up of patients treated at CLTRI.

### Photos of Old records



All the new cases and old referral cases are reported to Central Leprosy Teaching and Research Institute. All the cases are registered with their detailed address and phone numbers and each will be allotted a new Out-patient number.

All the admitted cases of old or new ones will be marked with an In-patient Number and kept in the In-patient Record Room No. 15 of OPD. Each case will be allotted an OP ticket (Card) mentioning their Name, OP number, Date of Registration at CLTRI which is covered with Plastic cover required for further follow up and for tracing their OP record at OPD.

Maintenance of Registers and records for all cases of Admission, Discharges, New cases, Daily Census of in-patient and OPD cases, Death, Referral, Not a Case of Leprosy, RFT (Removed From Treatment) cases, Micro-Cellular Rubber Footwear, Patient Death Registers etc. Submission of Monthly as well as Annual Report of Hospital Statistics to the Director, CLTRI, Deputy Director (Epid.), CLTRI and copies communicated to all State Health Officials.

Patient Welfare services like issue of Referral letters, BI negative certificates, Treatment certificates, Railway Concession letters, Intimation of death to relatives/local Village Administrative Officer. Maintenance of clinical photos of all reaction cases, deformities, ulcers etc. for teaching purposes for doctors, Post Graduate students, House Surgeons Non-Medical Supervisors etc.,

Others services includes the maintenance of registers and records for payment of investigation details from the Patient's Donation Fund like CT scan and X-ray (up to 15.03.2016). Preserving the patients treatment records dating back from 05.12.1927 onwards to 1978 during the period of Lady Willington Leprosy Sanatorium, Chingalpet, prior to the existing hospital namely Central Leprosy Teaching and Research Institute, Government of India, Chengalpattu.

This section also deals with

1. Treatment certificates for the leprosy patients who are treated at CLTRI.
2. Smear negative certificates.
3. Railway concession certificates.
4. Medical fitness certificates to leprosy patient's children for school admissions.
5. Monthly and annual reports to communicate to State leprosy officer and District leprosy officer through Epidemiology division, CLTRI.
6. Referral letters for admission in various leprosy homes.

## List of Registers maintained in the Section

The various registers maintained by the Medical Record Department

S. No	File and Register Name	Purpose for maintaining
1.	New Case Register	For entering new leprosy case attending OPD.
2.	Old Case register	For entering old leprosy case attending OPD
3.	Surgical Register	For entering regular ulcers and surgical cases.
4.	NCL – Register	For entering Not a case of leprosy.
5.	Outpatient chart	Maintaining old and new patient charts
6.	Daily and Monthly Census File 01.01.2000 to till date	For maintaining daily and monthly census of outpatients (new and old cases) registered in OPD
7.	Alphabetical Register	Maintaining this register to ease finding the patient's case record in Registration Room.
8.	Relapse Case register	Maintained for relapse cases
9.	MDT and RFT register	For patients who are ongoing Multi drug therapy and for patients who are released from treatment

## Registers in the In-Patient Room

S. No	Register Name	Purpose for maintaining
1.	Ward admission Register	Admissions of leprosy patient in all wards
2.	Ward discharge Register	Discharges of leprosy patient in all wards
3.	GLC blocks admission and discharge Register	Admission and discharges of leprosy patient from block – GLC
4.	Railway Concession Register	Details of railway concession issued to discharged leprosy patient's signed by the Officer – in – Charge (Clinical)
5.	Old Case Sheet Register	For entering patients case sheet issued to wards for reference of the patient history
6.	Foot wear Register	The details of footwear slips issued to leprosy patients
7.	Admission book (Numerically with 1 + 2)	Inpatients admission entered and signed by the Officer – in – Charge (Clinical) and issued to the patients for admission
8.	MDT & Negative Certificate Register	Details of MDT & Negative Certificate issued.
9.	Alphabetical Register of leprosy patient	Alphabetical name of the leprosy patient is maintained in order to find out the patient's Case Sheet in the Record Room.
10.	Patient Case Sheet (Old and New)	Records of patient case sheet history from No. 1 to 8000 numerically.
11.	Sub-stock Register	For maintaining items in Medical record Section (IP Registration room and OP Registration room)

## SANITARY SECTION

This Section handles the vital role in maintenance of a clean and serene environment of CLTRI giving the Institute a homely yet magnificent atmosphere. This Section is headed by a Sanitary Inspector assisted by Jamedhar and Sanitary Workers.

### Staff Strength

S. No	Name	Designation
1.	Mr. G. Rajalingam	Sanitary Inspector
2.	Mrs. K. Ellammal	Jamedhar
3.	Mrs. Rajalakshmi	MTS
4.	Mrs. Shanthi	MTS
5.	Mr. K. Chandrasekar	MTS

This section renders its services both in the Non-residential and residential areas. To emphasize, the work nature of Sanitary Workers in CLTRI is saluteable owing to their remarkable dedication in handling the foul smelling dirty wastes of the ulcer dressings without hesitation or disgust, the due reason because of which the patient's own blood relations abandon them.

### Responsibilities of sanitary section

#### House Keeping Management

Daily 11 Sanitary Workers are involved to ensure the indoor sanitation, disinfection through proper cleaning of Toilets, Floors, Roofs, Dustbin etc.

#### Solid and Liquid Waste Management

Daily 2 Sanitary workers are involved in collecting the domestic and bio medical wastes from the Institute and Residential campuses for proper disposal. Besides weekly once ensured drainage (waste water path way) cleaning activities are done properly.

#### Environmental Neatness

Daily 4 Sanitary Workers are involved to complete the outdoor sanitation via proper maintenance of common roads, removing bushes etc.

#### Insects Control

Weekly 3 times 4 Sanitary Workers are involved for Chemical spaying to control the house flies from solid waste disposal areas, RCC dustbins located areas etc.

Weekly once 4 Sanitary Workers are involved for chemical spraying to control the vector larvas in drainages, Septic tank chambers etc.

## LAUNDRY SECTION

This Section handles cleansing the soiled linen of the wards and Operation Theatre. All linen are properly disinfected and boiled when washed. OT linen is autoclaved and sterility ensured.

## Staff Details

S. No	Name	Profile
1.	Mr. E. Subramani	Dhoby
2.	Mr. A. Sridharan	Dhoby



## CENTRAL KITCHEN

Central kitchen is notable in its role in providing a homely diet for the patients of CLTRI playing a crucial role in their speedy recovery.

## Staff Details

S. No	Name	Profile
1.	Mr. E. Vasudevan	Cook ( retired on 28.03.2018)
2.	Mr. S. Raja	Cook
3.	Mr. V. Kumar	Kitchen Assistant
4.	Mr. S. Prasath	MTS
5.	Mr. D. Ashok kumar	MTS

The inpatients of CLTRI are provided with healthy and hygienic diet thrice a day which is freshly prepared and served hot. Morning breakfast with coffee/milk is provided at 8 am, afternoon lunch at 1 pm, Evening snacks with coffee/milk at 4.00 pm and night dinner at 7.00 pm. Extra egg and milk is provided to the debilitated patients as needed. Conjee diet, milk diet and low salt diet are made available for the patients with diabetes and hypertension. Kitchen wastage is properly disposed as per norms to avoid fly breeding and stray animal menace. All the staffs are periodically examined for any evidence of being disease carriers

In addition to the above, Clinical division is focused on various Research and Training activities.

- ❖ Research activities are performed with due reason and applicability to the prevailing needs of the medical fraternity. Consent of the patients is availed and data properly collected for analysis, interpretation and publication.

- ❖ Clinical division renders its service in training various medical and Para-medical personnel at the Institute and peripheries. The primary areas of focus are
  1. Clinical diagnosis and management of leprosy and its complications
  2. Drug safety and its implications in particular to Steroids and Thalidomide usage.
  3. Early case detection and prevention of deformities
  4. IEC activities
- ❖ Clinical Division collaborates with Government Leprosy center (GLC) which is situated within the CLTRI premises in providing Residential services for the poor leprosy patients. Certain patients who are willing and capable of doing a reasonable work are employed in various sections in CLTRI and are paid. This is performed as part of rehabilitation services for the poor and destitute leprosy patients. As and when required patients are referred to concerned leprosy homes for their stay and rehabilitation.

A Leprosy home "Anbu Thondu Nilayam" which is located yards distance from CLTRI has been of great help in taking over the responsibility of the patients after completion of their treatment. Besides it being associated with many rehabilitation centers has improved the lifestyle of the PALs to a vast extent.

- ❖ A special fund named "patient donation fund" is being maintained at the Cashier, CLTRI and monitored by HOD clinical division and the Director CLTRI. This fund is the generous donation of the visitors of CLTRI besides contributions of the staff of CLTRI. This fund is utilized exclusively for the services of the poor leprosy patients for carrying out any special investigation or purchase of any specific medicines when needed. Also it is used to pay the Dharmakartha who carries out the funeral services of the deceased leprosy patients whose body remains unclaimed.
- ❖ Clinical division plays an active role in celebration of various national days viz. Anti-leprosy day (Jan 30), Independence Day, Republic day, during which the patients of CLTRI play a very active role and lead the events to a grand success which is witnessed by many eminent social servants and politicians.



## SURGICAL DIVISION

The Surgical Division comprises the Operation Theatre, Physiotherapy Section, Artificial Limbs and Footwear Section, X-ray Section and Micro-Cellular Rubber (MCR) manufacturing Unit. This section handles by the following officers and staff.

### Officers List

S. No	Name	Designation
1.	Dr. V. Durai	Assistant Director (Surgical)
2.	Dr. G. Dinesh Kannan	Chief Medical Officer
3.	Dr. Hosanna S.S.R.C	Medical Officer
4.	Dr. T. Kalaivani	Medical Officer

### Staff List

S. No	Name	Designation
<b>Physiotherapy Section</b>		
1.	Sri. D. George	Physiotherapist
2.	Smt. E. Vijaykumari	Tech. Assistant (Surgical)
3.	Smt. P. Thenmozhi	Physio Technician
4.	Sri. G. Venkatesan	Physio Technician
5.	Sri. S. Srinivasan	MTS
<b>Micro cellular Rubber Unit</b>		
6.	Sri. S. Raviganesan	Supervisor-cum-Chemist
7.	Sri. M. Ganesan	Pressing Man
8.	Sri. D. Murugadoss	Mixing Man
9.	Sri. E. Rajaganapathi	MTS
<b>Artificial Limb &amp; Foot wear Section</b>		
10.	Sri. Sudhirkumar	Orthotic Technician
11.	Sri. V. Chandran	Cobbler
12.	Sri. S. Arumugam	Cobbler
<b>X-Ray Section</b>		
13.	Sri. K. R. Gangadaran	Radiographer
<b>Operation Theatre</b>		
14.	Sri. S. Ganesh	Theatre Attendant
15.	Sri. V. Balamurugan	Theatre Attendant
<b>Surgical Section</b>		
16.	Sri. K. Ravi	Peon

This Division provides following services

1. Reconstructive Surgery (RCS),
2. DPMR services
3. Training programme in RCS and DPMR
4. Camp based RCS Surgeries

A well-equipped Operation theatre is attached to the surgical division. The operation theatre was not fully functional before 2013.

After the joining as Director, Dr. M.K. Showkath Ali accorded top priority for renovation and regular functioning of the Operation Theatre. Since then Re-Constructive Surgeries have been carried out regularly. In total there are 124 beds available for the patients in the hospital, out of which 24 beds are exclusively earmarked for RCS cases and remaining beds are utilized for ulcer care services, management of reactions & complications and other general cases.

### Operation Theatre



### Major and Minor Reconstructive Surgeries from 2013 to 2017

Type of Surgery	Name of surgery	No. of cases 2013-14
Minor Surgeries	1. Ulcer curettage	6
	2. MTH resection	3
	3. Biopsy	1

(From Sep 2013 to October 2014 No cases done)

Type Of Surgery	Name Of Surgery	No. of Cases (2014-15)
Major RCS	1. Drop Foot Correction	1
	2. Four Fingers Claw Hand Correction	3
	3. Nerve Decompression	2
	4. Split Skin Graft	6
Minor Surgeries	1. Excisional Biopsy	1
	2. Ear Lobe repair	3
	3. Intra Articular Injection	2
	4. Lipoma Excision	1
	5. Ray Amputation	2
	6. MTH Resection	4
	7. Nerve Biopsy	1
	8. Secondary Suturing	3
	9. Wound debridement	1
	10. Skin Biopsy	2
	11. Ulcer Biopsy	1
	12. Ulcer Curretage	17
<b>Total</b>		<b>50</b>

Type of Surgery	Name of surgery	No. of cases in 2015-16
Major RCS	1. Two fingers claw Hand correction	3
	2. Four fingers claw Hand correction	2
	3.Hand-Thumb Correction	3
	4.Drop foot Correction	3
	5. Nerve decompression	1
	6. BK Amputation	10
	7.Below Elbow Amputation	1
	8.Split Skin Graft	6
	9. Calcaneal Shaving	2
Major Surgeries (General)	1. Hernio-plasty	2
	2.perforator vein ligation	1
Minor Surgeries	1. Skin Biopsy	34
	2. Nerve Biopsy	6
	3. MTH Resection	5
	4. Ray Amputation	1
	5. Secondary suturing	2
	6. POP slab application	5
	7. POP/Strapping	1
	8. Serial tube Casting	1
	9. sequestrectomy	2
	10. Ulcer Biopsy	16
	11. Ulcer curettage	48
	12. Ulcer debridement	5
Minor Surgeries (General)	1. Ganglion Removal	1
	2. Lipoma excision	2
	3. Haematoma Aspiration	2
	4. Abscess I&D	8
	5. Ear lobe Repair	9
	6. Bursectomy	1
	7. Intra articular injection	4
	8. Excisional biopsy	8
	<b>Total</b>	<b>195</b>

Type of Surgery	Name of surgery	No. of cases in 2016-17
Major RCS	1. Four fingers claw Hand correction	10
	2. Two fingers claw Hand correction	1
	3. Thumb Correction	2
	4. Total Claw Hand Correction	1
	5. Nerve decompression	3
	6. Drop foot Correction	7
	7. Lagophthalmus re-correction	2
	8. Calcaneal Shaving	3
	9. EHL Tenotomy	5
	10. EDL Tenotomy	1
	11. Thumb Web Contracture release by "Z" plasty	4
	12. BK Amputation	13
	13. Forefoot Amputation	1
	14. Ankle joint disarticulation	5
	15. TA Lengthening 'Z' plasty	4
	16. Syme's Stump revision	1
	17. Split Skin Grafting	21
Minor Surgeries	1. Bipedicle Skin release	4
	2. Sequestrectomy	10
	3. Finger Contracture release	1
	4. Nerve Biopsy	2
	5. Skin Biopsy	10
	6. Ulcer Biopsy	8
	7. Collagen application	20
	8. Secondary suturing	21
	9. Ulcer curettage	85
	10. Ulcer debridement	78
	11. Ulcer Shaving	3
	18. MTH resection	49
	19. Ray Amputation	2
	20. Ulcer flap Rotation	1
GENERAL	1. Perforator Vein Ligation	1
	2. Hydrocele-Excision and eversion of sac	3
	3. excisional Biopsy	3
	4. Ear lobe repair	11
	5. Ganglion removal	2
	6. Infective Granuloma Excision	1
	7. Neuro Fibroma excision	1
	8. Abscess I&D	4
	9. Seb. Cyst Excision	3
	10. Corn Excision	1
	<b>Total</b>	<b>408</b>

Type of Surgery	Name of surgery	2017-18
Major RCS	1. Four fingers claw Hand correction	7
	2. Two fingers claw Hand correction	3
	3. Total Claw Hand Correctionwith Thumb correction	4
	4. Nerve decompression	2
	5. Drop foot Correction	6
	6. Lagophthalmus correction by temporalis transfer	3
	7. EHL Tenotomy	2
	8. Thumb Web Contracture release by "Z" plasty	3
	9. BK Amputation	31
	10. Ankle joint disarticulation	2
	11. Split Skin Graft	26
	12. IP Arthrodesis for Claw toes	1
	13. Stump Revision	2
	14. Nerve abscess exploration	1
Minor Surgeries	1. MTH resection	29
	2. Bipedicle Skin release	3
	3. Sequestrectomy	9
	4. Finger Contracture release	1
	5. Ray Excision	7
	6. Skin Biopsy	4
	7. Ulcer Biopsy	7
	8. Collagen application	31
	9. Secondary suturing	41
	10. Ulcer curettage	91
	11. Ulcer debridement	35
	12. Ulcer Shaving	1
	13. Wide local excision	1
	14. Eye lid epilation	1
	15. Finger trigger release	1
	16. Ray Amputation	1
	17. Skin tag excision	3
	18. Stump revision	4
	19. Ulcer flap advancement	1
GENERAL	1. Inguinal block dissection- for secondaries	1
	2. Hernioplasty	1
	3. Haemorrhoidectomy	2
	4. Internal Sphincterotomy	1
	5. Hydrocele-Excision & eversion of Sac	2
	6. Lipoma excision	1
	7. Seb. Cyst Excision	1
	8. Ear lobe correction	6
	9. Excisional Biopsy	3
	10. Abscess I&D	6
	11. Corn Excision	1
	12. Knee callus excision	2
	13. Wart removal	2
	14. Neuro fibroma excision	1
	15. Cyst excision and excisional biopsy	3
	Total	394

## Patient Care Activities

This Division provides both Out-Patients and In-Patients services for leprosy patients who come from different parts of the country in the areas of deformities and disability prone conditions are extended. Both surgical and Non-Surgical procedures are applied for treating patients so that the permanent disabilities and deformities are prevented.

## Physiotherapy Section

The Physiotherapy Section has continued to play an active and very important role in providing Physiotherapy services to both Out-Patients and In-Patients. Besides patient care activities, the staffs of this section has also been involved in the various research projects conducted by the Surgical Division by way of evaluation of deformities, assessment of motor and sensory status and functional assessments. The staffs of this section were also involved in the various teaching and training programs conducted by the institute particularly for the nine months Leprosy Physiotherapy Technicians Course. The staffs of Physiotherapy Section are also actively involved in counselling of patients by imparting health education in the care of insensitive hands and feet, an important and decisive factor in the prevention of deformities and disabilities in patients. The treatment modalities employed are hand and foot exercises, wax therapy, oil massage, short wave diathermy, ultra-sound therapy, trans-cutaneous nerve stimulation, infra-red treatment, interferential therapy and electrical stimulation of muscles and nerves. Various modalities of treatment given as number of sessions for each are given below.

