

VL/LF UPDATE

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Message from Director, NVBDCP



NCVBDC is pleased to share the second edition of newsletter for Visceral Leishmaniasis (VL) and Lymphatic Filariasis (LF) ongoing activity updates. It provides an important repository of developments and initiatives undertaken besides the usual activities that have been done by the stakeholders for their endeavor in accelerating the elimination of these diseases. It is envisaged that the VL & LF division will be sharing the updates on a regular basis. In this update, NCVBDC discusses about the highlights and innovations undertaken to improvise the service delivery for the diseases, besides carrying the snippets from the field.

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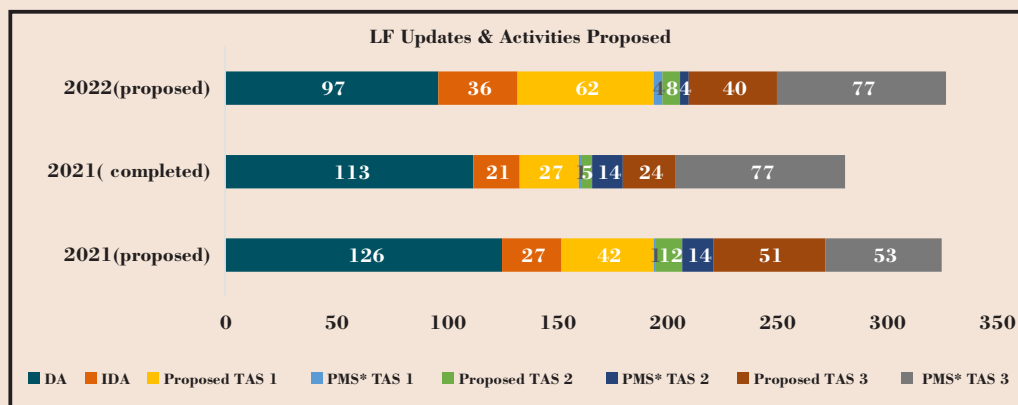
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Lymphatic Filariasis Updates

