# NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

## KALA-AZAR ELIMINATION PROGRAMME

## GUIDELINES FOR PATIENT CODING SCHEME FOR KALA-AZAR TREATMENT COMPLIANCE

Kala-azar, is a major public health problem in four states of India, viz., Bihar, Jharkhand, Uttar Pradesh and West Bengal. The disease is prevalent among the lower socio-economic groups and is a cause of continued suffering and poverty. Towards overall health and well-being of the vulnerable groups and mitigation of poverty, the National Health Policy (2002) of the Government of India has set the goal for elimination of Kala-azar by the year 2010.

The Directorate of NVBDCP, GOI which is the nodal agency for prevention and control of vector borne diseases has decided to introduce a **patient coding scheme** whereby the system will be able to track the patient up to the sub-centre/village level. Besides, the system would also rule out double counting of Kala-azar patients reported by various health institutions. The guidelines for the Patient Coding Scheme are as under:

1.      The patient coding scheme will have the country code cum state, district, PHC, sub-centre/NGO and patient codes. The coding would be arranged in the order of **Country Code cum State Code- District Code- PHC Code, Sub-Centre / NGO Code- Patient Code**. The country code cum state code for all Kala-azar patients would be IND along with the number of state prefixed to IND. The following country code cum state codes have been allocated to all the four endemic states. U.P. – IND1, Bihar -IND2, Jharkhand – IND3, West Bengal – IND4.

| S.No | Name of the state | Country Code cum State Code |
|---|---|---|
| 1 | Uttar Pradesh | IND1 |
| 2 | Bihar | IND2 |
| 3 | Jharkhand | IND3 |
| 4 | West Bengal | IND4 |

2.      As per the patient coding scheme, each Kala-azar case will have the country code IND along with the state code and have a 10 digit numerical code. (IND2-01-01-01-001………….. IND2-01-01-01-999). No two patients will have the same 10 digit numerical code during a period of 5 years / Kala-azar Elimination Programme period.

3.      For allocation of codes to districts, PHCs and sub-centres, they should be arranged in alphabetical order, while the NGO code numbers will be allotted on first-come-first basis and coded accordingly. The entries would be made at the district level by the 10 digit numerical code. The details pertaining to patient information as location of the patient, along with sub-centre /NGO information as entered on the Treatment Card will be reflected at the district level in the reports submitted by these NGOs. Copies of the reports pertaining to the concerned unit shall also be available at PHC/ sub-centre/ NGO level (NGO would include medical college/ government hospital, CBOs, FBOs and PPs). The patient will be having a

copy of the treatment card on thick (durable) paper in order to enable identification for future reference.

4.      The state code will be followed by the district code. The endemic district code will start from 01 and will go up as per the number of endemic districts in the state. For example, the code of Bihar state is 2 and there are 31 endemic districts, therefore the district code will be IND2-01, IND2-02,…IND2-10, ….IND2-20,….IND2-31.

5.      Each district will have code for block level PHCs which will again start from 01 and will go up as per the number of PHCs in that district; this will follow the code number of the state and the district. For example, 2-01 district in Bihar has 15 Block level PHCs. The PHC code will be IND2-01-01, IND2-01-02……..IND2-01-15.

6.      The PHC code will be followed by the sub-centre code which will again go up as per the number of sub-centres in that PHC. For example, the above IND2-01-01 PHC has 25 sub-centres, the sub-centre code would begin from IND2-01-01-01, IND2-01-01-02, IND2-01-01-03, ……..IND2-01-01-25. The maximum number of sub-centres in a Block level PHCs is not to exceed 29.

7.      Following the sub-centre code, the patient code will be depicted which will start from 001 onwards and will go up as per the number of patients. A patient code will be a 3 digit numerical code given to each patient coming to a treatment centre. This will help the medical officer and the district programme officer to locate sub-centres / NGOs which monitor Kala-azar transmission for implementing effective remedial measures. The maximum number of patients expected per treatment centre is not expected to exceed 999 during the entire period of elimination.

        For example, if sub-centre IND2-01-01-25 has 122 patients, then the 10 digit numerical code for the 1st patient would be IND2-01-01-25-001 and would go up for the 122nd patient to IND2-01-01-25-122.