Physiotherapy is the system of treatment using physical energies like Heat, Cold water, sound, electricity and some mechanical forces. This helps in clearing of oedema, relief of pain during movement, instrument exercise, preventing deformities in reactionary periods. By Health Education, Grade II deformity cases are prevented. Physiotherapy is needed for preventing deformities, it is essential for surgery both before and after the RCS. Pre op Physiotherapy is needed to prepare the part and provide optimal conditions for Corrective Surgery. Post op Physiotherapy is needed to obtain maximum benefit from the Corrective Operation. Tender transfer operations will fail if the operations are not preceded and followed by Physiotherapy. In Physiotherapy, for the management of Leprosy Patients, commonly used methods are Wax therapy, massage, exercises and splinting. While the other methods like Electrical Stimulations, Nerve Stimulations Shortwave Diathermy, and Ultrasonic Therapy are scarcely used.

When the patient experiences weakness of muscle, regular Physiotherapy (like Wax bath, massage, exercises, splints and electrotherapy) can be given to restore the muscle power and to prevent deformities. Established deformities can be corrected by Reconstructive surgery.



## Staff Strength

S. No	Profile	Sanctioned post	Position
1.	Physiotherapist	1	1
2.	Assistant Physiotherapist	1	-
3.	Physiotherapy Technician	2	1
4.	Technical Assistant	1	1

## Aims of Physiotherapy

1. Prevention and management of Deformities
2. Overcome the Disabilities
3. Reduce the Oedema
4. Relieve the pain
5. Improve blood circulation.
6. Providing pre and post-operative management
7. Health Education

## Assessment

1. Before commencement of Physiotherapy the patient must be assessed for the deformity and disability point of view and the findings must be recorded. The assessment provides a base line data about the deformity status of the patient.
2. During the assessment, importance is given to sensation of skin, Nerve function, Muscle power and joints mobility. The strength of the muscles is graded using MRC scale. This assessment is helpful in evaluating the progress during and after treatment.

## Wax Therapy

Wax therapy is one method of Heat therapy. It is very useful in treating stiff and painful joints and patients with neuritis. It's a routinely used preliminary measure before exercises. Paraffin wax with Vaseline used for wax treatment in the ratio of 5:1

## Splinting

Splints are external appliances for treating patients.

### List of Various Splints provided to the patients

S. No	Splints	Indications
1.	Cylindrical Splint	Stiff contracture finger
2.	Spiral Splint	Mobile Claw hand-maintain joint mobility
3.	Thumb web Splint	To maintain thumb web space
4.	Cock up Splint	Wrist drop
5.	Long arm posterior slab	Ulnar neuritis-rest to the inflamed nerves
6.	Gutter Splint	Stiff finger (Injury)
7.	Thumb Sling	Post op -to maintain position (abduction)

		as well as opposition)
8.	Functional position Splint	Hand in reaction – to rest
9.	Anterior slab	To maintain position – post op
10.	Posterior Slab hand	To maintain position -post op
11.	Hand spicka	Triple nerve paralysis
12.	Posterior slab foot	Drop foot – To provide rest
13.	Below knee pop	Dry ulcer – to rest the part
14.	below knee (Window) pop	to prevent walking, window for dressing of Plantar ulcer
15.	Below knee pop without rocker	Neuropathic foot - to prevent walking
16.	Eye sling	Lagophthalmas
17.	Mouth sling	Facial paralysis

**The following services are available in the Physiotherapy Section.**

1. Voluntary Muscle Testing (VMT)	16. Below Knee posterior slab to rest the foot
2. Angle measurement using Goniometer	17. Electrical Stimulation
3. Claw Hand–Exercise(Pre& Post operation)	18. Trans Cutaneous Nerve Stimulation
4. Foot Drop–Exercise(Pre & Post operation)	19. IFT – Interferential therapy
5. Wax Therapy	20. Shortwave Diathermy
6. Massage& exercises for the hand	21. Ultrasonic therapy
7. Facial paralysis, massage for Lag-opthalmas	22. Infra – Red rays
8. Facial sling	23. Over head pully
9. Namashivayam splint (Spiral Splint)	24. Mariner's Wheel
10. Cylindrical Splint for IP joint contracture	25. Parallel bar for Gait training
11. Thumb web Splint	26. Walker
12. Cock-up Splint	27. Tread Mill Walking
13. Long arm posterior slab	28. Nirmal exercise table
14. Functional position sling	<b>29. Exercises for Drop Foot</b>

**New Instruments procured during 2015-16**

S. No.	Name of the instrument
1.	Short-wave diathermy
2.	Interferential therapy
3.	Stationary cycle
4.	Infra-red Rays
5.	Mariniers wheel

## Facilities available

### Voluntary Muscle testing (VMT)



To have a base line data about the status of the deformity. To evaluate progress/ deterioration during & after treatment

### Angle Measurement using Goniometer



To have an idea about The mobility of the involved joints

### Claw Hand



Hyper extension of the MetaCarpo phalangeal joint and flexion of the inter phalangeal joints.

### Foot Drop



Due to the involvement lateral popliteal nerve, the main dorsi flexors are paralysed. In some cases peroneus longus and peroneus brevis are also paralysed. So the patient is not able to dorsi flex and evert the foot.

### Wax Therapy



Superficial local heat treatment to lubricate the dry skin, to release contracture, for soft and supple hand

### Hand massage, exercises for the hand



To prevent and release contracture and to strengthen the muscle

### **Namashivayam splint (Spiral Splint)**



Knocks off clawing. The most useful, simple splint in the management of mobile claw hand

### **Cylindrical Splint**



To maintain the released contracture of the IP joint of fingers in stiff claw hand

### **Thumb web Splint**



To maintain the Thumb Web space for pre and post operative management.

### **Cock-up Splint**



During wrist drop to prevent the stretching of the paralysed wrist extensor muscle

### **Long arm posterior slab**



To give rest to the ulnar nerve(neuritis)

### **Strapping of eye lids for Lagophthalmos**



Right eye without eye sling  
Left eye with eye sling.

To keep the muscle in good tone



**Footwear with dropfoot straps**



To prevent the stretching of the weak dorsiflexors and to prevent tendo Achilles contracture

**IFT –Interferential therapy**



To manage acute pain condition

**Ultrasonic**



To release post-operative adhesion and deep seated pain

**Below Knee cast**



To heal ulcer by avoiding pressure and to prevent pathological fracture and deformity of neuro pathic joint

**Shortwave Diathermy**



For deep seated pain

**Infra – Red rays**



For the treatment of superficial pain

### Over head pully



To mobilize the shoulder joint

### Mariner's Wheel



For the shoulder joint exercises

### Parallel bar



Useful in gait training during post-operative management of drop foot

### Tread Mill Walking



Exercise for Lower Limbs

### Drop Foot exercise:

1. Improving dorsiflexors muscle power
2. preventing tendo Achilles contracture
3. releasing tendo Achilles contracture
4. preventing disuse atrophy of calf muscle
5. improving calf muscle power

### Step Climbing



### Ramp Walking





**Stationary Cycling****Sliding Sheet**

## Teaching & Training Activities

Nine months "Physiotherapy Technician" training Programme in which candidates sponsored by State governments and voluntary leprosy organisations from all over the country used to undergo. The sanctioned strength of the training programme is 16. The present batch is having 9 students, out of which 7 are sponsored by the Govt. of Andhra Pradesh and the remaining 2 are by the St. Joseph Leprosy Society, Kalasapakkam, Tamil Nadu.

Periodical demonstration / training programme for the SLOs/DLOs/Medical Officer, Non-Medical Supervisors, Ortho/Plastic surgeons, House Surgeons from the near-by medical colleges, BPT students from various colleges and other Para Medical Institutions are conducted.

## Annual Performance Physiotherapy Section

S. No	Particulars	2013-14	2014-15	2015-16	2016-17	2017-18
1	New Case- Assessment	142	243	134	382	488
2	Follow up Assessment	560	902	407	1708	1043
3	Hand Exercises	1257	1195	750	2530	2693
4	Foot Exercises	587	552	525	2089	2488
5	Wax therapy	1585	1048	928	2784	1639
6	Splints	278	417	292	981	1244
7	Electro therapy	1131	1463	675	1638	1872
8	General Cases	192	99	109	119	147

## RADIOGRAPHY SECTION

The X-ray Unit attached to the Surgical Section caters to the needs of all clinical units in the institute. One 32 KW 400mA EPSILON X - Ray Machine was installed on 09.03.2016 with FUJI Computed Radiography system. In addition to this, a Siemen's 60 mA Portable X-ray Plant is also functioning.

During the period from 09.03.2016 to 31.12.2017, a number of 3402 X-rays images were taken for 1545 patients. They are as follows

Lower Extremities	:	2532
Upper Extremities	:	440
Chest	:	189

Various spines	:	146
Skull	:	30
Pelvis	:	55
Abdomen and KUB area	:	10



## MICRO CELLULAR RUBBER SECTION

**1. Mastication:** Mastication aptly describes the operation of softening the raw rubber. This process is carried out in the rubber mixing mill. Here the object is to soften raw rubber for incorporation of various other chemicals.

**2. Compounding:** It describes the arranging of various chemicals in specific quantities for mixing process i.e. various chemicals are selected, weighed and arranged in order for mixing operation.

**3. Mixing Process:** Mixing process is done in the mixing mill (open set mill). In this process the raw rubber (RSS\_I) is masticated (softening the raw rubber). Rubber mastication is very important for easy mixing of the chemicals. After that the following chemicals are added to reclaimed rubber one by one along with the following two oils, Spindle Oil and Pine tar Oil

- ❖ Zinc Oxide (White seal)
- ❖ Sulphur Powder
- ❖ Stearic Acid
- ❖ Calcium Silicate (rubber grade)
- ❖ Calcium Carbonate (Rubber grade)
- ❖ China clay
- ❖ Carbon black (rubber grade)
- ❖ Blowing Agent (Dinitrosopentamethylinetetramine) First quality
- ❖ MBTS (Bayer brand)
- ❖ Paraffin Wax

The end process of this mixing gives a solid shape rubber compound after 1-2 hours. The solid shaped rubber is made into sheets of uncured rubber with the help of two side adjustments screws in the mixing mill. This long uncured rubber sheet is prepared by cealing (pulling). This long uncured rubber sheet weight 10kg and 6 feet long.

**4. Cutting of Sheets:** Ten numbers of sheet can be cut from each long uncured sheet. After cutting each sheet will have a weight of 1 kg in the desired mould size.

**5. Curing Process:** Curing process by vulcanization is done in the Hydraulic press. This hydraulic press is operated by hydraulic system. Vulcanization is the process which decomposes the liberated Nitrogen Gas and causes the uncured rubber to expand by 2 to 3 times of its original volume. This vulcanization is done with the chemical "Blowing Agent". At one point of time a single sheet can be cured at 150 c in 3 times.

This cured MCR rubber sheet shrinks in the room temperature within 3 days. Finally a cured rubber sheet of standard size of 46 cm length and 28 cm breadth is prepared.

**6. Air bubbles correction:** some air bubbles may be seen in the MCR sheet after curing. The four edges of the sheet have to be cut perfectly before storing of sheet.

**7. Post-curing:** post-curing is done in the Hot Air Oven. Here MCR sheet are kept for certain period (3 hours) at particular temperature. This is being done for removing any residual, moisture in the cured rubber sheet.

**8. Testing MCR Sheet:** MCR sheet is tested by the "shore Meter" for every day production. The hardness of MCR sheet used for leprosy patients is 15-20 shore A<sup>0</sup>

**9. Advantage of Micro Cellular Rubber Soling:**

1. Micro Cellular Rubber usually has very high flexural strength.
2. They are light and therefore comfortable to wear
3. Because of the presence of numerous gas filled cells, it is most useful as a shock absorbing agent. This is the main purpose of using MCR in soles for the footwear of leprosy patients.

## Annual Performance of MCR Section

S. No	Particular	Performance (No.)				
		2013-14	2014-15	2015-16	2016-17	2017-18
1.	MCR Production	846	1270	1160	1140	1200
2.	Used in CLTRI Foot wear section	500	605	703	700	900
3.	Supply to Outstation Govt. Centers and NGOs	169	10	1004	350	405
4.	Supply to Non cases of Leprosy	13	29	24	21	60

**Raw Rubber**



**Un Cured Rubber**



**Mil (Mixing Process)**



**Hydraulic press (curing process)**



**Under Mixing**



**Finished MCR**



## FOOTWEAR AND ARTIFICIAL LIMB SECTION



Footwear Section receives M.C.R Sheet from M.C.R production unit of CLTRI

### **Staff list of Footwear Unit.**

S. No	Post	Persons
1.	Sr. orthotic Technician	Vacant
2.	Orthotic Technician	Sudhir Kumar
3.	Cobbler	V. Chandran
4.	Cobbler	S. Arumugam
5.	Cobbler	Vacant

### **Patient care activities**

1. Different types of M.C.R Foot wear preparation like Bata model, Split Model, Tongue Model, Cup Model, Simple sandal Model, Foot drop Sandal are prepared.
2. Preparation of different types of Orthosis like
  - i. Fixed Ankle Brace (FAB)
  - ii. P.T.B. Brace (Patella Tendon Weight bearing Brace)
3. The special type of foot wear modifications like
  - ❖ M.T. Bar
  - ❖ Heel raise
  - ❖ M.Tpad
  - ❖ Scooping
  - ❖ Lateral Maliolus Cup
  - ❖ Arch support
  - ❖ Heel pad
  - ❖ Double layer
4. Preparation of Artificial Limb like Pylon Prosthesis & endoskeleton prosthesis.
5. Imparting the gait training to patient provided with orthosis / prosthesis.



6. Preparing at an average of 9 pair of MCR footwears daily according to the number of the patients.

7. Approximately 01-02 orthosis / prosthesis such as Pylon prosthesis (B.K), F.A.B brace, P.T.B. brace, molded shoes & latest B.K. endoskeleton Prosthesis are prepared monthly.

#### List of Electronics Instruments

- ❖ Grinder Machine
- ❖ Electric Oven
- ❖ Drill Machine
- ❖ Heat Gun
- ❖ Zic saw
- ❖ Sewing Machine
- ❖ Hand drill Machine

#### List of manual Instruments

- ❖ Bench vice
- ❖ Anvil
- ❖ Hammer
- ❖ Vice Grip Plier
- ❖ Hand saw
- ❖ Chisel

## Performance of Foot-Wear and Artificial Section

S. No	Description	2013-14	2014-15	2015-16	2016-17	2017-18
1	MCR Foot wear (in pairs)	1008	986	1129	1215	1255
2	No. of Orthosis and Prosthesis	23	22	20	57	65
3	Repair of Orthosis and Prosthesis	20	11	57	69	80
4	Foot wear modification	160	72	294	447	360

## Photo Gallery

**Simple sandal Model**



Sensory loss (partially)

**Split Velcro model**



Sensory loss with fore foot scar.



**Split model**



(Buckle type)with arch supporting &  
Scooping  
sensory loss with fore foot scars

**Bata model**



Sensory loss with no deformity or  
scar

**Tan model**



Sensory loss with claw toe and fore  
footscar

**Drop foot with a Spring sandle**



Sensory loss with weak dorsiflexion  
muscle

**B. K. PylonProsthesis**



Below Knee amputation.

**Molded insole**



Sensory loss with bad fore foot scaring  
or lateral border scaring or heel scaring

**Sym's prosthesis**



Through below melious amputation

**Patella tendon weight bearing brace**



Sensory loss with 2/3 part of planter surface area lost

**Pylon prosthesis (endo skleton)**



Below knee amputation. It is made by titanium / aluminium.

**Foot drop sandle**



sensory loss with dorsiflexion muscles weak

**Ankle Foot orthosis**



Foot Drop

**Fixed Ankle Brace footwear**



## DIVISION OF LABORATORIES

Division of Laboratory is one of the most essential components of the institute. Laboratories consists of six sections, as follows

1. Molecular Biology and Histopathology section
2. Microbiology section
3. Haematology and serology section
4. Biochemistry section
5. Animal house section
6. Clinical pathology & Skin Smear section

The molecular biology and histopathology section deals with the *M. leprae* specific PCR as well as the histopathology services to the hospital. Microbiology basically involved in the culture and sensitivity of the ulcers of the leprosy patients. The biochemistry section assists the hospital for clinical management of outpatient and inpatients. The animal house besides maintenance of animal colonies, conducts viability and drug resistance studies through Mouse Foot Pad inoculation. The clinical pathology section is located in the outpatient premises and supports the clinical investigations for outpatients. The speciality of clinical pathology section is it involved in collection, staining and reporting of slit skin smears for leprosy.

Besides routine clinical laboratory services the division is actively involved in teaching and research activities. This division specifically imparts training to B. Sc., M. Sc., B. Tech., M. Tech. and MBBS students of removed institutions for internship and regular trainings.

The quality control of the laboratory investigations also maintained with regular internal and external quality control measures. The facility is registered with the regulatory bodies and maintained appreciable standards.