LF updates and activities planned for 2022 –

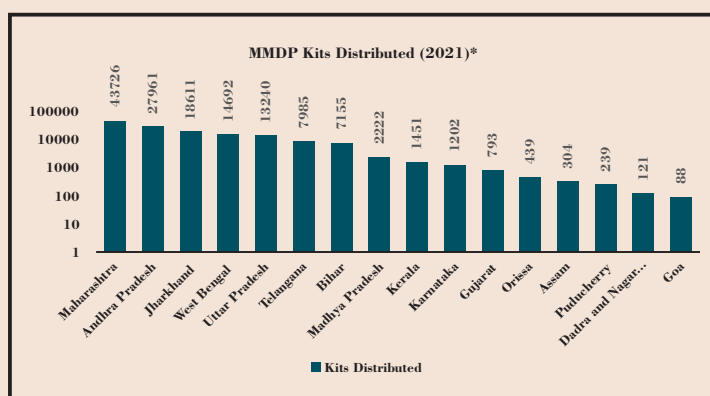
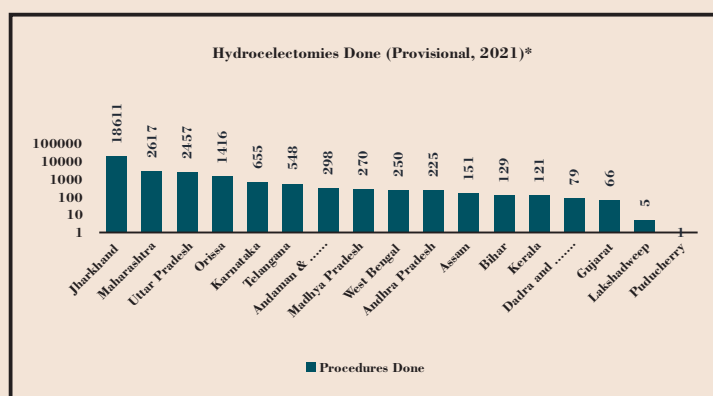
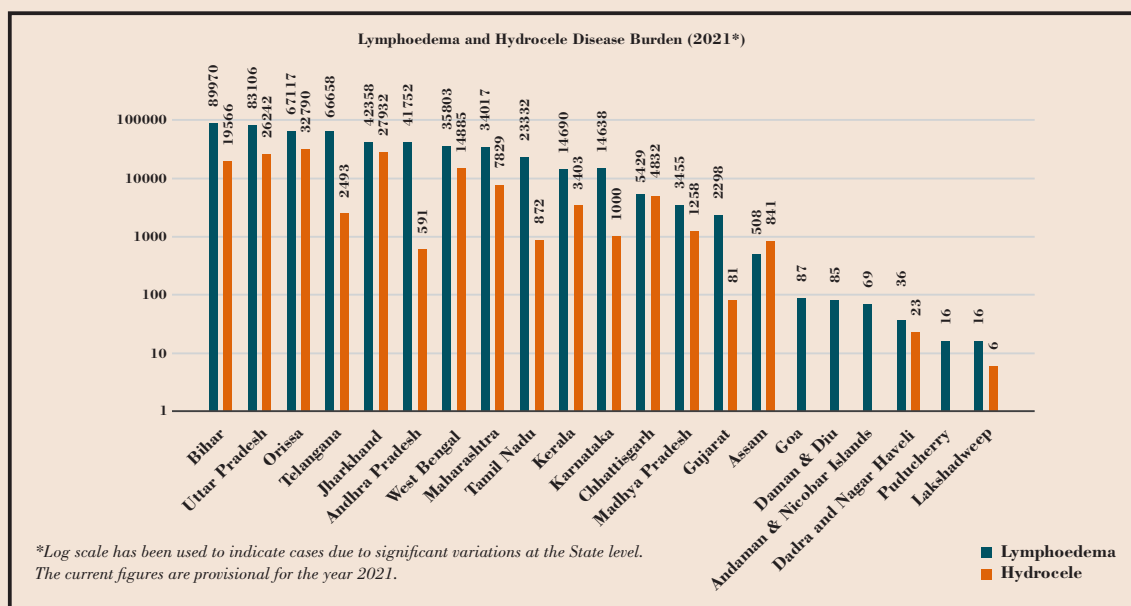
In 2021, MDAs were held in 134 (DA in 113 & IDA in 21) districts. TAS was conducted in 43 districts (TAS 1 in 14, TAS 2 in 5 and TAS 3 in 24 districts). In 2022, MDA is planned in 133 (DA in 97 & IDA in 36) districts. TAS is planned in 110 districts (TAS 1 in 62, TAS 2 in 8 and TAS 3 in 40 districts).



*PMS-Post MDA Surveillance

Lymphoedema and Hydrocele case load-

In 2021, 525440 Lymphoedema and 144645 Hydrocele cases were reported in the country. Highest burden of Lymphedema cases were reported from Bihar, Uttar Pradesh, Odisha & Telangana, and highest burden of Hydrocele cases were reported from Odisha, Jharkhand, Uttar Pradesh and Bihar. Due to COVID-19, all activities including MMDP Kit distribution & Hydrocelectomies took backstage since highest priority was assigned to COVID-19 testing & vaccination. Despite the priority accorded to COVID-19, 27899 hydrocelectomies were conducted, with Jharkhand, Maharashtra, Uttar Pradesh, and Odisha conducting the highest hydrocele surgeries and 140229 MMDP kits were distributed, with Maharashtra, Andhra Pradesh, Jharkhand & West Bengal distributing the highest number of MMDP Kits.



Innovations: Community Transmission Assessment Survey (TAS)

Traditionally Transmission Assessment Survey (TAS) was conducted in schools, however due to -COVID-19 imposed restrictions, schools were closed for ~1.5 years and the school based TAS activities couldn't be conducted. Considering the uncertainties in opening of schools, NCVBDC decided to implement community based TAS through House-to-House survey. NCVBDC in coordination with WHO conducted National Training of Trainers (ToT) for Community TAS from 24th August 2021 to 27th August 2021 at Lucknow, Uttar Pradesh. The meeting was graced by Sh. Jai Pratap Singh, Hon'ble Health Minister, Uttar Pradesh and was attended by officials from 8 States and partner agencies.