8.      The identified Kala-azar treatment centres in private sector include NGOs, CBOs, FBOs, Private Practitioners, medical colleges and government hospitals (in district /state capital /etc.). All the above categories are clubbed together as NGOs and should be given a separate NGO code number which will start at NGO code number 30. Thus, the code numbers -01- to -29- are reserved for sub-centres directly working under the jurisdiction of the respective PHC. Therefore, the coding for an NGO would reflect a change in the 6th and 7th digit (in place where the sub-centre code is entered). Hence, the first NGO approaching would be given the number 30. The NGO code will start from code number 30 and would go up to a maximum code number of 99. The NGO codes will be allotted at the district level in consultation with the respective PHC. Therefore, an NGO treating patients from two PHCs in the same district will have the respective PHC Codes but its NGO code number will remain the same. As shown in the example above, if a PHC has 25 sub-centres and the 25th sub-centre is indicated by the code IND2-01-01-25 and there are two NGOs in this PHC, then the NGO code would be IND2-01-01-30 and IND2-01-01-31 respectively. The number of sub-centres that an NGO covers would be available in the detailed NGO report. The NGO will give patient codes in a serial order beginning from 001 and will go up as per the number of patients.  Therefore, an NGO with a NGO code IND2-01-01-30 will add three digit code to the patient, thus totaling to 10 digit patient code. If this NGO has 8 patients, then the 10 digit numerical patient code for the 8th patient would be IND2-01-01-30-008. A detailed example is also appended in the matrix.

9.    Once an NGO code (for NGOs, CBOs, FBOs, Private Practitioners, medical colleges and government hospitals (in district /state capital /etc. ) is allotted, they will continue to reflect this 10 digit numerical code across the districts prefixing the respective district and PHC codes. An example is appended in the matrix. The NGO etc. in the Supervised Kala-azar Treatment Card is shown to indicate that the treatment centre could be either a NGO/ CBO/ FBO/ Private Practitioner/ medical college/ government hospital (in district /state capital /etc.).

The remarks column in the Treatment Card can be filled to indicate if there is a change of treatment centre.

10.    The Directorate of NVBDCP may be consulted in case of any further clarification as explained in the Contingency Plan.

According to the above scheme, each Kala-azar case in a state will have a unique code number which will be depicted in the Kala-azar treatment centre register, Kala-azar Treatment Card and District Master Register for Kala-azar cases. This would facilitate monitoring of treatment compliance. An example of the patient coding scheme that is to be followed is enclosed in the matrix below.

**CONTINGENCY PLAN**

The Directorate of NVBDCP may be consulted for further guidelines in case of the following:

1. When a district is divided / a new district is created.
2. When a Block PHC is divided / a new Block PHC is created.
3. When a sub-centre is divided / a new sub-centre is created.
4. When the maximum number of sub-centres in a Block level PHCs exceeds 29.
5. When the NGO code (including NGOs, CBOs, FBOs, PPs, medical colleges and government hospitals (in district /state capital /etc. ) exceeds the code number 99.
6. When the number of patients in a sub-centre exceeds 999.
7. When a patient discontinues at a given treatment centre and seeks treatment from another centre.
8. When a patient migrates from one state/district to another state/district.
9. A PHC number is allotted to a block PHC or an independent PHC. Mini PHCs working under the above administrative units will not be allotted any code number. This is because the sub-centre level patient information is already being captured.