### Staff Position in Division of Laboratories

#### Office Staff

Sr. No.	Name	Designation
1	Dr. Vijay Bhagat	Officer In-Charge
2	N.S. Rajendran	Steno. Gr. 1

## Section wise List of Staff

Section I/c	Staff	Designation
<b>MICROBIOLOGY, CENTRAL STERILIZATION &amp; IMMUNOLOGY</b>		
<b>K. Arunagiri</b> Tech. Assistant	S. Shivraman	Lab. Technician
	K. Menka	Lab. Assistant
	M. Lavanya	Lab. Attendant
<b>SEROLOGY AND HAEMATOLOGY</b>		
<b>L. Rathinavel</b> Technical Assistant	P. Rajanikanth	Lab. Technician
	P. Lalitha	Lab. Assistant
<b>BIOCHEMISTRY AND RIA</b>		
<b>G. Vanaja</b> Tech. Assistant	C. Kalaivani	Lab. Technician
	B. Nirmaladevi	Lab. Technician
	R. Kala	Lab. Attendant
<b>ANIMAL HOUSE</b>		
<b>Senthil Kumar</b> Sr. Technical Assistant	M. Kalaivanan	Animal Attendant
	N. Jothimani	Animal Attendant
	D. Sudha	Animal Attendant
	D. Nithyanandam	Animal Attendant
<b>CLINICAL PATHOLOGY AND SKIN SMEAR</b>		
<b>P. Ravi</b> Tech. Assistant	M. Murugesan	Lab. Technician
	G. Sangeetha	Lab. Technician
	L. Srimathi	Lab. Technician
	K. Lognathan	Lab. Assistant
<b>HISTOPATHOLOGY AND MOLECULAR BIOLOGY</b>		
<b>K. Arunagiri</b> Tech. Assistant	--	--

## Section wise cumulative Performance of Division of Laboratories

S. No	Departments/Sections	No. of Investigations				
		2013-14	2014-15	2015-16	2016-17	2017-18
1	Clinical pathology & Skin smear	1337	1621	2138	12724	15006
2	Hematology & Serology	3239	4396	5135	5419	7249
3	Microbiology	291	592	815	856	681
4	Histopathology & Molecularbiology (Routine & Research activities)	281	1054	139	712	209
5	Biochemistry	3317	4941	10028	9506	9224
<b>Total</b>		<b>8465</b>	<b>12604</b>	<b>18255</b>	<b>29217</b>	<b>32369</b>

## Bio-chemistry

The biochemistry section is one of the important segments of laboratories; it assists in all the clinical biochemistry investigations to the hospital. The facility of the clinical biochemistry is participating in the External Quality Assurance Scheme run by the Christian Medical College, Vellore. The performance of the biochemistry section in EQAS is excellent and provided opportunity to upgrade the laboratories as certified by the external agency. Investigations performed by the biochemistry section are as follows

PARTICULARS	2013-14	2014-15	2015-16	2016-17	2017-18
No. of Cases investigated	985	1508	1736	1633	1762
No. of test on Leprosy Patient	881	1354	1560	1471	1605
No. of Health individual investigated	104	154	176	162	157
No. of investigations	3342	6393	9891	9484	12623
<b>1. Blood Glucose</b>					
Fasting	214	344	445	470	517
Post prandial	217	348	445	467	519
Random	741	1123	1266	1121	1222
<b>2. HbA1c</b>	-	-	9	104	157
<b>3. Blood Urea</b>	807	1127	1352	1239	1359
<b>4. Creatinine</b>	666	1062	1346	1237	1342
<b>5. Uric Acid</b>	3	23	41	49	153
<b>6. BUN</b>	-	1127	1352	1239	1358
<b>7. Cholesterol</b>	91	121	189	162	316
HDL	-	-	68	128	204
LDL	-	-	55	121	201
VLDL	-	-	52	117	201
<b>8. Triglycerides</b>	57	90	154	140	262
<b>9. Bilirubin-Total</b>	106	193	388	417	716
Bilirubin-Direct	-	109	388	417	716
Bilirubin-Indirect	-	108	388	417	716
<b>10. SGOT</b>	36	150	458	437	716
<b>11. SGPT</b>	41	155	462	385	714
<b>12. Alk. Phosphatase</b>	51	108	350	404	669
<b>13. Serum Proteins</b>	-				
Total proteins	-	88	189	98	163
Albumin	-	84	189	97	163
Globulin	-	84	189	97	163
Sodium				12	03
Potassium				12	04
<b>14. CRP(Quantitative)</b>	-	4	16	35	15
<b>15. HSCR</b>				09	15
<b>16. G6PDH</b>				16	39
<b>17. TSH</b>	-	5	32	37	-
<b>18. Quality Control</b>				180	180



## Histopathology and Molecular Biology Section

The histopathology and molecular biology section is equipped with all the required facilities for processing the biopsy samples for identification and assessment of drug resistance. In collaboration with Sankar Netralaya, the sequencing of the genetic material is carried out.

Particulars	No. of Samples				
	2013-14	2014-15	2015-16	2016-17	2017-18
1. Histopathology	01 Biopsy	24 Biopsy	102 Biopsy	47 Biopsy	74
2. Molecular Biology -DNA Isolation	-	-	-	-	135
<b>Leprosy</b>	20 samples	123 samples	30 samples	09 samples	15
<b>Others</b>	280 samples	340 samples	07 samples	106 samples	120 samples
PCR for M.L Specific gene in SS sample	15 samples	120 samples	05 samples	02 samples	-
PCR for Van A Gene & Van B Gene	-	240 samples	-	-	-
PCR for VIM, IMP, OXA 23,24,51,53 & NDM gene	-	100 samples	-	106 samples	-
PCR for CTX.M, SHV, TEM, KPC, PER	-	100 samples	-	106 samples	-
PCR for M.L Specific gene	-	-	25 samples		-
PCR for Microfilaria	-	-	07 samples		-
PCR for rpoB& folP1	-	07 samples	09 samples	07 samples	-
PCR for ARMA, RMT B PCR for DHA, FOX, CIT, MOX, EBC, CMY	-	-	-	106 samples	-
DNA SEQUENCEING/SSCP	-	-	-	07 samples	-

## Microbiology Section

The section of Microbiology primarily involved in culture and sensitivity of the infected wounds especially those of ulcers of foot and other dependent organs. Isolation of micro-organism and culture-sensitivity of the infected material e.g. pus, site of skin graft etc. The routine assessment of exudates such as sputum, faeces, urine, skin scrapping for suspected fungal growth & other body secretions.



## Clinical Pathology Section

The clinical pathology section deals with the slit skin smear examination for *Lepra* bacilli along with the urine routine. The section started internal quality control for slit skin smears. The accuracy of the technicians is cross checked in all aspects including the staining and reporting quality. The section maintained high standards for quality of skin smear for leprosy bacilli.



## Animal House Facility

The animal house facility of the institute is one of the largest and unique among the leprosy institutes of Govt. of India. The facility is recognized by the Committee for the Purpose of Control and Supervision of Experiments on Animals, Ministry of Environment and forests, Govt. of India.

### Silent features of Animal House facility

The facility is recognized by Committee for the Purpose of Control and Supervision of Experiments on Animals

S. No	Type of Animals in the Animal House	No. of Position at year ending				
		2013-14	2014-15	2015-16	2016-17	2017-18
1.	Balb/C Mice Inbred Strain	690	546	690	648	776
2.	Swiss Albino Mice Inbred Strain	444	234	444	596	624
3.	Rabbit	0	0	0	0	0
4.	Rat	0	0	0	0	0
5.	Sheep	0	0	0	0	0
6.	Guinea Pigs	7	31	7	3	2

## Mouse Foot Pad (MFP) Inoculation

S. No	Name of patient	Age /Sex	Type of leprosy	Batch no.	BI /MI	Data of inoculation	VIA /DR	Strain & No. of mice inoculated	Date of I <sup>st</sup> / II <sup>nd</sup> / III <sup>rd</sup> / IV <sup>th</sup> harvest	Result
1.	Patient 1	34/M	LL	145	2.67 / 10	5.2.2015	DR	Swiss Albino / 66	05.08.2015/ 05.10.2015/ 05.12.2015/ 05.02.2016	No growth
2.	Patient 2	51/M	LL	146	4+ / 4	22.7.2015	DR	Swiss Albino / 66	22.01.2016/ 22.03.2016/ 22.05.2016/ 22.07.2016	No growth

## Glimpses of the Animal House



*RESTING SWISS ALBINO MICE*



*RESTING BALB-C MICE*



*Inoculated mice*

## Quality Control of laboratory investigations

Name of the section/ Investigation	Quality control activity*	Agency for External Quality Control
Microbiology	EQAS	CMC, Vellore
Haematology & Serology	EQAS	AIIMS, New Delhi
Biochemistry	EQAS	CMC, Vellore
Skin Smears	IQAS	Dv. Of Lab.

\*EQAS: External Quality Assurance System, IQAS: Internal Quality Assurance System

## Publications

1. Detection of Vancomycin Resistance among *Enterococcus faecalis* and *Staphylococcus aureus*. Journal of Clinical and Diagnostic Research: JCDR 10(2): DCO\$(2016) PMID27042459 PMC4800524
2. Detection of Carbapenem resistance in *Klebsiella pneumonia* in a tertiary care centre. International Journal of Pharma and BioSciences 2015 July: 6(3): B: 847-856.
3. Phenotypic and Molecular Characterization of Carbapenamases in *Acinetobacter* Species in a tertiary Care Centre In Tamil Nadu, India. National Journal of Laboratory Medicine. 2015:July: Vol 4(3) 55-60.

## Ongoing Research Purely Relevant to Leprosy

1. Extraction and detection of *Mycobacterium leprae* DNA from ZNCF stained skin smear slides for identification of negative skin smears.
2. Standardization of PCR for amplification of *M. leprae* specific gene for identification *M. leprae* strains obtained from skin scraping samples and stained smear negative skin smear slides.
3. Study on surveillance of Drug Rifampicin/Dapsone Resistance among Smear positive Multi-bacillary leprosy cases (Standardization of PCR for amplification of *M. leprae* *rpoB* & *folp1* gene for the detection of Rifampicin and Dapsone among *M. leprae* strains obtained from skin scraping samples).
4. DNA Sequencing of the Purified PCR products of *folp1* gene and *rpoB* gene at Sankara Nethralaya, Chennai for detection of the possible mutations in the *M. leprae* Strains during the Surveillance study on Drug resistance in cases of relapses and High risk groups.
5. Standardization of RT PCR for the amplification of 18kDa *M. leprae* from paraffin embedded tissue samples. **(Proposed work yet to start).**
6. Variable number Tandem repeats (VNTRs) finger printing as an epidemiological marker for *M. leprae* haplotyping **(Proposed project yet to start).**

## Ongoing Research Projects other than Leprosy

1. Paired serum and urine-based polymerase chain reaction system for the diagnosis of *Wuchereriabancrofti* DNA in a tertiary Centre. Standardization has been initiated.
2. Retrospective data analysis of the neoplastic/malignant ulcer cases from 2000-2015 has been taken up
3. Internal Quality Assurance of Skin Smear initiated from March 2016.
4. Estimation of Urinary NGAL in Leprosy Patients taking Anti-Leprosy Multi drugs Regimen in Central Leprosy Teaching & Research Institute-A Prospective Study (submitted for approval)
5. Paired serum and urine-based polymerase chain reaction system for the diagnosis of *Wuchereriabancrofti* DNA in a tertiary Centre.
6. Prevalence of *armA* and *rmtB* gene among extended spectrum beta lactamases and/or carbapenemases producing aerobic gram negative bacilli.
7. Detection of AmpC beta lactamases and oxacillinases among the aerobic gram negative bacilli.

## Other Activities

PCR demonstration for CRRIs & MBBS students from Chengalpattu Medical College, Karpaga Vinayaga Institute of Medical Sciences, SRM medical College, NMS trainees across the country and State and District Leprosy officers.

## Scientific conference attended

The International Conference on “**Advances in Laboratory Animal Science for Modeling Human Diseases**” was jointly organized by Biocon Bristol-Myer Squibb Research & Development Center (BBRC) and Laboratory Animal Scientist' Association (LASA) India on 14-15 Oct., 2016 at Sheraton Grand Hotel, Bangalore. Officer-in-Charge, Dr. Vijay Bhagat attended the conference and presented the research paper as below.

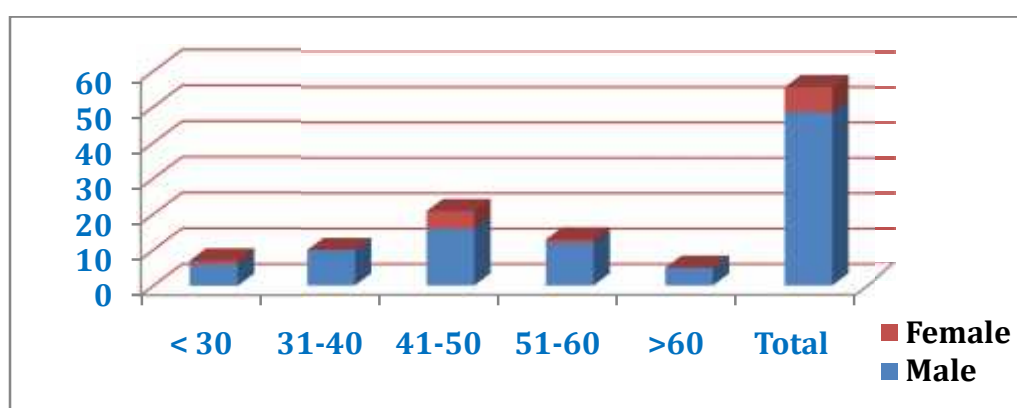
**Title:** Study of drug resistance among Multi-Bacillary leprosy cases by using Mouse Foot Pad Technique at Central Leprosy Teaching & Research Institute, India.

**Authors:** Rajenderen.M, **Vijay M Bhagat**, Giri V.C, Pugazenthen T, Showkath Ali M.K.

## ABSTRACT

Leprosy is a chronic infectious skin disease caused by *Mycobacterium leprae* and broadly classified into Pauci bacillary (PB) and Multi bacillary (MB). 56 multi bacillary leprosy cases were tested for multi drug resistance and viability of *M. Leprae*. Mouse foot pad inoculation was carried out among Balb/C and Swiss Albino inbred mice, one strain and one sex at a time, during 2005-2015. 66 mice were inoculated per biopsy, among those 10 served as control. Remaining 56 mice were divided into seven groups with eight mice in each; were fed with diet incorporated with drugs Dapsone, Rifampicin and Clofazimine of various concentrations. Mouse Foot Pad Harvest/Grafting done after 6, 8, 10, 12 months from the date of inoculation. 3 cases showed sensitive to (5.4%) MDT, 4 cases showed viable *M. Leprae* (7.1%) and 49 cases showed inconclusive results (87.5).

**Table1. Demographic characteristics of leprosy patients**



**Table2. Results of MFP inoculation**

Result	Sex		
	Male (%)	Female (%)	Total (%)
Viable	4 (100)	0	4 (100)
Sensitive	3 (100)	0	3 (100)
Inconsistent	42 (85.71)	7 (14.29)	49 (100)

## ADMINISTRATION

There are three sections in administration.

1. Establishment Section
2. Account Section
3. Store Section

The Staff Strength of the Administration is given below.

Name of the Post	Sanctioned Strength	Existing staff Strength	vacant
Head Clerk	1	1	Nil
Junior account Officer	1	1	Nil
Upper Division Clerk	9	6	3
Lower Division Clerk	8	Nil	8
Accountant	1	1	Nil
<b>Total</b>	<b>20</b>	<b>9</b>	<b>11</b>

### Establishment Section Staff List

Section i/c	Staff	Designation	Section
Shri. K. Sivakumar, Head Clerk (Establishment I & II)	Smt. M. Vasanthi	Upper Division Clerk	Establishment I
	Shri. K. Rajarathnam	Nursing Sister (Additional manpower to Establishment due to shortage of UDC/LDC etc.)	Establishment I
	Shri. A. F. Shahul Hameed	Upper Division Clerk	Establishment II

### List of MTS

S. No	Name	S. No	Name
1.	Shri. D. K. Sadanandam	2.	Shri. R. Sekar
3.	Shri. E. Poongavanam	4.	Shri. S. Munusamy
5.	Shri. E. Dakshinamurthy	6.	Smt. J. Malligabegam

Due to the acute manpower shortage in the administration, this division is managing the workload with the help of the employees working in other division and with the Contractual manpower.



This division is carrying out the following duties:

- ❖ Appointments of Group B and Group C (including MTS)
- ❖ Framing of Recruitment Rules
- ❖ Maintenance of Personal files and Service Book
- ❖ Promotions, MACPS
- ❖ Pay Fixation
- ❖ Preparation of Pension papers through Manual as well as online pension portal(Bhavishya)
- ❖ Papers related Contractual appointments and wages
- ❖ Providing information sought by RTI act, 2005
- ❖ Matters related to Disciplinary Proceedings
- ❖ Preparation of all types of Returns
- ❖ Matters related to Training & Conference
- ❖ All type of Leave entries
- ❖ Preparation of Contingent Bills through online portal PFMS
- ❖ Preparation of salary bills and wages bills
- ❖ Preparation of TA/DA bills, GPF bills, Medical bills and Cashier work.
- ❖ Preparation of NPS Salary System
- ❖ Preparation of all Arrear bills
- ❖ Procurement of Institute needs (Consumables / Non-consumable)
- ❖ Procurement of Machineries & Equipment
- ❖ Maintenance of Stocks (Main/Sub Store)
- ❖ Distribution of stocks as per the Indent
- ❖ Disposal of condemned articles
- ❖ Annual Maintenance of Institute Machineries / Equipment / Electrical & Electronics
- ❖ Following the instructions of the Government policies and orders from time to time and implementing the same scrupulously.



## ACCOUNTS SECTION

Accounts section consists of JAO, Accountant, Cashier, A.II, A.III and A. IV.