For community-based TAS, all children aged 6–7 years in the evaluation unit (EU) were eligible for inclusion. The sampling strategy suggested for community TAS is either Cluster sampling or Systematic sampling.



By end of 2021, community TAS was conducted in West Bengal (Cooch Behar, Purba Bardwan, Malda) and Maharashtra (Nagpur, Latur, Nandubhar, Palaghar, Thane, Osmanabad).

New Intervention of community TAS in West Bengal: A puppet show for engaging children at blood testing sites was held, wherein filaria related messages were delivered for awareness generation.



Mathabhang-1 block, Cooch Behar, West Bengal

The key differences between community based TAS and School based TAS is highlighted in the table below-

	School based TAS (School-based survey)	Community TAS (Community-based household survey)
Selection Criterion (Net primary-school enrolment ratio in the EU)	$\geq 75\%$	$< 75\%$; school closure due to Covid-19 lockdown
Sampling Unit	School	Enumeration Unit (smallest area for which census results are available, e.g. village or ward)
Sampling population	1st and 2nd year primary school children	6- and 7-year-old children

Snippets from the field

1. Addressing challenges of Urban Mobilization for MDA through collaborative approach

Reaching at-risk populations in urban contexts is a priority concern under the LF elimination program. Although the core components of MDA in urban settings are like those in rural areas, specific targeted interventions are required to reach the diverse and dynamic population in urban settings. MDA started in Bareilly, Uttar Pradesh on 22nd November 2021 and to improve the coverage and compliance during the MDA, the following components were focused:

Ward-wise planning: Urban Health department and Municipal data was utilised for ward wise mapping of the entire city.

Collaboration with other stakeholders: Students of M.J.P. Rohilkhand University, Bareilly were identified as volunteers who supported social mobilization during the MDA.

Political Commitment- Dr. Umesh Gautam, Mayor and ward councillors were requested for their support during MDA. Ward Councillors took the initiative to inaugurate the MDA in their respective wards and consumed anti-filarial drugs in front of the local people to encourage them to consume the same.

The district Imam, Maulana Hazrat Niyazi Khan also relayed appeal to devotees for consuming drugs during MDA.

Vyapar Mandal supported the MDA in Bareilly by developing handbills and posters. These posters were put up in PDS shops which encountered high footfall of locals and the handbills were distributed among community members visiting these shops which helped in percolation of prior information.

2. Corporate Social Responsibility (CSR) was explored with the involvement of **Jaquar Foundation** under their CSR initiative. The urban DAs face the challenge of lack of recognition and trust from urban communities. Many people refuse to consume anti-filarial drug as they don't recognize the DA as a representative from the health department. The DAs needed a unique identity which would help them gain the trust of urban community members.



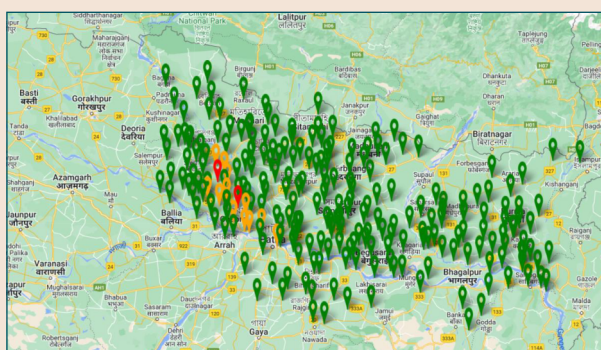


To address this gap, **Jaquar Foundation** provided **Aprons** for the urban Drug Administrators of Bareilly, Ayodhya, and Lucknow (Uttar Pradesh); Rourkela and Sambalpur (Odisha). To increase the awareness of MDA in the urban areas, **Jaquar Foundation** also provided **Banners** for Bareilly, Ayodhya, and Lucknow (Uttar Pradesh).