## Example of the patient coding scheme for the district of Vaishali, Bihar

| Country Code | Bihar State Code | Name of District | District Code | Name of PHC | PHC Code | Name of Sub Centre | Sub Centre / NGO Code | Patient Code |
|---|---|---|---|---|---|---|---|---|
| IND | IND2 | Vaishali | IND2-01 | **Biddupur** | IND2-01-01 | Ambapur | IND2-01-01-01 | IND2-01-01-01-001 |
| | | | | | | Behrampur | IND2-01-01-02 | |
| | | | | | | Chaonpur | IND2-01-01-03 | |
| | | | | | | Dumdumpur | IND2-01-01-04 | |
| | | | | | | Eshwarpur | IND2-01-01-05 | |
| | | | | | | NGO Dayanand Mission | IND2-01-01-30 | |
| | | | | | | NGO R.K.Mission | IND2-01-01-31 | |
| | | | | | | PP Dr. V.K. Maheshwari | IND2-01-01-35 | |
| | | | | | | PP Dr. Zamaluddin | IND2-01-01-36 | |
| | | | | **Goraul** | IND2-01-02 | Akhilpur | IND2-01-02-01 | |
| | | | | | | Hameerpur | IND2-01-02-02 | |
| | | | | | | Inderpur | IND2-01-02-03 | |
| | | | | | | Sikandergaon | IND2-01-02-04 | |
| | | | | | | NGO Dayanand Mission | IND2-01-02-30 | |
| | | | | | | PP Dr. A.P.Sareen | IND2-01-02-37 | |
| | | | | | | PP Dr. Murad | IND2-01-02-38 | |
| | | | | **Hajipur** | IND2-01-03 | Ghazipur | IND2-01-03-01 | |
| | | | | | | Sewanagar | IND2-01-03-02 | |
| | | | | | | Vikramgaon | IND2-01-03-03 | |
| | | | | | | NGO Sewa Trust | IND2-01-03-32 | |
| | | | | | | NGO R.K.Mission | IND2-01-03-31 | |
| | | | | | | PP Dr. V.K. Maheshwari | IND2-01-03-35 | |
| | | | | **Jandaha** | IND2-01-04 | Badagaon | IND2-01-04-01 | |
| | | | | | | Dharamgaon | IND2-01-04-02 | |
| | | | | | | Haiderpur | IND2-01-04-03 | |
| | | | | | | NGO S. N. Medical College | IND2-01-04-33 | |
| | | | | | | PP Dr. A.P.Sareen | IND2-01-04-37 | |
| | | | | | | PP Dr. V.K. Maheshwari | IND2-01-04-35 | |
| | | | | **Lalganj** | IND2-01-05 | Deopur | IND2-01-05-01 | |
| | | | | | | Hastinapur | IND2-01-05-02 | |
| | | | | | | NGO R.K.Mission | IND2-01-05-31 | |
| | | | | | | PP Dr. A.P.Sareen | IND2-01-05-37 | |
| | | | | **Mahua** | IND2-01-06 | Fatehgaon | IND2-01-06-01 | |
| | | | | | | Gorunda | IND2-01-06-02 | |
| | | | | | | Puranapur | IND2-01-06-03 | |
| | | | | | | Zakhira | IND2-01-06-04 | |
| | | | | **Mehnaar** | IND2-01-07 | Chatha | IND2-01-07-01 | |
| | | | | | | NGO S. N. Medical College | IND2-01-07-33 | |

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| Country Code | Bihar State Code | Name of District | District Code | Name of PHC | PHC Code | Name of Sub Centre | Sub Centre / NGO Code | Patient Code |
|---|---|---|---|---|---|---|---|---|
| | | | | Patepur | IND2-01-08 | Mintigaon | IND2-01-08-01 | |
| | | | | | | Premnagar | IND2-01-08-02 | |
| | | | | | | Rampur | IND2-01-08-03 | |
| | | | | | | Sriharipur | IND2-01-08-04 | |
| | | | | | | NGO S. N. Medical College | IND2-01-08-33 | |
| | | | | Raghopur | IND2-01-09 | Madhegaon | IND2-01-09-01 | |
| | | | | | | Raigaon | IND2-01-09-02 | |
| | | | | | | PP Dr.Sampath | IND2-01-09-39 | |
| | | | | | | PP Dr. Vikas Goyal | IND2-01-09-40 | |
| | | | | Sehdai Buzurg | IND2-01-10 | Banglagaon | IND2-01-10-01 | |
| | | | | | | Junoonpur | IND2-01-10-02 | |
| | | | | | | NGO S. N. Medical College | IND2-01-10-33 | |
| | | | | | | NGO Umrao Medical college | IND2-01-10-34 | |
| | | | | Vaishali | IND2-01-11 | Chaliyapur | IND2-01-11-01 | |
| | | | | | | Goregaon | IND2-01-11-02 | |
| | | | | | | Imaanpur | IND2-01-11-03 | |
| | | | | | | Jalalgaon | IND2-01-11-04 | |
| | | | | | | Maligaon | IND2-01-11-05 | |
| | | | | | | Pitampur | IND2-01-11-06 | |
| | | | | | | PP Dr. A.M. Rao | IND2-01-11-41 | |
| | | | | | | PP Dr. R.L.Sharma | IND2-01-11-42 | |
| | | | | | | PP Dr. K.M. Singh | IND2-01-11-43 | |

**\* Note that the PHCs and sub centres in district Vaishali have been arranged in alphabetical order. The names of the sub-centres, NGOs,PPs and Medical Colleges used in the above illustration are hypothetical.**