Designation	Work profile
JAO	Overall in charge of Accounts section
Accountant	Preparation of Budget, Monthly expenditure and reconciliation
Cashier	Withdrawal of money, payments and LTC claims
A.II	Preparation and passing of Contingent bills, Wages, Stipend
A.III	GPF, TA claims, CGEGIS and Medical claims
A.IV	Preparation of pay bill in respect of Group 'A' 'B' 'C' and New pension scheme staff

### Accounts Section Staff List

Section i/c	Staff	Designation
Smt. R. Laskhmi, Junior Accounts Officer	Smt.G.Smitha	Accountant
	Shri.N.Sampathkumar	UDC Cashier cum A.III
	Shri.V.Balaji	Upper Division Clerk A.IV
	Shri.Vishwajeeth kumar	MTS A.II

### Budget Details in 2013-14

Head	Budget Estimate 2013-14	Revised Estimate 2013-14	Final Estimates 2013-14
<b>Non Plan</b>	<b>99000</b>	<b>99000</b>	<b>99000</b>
<b>Plan</b>	<b>9500</b>	<b>9500</b>	<b>9500</b>

### Budget Details in 2014-15

Head	BE 2014-15	RE 2014-15	Final Estimates 2014-15
<b>Non Plan</b>	<b>110000</b>	<b>113500</b>	<b>106334</b>
<b>Plan</b>	<b>15000</b>	<b>16100</b>	<b>13600</b>

### Budget Details in 2015-16

Head	BE 2015-16	RE 2015-16	Final Estimates 2015-16
<b>Non Plan</b>	<b>120000</b>	<b>120000</b>	<b>114384</b>
<b>Plan</b>	<b>17500</b>	<b>17500</b>	<b>15590</b>

## ESTATE SECTION

### Staff Details

S. No	Names	Designation
1.	Dr. Hosanna SSRC, Medical Officer Dr. S. Elavarasan, Additional Director	Estate Officer (till 16.07.2017) Estate Officer (Since 17.07.2017 )
2.	Mr. A.F.S.Shahul Hameed	UDC (Dealing Assistant)
3.	Mr. Ramalingam	MTS (Retired on 31.10.2017)

### Security Staff Strength

Total 9 staffs are working in security section. In these 2 regular and 7 daily wages are there.

### Residential Accommodation List

Old Quarters List	
Type I	12
Type II	20
Type III	4
Type IV	4

New Quarters List	
Type I	8
Type II	24
Type III	12
Type IV	2
Type V(a)	4
Type V(b)	2

### Routine Work

- ❖ Deploying the security staff in Institute.
- ❖ Ensuring the security throughout 24 hours
- ❖ Budget preparation and the funds utilization.
- ❖ Ensuring the proper electricity distribution.
- ❖ LOA correspondence with CPWD (civil)-Residential and Non Residential areas.
- ❖ LOA correspondence to executive engineer-Civil And Electrical
- ❖ Scrutiny and issue of Quarter Allotment Orders and issue of vacation certificate
- ❖ Maintenance of quarters (type I to V)
- ❖ Maintenance of non residential area in and around the campus.

## Particulars of works done during 2014-2015

Operation and maintenance of sub-station, DG set and A/C units ( Electrical )
Providing Gypsum board falls ceiling to Auditorium
Renovation of 1 <sup>st</sup> floor ladies and gents toilet (civil)
Renovation of scientist hostel and Guest house (Electrical)
Repairs to leaking roof of animal house (civil)
Covering existing two room into conference hall (civil)
Compound wall (civil)
SITC of one number 11 KV RMG with metering HT panel for CLTRI
Construction of underground sump of 50000 ltr capacity for palar water storage (Proposed)
Repairs to the old damaged building behind centralized kitchen to accommodate Dhobi Ghana
RMG shifting charges to TANGEGO, TN
Replacement of old tiled roof and renovation to staff nurse
Renovation of OPD block staff & patient toilets
Operation and maintenance of sub-station, DG set and A/C units ( Electrical )
Operation and maintenance of internal electrical installations water pump sets and street lights (Electrical)
Providing and fixing wall panelling in Auditorium (Civil)
SITC of one number 11 KV RMG with metering HT panel for CLTRI (Electrical)
Construction of underground sump of 50000 ltr capacity for palarwater storage (Proposed)
RMG shifting charges to TANGEGO, Tamil Nadu
Operation and maintenance of sub-station, DG set and A/C units
Providing Ac units, digital congress system, LED display to conference hall (Electrical)
Up gradation of scientist hostel, split AC unit and water heater (Electrical)
Conversion of existing out -door metering arrangement into RMG & HT panel (Electrical)
Repairs to terrace of scientist hostel, trainees hostel, New type IV, type-II and surgical ward
Operation and maintenance of internal electrical, street lights for residential buildings
Improvement of street lights with LED fittings
Providing submersible pump to palar water sump, split AC to renovated to ANS office, RO water filtration, LED display to Director room
Renovation of entire 1 <sup>st</sup> floor room including toilet in Animal House
Construction of a additional room for MCR unit
Renovation of Administration in Admn, building
Construction of new compound wall at south west
Renovation of entire ground floor rooms including toilet in Animal house
Rewiring of 16 nos, type II Qrs and 12 nos. Of type I
Providing of false ceiling to main hospital, sick ward, foot wear building
Construction of scooter shed in New staff quarters
Renovation of entire 1 <sup>st</sup> floor electrical work at animal house
Bio-medical incinerator – capacity of 50 kg/hr
Construction of two additional rooms to HT VCB panel and transformer in front of existing substation
Providing one number of 400KVA transformer and APFC panel
Renovation of existing main store room (old leaking title roof into GI profile sheet roofing)

## CENTRAL STORES

Officer – in-charge	Dr. T. Pugazhenthnan, Medical Officer (till 16.07.2017) Dr. S. Elavarasan, Additional Director (Since 17.07.2017)
Staffs	1. Shri. K. R. Vijaya Kumar, UDC (Dealing Assistant-1) 2. Shri. O.V. Sivanagendra Prasad, UDC, (Dealing Assistant-2) 3. Shri. J. Malliga Begam, Store Attendant 4. Shri. S. Munusamy, MTS 5. Shri. E. Dakshanamurthy, MTS
Basic functions	Procurement of Medicines, Non-consumable, Consumable articles, Diet and Non-Diet items, service and repair of Non-Consumables equipment, instruments etc.
Purchase Committee	Purchase Committee constitutes with the one Chairman and two Members who are senior most officers in this Institute to finalize the tenders, quotations for the Non-Consumable, and Consumable articles values above one lakh rupees in one instant. Further the Committee ensures the quality of the products and compares the market price of the products.
Mode of disseminating tender (Govt. tender portal & CLTRI website)	All Tenders and Open Quotations were published through this Institute Website <a href="http://www.cltri.gov.in">http://www.cltri.gov.in</a> and Central Govt. Tender Portal <a href="https://tenders.gov.in">https://tenders.gov.in</a>
Equipment purchase	Hospital, Laboratory and Surgical equipment purchased (Listen closed) through Supplies and Materials (Plan and Non-Plan) budgets values Rs.55,00,000/- & 35,00,000/-
Medicine purchased	Medicines such as Thalidomide, MDT and essential drugs for leprosy patients through Supplies and Materials budget value Rs.55,00,000/- & 35,00,000/-.
Electronic goods purchased	Electronic goods purchased (List enclosed) through Office Expenses Budget (Plan & Non-Plan) values Rs.40, 00,000/- & Rs.45,00,000/-.
Diet item	Boiled Rice, Thur Dhall, Iodised Salt, Garlic, Pepper, Ground Nut Oil, Tamarind, Red Chillies, Coffee Powder, White Sugar, Curry Powder, Cummin Seeds, Mustard, Coriander Seeds, Vendium, Turmaric, Asafodida, Roasted Bengal Gram, Bengal Gram, Roasted Ground Nut, Ragi, Wheat, Milk Powder, Banana, Tiffens (Break Fast) Sweet Lime, Aavin Milk, Vegetables, Potato, Onion, Carrot, Cabbage, Egg through Supplies and Materials (Plan and Non-Plan) budgets values Rs.55,00,000/- & 35,00,000/-
Repair/ maintenance work done	Repair/maintenance of office equipment such as Computer, Printer, Digital Copier and Laboratory Instruments through Office Expenses Budget (Plan & Non-Plan) values Rs.40, 00,000/- & Rs.45,00,000/-.
Exemption in taxes	This Institute is exempted from payment of Sales TAX /VAT on Purchasing made with in the state vide G.O.P. 2280 Revenue Dated 30 <sup>th</sup> April 1973.

## ESTABLISHMENT SECTION

### Staff Strength

Group	Sanctioned	In position	Vacancy
<b>2013-14</b>			
'A' Specialist	14	5	9
'A' GDMO	12	9	3
'A' Non-Medical	3	0	3
'B' Gazetted	5	2	3
'B' Non-Gazetted	59	47	12
'C' (Tech + Admin)	81	52	29
MTS	84	54	30
<b>Total</b>	<b>258</b>	<b>169</b>	<b>89</b>
<b>2014-15</b>			
'A' Specialist	14	5	9
'A' GDMO	12	9	3
'A' Non-Medical	3	.	3
'B' Gazetted	5	2	3
'B' Non -Gazetted	59	47	12
'C' (Tech + Admin)	81	52	29
MTS	84	54	30
<b>Total</b>	<b>258</b>	<b>169</b>	<b>89</b>
<b>2015-16</b>			
'A' Specialist	14	5	9
'A' GDMO	12	8	4
'A' Non-Medical	3	-	3
'B' Gazetted	5	2	3
'B' Non -Gazetted	59	47	12
'C' (Tech + Admin)	81	52	29
MTS	84	54	30
<b>Total</b>	<b>258</b>	<b>169</b>	<b>89</b>
<b>2016 - 17</b>			
'A' Specialist	14	5	9
'A' GDMO	12	12	0
'A' Non-Medical	3	0	3
'B' Gazetted	5	2	3
'B' Non -Gazetted	59	44	16
'C' (Tech + Admin)	81	45	35
MTS	84	49	35
<b>Total</b>	<b>258</b>	<b>157</b>	<b>101</b>
<b>2017-18</b>			
'A' Specialist	14	5	9
'A' GDMO	12	12	0
'A' Non-Medical	3	0	3
'B' Gazetted	5	2	3
'B' Non -Gazetted	59	44	16
'C' (Tech + Admin)	81	45	35
MTS	84	49	35
<b>Total</b>	<b>258</b>	<b>157</b>	<b>101</b>



## Group 'A' Posts in CLTRI

S. No	Group / Cadre	Name of the Post
1	Group 'A' Specialist (Medical)	Director(Public Health Specialist)
		Dy. Director (Ortho.)(Non-Teaching)
		Dy. Director (Labs)(Non-Teaching)
		Dy. Director (Epid.)
		Medical specialist Gr. I(Non-Teaching)
		Asst. Director (Surgical)(Non-Teaching)
		Asst. Director (Clinical)(Non-Teaching)
		Asst. Director (Path)(Non-Teaching)
		Asst. Director (Micro)(Non-Teaching)
		Asst. Director (Immunology)(Non-Teaching)
		Asst. Director (Epid.)(Public Health Specialist)
		Asst. Director (M & E)(Public Health Specialist)
2	Group A GDMO	Additional Director (SAG)(GDMO)
		CMO(NFSG)(GDMO)
		Chief Medical Officer(GDMO)
		Senior Medical Officer(GDMO)
		Medical Officer
3	Group 'A" Non-Medical	Asst. Director (Bio.) Non CHS
		Statistical Officer
		Administrative Officer

## NEW APPOINTMENTS LIST (FROM 2013 APRIL TO 2018 MARCH)

S.No	NAME	DESIGNATION	APPOINTMENT DATE
1	Sri.K.Jegan	Driver	29.05.2013
2	Sri.O.V.Sivanagendra Prasad	Upper Division Clerk	08.08.2013
3	Sri. Chandra Kumar	Lower Division Clerk	22.08.2013
4	Sri. Ramesh Kumar	Lower Division Clerk	23.08.2013
5	Dr.Hosanna Singh S. S. R. C	Medical Officer	13.09.2013
6	Dr. T.Pugazenthan	Medical Officer	26.09.2013
7	Smt. M.Vasanthi	Upper Division Clerk	01.10.2013
8	Sri.A.Dharmaraj	Nurshing Attendant	05.11.2013
9	Sri. G. Manimaran	Nurshing Attendant	05.11.2013
10	Smt.C.Komala	Nurshing Attendant	05.11.2013
11	Smt.Y.Jayanthi	Nurshing Attendant	05.11.2013
12	Smt. Suseela Glory Samara	Staff Nurse	01.12.2013
13	Sri. S.Arumugam	Cobbler Gr.I	02.04.2014
14	Sri. Vishwajeet Kumar	MTS	05.06.2014
15	Sri. Aakash Priyadarshi	MTS	05.06.2014
16	Sri. M.R.Ravichandran	Pharmacist	04.07.2014
17	Dr. M.Santhanalakshmi	Medical Officer	25.08.2014
18	Dr. T. Kalaivani	Medical Officer	04.09.2014
19	Dr. S.P.Saravanan	Medical Officer	20.10.2014
20	Dr. vijay Manohar Bhagat	Public Health Specialist	02.02.2015
21	Dr.Shubangi Ramesh Baviskar	Public Health Specialist	16.03.2015
22	Smt. M. Lavanya	Laboratory Attendant	29.04.2015
23	Sri. D.Nithyanathan	Animal Attendant	29.04.2015
24	Sri. R.Vengadeshwaran	Nursing Attendant	29.04.2015
25	Smt. R.Kala	Laboratory Attendant	05.05.2015
26	Sri. Sudhir Kumar	Ortho Technician	14.05.2015
27	Smt. L.Srimathi	Laboratory Technician	14.05.2015
28	Sri. S.Raja	Cook	25.05.2015
29	Sri. G. Rajalingam	Sanitary Inspector	28.05.2015
30	Shri. G. Gurumoorthy	Junior Statistical Officer	11.04.2016
31	Dr. Sajitha. V	Medical Officer	19.01.2017
32	Dr. S. Elavarasan	Additional Director (SAG)	17.07.2017
33	Dr. Abhijity. V	Medical Officer	12.12.2017
34	Dr. Vinod Kumar. T	Medical Officer	12.12.2017
35	Dr. Barla Vidhya Sagar	Medical Officer	12.12.2017

## PROMOTIONS LIST (FROM 2013 APRIL TO 2018 MARCH)

S. No	NAME	DESIGNATION	DATE
1.	Sri. K. Sivakumar	Head clerk	28.06.2013
2.	Smt. R.Geetha	Accountant	01.07.2013
3.	Sri.T.Raj Kumar	Dresser	05.08.2013
4.	Sri.V.Balamurugan	Theatre attendant	01.01.2014
5.	Smt.B.Sumathi	Nursing sister	04.02.2014
6.	Smt.C.Valli Deivani	Nursing sister	04.02.2014
7.	Smt G. Vanaja	Technical Assistant	04.02.2014
8.	Smt. B.PrasannaKumari	Nursing Sister	05.02.2014
9.	Smt. B.Nirmala Devi	Laboratory Technician	04.07.2014
10.	Sri. K.Kuberan	Laboratory Assistant	04.07.2014
11.	Sri. K.Sankaradoss	Computer Room Attendant	04.09.2014
12.	Sri. G.Udayakumar	Library Attendant	01.11.2014
13.	Sri. C.Veeraputhiran	Dafttry	01.11.2014
14.	Dr. R.Veerarakumaran	Chief Medical Officer(NFSG)	23.12.2014
15.	Sri. C.Rajmohan	Staff Car Driver	01.04.2015
16.	Smt. R. Lakshmi	Junior Accounts officer	23.02.2016
17.	Smt. G. Smitha	Accountant	21.04.2016
18.	Shri. D. George	Physiotherapist	26.05.2016
19.	Smt. R. Hemalatha	Stenographer	30.05.2016
20.	Smt. J. Malliga Begum	Store Attendant	24.08.2016
21.	Dr. Vijay Manohar Bhagat	Deputy Director (Epid)	02.02.2017
22.	Dr. Shubangi Ramesh Baviskar	Deputy Director (Epid)	16.03.2017
23.	Sri. M. Ali Khan	Field Investigator	19.06.2017
24.	Smt. A. Ameena Bie	Nursing Sister	06.07.2017
25.	Sri. S. Ramesh	Junior Field Investigator	04.10.2017
26.	Sri. N. S. Rajendran	Private Secretary	26.10.2017

## TRANSFERS LIST (FROM 2013 APRIL TO 2018 MARCH)

NAME	DESIGNATION	DATE	FROM	TO
Dr. M.K.Showkath Ali	Director	21.10.2013	NCDC, Calicut	
Dr.G.Dinesh Kannan	SMO	17.02.2014	CGHS, Chennai	
Dr. Veerakumaran	CMO	15.04.2016		CGHS Poly Clinic, Chennai
Dr. Upasanna Singh	CMO	30.07.2016		Wellness Centre, Puducherry
Dr. Hosanna Singh S.S.R.C	Med. Officer	11.04.2016		APHO, Chennai (Temporary)

Dr. S. Elavarasan	Additional Director, GDMO SAG Cadre	17.07.2017	Office of the Welfare Commissioner, Tirunelveli	
-------------------	---	------------	--	--

### List of Employees - MACP awarded

S. No	Name	Designation	MACPS granted I/II/III	Date of Implementation
1.	Sri. P. Marudhai	Barber	II	01.05.2013
2.	Sri. V. Ramalingam	Watchman	II	20.05.2013
3.	Sri. G. Manoharan	Pharmacist	III	01.06.2013
4.	Smt. T. Vasanthakumari	Computer Room Attendant	II	02.07.2013
5.	Sri. N. Umapathy	Store Attendant	III	01.09.2013
6.	Smt. S. Nagome	Dresser	II	21.10.2013
7.	Sri. R. Kotteswaran	Para Medical Worker	II	01.11.2013
8.	Sri. V. Kumar	Kitchen Assistant	III	14.11.2013
9.	Sri. K. Pushpa	Peon	II	01.02.2014
10.	Sri. V. Raviganesan	Supervisor cum chemist	II	07.02.2014
11.	Smt. Jessi Tamil Selvi	Nursing Sister	II	23.05.2014
12.	Smt. B. Sumathi	Nursing Sister	II	23.05.2014
13.	Smt. A. Ameena Bee	Staff Nurse	II	23.05.2014
14.	Smt. S. Jayanthi	Staff Nurse	II	23.05.2014
15.	Smt. M. Elizabeth	Staff Nurse	II	23.05.2014
16.	Smt. D. Himala	Staff Nurse	II	26.05.2014
17.	Smt. Siluvaikani	Staff Nurse	II	27.05.2014
18.	Smt. A. Ambiga	Staff Nurse	II	27.05.2014
19.	Smt. C. Vallideivanai	Nursing Sister	II	27.05.2014
20.	Smt. J. Suguna Clemant	Staff Nurse	II	30.05.2014
21.	Smt. B. Prasannakumari	Staff Nurse	II	01.06.2014
22.	Sri. D. Lal bahadur	MTS(watchman)	II	01.06.2014
23.	Smt. B. Ezhlarasi	Staff Nurse	II	06.06.2014
24.	Sri. Stanely Selvadurai	Sanitary worker	II	06.06.2014
25.	Sri. G. Mohan	Library Attendant	III	26.06.2014
26.	Smt. K. Chokkammal	Staff Nurse	II	29.06.2014
27.	Smt. R. Helan Vidyavathi	Staff Nurse	II	30.06.2014
28.	Sri. D. Ashok kumar	Sanitary Worker	II	18.07.2014
29.	Smt. S. Sheela	Staff Nurse	II	29.07.2014
30.	Sri. E. Rajaganapathy	Sanitary Worker	II	10.08.2014
31.	Smt. Patricia E Pererira	Staff Nurse	II	22.08.2014
32.	Sri. Anand Satyadoss	Physiotherapist	III	19.09.2014
33.	Smt. A. Rajalakshmi	Sanitary Worker	II	19.09.2014