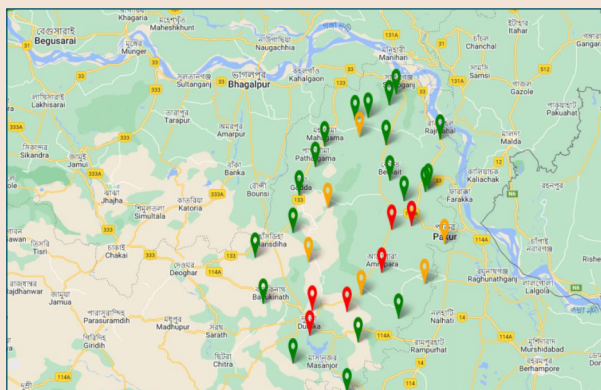
Kala-azar Updates

Kala-azar (KA) is targeted for elimination by reducing the annual incidence of KA to <1 case/10,000 population at the block level.

In 2021, out of 633 KA endemic blocks, 8 blocks (6 in Jharkhand and 2 in Bihar) were yet to achieve the elimination target of <1 case/10,000 population. The number of blocks yet to achieve the elimination target of <1 case/10,000 population in 2020 & 2019 were 16 blocks (12 in Jharkhand & 4 in Bihar) and 37 blocks (21 in Bihar & 16 in Jharkhand) respectively.



Bihar



Jharkhand

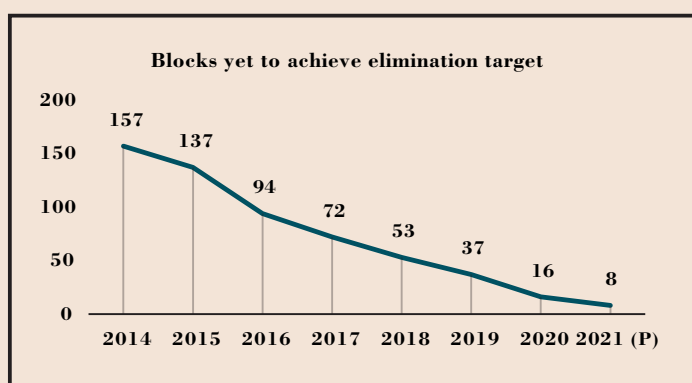
Snippets from the field

A Health Camp with a Difference

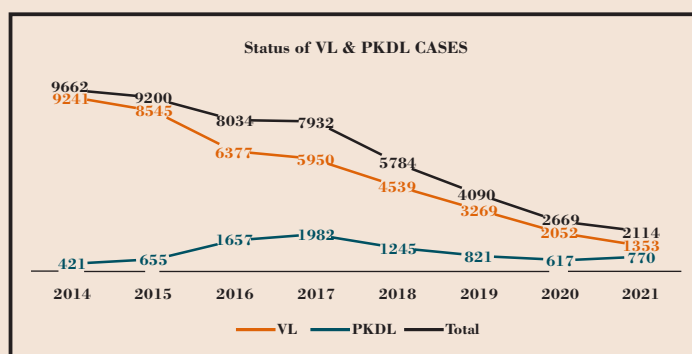
It was an IEC/BCC health camp with a difference at Jagdishpur village of Bankata block in Deoria district organised on October 22, 2021. It was organized by the Health Department and supported by the Centre for Advocacy and Research (CFAR) and development partners with the aim of creating awareness about kala-azar and its eradication. The camp was successfully attended by large of people where the officials and experts educated them on different aspects of kala-azar, its diagnosis and treatment.



VL & PKDL cases- Till December 2021, 1353 VL & 770 PKDL cases were reported which was a reduction of 34% in VL cases & increase of 24.8% in PKDL cases as compared to the corresponding period of 2020. The year wise case trend is as follows-



Indoor residual spray- During the IRS activity in 2021, the population coverage during the 1st round of IRS was 99% in Bihar, 93% in Jharkhand, 89% in West Bengal and 88% in Uttar Pradesh. The population coverage during the 2nd round was 100% in Bihar, 90% in Jharkhand, 89% in West Bengal and 83% in Uttar Pradesh.



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