**Example of the patient coding scheme for the district of Vaishali, Bihar**

As shown, the district Vaishali, Bihar has 11 PHCs shown in different colours. Each PHC of the same district will share the same country cum state-district code, i.e., IND2-01. Further, as the number of PHCs in the district increase, note that the PHC codes change from IND2-01-01 for Biddupur PHC up to IND2-01-11 for Vaishali PHC. The sub-centres in the PHCs are also listed alphabetically. Each sub-centre within a PHC will share the same country cum state -district-PHC code. For example, if Biddupur PHC (code IND2-01-01) has 5 sub-centres, the code for sub-centre Ambapur will be IND2-01-01-01 and will go up to IND2-01-01-05 for sub-centre Eshwarpur. On the same pattern, the patient codes for sub-centre Ambapur will be IND2-01-01-01-001 and can go up to a maximum of IND2-01-01-01-999. (As explained in the guidelines above)

The NGO code number will start at NGO code number 30. Therefore, the coding for an NGO would reflect a change in the $6^{th}$ and $7^{th}$ digit (in place where the sub-centre code is entered). Hence, the first NGO approaching would be given the number 30. The NGO code will start from code number 30 and would go up to a maximum code number of 99. The NGO codes will be allotted at the district level in consultation with the respective PHC. Therefore, an NGO treating patients from two PHCs in the same district will have the respective PHC Codes but its NGO code number will remain the same. An example will make this clear. In the matrix, NGO Dayanand Mission is treating patients from 2 PHCs, namely Biddupur and Goraul. As it is the first NGO joining the program for provision of treatment, its NGO code would be 30. Since it is treating patients from 2 PHCs – it will have the respective PHC Codes (to aid clarity and identification of patient) but its NGO code number will remain the same. NGO Dayanand Mission code would be IND2-01-01-30 for Biddupur PHC and IND2-01-02-30 for Goraul PHC.

Similarly, NGO R.K.Mission is treating patients in 3 PHCs, namely Biddupur, Hajipur and Lalganj. As it is the second NGO joining the program for provision of treatment, its NGO code would be 31. Since it is treating patients from 3 PHCs – it will have the respective PHC Codes (to aid clarity and identification of patient) but its NGO code number will remain the same. NGO R.K. Mission code would be IND2-01-01-31for Biddupur PHC and IND2-01-03-31 for Hajipur PHC and IND2-01-05-31 for Lalganj PHC. Note that the NGO code remains the same as 31 but the PHC codes keep changing to reflect the PHCs whose patients it is treating.

NGO Sewa Trust is allotted the NGO code number IND2-01-03-32. (03 indicates that this NGO is treating patients in Hajipur PHC).

NGO S. N. Medical College is allotted the NGO code number 33. Since it is treating patients from 4 PHCs, namely Jandaha, Mehnaar, Patepur and Sehdai Buzurg, – it will have the respective PHC Codes (to aid clarity and identification of patient) but its NGO code number will remain the same. NGO S. N. Medical College codes for Jandaha PHC would be IND2-01-04-33, for Mehnaar PHC would be IND2-01-07-33, for Patepur PHC would be IND2-01-08-33 and for Sehdai Buzurg PHC would be IND2-01-10-33.

NGO Umrao Medical College is treating patients from Sehdai Buzurg PHC only, hence its code number would be IND2-01-10-34.

The PPs would also be coded as the NGOs. PP Dr. V.K. Maheshwari has a NGO code 35.

Since this PP is treating patients from 3 PHCs namely, Biddupur, Hajipur and Jandaha, its PHC codes would be representing the respective PHC code from where the patient hails. The code for PP Dr. V.K. Maheshwari will be IND2-01-01-35 for Biddupur PHC, IND2-01-03-35 for Hajipur PHC and IND2-01-04-35 for Jandaha PHC. The other PPs would also be coded accordingly.

PP Dr. Zamaluddin has a NGO code 36. Since this PP is treating patients from 1 PHC namely Biddupur, his code would be IND2-01-01-36.

The NGO will give patient codes in a serial order beginning from 001 and will go up as per the number of patients. A patient code will be a 3 digit numerical code given to each patient coming to a treatment centre. This will help the medical officer and the district programme officer to locate sub-centres which are hot spots for Kala-azar transmission for implementing effective remedial measures. The maximum numbers of patients expected per treatment centre are not expected to exceed 999 during the entire period of elimination.

**\* Note that the PHCs and sub-centres in district Vaishali have been arranged in alphabetical order. The names of the sub-centres and NGOs are purely hypothetical.**