34.	Sri. V. Balamurugan	MTS	II	10.10.2014
35.	Smt. D. Janet Santhalakshmi	Staff Nurse	II	21.10.2014
36.	Sri. D. Kannappan	MTS (Peon)	III	22.11.2014
37.	Sri. A. F. Shahul Hameed	UDC	II	23.11.2014
38.	Sri. T. Rajkumar	Dresser	II	01.12.2014
39.	Sri. G. Lakshmanan	MTS (sanitary worker)	III	01.12.2014
40.	Smt. P. Moghana	Staff Nurse	II	02.01.2015
41.	Sri. K. Rajarathanam	Nursing Sister	II	12.06.2015
42.	Sri. E. Subramaniam	Dhoby	III	01.07.2015
43.	Smt. Suseela Glory Samraj	Staff Nurse	II	24.07.2015
44.	Sri. N. Maran	MTS (watchman)	II	29.07.2015
45.	Sri. G. Venkatesan	Physio Technician	II	17.08.2015
46.	Sri. S. Prasath	MTS (sanitary worker)	III	02.09.2015
47.	Sri. M. Murugesan	Laboratory Technician	III	30.11.2015
48.	Smt. S. Prabhavathi	Staff Nurse	II	31.01.2016
49.	Sri. M. Rajendran	Senior Technical Assistant	III	27.07.2016
50.	Sri. K. Arunagiri	Technical Assistant (Lab)	II	21.08.2016
51.	Sri. K. Ravi	Peon	II	02.09.2016
52.	Sri. M. Dhamodharan	Para Medical Worker	II	11.11.2016
53.	Smt. G. Shanthi	MTS (sanitary worker)	II	13.12.2017

## DEPUTATION TRAINING

S. No	Name	Place	Name of Training Programme	Duration
1.	Dr. V. C. Giri, Deputy Director (Epid)	ISTM, New Delhi	Workshop on RTI Act 2005	16.08.12 to 17.08.12
2.	Sri. N. Sampathkumar, UDC	ISTM, New Delhi	Establishment Rules	26.05.14 to 30.05.14
3.	Sri. N. S. Rajendran, Steno. Gr. I	ISTM, New Delhi	Reservation in Services	07.10.14 to 09.10.14
4.	Dr. T. Pugazhenthian, MO	ISTM, New Delhi	Human Resource Management	23.03.15 to 24.03.15
5.	Dr. V. C. Giri, DD(E)	ISTM, New Delhi	Workshop for Liaison Officers	12.10.15 to 13.10.15
6.	Dr. R. Veerakumaran, CMO	ISTM, New Delhi	Workshop for Liaison Officer s	12.10.15 to 13.10.15
7.	Dr. V. C. Giri, DD(E)	ISTM, New Delhi	Establishment Rules	23.05.16 to 27.05.16

8.	Dr. Vijay Bhagat, DD (E & E)	ISTM, New Delhi	Human Resource Management	23.03.16 to 24.03.16
9.	Dr. Hossana S. S. R. C, MO	ISTM, New Delhi	Emotional Intelligence	17.08.16 to 19.08.16
10.	Sri. V. Balaji, UDC	ISTM, New Delhi	166 <sup>th</sup> Cash and Accounts	27.06.17 to 25.08.17
11.	Dr. Vijay Bhagat, DD (E & E)	ISTM, New Delhi	Reservation in Service	16.08.17 to 18.08.17
12.	Dr. V. C. Giri, DD(E)	National Institute of Finance Management, Faridabad, Delhi	MDP Training on Leadership for CHS Officers at	07.02.18 to 09.02.18
13.	Dr.Shubhangi Baviskar, DD (E)	Regional Training Centre Institute of Government Accounts & Finance, Chennai.	"Bhavishya"	25.01.2018

## VISITS BY EMINENT PERSONS

S. No	Date	Name	Designation	Place
1.	26.02.14	Dr. G. Srinivas	Medical Advisor, GLRA	GLRA, Chennai
2.	26.02.14	Dr.Bella Devleai	NLEP Consultant, GLRA	Chennai, TN
3.	20.06.14	Dr. S. Samiappan	MBBS,DDMS(L)	Pudukottai
4.	22.06.14	Dr. Divya	Dermatologist	Govt Medical College, Tirunelveli
5.	13.05.15	Mr. B. Vijaykrishanan	Country Representative for Fontallis	Hyderabad, India
6.	27.05.15	Dr. G. Kalaiselvan	Professor, Dermatology	SMVMCH, Pondicherry
7.	27.05.15	K.Karthikyan	Professor, Dermatology	SMVMCH, Pondicherry
8.	27.05.15	Dr. Amol Dongre	Professor& Head Community Medicine	SMVMCH, Pondicherry
9.	09.07.15	Sri. Vanish.V	Lecturer	Dr. M. V. SHETTY College Of Nursing, Mangalore-13
10.	10.07.15	Dr. Ranjith Raghavan	Medical Research Scholar	KECK School of Medicine @ USA
11.	07.08.15	Miss. Geetha	Associate Professor	School of Public Health, SRM University, Chennai
12.	19.08.15	Mr. Alex	Associate Professor	School of Public Health, SRM University, Chennai
13.	22.09.15	A.Lakshmi	Lecturer	Lakshmi Amman school



				of Nursing, chengalpattu
14.	16.11.15	Dr. Lin Aung	Coordinator, Dept Of Communicable Diseases,	WHO, SEARO New Delhi
15.	08.12.15	Dr. RatnaSharan	CDO	Saran DIST, Bihar
16.	08.12.15	Dr. Anil Kumar Shrivastava	CDO	Sitamarhi DIST, Bihar
17.	08.12.15	Dr. Ayodhya Prasad Singh	CDO	Arohis DIST, Bihar
18.	08.12.15	Dr. Arun Kumar	CDO	Suhara DIST, Bihar
19.	08.12.15	Dr. SnShneu	CDO	Sanstpur DIST, Bihar
20.	08.12.15	Dr.S.K Sinrotl	CDO	Purnia DIST, Bihar
21.	08.12.15	Dr. S.A Kran	CDO	Kishan Jang DIST, Bihar
22.	14.01.16	Dr. Jayprakash	SLO	Chattisgad
23.	14.01.16	Dr. M. A. Arif	Country Representative, ILEP	NLR INDIA,
24.	14.01.16	Dr. Saurab Jain	NPO-NTD	WHO, INDIA
25.	14.01.16	Dr. Komalakar Bhandarkar	NLEP Consultant	Madhya Pradesh
26.	14.01.16	Dr. Anil Kumar	SLO i/c	Madhya Pradesh
27.	19.02.16	Dr.Suresh Ughade	Associate Professor (Statistics)	Govt Medical College, Nagpur (MP)
28.	28.04.16	Dr. P. Vijay Kumar	Health Officer	IPH, Poondhamalli, Chennai
29.	03.05.16	Er.P. P. Srinivasan	Addl Director General, CPWD	Chennai
30.	24.06.16	Dr.Surandra Pamboi	SLO	Chhattisgarh
31.	24.06.16	Dr. GirishThakar	Deputy Director/SLO	Gujarat
32.	21.07.16	Dr. P.Manikam	Scientist 'D', NIE	ICMR, Chennai
33.	21.07.16	Dr. Rajan. W. H. S	Scientist NIE	NIE, Chennai
34.	03.11.16	D. Chandrasekhar	Teacher, SRKM boys Hr. Sec School	Chengalpattu
35.	09.11.16	Ken Gibson, Lexy Hunt	Consultant, TLM	The Leprosy Mission, Ireland

36.	24.11.16	Dr. Mannan Ebenzer	Director	SIHR&LC, Karigiri
37.	24.11.16	Mr. Sathish Dr. Shoba Dr. Priya	Physiotherapist Ophthalmologist Dermatologist	SIHR&LC, karigiri
38.	12.01.17	Dr. Deepthi	Junior Resident, Dept of Community Medicine	Trivandrum
39.	27.01.17	Dr. Ayub Alikaan Dr. Sabir Patel Dr. Shivanna Dr. Ravi A.	Govt of Karnataka	Bangalore
40.	22.05.17	Dr. B. Sekar	Director	Pasteur Institute of India
41.	07.06.17	Miss. Tanya Blanks Mr. Inbaharish. V	International Volunteers(U.K)	Restless Development, International Civil Society, United Kingdom
42.	19.06.17	Miss. Rachel Carman	International Volunteers(U.K)	
43.	25.07.17	Miss. Phoebe Ellis, Miss. Casey Holmen	International Volunteers(U.K)	
44.	27.07.17	Dr. S. Vishnu	Public Health Dentistry	Karpaga Vinayaga Institute & Dental Science, Chennai
45.	10.08.17	Dr. Sathish Dev, MD(CM) Dr. S. Chinxena, D.G.O. M.D(CM)	Health Officer Trainee	Dept of Public Health Govt. Tamil Nadu
46.	22.08.17	Mr. M. Vikramathithan	Faculty	Adhiparasakthi College of Arts and Science, Vellore(T.N)
47.	05.09.17	Dr. S. Amtnyain	Faculty	MGMCRI, Puducherry
48.	21.11.17	Mr. S. K. Kharvanthan	Ex. MP.	Member of OBC Commission, New Delhi

## Photo Gallery of Visiotrs



Mrs. Dharitri Panda, Joint Secretary, Govt. of India Visit to CLTRI along with Health Secretary Dr.R.Radhakrishnan and DME, 25.04.2015



Add DG Mr Srinivas CPWD visit to CLTRI 03.05.2016



Ken Gibson, Lexy Hunt, American Leprosy Society and Director, Karigiri visit to CLTRI



Delegation from Shri Balaji University Pondicherry for Colloborative Activities 2015



Dr. (Prof) Sanjay Zodpey, Vice President and Director, IIPH Delhi, PHFI, New Delhi 2015



Manukular Vinayaka Medical College Dr. Amol Dongre and Team to CLTRI for Academic Collaboration, 2015

## Dr. Lin Aung WHO SEARO visit to CLTRI



Dr. Lin Aung Coordinator (Emerging Diseases), Department of Communicable Diseases, World Health Organization; Regional Office for South-East-Asia (SEARO) visited Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu on 16<sup>th</sup> Nov. 2015. He was given warm reception at CLTRI. His purpose of visit to CLTRI was to assess the resources available in the region and oversee their contribution for WHO vision of Elimination of leprosy from South East Asia region by 2020. We appraised him with the mandate and showed the facilities available in the institute including the hostel (accommodation) facilities. A presentation about the evolution of CLTRI, its contribution to control and research in leprosy both global and national level was presented & discussed with him. He was satisfied with the performance and the facilities available with us and expressed desire to collaborate in possible fields in future.

Dr. Aung who joined the present assignment recently, he is the opinion that visiting CLTRI will be much useful to proceed for Elimination of Leprosy from the South East Asia Region. CLTRI also arranged the meeting of State Leprosy Officers (SLOs) of Tamil Nadu and Pudducherry along with District Leprosy Officers (DLOs) of Cuddalore and Villupuram as desired by the SEARO Coordinator. Dr. Aung was impressed with the lead efforts of CLTRI and he also expressed recommending visit-cum-training of leprosy stakeholders of other countries e.g. Nepal at this esteemed institute. All the officers of CLTRI were present during the brief meeting; arranged in our auditorium. Dr. Lin Aung left CLTRI at 5 pm and planned to visit Schieffelin Institute of Health-Research & Leprosy Centre, Karigiri the next day.



## Dr. Ashok Kumar, Additional Director General's visit to CLTRI on 19.03.2015 and 20.03.2015



After assumption of charge of additional DGHS, Dr. Ashok Kumar visited CLTRI on 19<sup>th</sup> and 20<sup>th</sup> March 2015. On arrival to this Institute, Additional DG met with Director, CLTRI and officers of this Institute. Director, CLTRI has presented the ongoing activities, constraints faced and future proposals for betterment of this Institute. Additional DG visited all the divisions including OPD, Surgical division, Operation Theater, Laboratory, Pharmacy, all the wards (124 beds), Kitchen, Physiotherapy Wing, MCR Footwear Unit and Medical Record section where patients' records are maintained since 1927.

He being alumni this who had worked during 1981 to 1998 in this Institute. He was suggested very keen in improving the scientific research on leprosy in this Institute. The presentation by Director is showing a continued progress and efficient administration and functioning of the institution.

He suggested CLTRI being apex institute to take a lead by supporting RLTRIs and by forming consortium. He met the various Staff and Welfare Association members. He also met members of Leprosy Affected Person's Associations. He suggested that there should be re allocation of states for monitoring of NLEP activities to CLTRI.

A felicitation and interaction function was conducted at physiotherapy premises, where Director, officers and officials was participated and shared their experience. Dr. Ashok Kumar shared the experience about leprosy research and important things during his period at CLTRI

## **Dr. Anil Kumar, Deputy Director General's (Leprosy) visit to CLTRI on 28.09.2015 and 29.09.2015**



Dr. Anil Kumar DDG (Leprosy) visited CLTRI on 28<sup>th</sup> and 29<sup>th</sup> September, 2015. This was his first visit to Central Leprosy Institutions of Govt. of India by the DDG (L) after assuming the office. Held a meeting with Director, Dr. M. K. Showkath Ali and other officers in the chamber of Director and listened to them. Most of them were young, seemingly enthusiastic and promising.

DDG(L) visited all the technical divisions including OPD, Laboratory, Pharmacy, All the hospital wards (in all 124 beds), Kitchen, Physiotherapy Wing, MCR Footwear Unit which is manufacturing and supplying Microcellular Rubber and footwear on the demand from various concerned institutions across the country and footwear to the patients and well maintained Medical Record section with patients records from the beginning of CLTRI which is being planned to be computerized. The cleanliness is appreciable.

The presentation by the Director is showing a continued progress and efficient administration and functioning of the institution with renovation of 50 – 70 years old buildings and enthusiasm clearly gives an impression that it has a potential and can take up national challenges together with other 3 RLTRIs on various components of NLEP. Also reviewed the proposal for construction of new CLTRI complex and its site.

Representatives from the State leprosy patients' association met and expressed their pleasure in the progress and development of the CLTRI. They were very much satisfied with the service provided by the CLTRI.



Two staff associations of the institute also met the DDG and expressed their pleasure on such positive concerns of the DGHS towards the up liftment of CLTRI and promised their full commitment and support for the development of the CLTRI.

DDG (L) also visited Nanthivaram-Guduvanchery PHC and reviewed the NLEP activities.

### **Administrative Training conducted at CLTRI**

- ❖ Training on Manual on Office Procedure by Mr. E Sridhar, Retd. Deputy Secretary(CHS), MOHFW at CLTRI, Chengalpattu, 08.12.2017 & 09.12.2017



MOP Training for CLTRI Officials 08.12.2017 & 09.12. 2017

### **Celebration of International Yoga day in CLTRI**

CLTRI celebrated the International Yoga day on 21.06..2017 in CLTRI Auditorium. Yoga trainer from RK Muth School and AYUSH Doctor from Chengalpattu medical College, Chengalpattu participated. They delivered speech about importance of yoga in day to day human life and showed some types of yoga exercise to CLTRI staffs.



## Renovation and Up gradation of Physical Infrastructure

- )] Operation and maintenance of sub-station, DG set and A/C units (Electrical )
- )] Up gradation of scientist hostel, split AC unit and water heater (Electrical)
- )] Renovation of Animal House in division of Laboratory
- )] Construction of a additional room for MCR unit
- )] Renovation of Administration Section in Admin, building
- )] Construction of new compound wall at South West
- )] Construction of two additional rooms to HT VCB panel and transformer in front of existing substation
- )] Providing one number of 400KVA transformer and APFC panel



Institute Main  
Gate

CLTRI Gate No. 2





Renovation of Animal House in Division of Laboratory



Additional room for MCR unit



Operation and maintenance of sub-station, DG set.

## SCIENTIFIC PUBLICATIONS OF THE INSTITUTE

The Institute has published 395 scientific papers from the year 1955 to 2016, which are appeared in leading Indian and International Journals. The following list of paper published by CLTRI during 2013-2016.

- 1. Arunagiri,Aparna.V.,Menaka,K., And Sekar,B:.Characterization of ESBLs and ISECPI insertion sequences from Klebsiella pneumonia and Escherichia coli.In a tertiary hospital in India; International journal of Pharmacy and Pharmaceutical Sciences,2013:15.3.,**

**ABSTRACT:-**Many challenging Gram. negative pathogens responsible for infections are having a high resistance rate, mostly because of their production of ESBLs. The development and increase in the rate of resistance in Enterobacteriaceae family are making the treatment of infections difficult. This study focuses on the molecular and phenotypic characterization of Gram negative  $\beta$ .lactamases that include CTX.M, SHV and TEM type enzymes and elaborates on the insertion sequences associated with CTX.M enzymes. Methods: Total of 141 non.repetitiveGram.negative isolates were subjected to MIC (CLSI) with and without clavulanate to screen for the presence of ESBLs. Plasmid isolation was carried, amplified by PCR with consensus primers recognizing all the known CTX.M variants. The PCR products subjected to digestion with a set of pst I and pvu II restriction enzymes for RFLP analysis. Plasmid DNA of the isolates was further subjected for amplification of blaTEM gene, blaSHV, blaCTX.M.3 and ISEcp1. Results: This study revealed the presence of 49 % CTX.M type ESBLs genotypically, 98 % of which belonged to cluster I by RFLP. Three isolates were co.producers of CTX.M, TEM and SHV and 4 isolates were positive for both SHV and TEM by PCR. This co.production of more than one  $\beta$ . lactamase is quite common among the Enterobacteriaceae. Conclusion: Our study on ESBLs shows a higher proportion of CTX.M (49.5%), 71 % of which associated with ISEcp1. 28 % of the CTX.M positive strains turned out to be positive for CTX.M.3. This high percent of the ESBL prevalence shows the rampant use of antibiotics especially cefotaxime in India. Keywords: CTX.M, SHV, TEM, PCR.RFLP, sequencing, ISEcp1



**2. Shanthi.M., Sekar,U., Sowmiya.M., Malathi,J., Kamalanathan,A., Sekar,B., and Madhavan,H.N:.** Clonal diversity of New Delhi metalloβ-lactamase.1 producing Enterobacteriaceae in a tertiary care centre; Indian journal of medical Microbiology, 2013;31(3):237.241.

**Abstract:** - New Delhi metalloβ-lactamase.1 (NDM.1) production is a major mechanism of resistance to carbapenems among the Enterobacteriaceae and is a cause for concern in the field of microbial drug resistance. This study was performed to detect NDM.1 in Enterobacteriaceae and to determine the clonal relatedness of NDM.1 producing *Escherichia coli* and *Klebsiella pneumoniae* isolated from patients admitted in a tertiary care centre. Materials and Methods: A total of 111 clinically significant Enterobacteriaceae isolates, resistant to cephalosporin subclass III were screened for carbapenemase production by the modified Hodge test. Minimum inhibitory concentration to imipenem and meropenem was determined and interpreted according to Clinical Laboratory Standards Institute 2011 criteria. Presence of bla NDM.1 was detected by polymerase chain reaction. To ascertain clonal relatedness, random amplification of polymorphic deoxyribonucleic acid (RAPD) was carried out for representative NDM.1 producers. Results :bla NDM.1 was detected in 64 study isolates, of which 27 were susceptible to carbapenems. RAPD revealed a high degree of clonal diversity among NDM.1 producers except for a small clustering of isolates in the neonatal intensive care unit. Conclusion: There is extensive clonal diversity among the NDM.1 producing *E. coli* and *K. pneumoniae*. Hence, antibiotic selection pressure rather than horizontal transfer is probably an important operating factor for the emergence of NDM.1. This calls for increased vigilance, continuous surveillance and strict enforcement of antibiotic policy with restricted use of inducer drugs.

**3. Shanthi,M., Uma Sekar.,Arunagiri,K. OXA.181 Beta Lactamase is not a Major Mediator of Carbapenem Resistance in Enterobacteriaceae; Journal of Clinical and Diagnostic Research, 2013:7(9):1986.1988.**

**Abstract:-** Detection of carbapenem hydrolyzing class D beta lactamase OXA.181, (a variant of OXA.48) in Enterobacteriaceae, is important, to institute appropriate therapy and to initiate preventive measures. This study was done to determine the presence of OXA 48 and its derivative OXA.181 in Enterobacteriaceae of pathogenic significance. Material and Methods: One hundred and eleven non-repetitive Enterobacteriaceae isolates which were resistant to any of the cephalosporin subclasses III and which exhibited reduced susceptibility to carbapenems were included in the study. Minimum inhibitory concentrations (MICs) to imipenem and meropenem was determined by broth microdilution. Production of carbapenamase was screened by Modified Hodge test (MHT). Polymerase Chain Reaction (PCR) was done to detect the presence of bla OXA.181 and bla OXA.48 .Coexistence of other carbapenemase encoding genes, namely, NDM.1, VIM, IMP and KPC were also looked for, by PCR. Results: Of all the isolates which were tested, only 2 (1.8%) revealed the presence of OXA.181 and OXA.48. These were Klebsiellapneumoniae and Citrobacterfreundii. MICs of imipenem and meropenem for Klebsiellapneumoniae were 128mg.l and 64 mg.l and for Citrobacterfreundii, they were 32mg.l and 16mg.l respectively. MHT was positive in both isolates. Conclusion: Production of OXA.48 . OXA.181 is not a major mechanism of carbapenem resistance. PCR is the gold standard for its routine identification in clinical microbiology laboratory.

**4. Pugazhenthan T, VC Giri, Hosanna Singh, Vinod Kumar, Showkath Ali:. Tinea barbae: in released from treatment (rft) hansen's disease patient, Journal of Clinical and Diagnostic Research [serial online] 2014 Jul,Vol.8(7)YD01.YD02.**

**Abstract:-**Hansen Disease (leprosy) is a chronic inflammatory infectious disease that primarily targets skin, nerves and other internal organs (testis, liver etc.) caused by the acid fast intracellular bacilli, Mycobacterium leprae. Clinical presentation occurs with a wide spectrum including hypo pigmented anaesthetic patches,



raised erythematous plaques and nodules and thickened peripheral nerves showing tenderness. The most important complication is the disability and deformity. The diagnosis of leprosy is frequently delayed because of its similarity with other more common skin conditions prevailing in some non-endemic areas. We present a rare case report of tinea barbae in an old treated case of leprosy. This case is one of the rarest fungal infections in leprosy patient searched in PUBMED as there was other more tinea infection involving various sites in body which sometimes misdiagnosed as leprosy.

**5. Diji Sara Varghese., Uma Sekar., Mariappan Shanthi., Kamalanathan Arunagiri., Arun Vishwaanathan., Vidhya, V.M., Balaraman Sekar.: Concurrent occurrence of Amp C and Cefotaxime (CTX).M in clinical isolates of enterobacteriaceae; Journal of the Academy of Clinical Microbiologists, 2014; 16(1):11.**

**Abstract:-**Enterobacteriaceae producing both Amp C beta lactamases and extended.spectrum beta lactamases (ESBLs) have been increasingly reported worldwide. While the phenotypic tests for ESBL is standardised and used widely, it is not so for Amp C. When they coexist they may mask each other's detection phenotypically. We undertook this study to detect the concurrent occurrence of Cefotaxime (CTX).M and plasmid Amp C in clinical isolates of Enterobacteriaceae by phenotypic and genotypic methods. One hundred clinically significant isolates of Escherichia coli (E.coli; 43), Klebsiella pneumoniae (K.pneumoniae; 43) and Proteus mirabilis (P.mirabilis; 14) were included in the study. Antibiotic susceptibility testing to various classes of antimicrobials was performed by disc diffusion using Clinical Laboratory Standards Institute (CLSI) guidelines. Isolates were screened for production of ESBL by CLSI method and Amp C beta lactamase by inhibitor based method using boronic acid and cloxacillin. Polymerase chain reaction (PCR) was performed for the detection of plasmid Amp C genes and bla<sub>CTX.M</sub>. Plasmid Amp C genes were detected in 27 isolates which included CIT (Origin Citrobacter freundii): 14; DHA (Dhahran Hospital in Saudi Arabia): 12; EBC (Origin Enterobacter cloacae): 1. Bla<sub>CTX.M</sub> was detected in 51 isolates. Both coexisted in one E. coli and two K. pneumoniae. In one of

the *K. pneumoniae* isolate, all phenotypic tests employed were negative. A high degree of cross resistance to other classes of antimicrobials was observed. Carbapenem resistance was noted in 21 isolates. The concurrent occurrence of Amp C and CTX.M is not common in clinical isolates of Enterobacteriaceae. Phenotypic tests perform poorly when these enzymes are coproduced.

**6. Shanthi,M.,Sekar U., Kamalanathan,A and Sekar,B.,:. Detection of new Delhi metallo beta lactamase.1 (NDM.1) carbapenemase in Pseudomonas aeruginosa in a single centre in south India Clonical diversity of New Delhi metallo betalactmase.1 producing Enterobacteriaceae in a tertiary care centre; Indian ournal medical Research,2014:**

**Background & Objectives:** New Delhi metallo  $\beta$ .lactamase.1 (NDM.1) producing *Pseudomonas aeruginosa* isolates are potential threat to human health. This study was conducted to detect the presence of bla<sub>NDM.1</sub> in carbapenem resistant *P. aeruginosa* in a tertiary care center in southern India.

**Methods:** Sixty one carbapenem resistant clinical isolates of total of 212 *P. aeruginosa* isolates cultured during the study period were screened for the presence of NDM.1 by PCR. Clinical characteristics of the NDM.1 positive isolates were studied and outcome of the patients was followed up.

**Results:** The 61 isolates, NDM.1 was detected in four isolates only. These were isolated from patients in the intensive care units and chest medicine ward. The source specimens were pus, sputum, bronchoalveolar lavage and endotracheal aspirate. The NDM.1 producers were susceptible only to polymyxin B. only one patients responded to polymyxin B therapy, while the others succumbed to the infection.

**Conclusion:** These findings reveal that NDM. 1 is not a major mechanism mediating carbapenem resistance in *P. aeruginosa* in this center. However, continuous surveillance and screening are necessary to prevent their dissemination.

**7. Thangaraju P, Singh H, Punitha M, Giri V C, Showkath Ali M K:-  
Hyperpigmentation, a marker of rifampicin overuse in leprosy patient: An  
incidental finding, Sudan Med Monitor.,2015;10(1),25-26**

We report an unusual case of hyper-pigmentation in a 40-year-old female who was on treatment for leprosy with rifampicin 450 mg daily for 2 months. After scrutinizing the treating physician's previous prescriptions and history, it was found that the patient has never taken clofazimine and minocycline, which were considered to cause hyper-pigmentation in anti-leprosy regimen.

**8. Sugashini Padmavathy Krishnan., Arunagiri Kamalanathan., James John and  
Sangeetha Gopalakrishnan: A Reminiscent review on leprosy, Reviews in  
Medical Microbiology, 2014:1.6.**

**Abstract:-**Leprosy is caused by *Mycobacterium leprae* and has been known since biblical times. It was first discovered by the Norwegian physician Gerhard Armauer Hansen in 1873. Despite being the first pathogen to be described, it is yet to be clearly understood owing to the uncultivable nature. Leprosy has been a major public health problem in tropical countries for many decades. Leprosy still persists as a significant burden on public health worldwide. This disease is transmitted by close and prolonged contact through inhalation of the bacilli contained in nasal secretion or through skin erosions. Early diagnosis of subclinical or earlier state leprosy has been problematic. There is a substantial decrease in the prevalence of leprosy, but it still persists in a few regions of the world, India being one of them. However, recent incidence from this region has not been reported in last few years. This review article aims to discuss the aetiology, epidemiology and clinical aspects of leprosy with a retrospective view.

**9. P Thangaraju , VC Giri , U Aravindan , V Sajitha and MK Showkath Ali:-  
Ileofemoral Deep Vein Thrombosis (DVT) in Steroid Treated Leprosy Type 2  
Reaction Patient, Indian J Lepr, 2015, 87:165-168.**

In 1998 a 57-year-old man having skin lesions of 6 months duration reported to Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu. It was diagnosed as a case of borderline lepromatous leprosy with a type 2 leprosy reaction, was treated with multi bacillary-multi drug therapy (MBMDT) for a period

of 12 months and the patient was released from treatment (RFT) in September 1999. For reactions the patient was treated with prednisolone for more than 10 months. After 14 years in April 2013 the same patient presented to CLTRI with complaints of weakness of both hands with loss of sensation for 4 months, so making a diagnosis suggestive of MB relapse with neuritis the patient was started with MB-MDT for period of 12 months with initial prednisolone 25 mg OD dose then increased to 40 mg for painful swollen leg and to follow the neuritis associated pain and swelling. Increased dose is not beneficial and the patient was investigated for other pathology. Doppler ultra-sound revealed a left ileofemoral deep vein thrombosis (DVT) in that patient with levels. Prednisolone was withdrawn and the patient was started with anticoagulant heparin followed by warfarin. During this period rifampicin was also withdrawn. After patient was in good condition he was put on the MB-MDT regimen. Till the 6 pulse the patient continues to show improvement in functions without steroids and any tenderness, he is taking multivitamins; regular physiotherapy. This DVT appears to be due to prednisolone and such causative relationship though rare should be kept in mind when patient on long term treatment with steroids/ and or immobilized or on prolonged bed rest report with such symptomatology.

**10. PugazhenthanThangaraju, Senthilkumarsengodan, V.C.Giri, UlaganathanAravindan, R.Veerakumaran, M. K. Showkath Ali :- Drug Sensitivity and the Changing Patterns of Bacterial Isolates of Infected Ulcers of Leprosy Patients in Central Leprosy Institute-Retrospective Analysis, Australian Journal of Basic and Applied Sciences,2015,9(7),469-473.**

**Objectives:** To study the relative frequency of bacterial isolates cultured from infected trophic leprosy ulcers and assesses their comparative in vitro susceptibility to the commonly used antibacterial agents and to plan for the appropriate and rational usage of antibiotics.

**Methods:** This is a retrospective study with a review of the bacteriology results of specimens taken from 112 consecutive leprosy treated patients with non-healing ulcers at central leprosy teaching and research institute, Tamil Nadu during the period February 2013 to February 2014. The specimens were cultured using optimal

aerobic microbiologic techniques. Antimicrobial susceptibility testing to different agents was carried out using the disc diffusion method.

**Results:** A total of 112 microorganisms were isolated. The main gram negative isolation was *Proteus mirabilis* (39), followed by *Proteus vulgaris* (27) and *Pseudomonas aeruginosa* (18) and *Staphylococcus aureus* (5) in gram positive strain. In the total number of the isolated gram negative bacteria, the antibiotics with less resistance were amikacin (55), ceftiozone (55), cefatoxime (53), ceftazidime (39) ciprofloxacin (33), imipenem (39) and piperacillin/tazobactam (33). For gram positive amikacin, ceftiozone and Chloramphenicol were found sensitive.

**Conclusion:** The bacteriological study of plantar ulcers of leprosy patients revealed the occurrence of mainly gram negative organism and *Proteus* species as the main pathogens involved in such infections. The results of this study may guide empirical therapy as well as the pattern of organism and various method of controlling the infections. It also helps for establishing a rational way of prescribing antibiotic in government sectors.

**11. Ramya, P., Shanthi, M., Uma Sekar., Arunagiri, K:-Detection of Vancomycin Resistance among *Enterococcus faecalis* and *Staphylococcus aureus*, Journal of Clinical and Diagnostic Research, JCDR, 10(2):PMC4800524.**

**Introduction:** Vancomycin remains the drug of choice for resistant gram positive infections caused by *Enterococcus* spp and Methicillin resistant *Staphylococcus aureus* (MRSA). Increased use of vancomycin has led to frank resistance and increase in MIC (MIC creep). Vancomycin intermediate *Staphylococcus aureus* (VISA), Vancomycin resistant *Staphylococcus aureus* (VRSA) & Vancomycin resistant *Enterococci* (VRE) are important emerging nosocomial pathogens resulting in treatment failures.

**Aim:** This study was undertaken to detect vancomycin resistance among clinical isolates of *Staphylococcus aureus* and *Enterococcus faecalis* by phenotypic and genotypic methods.

**Materials and Methods:** The study was conducted in a 1850 bedded university teaching hospital from November 2013 to April 2014. Non-repetitive, consecutive clinically significant *Staphylococcus aureus* (109) and *Enterococcus faecalis* (124) were included in this study. They were identified up to species level by

conventional and automated methods. Susceptibility to various antibiotics was tested by disc diffusion method. MIC of vancomycin was determined by agar dilution method. Inducible resistance to clindamycin was detected by the D test. Methicillin resistance in *Staphylococcus aureus* (MRSA) was screened using cefoxitin disc. All isolates were subjected to polymerase chain reaction (PCR) to detect van A and van B genes.

**Results:** Out of 109 *Staphylococcus aureus* isolates, 54 were MRSA. By MIC there was no resistance observed to vancomycin. MIC<sub>50</sub> was 1 µg/ml. None of the isolates harboured van A and van B. Among *Enterococcus faecalis*, sixteen isolates (12.9%) and four isolates (3.2%) exhibited resistance to vancomycin and teicoplanin by disc diffusion respectively. All isolates were susceptible to linezolid. Van A was detected in 2, van B in 7 and one had both van A and van B.

**Conclusion:** PCR remains the gold standard for diagnosis of vancomycin resistance. There was no resistance observed to vancomycin among *Staphylococci* though the MIC creep detected is a cause for concern. Eight percent of *Enterococci* were vancomycin resistant.

**12. Abiramasundari,V.K.,UmaSekar., Shanthi.,M., Arunagiri,K:-Detection of Carbapenem resistance in Klebsiella pneumonia in a tertiary care Centre,International Journal of Pharma and Biosciences,2015 July:6(3):B:847-856.**

The study was done as a laboratory based study to detect the carbapenemase production in *Klebsiella pneumoniae* in a tertiary care hospital. A total of 150 clinically significant consecutive isolates of *Klebsiella pneumoniae* isolated between October 2012 and March 2013 were included in the study. Isolates from outpatients and from urine samples were excluded. The isolates were from blood (50), respiratory secretions (21) and exudates (79). Antibiotic Susceptibility testing to various drugs was performed by disc diffusion method. Carbapenemase production was screened by Modified Hodge Test (MHT) and *Klebsiella pneumoniae* carbapenemase (KPC) & Metallo-beta-lactamase (MBL) production by inhibitor potentiated disc diffusion tests with Boronic acid and Ethylene Diamine Tetra Acetic acid (EDTA) respectively. The isolates were subjected to Polymerase Chain Reaction (PCR) for the detection of bla<sub>NDM</sub>, bla<sub>VIM</sub>, bla<sub>IMP</sub>,



blaOXA-48 blaOXA-181 & blaKPC .Out of 150 isolates, 58(39%) exhibited carbapenem resistance. MHT was positive in 49(32.6%) isolates. Among the 49 MHT positive isolates 30 carried MBL genes. Among the 42 MBL screening was positive isolates 37 carried MBL genes. Overall, blaNDM-1, blaVIM&blaIMP genes were detected in 34, 1 & 2 isolates respectively. MIC50 to imipenem was 0.125µg/ml. BlaKPC , blaOXA-48 , blaOXA-181 were not detected. BlaNDM-1 is the main mediator of carbapenem resistance in Klebsiellapneumoniae followed by blaVIM&blaIMP. Carbapenemase production (63.7%) is the most important reason for carbapenem resistance in carbapenem resistant Klebsiellapneumoniae. PCR remains the gold standard for the detection of carbapenemase production.

**13. Padmalakshmi,Y.,Shanthi,M.,UmaSekar, Arunagiri,K,PugazhenthantT. Phenotypic and Molecular Characterization of Carbapenamases in Acinetobacter Species in a teriary Care Centre in Tamil Nadu, India, National Journal of Laboratory Medicine,2015:July:Vol.4(3)55-60.**

Acinetobacters are significant nosocomial pathogens involved in outbreaks of infection in intensive care unit. Carbapenem resistance in Acinetobacter species is due to a variety of combined mechanisms and is a cause of great concern Aims: The current study was conducted to determine the antimicrobial susceptibility pattern and prevalence of carbapenemases amongst the Acinetobacter species. Materials and Methods: The study was conducted in a 1850 bedded University teaching hospital between November 2013 to April 2014. One hundred and fifty seven consecutive Acinetobacter isolates were subjected to Modified Hodge Test & inhibitor potentiated disc diffusion test for screening of carbapenemases&metello-betalactamases. Antibiotic susceptibility was performed by Kirby-Bauer's disc diffusion method to detect resistance to various drugs. PCR was performed for detection of genes encoding OXA carbapenemases and metallo-betalactamases. Study Design: Laboratory based cross sectional study. Results: Out of 157 isolates (151 A.baumannii and 6 A. lwoffii), 110 (70%) exhibited carbapenem resistance. MIC50 to imipenem was 32µg/ml. Modified Hodge test was positive in 90 (57.3%). Metallo-beta-lactamase screening test was positive in 126 (80.2%). All the 90 MHT positive isolates carried different

OXA or the MBL genes. Of 126 MBL screen positive isolates VIM, IMP & NDM encoding genes were detected in 69 isolates. Of the total 157 Acinetobacter isolates, blaOXA 23 was detected in 71, blaOXA 24 and blaOXA 58 in 6 each. BlaVIM, blaIMP, blaNDM were detected in 49, 4, 27 Acinetobacter isolates respectively. Conclusion: Bla OXA 23 was the most common OXA carbapenemase. BlaVIM was the most common metallo-beta-lactamase. Coproduction of OXA and metallo-beta-lactamases (33.7%) is not an uncommon phenomenon. Production of carbapenemase is the most important reason for imipenem resistance in Acinetobacter species in our health care setting. Since the screening tests perform poorly, early detection of the drug resistance genes by molecular methods is necessitated.

**14. Pugazhenthan T., TamilSelvan., Showkath Ali MKS. Metformin, UnMedicamentoAntidiabetico como agente Terapeutico en el Tratamiento Del Eritema Nodoso Leproso Cronico De Moderado a Severo, Fontilles, Rev. Leprol; 2016; 30(5): 479-490.**

Erythema Nodosum leprosum (ENL) or type 2 Leprosy reaction is a known complication affecting lepromatous and borderline lepromatous leprosy patients. ENL has been regarded as an immune complex-mediated disease or type III hypersensitivity reaction. ENL was associated with high serum tumour necrosis factor-alpha (TNF alpha) levels. Capsule Thalidomide (TLD) and systemic oral prednisolone are the two current effective drugs for the management of ENL by inhibiting TNF. Because of major adverse effects by these drugs, it is hypothesized to use an antidiabetic drug with good safety profile for managing the inflammations in ENL. The benefits of using metformin over the currently available drugs are its safety profile, available in market for long decades, can be given safely in pregnant women, wide range of dose selection and no much follow up special investigations. In addition metformin can be used as monotherapy or in combination with low dose of steroids or in diabetic ENL patients. This hypothesis will encourage the researcher in field of leprosy to try with a safe drug (AU)

15. **Rajenderen M., Pugazhenthana T., VanajaG., Rajinikanth P., Giri VC, AravindanU. And Showkath Ali MKS. Effectiveness of the orientation training for laboratory technicians in leprosy skin smear and nasal smear techniques in central leprosy teaching and research institute, India; Leprosy Review,2016: 87,442-7.**

**Summary:** A total number of 155 Laboratory Technicians working for the Government of Tamil Nadu, India having an experience of 3 to 25 years in various Public Health Laboratories of the state were deputed to undergo 2 days' orientation training programme on skin smear and nasal smear techniques at the Central Leprosy Teaching and Research Institute, Chengalpattu in 2013–2014. The aim of the orientation training was to focus their attention on quality skin smear and nasal smear techniques reported by Laboratory Technicians working in various public health laboratories of the state. The training was conducted through live hands-on demonstration, practical performance of trainees and module reading. Pre- and post assessment was carried out for every Laboratory Technician trainee. The effectiveness of this training was analysed and showed that there was strong evidence ( $P = 0.004$ ) that the teaching intervention improves the knowledge of the trainees. On average the level of knowledge improved by approximately 10 points.

16. **Thangaraju P, Tamilselvan T, Venkatesan S, Eswaran T, Singh H, Giri V C, Showkath Ali M K:- Topical phenytoin for managing various ulcers: A meta-analysis. Sudan Med Monitor [serial online] 2015 [cited 2016 Sep 2]; 10:63-7.**

**Objective:** The aim of this meta-analysis was to evaluate the efficacy of topical phenytoin in the treatment of ulcers of different origin compared with other standard topical treatment. **Methods:** Randomized controlled trials were identified by searching PubMed, Embase, Medline, and Web of Science. Outcomes were complete wound healing rate and reduction in wound volume or surface area. **Results:** Thirteen studies with 980 patients were included. Topical phenytoin were associated with a statistically significant improvement of complete wound healing rate compared with other line of management in 11 randomized control trial of 815 patients (odds ratio = 3.03, 95% confidence interval 2.23-4.10,  $Z =$

7.14,  $P < 0.00001$ ). No publication bias exists in this meta-analysis. Three studies from India also confirmed that the topical phenytoin was associated with a statistically significant percent reduction in wound volume compared with the other dressing (mean difference 23.56, 95% confidence interval 19.48-27.64,  $Z = 11.32$ ,  $P < 0.00001$ ). Conclusion: The existent evidence shows that topical phenytoin is more effective for ulcer treatment.

**17. PugazhenthanThangaraju, V. Durai, M. K. Showkath Ali: The role of etanercept in refractory erythema nodosumleprosum; International Journal of Mycobacteriology, July-2016.**

We read with great interest a case report on the use of etanercept in the management of refractory severe erythema nodosumleprosum (ENL). We appreciate that the authors managed the case successfully with this newer biologic. Managing refractory ENL reactions is an important and difficult task because of the patient's psychological stress, adverse effects, and poor responses to antireaction drugs.

**18. Sunita Bharati , S. Swayamjothi, V.C. Giri , M.K.S. Ali. Study of peripheral nerves involvement pattern in leprosy. Journal of Anatomical Society of India , 2017**

**Aims and objectives:** Leprosy (also called Hansen disease) is a chronic inflammatory disease that mainly affects skin and peripheral nerve causing disability, which leads to large amount of stigma associated with it. The clinical examination is only main backbone of leprosy diagnosis, as no diagnostic method is thus far available in field. The present study conducted to observe the pattern of involvement peripheral nerve in leprosy to: (i) study nerve involvement pattern in cases of leprosy; and (ii) to suggest suitable recommendation based on study.

**Material & Methods:**

Type of study: Cross-sectional, observational study, Study population: Leprosy diagnosed patient attending CLTRI outpatient dept. & SSSMC&RI Study setting: Hospital based i.e. CLTRI outpatient dept. and SSSMC&RI outpatient dept. Study

tool: pre-tested questionnaire along clinical examination Study period: Jan 2015– June 2015 Statistical method: percentage & proportion

**Results:** Total of 56 leprosy patient enrolled for study. 48 (84%) were male and 08 (16%) female. The common age group observed was 20–40 years. The type of disease was MB 89%, PB 11%. The most commonly examined peripheral nerves were, radial, ulnar, median, lateral popliteal, and posterior tibial. Out of 56 patients the nerve enlargement was found in 26 (46%) patients. The most common nerve enlarged was ulnar in 25 cases (96%) followed by radial in 6(26%). In upper arm most commonly affected nerve was ulnar. The nerve enlargement was more common in MB (Multibacillary) type of leprosy as compare to PB (Paucibacillary) leprosy. **Conclusion:** MB leprosy more common. Ulnar nerve most commonly affected. Recommendation: Peripheral Nerve examination is essential component need to emphasize in examination of leprosy.

**19. Nitin N Ambadekar, Vivekanand C Giri, K.Z. Rathod, Sanjay P Zodpey, Sunita P. Bharati. Impact of Supervised Nutrition Supplementation and Nutrition Education through Child Development Centers (CDC's) for Improving Preschool Undernutrition in Primary Health Care Setting of Yavatmal District, Maharashtra, Central India. Published in Journal of Medical Science and Clinical Research Volume 03 Issue 07 July Page 6373-84**

**Introduction:** Under-nutrition remained one of the most common causes of morbidity and mortality among children throughout the world. 1.84 to 2.4 million of deaths occurred in India. Principle of CDC was to provide supervised nutritious food to severely (G-III & G-IV) undernourished preschool children and imparting nutrition education to mother/guardian of children. The present study aims to study the impact of 'Child Development Centers' in improving grade of severe undernourished preschool children(G-III/IV) in primary health care setting

**Materials and Methods:** Present interventional study was carried out in primary health care setting in Yavatmal District. The intervention was in the form of organization of Child Development Centre's (CDC's) at Primary Health Centers (PHC) in which severe undernourished G-III and G-IV children were hospitalized for 21 days. There were three main interventions planned and implemented in CDC's.

First was supervised dietary supplementation. This includes providing approximately eight feeds daily. Second was growth monitoring and medical management. Third intervention is in the form of nutrition education to parents along with participation of mother in preparation of various new food supplementation and maintaining community growth charts.

**Results:** Severe undernourished children 547 children were admitted to CDC's established at PHC's in Yavatmal. At the time of discharged from CDC 274 (50.1%) children had improvement in their grade of undernutrition. There was reduction of Grade III under nutrition from 75.4% to 47.3% and Grade IV from 11.5% to 3.8% after 21 days of intervention at CDC. At the time of discharge from CDC highest average daily weight gain was seen in children aged 7 to 12 months (5.28 gm per day per kg) and in G-IV children (6.14 gm per day per kg).

**20. Nitin N. Ambadekar, Sanjay P. Zodpey, Vivekanand C. Giri, G.K. Rajkuntwar, Anjali Sharma. Job Perceptions of Public Health Workforce in Rural Area of Yavatmal District, Maharashtra, India. Journal of Health Management, Volume: 19 issue: 3, page(s): 407-416**

**Introduction:** Being a primary source for health care delivery, public health personnel shall be well trained and motivated as their performance has a strong impact on overall health system performance. There is large gap in knowledge about determinants of motivation in Indian set-up; so the present study was undertaken to understand the perceptions of health workforce regarding their job conditions and their expectations.

**Material and methods:** Cross-sectional study was conducted in District Yavatmal, Maharashtra, India. Total participants were 940 which included 96 medical officers (MOs) and 844 allied health personnels (AHPs). Data collection was completed using structured self-administered questionnaire.

**Results:** Highest number of MOs mentioned 'good working relationship' (93 per cent) while among AHPs highest participant consider 'training opportunity' (88 per cent) as 'more important attribute'. Among MOs difference between expected and availability of study attributes was statistically significant for 14



attributes but none in favour of availability. In AHP group, significantly higher proportion of respondents felt that good working relationships, good income, superior recognizing good work were considered as more important attributes by fewer respondents but significantly greater proportion of respondents in AHP group felt that these attributes were present in the job.

**21. Giri VC, Bhagat VM, Baviskar SR, Showkath Ali MK .Achieving Integration through Leprosy Case Detection Campaign (LCDC). International Journal of Biomedical Research 2017; 8(01): 38-41.**

Leprosy is chronic infectious disease, mainly affects skin and peripheral nerve, caused by *Mycobacterium Leprae*. In India, 58% of global new leprosy cases were detected annually. Due to the passive case detection, large numbers of cases are hidden in the community, leading to more deformity. After integration of National Leprosy Eradication Programme (NLEP) in to General Health Care, the involvement was not satisfactory. Leprosy Case Detection Campaign (LCDC) is a novel concept launched by Central Leprosy Division, Directorate General of Health Services, Govt of India, in fifty districts of seven states having Prevalence Rate 1 to 1.32/ 10,000 populations. This House to House, case search activity conducted by Accredited Social Health Activists and Male Volunteer, on line of Pulse Polio Campaign. Pre-activity meeting of all stake holder at state, district and block level were conducted. Training of Medical Officers and Supervisors were conducted at district level. ASHAs and male volunteers were conducted at block level by Medical officers. The programme has in build mechanism monitoring at District, Block and Primary Health Center level to insure maximum participation and desire outcome. Five districts of Maharashtra around 8340940 people visited by LCDC teams and found 8553 suspects. On examination of suspects by Medical Officers 166 (101 Multi bacillary, 65 Paucibacillary) new Leprosy cases were identified in this campaign. The campaign was mainly able to emphasis importance of active case search in leprosy and awareness in general population through focused Information Education Communication. Keywords: Multi bacillary, Paucibacillary Leprosy Case Detection Campaign, Active case search, Maharashtra.

- 22. M.K. Showkath Ali, V.C. Giri, U Aravindan, M. Ali Khan. An Outbreak Investigation on Menace of Flies Resembling mosquito (Culicoids and Chiromoids) in Chengalpattu, Tamil Nadu. Journal of Academia and Industrial Research, Vol3, Issue 4, September 2014**

Vector borne disease contribute major disease burden in India and about 65% of geographical area is endemic for vector borne disease. The identification of vector is a key component for control and surveillance of disease. Based on a newspaper report about increase in the menace of mosquito in and around Chengalpattu area, an outbreak investigation was carried out by the CLTRI team. Probable breeding areas of the mosquitoes were identified and the vector and larva samples were collected and send to VCRC, Puducherry (ICMR) for identification of the species. The report from VCRC suggests that it was Culicoid and Chironomidae species. These Species are mosquito like non-biting midges and non-pathogenic to human being, but it is able to produce disease in cattle and avian population.

- 23. Pugazhenthan T, Singh H, Natrajan et al (2017). Xanthogranulomatous Pyelonephritis Complicated by Emphysematous Pyelonephritis in Lepra Reaction Patient – a Very Rare Occurrence. Indian J Lepr. 89 : 109-113.**

- 24. Pugazhenthan Thangaraju, Sajitha Venkatesan, MK Showkath Ali. Final leprosy push: Out of society.Indian J Community Med 2018;43:58-9.**

### **Paper presented in National and International Conference**

Dr. Subhangi Baviskar, Deputy Director, CLTRI

**1. Title:** Effect role play for qualitative improvement in counselling of leprosy patients. **Introduction:** persons with leprosy are often victimized to various participation restrictions at home, in the communities and at workplace which leads to emotional breakdown, social ostracism, defaulting from treatment and economic loss as well. Role play is widely used as an education tool for learning about communication in health professional education. Role play is used as a training tool to acquire knowledge, attitudes and skills in a range of disciplines, with learners of different ages, cross cultural values and with applications in varied

human resources. **Objective:** to enhance quality of counselling of persons affected with leprosy by health staff. **Methodology:** Role play was incorporated as a teaching method for health care staff to deal with counselling issues of persons affected with leprosy. Step wise approach followed for training of health personnel for counselling of leprosy patients. The contents, methodology in detail, dealing with specific issues etc were incorporated in the training material. Pre-post test assessment on qualitative contents was carried out with structured proforma. Feedback was collected for further improvement. **Result:** Overall 80% improvement was noted in the quality of counselling among the health workers. The role play was appreciated and advised to incorporate in training programmes at all levels for counselling of persons with leprosy. Inadequate time for counselling was identified as constraint, but due to less number of patients per health worker the constraint was resolved. **Conclusion:** Role play was noted to be effective in improving quality of counselling.

**2. Title:** Enhancing competencies of undergraduate medical students in scientific literature search. Published in journal of Health sciences Education (JHSE), Vol-2, no. 2 year 2016 pg no: 76 to 80. June;

**Abstract:** Evidence based medicine (EBM) is already well established discipline into curricula of health and allied sciences across the globe. Formulating the research question and searching for the best quality evidence is one of the essential steps to practice EBM effectively. The Fresno tool is an extensively used validated for medical personnel with good inter-rater reliability. The current quasi experimental study assessed the enhancement in the competencies of undergraduate medical students after the teaching and training sessions in some of the basic components of EBM. In the view of above knowledge it can be concluded that the baseline knowledge and skills of the medical students was very negligible. The workshop in enhancing the competencies was successful in terms of knowledge through the same. To develop adequate competencies the participants need to practice the acquired knowledge and methods learned in the workshop over the period of time so as to acquire the requisite skills.

**Key words:**Evidence based medicine, competency, literature search.

## **Abstract for ILC 2016, Beijing, China by Dr M K Showkath Ali, Director, CLTRI,**

The disease Leprosy is simple to diagnose, sure to cure; still, lots of cases are remaining hidden in the community. Unfortunately the main reason for such hidden cases is that leprosy doesn't manifest with acute sign and symptom like Malaria, Chikengunia, Dengue,etc

Thousands of cases are detected in India, where 60% Global burden exist. If we go through the case detection and treatment history in India and worldwide, it can be seen that prevalence rate is always low or stagnant, for the period that active case detection is not carried out. In case of infectious disease with acute signs and symptoms, patients voluntary seek medical assistance and the number is known without any effort. Many examples can be shown that the Prevalence Rate of leprosy in particular areas are different for the same period depending on the method of case detection (Active/Passive). During 2001-02, reported PR in Himachal Pradesh and Meghalaya was 0.39 and 0.29/ 10,000 population respectively. A study by CLTRI for WHO to pilot test the tool for the validation of elimination of leprosy was astonished to find that actual PR was many times (3.48 and 9.29 respectively) higher than reported PR, which makes us to think that leprosy have different prevalence rates depending on the method of case detection (active or passive). The huge number of cases that is detected during a special activity in a locality can be called as epidemic of leprosy as it is happening in a short period of intensive activity to detect case. Several examples can be shown to prove this phenomenon which points out that active case detection is essential, in the case of leprosy, to bring the cases in record for treatment and control. Detection of cases with G2D should be an eye opener in this context. Therefore unless we actively detect cases as in Modified leprosy elimination campaign (MLEC) conducted in India during 1998-2003, we cannot eradicate leprosy from the Globe. The presentation by the author, who has begun his career in leprosy and the Director of a premier Leprosy Research Institute, emphasizes the importance, necessity and the role of active case detection, for the eradication of leprosy from the globe, with evidence and

examples achieved from the experiences and the activities under taken by this premier Leprosy Research Institute in different parts of Indian continent.

**Abstract for ILC 2016, Beijing, China by Dr.V.C. Giri, Deputy Director, CLTRI,**

Rom Treated Cases For Single Skin Lesions Leprosy In Southern India: A 12 Year Follow-Up Study. Giri V C, Aravindan U, M K Showkath Ali , Anil Kumar

Introduction: 7<sup>th</sup> Expert Committee on Leprosy, in 1997 recommended Single D,ose ROM (Rifampicin 600mg, Ofloxacin 400mg and Minocycline 100mg) for the patients with Single Skin Lesion (SSL) leprosy without clinically thickened peripheral Nerve. A very few studies were available on follow up of ROM cases. The study aimed to conduct the 12 year follow up of the single dose ROM intervention, in those patients who were treated during 1998 to 2002.

Methodology : The study design was Cross Sectional, Non interventional, conducted outskirts of Chennai. 222 patients with Single Skin Lesion were screened and treated with the Single dose ROM during year 1998-2002. A Twelve year follow up of those cases was conducted during 2013 and 2014 for further clinical re-evaluation. The cases were examined after taking written concern in local language. Maximum effect has been taken to reduce attrition. Results: Total 222 cases who received ROM were identified from the records. 122 cases (55.0%) were found and examined, 6(2.7%) cases were died, 38 (17.1%) cases were migrated and 56 (25.2%) were untraceable. Among the examined, 120 cases (98.4%) were cured, 2 cases (1.6%) were relapsed. Status of old lesion in the cured (120) patients: complete Clearance of lesion in 105 (87.5%) cases, present in an inactive status in 11 (9.2%) cases, and decreased in 4 (3.3%) cases. In 2002 and 2005 two cases were declared relapsed, treated with MDT, made RFT, presently lesion is inactive state. Conclusions: Among Examined study subjects, Cured Rate 98.4 % and Relapse observed was 1.6% during follow-up. Limitations: This study was 12 year follow-up in the outskirts of Chennai which was rural, which turned peri-urban area of Chennai Municipal Corporation. The attrition (lost to follow up) is very high.

## Conference & Training (2016-17) attended by CLTRI officials

- National conference on “changing trends in Health professional Education” in Mahatma Gandhi Medical College and Research Institute, Pondicherry from 18<sup>th</sup> to 20<sup>th</sup> August 2016. By Dr. Subhangi Baviskar, Deputy Director, CLTRI
- Presented poster in 38<sup>th</sup> MICROCON, 2014 conference at Birla Auditorium, Jaipur, 15-19<sup>th</sup> October 2014 by Dr. T. Pugazhenthian, Medical Officer
- 1) Targeting mental stressors for the prevention of recurrence of lepra reaction  
s. 2) Evaluation of Drug Use Pattern in Central Leprosy Teaching and Research Institute as a Tool to Promote Rational Prescribing. 3) Drug Sensitivity and the Changing Patterns of Bacterial Isolates of Infected Ulcers of Leprosy Patients in Central Leprosy Institute - Retrospective Analysis. 4) Metformin for ENL. at 19<sup>th</sup> International Conference at Beijing, China, 18.09.2016 to 21.09.2016 by Dr. T. Pugazhenthian, Medical Officer

## Ongoing Research in CLTRI

S. No	Name of Project	Co-coordinating Division	Place of Study	Year started	Year completion/ Current Status
1	Study of household and neighborhood contact of new leprosy case detected in Thirukuazhakundram Area	Epidemiology	13 Villages in Thirkulkundram block Dist Kanchipuram	2011	2014
2	12 Year Follow-up of ROM (Rifampicine, Ofloxacin, Clofazimine) single skin lesion leprosy patients	Epidemiology	Rural Field Operational Area of CLTRI ( 40 Villages near Ponamalle)	2012	2013
3	Surveillance of Cases Released from Treatment (RFT) with Slit Skin Smear (SSS) and Polymerase Chain Reaction (PCR) for infectivity.	Laboratory	CLTRI Chengalpattu	2012	Ongoing
4	Study of MCR utilization pattern amongst leprosy patients	Epidemiology	CLTRI Chengalpattu	2013	2015
5	Factors responsible for high endemicity of leprosy cases among the tribal population.	Epidemiology	Dadara Nagar and Haveli	2014	Pending



6	Leprosy Colonies Survey – A Preliminary study to access livelihood of the PAL in the colonies	Epidemiology	12 Leprosy colonies in Chennai District and Kanchipuram	2014	Ongoing
7	Urinary NGAL, a novel marker of renal involvement in new and old leprosy cases under treatment.	Laboratory	CLTRI Chengalpattu	2014	Not completed
8	To identify the conventional areas, to develop GIS from the available data and pilot test the system.	Epidemiology	CLTRI Chengalpattu	2015	Ongoing
9	Drug Sensitivity and Changing patter of Bacterial Isolates of Infected leprosy Ulcer in CLTRI	Laboratory	CLTRI Chengalpattu	2015	2015
10	To find out the factors responsible for the absence of stigma in Lakshadweep for application to tackle the stigma elsewhere	Epidemiology	Lakshdweep Island	2015	Ongoing
11	Metformin, a novel use for the treatment of ENL reaction	Clinical	CLTRI Chengalpattu	2015	2016
12	Re-evaluating the efficiency of Thalidomide in Central Leprosy Institute.	Clinical	CLTRI Chengalpattu	2015	Ongoing
13	In metaanalysis on Topical Phenytoin in managing various Ulcer	Clinical	CLTRI Chengalpattu	2015	2015
14	Drug utilization Study in Research Institutes for rational prescription.	Clinical	CLTRI Chengalpattu	2015	2016
15	prevalence and associated factors of mental distress among leprosy patients at CLTRI Hospital by using SRQ-20 questionnaire	Epidemiology	CLTRI Chengalpattu	2016	Data collection completed, Analysis ongoing
16	KAP Study for Laboratory technician in leprosy skin and Nasal smear technique at CLTRI Chengalpattu	Epidemiology	CLTRI Chengalpattu	2015	2016

17	"Detection of Carbapenem resistance in <i>Acinetobacter</i> species A an attempt to establish PCR technique for Identifying <i>VIM</i> , <i>IMP</i> , <i>NDM-1</i> , <i>Oxa23</i> , <i>Oxa24</i> , <i>Oxa51</i> , <i>Oxa58</i> genes (Completed)	Laboratory	CLTRI Chengalpattu	2014	2015
18	The Molecular epidemiology of Carbapenem resistant Enterobacteriaceae strains.(Completed)	Laboratory	CLTRI Chengalpattu	2014	2015
19	Distribution of <i>bla<sub>SHV</sub></i> , <i>bla<sub>TEM</sub></i> , <i>bla<sub>CTX-M</sub></i> , <i>bla<sub>VIM</sub></i> , <i>bla<sub>IMP</sub></i> , <i>bla<sub>PER</sub></i> and <i>bla<sub>NDM</sub></i> genes among the Carbapenem-resistant isolates.(Completed)	Laboratory	CLTRI Chengalpattu	2014	2015
20	"Detection of Glycopeptide Resistance in <i>Enterococcus faecalis</i> and <i>Staphylococcus aureus</i> an attempt to establish PCR technique for Identifying <i>Van A</i> and <i>Van B</i> gene and <i>MecA</i> gene.(Completed)	Laboratory	CLTRI Chengalpattu	2014	2015

## AWARDS AND HONOURS



- **“Bharat Jyoti”** is awarded to Dr.M.K.Showkath Ali for his Extra Ordinary Services, Achivements and contribution in the field of Medical Science by India International Friendship Society, New Delhi on 01.10. 2016.
- DST, SERB young scientist award of international travel grant to Dr. T. Pugazhenthana to attend international conference at Beijing, China, during 18.09.2016 to 21.09.2016.
- Tamilnadu CICS international travel award to Dr. T. Pugazhenthana to attend international conference at Beijing, China during 18.09.2016 to 21.09.2016.

- Appreciation of achievements by Neyveli lignite corporation India, July-December 2016 HOUSE JOURNAL OF NLC INDIA LIMITED (Formerly Neyveli Lignite Corporation Ltd.) to Dr. T. Pugazhenthana.

## DETAILS OF CHS OFFICERS

### LIST OF CHS OFFICERS

S. No	NAME	DESIGNATION
1.	Dr. M. K. Showkath Ali, DPH FMTD	Director
2.	Dr. S. Elavarasan, MBBS	Additional Director (Clinical)
3.	Dr. V. C. Giri, MD, PDCR, P.D.Epi	Deputy Director (Epid.)
4.	Dr. Vijay Bhagat, MD, Ph.D	Deputy Director (E. & E.)
5.	Dr. Subhangi Baviskar, MD, M.Phil	Deputy Director (Epid.)
6.	Dr. V. Durai, MS	Assistant Director (Surgical)
7.	Dr. R.Veerarakumaran, D.Ortho, DNB	Chief Medical Officer(NFSG)
8.	Dr. Upasanna Singh, MBBS, DGO	Chief Medical officer
9.	Dr. G. Dinesh Kannan, MS	Senior Medical Officer
10.	Dr. M. Punitha, MBBS	Senior Medical Officer
11.	Dr. Hosanna Singh Sati Raj, MBBS	Senior Medical Officer
12.	Dr. Pugazhenthana, MD, DNB	Senior Medical Officer
13.	Dr. M. Sandhanalakshmi, MBBS	Medical Officer
14.	Dr. S. P. Saravanan, MBBS	Medical Officer
15.	Dr. T. Kalaivani, MBBS	Medical Officer
16.	Dr. V.Sajitha, MBBS	Medical Officer
17.	Dr. V.Abhijit, MBBS	Medical Officer
18.	Dr. T. Vinod Kumar, MBBS	Medical Officer
19.	Dr. Barla Vidhya Sagar, MBBS	Medical Officer

## OFFICERS NEWLY JOINED IN CLTRI

S. No	NAME	DESIGNATION	YEAR
1.	Dr. M. K. Showkath Ali	Director	20.09.2013
2.	Dr. S. Elavarasan	Additional Director (Clinical)	17.07.2017
3.	Dr. Vijay Bhagat	Public Health Specialist	02.02.2015
4.	Dr. Subhangi Baviskar	Public Health Specialist	16.03.2015
5.	Dr. V. Durai	Assistant Director (Surgical)	15.04.2016
6.	Dr. G. Dinesh Kannan	Senior Medical Officer	28.06.2014
7.	Dr.Hosanna Singh S. S. R. C	Medical Officer	13.09.2013
8.	Dr. T.Pugazenthan	Medical Officer	26.09.2013
9.	Dr. M.Santhanalakshmi	Medical Officer	25.08.2014
10.	Dr. T. Kalaivani	Medical Officer	04.09.2014
11.	Dr. S.P.Saravanan	Medical Officer	20.10.2014
12.	Dr. Sajitha. V	Medical Officer	19.01.2017
13.	Dr. Abhijity. V	Medical Officer	12.12.2017
14.	Dr. Vinod Kumar. T	Medical Officer	12.12.2017
15.	Dr. Barla Vidhya Sagar	Medical Officer	12.12.2017

## PROMOTIONS

S. No	NAME	DESIGNATION
1.	Dr. V.C. Giri	Deputy Director (Epid.)
2.	Dr. Vijay Bhagat	Deputy Director (E. & E.)
3.	Dr. Subhangi Baviskar	Deputy Director (Epid.)
4.	Dr. R.Veerarakumaran	Chief Medical Officer(NFSG)
5.	Dr. G. Dinesh Kannan	Chief Medical Officer

## RETIREMENTS

S. NO	NAME	YEAR
1.	Dr. C.H.D.Vinod Kumar, CMO(NFSG)	2014
2.	Dr. Gulam Ghouse Khan, CMO(NFSG)	2014
3.	Dr. V.V.Sairam Babu, CMO(NFSG)	2014
4.	Dr. V. Durai, Assistant Director, Surgical	2018

### Academic Achivements by The Officials

S. No	Name	Designation	Achievements
1.	Dr. Vijay Bhagat	Deputy Director (E & E)	Ph. D. (Medicine )
2.	Dr. Shubhangi Baviskar	Deputy Director (Epid)	M. Phil. (Health Prof. Edu.)
3.	Dr. Upasanna Singh	Chief Medical Officer	MD (Microbiology)
4.	Dr. T. Pugazhenth	Medical Officer	DNB (Pharmacology)
5.	Dr. Punitha	Senior Medical Officer	MD(Pharmacology) Perusing

### List of CHS Officers Appointed but not Joined in the CLTRI

S. No	Name	Designation	Details
1.	Dr. G. Karthikeyan	Medical Officer	Not joined Duty
2	Dr. G. Karthikeyan	Medical Officer	Not joined Duty
3	Dr. S. Ganeshan	Medical Officer	Not joined Duty
4	Dr. R. Jegan Murugan	Medical Officer	Not joined Duty
5	Dr. K. Rajasekaran	Medical Officer	Not joined Duty
6	Dr. K. Vindhiya	Medical Officer	Not joined Duty
7	Dr. Ritu Singh	Medical Officer	Not joined Duty
8	Dr. K. Vindhiya	Medical Officer	Not joined Duty
9	Dr. Deepthi K. Prabhakaran	Medical Officer	Not joined Duty
10	Dr. G. Balakrishnan	Medical Officer	Not joined Duty
11	Dr. Amol Rangrao Patil	Public Health Specialist Gr II	Not joined Duty
12	Dr. P. Chitharth	Medical Officer	Not joined Duty
13	Dr. R. Kathiravan	Medical Officer	Not joined Duty
14	Dr. Pankaj Panwar	Specialist Gr III(Orthopedics)	Not joined Duty
15	Dr. Deepak Kumar	Specialist Gr III(Orthopedics)	Not joined Duty
16	Dr. Ankit Ruhela	Specialist Gr III(Orthopedics)	Not joined Duty
17	Dr. Subba Lakshmi	CMO(SAG), Director	Not joined Duty
18	Dr. R. K. Gupta	CMO(SAG)	Not joined Duty



## EMINENT VISITORS' COMMENTS

It's my first visit to this premier institute which is famous for literary legends. It has been a privilege and pleasure to be here. I look forward to come here again and work closely with the very talented faculty here.

With best wishes.

Samuel Van

Dr. S. Jones

INFO - Learning 9/10/2015

WHO India

14.01.16.

This center is well maintained and clean with pleasant & peaceful environment. The team work is very good. The student house is well maintained and care of center is of interest. They are impulsive because it is persons with whom, and a very strong support to deal - up with the center.

We are happy to have collaborated with this institute to expose our faculty & students and make an excellent line.

looking forward for celebration with  
for better future & success to you all

1. Stoffwechsel  
 (Stoffwechsel)

11/11/17  
Dr. G. K. S. S. S.  
Prof. G. K. S. S. S.  
Prof. G. K. S. S. S.

Date 14<sup>th</sup> January 2016

It's pleasure to be here again after 12 y.  
I have long cherished memories of this institution  
from the time of my student days as to the  
of bond & fraternal relations. I'll be happy forever  
that the same reason & faith is again here  
near friends.

most base words

L. M. A. ARIF  
Country Director  
NLR INDIA  
Coordinator NLR  
India

[illegible]

The staff - including the experts have been  
- lot of effort to provide us with various  
information - having been the ~~best~~ representative  
of our study. It was the ~~most~~ interesting part of  
this - full of gas the beginning of  
the public-private partnership start at  
on the way.

I cannot be that old, though, so happy  
enough, to remember a man all right who  
found himself with us in the end of  
the battle in Macedonia and never  
was to forget the outside who greeted us  
with their "namaste" & smile.

Dr. S. Rodriguez  
MAY 2011  
Pulse charge



## EDITORIAL TEAM

Name	Designation	Role
Dr. M.K. Showkath Ali	Director	Chief Editor & Patron
Dr. V.C. Giri	Deputy Director	Managing Editor
Dr. Vijay Bhagat	Deputy Director	Managing Editor
Dr. Shubhangi Baviskar	Deputy Director	Managing Editor
Dr. K. Kumaresan	Assistant Director	Managing Editor

## TECHNICAL SUPPORT

Name	Designation	Role
Mr. U. Aravindan	Assistant Director, Dept. of Statistics, Govt. of Tamil Nadu	Invited technical supportee
Mr. M. A. Ali Khan	Field Investigator (Retd.)	Technical Supportee
Mr. G. Gurumurthy	Jr. Statistical Officer	Technical Supportee

## CONTACT US

**CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE,  
MINISTRY OF HEALTH AND FAMILY WELFARE, (Govt. Of India)**

**Chengalpattu TN 603 001 INDIA**

**Phone: 044 274 26275, 044 27426065**

**Email: [dircltri.tnchn@gov.in](mailto:dircltri.tnchn@gov.in), [nodalofficercltri.tnchn@nic.in](mailto:nodalofficercltri.tnchn@nic.in)**

**Website: [www.cltri.gov.in](http://www.cltri.gov.in)**

**© Director, CLTRI, Chengalpattu**





CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE,  
Ministry of Health & Family Welfare (Govt. of India)  
Chengalpattu Tamil Nadu 603 001