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**Guidelines on MDT Supply and Management under Second National
Leprosy Elimination Project**

I. Introduction of Multi Drug Therapy (MDT)

The first recommendation of standard MDT regimens, made by a WHO Study Group on Chemotherapy in 1981, began an era of optimism. The recommendations received enthusiastic support from all endemic countries, international and nongovernmental organizations (NGOs), donor agencies and professional bodies alike. What seemed impossible 10 years earlier had become a reality with the appearance of MDT, a simple and relatively inexpensive course of treatment.

MDT is well tolerated and accepted by patients, and it is highly effective. It rapidly cures patients, interrupts further transmission of the disease and therefore makes elimination of the disease a possibility.

The introduction and expansion of MDT has dramatically changed the leprosy profile in all endemic countries. MDT is so effective that, even when applied by health services with limited infrastructure and resources, very few patients fail to respond to it.

Advantages of MDT

- Highly effective in curing the disease
- Reduces the period of treatment
- Well-accepted by patients
- Easy to apply in the field
- Prevents development of drug resistance
- Interrupts transmission of infection, reduces risk of relapse
- Prevents disabilities
- Improves community attitude

In addition, the combinations of multiple drugs employed in these regimens prevent the occurrence of drug resistance. Due to its effectiveness and the indirect improvements brought about in case-detection and patient care, MDT has also prevented patients from being physically disabled.

The intense social stigma attached to leprosy and the social discrimination against its sufferers is beginning to weaken as the message that the disease is now completely curable is spreading far and wide. At the same time, there is also much greater community awareness of the disease and more and more individuals are self-reporting to health centers for diagnosis and treatment. In a number of well-organized programmes, the number of new cases detected annually is steadily decreasing, thus clearly demonstrating the impact of MDT on the transmission of the disease.

In India MDT was first started in the year 1983-84. The MDT coverage was expanded in phased manner and the entire country was covered in the year 1996-97.

II. Supply of MDT :- As part of WHO's global strategy for eliminating Leprosy as a public health problem by the year 2000, the WHO Action Programme for the Elimination of Leprosy received funds from the Sasakawa Memorial Health Foundation to supply multidrug therapy drugs (MDT) to all countries endemic with the disease.

The drug is supplied by WHO to the country free of cost for treatment of all the leprosy patients. From the year 2001 Sasakawa Memorial Health Foundation stopped funding for MDT supply and the same is now being funded by Novarties. The fund received by WHO from Novarties is currently being utilized for supply of free MDT to India. It is essential that the drug is received, distributed to the States and the periphery, stored properly and made available to the leprosy patients free of cost without any hindrance.

Presentation : For ease of distribution and use, and in order to standardize presentation, the supply of these drugs are in the form of calendar blister packs. Diagrams of these four different blister packs – Multibacillary (MB) packs for adults and children, and Paucibacillary (PB) packs for adults and children – are included in the Annexure -I, together with details of their usage.

Storage : The boxes of blister packs should be kept well closed and protected from light, heat and moisture. The stocks of the drugs at GMSD need to be checked at regular intervals to ensure that standard warehouse accounting procedures are maintained. As a minimum, Stock Bin Cards should be kept and updated by the GMSD whenever any drug supplies flow in to or out of the Stores. An example of a typical Stock Bin Card is included in the Annexure-II, although CLU will use the standard type in the GMSD, where available. Note that cartons of blister packs from different suppliers may not be of a standard size, i.e. they may contain different quantities of blisters. In this case, different stock bin cards must be maintained in order to prevent errors in controlling stock levels. When reporting stocks to CLU always quote stock levels in terms of blister packs, not cartons.

III. Basic MDT Drug Supply Management

In order to ensure that the MDT drugs are being used effectively and that they are reaching their intended beneficiaries, it is essential for Central Leprosy Division, Govt. of India to closely monitor the internal flow and use of the drugs within the country. GMSDs/SLOs/DLOs are already familiar with managing leprosy drug supplies, but the following basic guidelines are included for reference, and for persons dealing with MDT drugs.

Govt. Medical Store Depots :- The Govt. Medical Store Depots located at Karnal, Mumbai, Chennai, Hyderabad, Kolkata and Guwahati handles all the MDT supply received from WHO.

The Central Leprosy Division works closely with the Government Medical Store Depots (GMSD) to ensure the safe storage of the MDT drugs, and the planning of deliveries.

The flow of MDT drugs from the CMSD needs to be carefully monitored and recorded by the GMSD staff, so that the quantities being sent to individual States can be recorded on the reports to CLD. The CLD will maintain good communications with the responsible officer in the GMSD in order to collect and collate this data and be able to monitor drug supply management correctly.

The present system of MDT supply receipt by the GMSDs, their storage and release to the States are as below.

Internal Transport, Storage and Handling of MDT Drugs

WHO's responsibility for meeting transport costs of the donated drugs ends at the port of entry in the country concerned and all further storage, transport and handling costs is met by the recipient country. In order to minimize these costs to the Government, an efficient and cost-effective delivery system for the MDT drugs to the States is monitored on receipt of release order from the CLD. The GMSDs send the MDT drugs to the consignee at the State through hired transportation agency and intimate the consignee and the CLD immediately.

The transportation cost is paid by GMSD itself and therefore the consignee do not have any problem in taking delivery.

In planning deliveries to States, storage facilities is considered, as the MDT drugs can be adversely affected by heat. Therefore, the stockpiling of drugs where storerooms are poorly ventilated is not advised.

One important rule of effective drug supply management is to use old stocks before new stocks. All blister packs carry the date of expiry stamped on the edge of the pack which is three years from the date of manufacture, and those stocks with the earliest expiry date should always be used first. Note that different suppliers may print or stamps their expiry dates in a different position on the blisters. The rotation of stocks is not only important in the GMSD, but also in the field stores where storage conditions may be less than ideal.

IV. Assessing Drug Requirements at a State/District/Block PHC/PHC Level

The SLO/DLO/Block PHC/PHC will maintain individual records on each District/Block PHC/PHC/CHC area where leprosy patients are registered and in need of MDT drugs. Patients should always be classified according to whether they are MB Adult, MB Child, PB Adult or PB Child as they receive different types of blister pack. This is particularly important, not only because each category has its own specific treatment, but also for planning future requirements of each blister pack. Child blister packs are designed for patients between the age of 8 to 15 years.

Non-aggregated data based on patient category, and by State/District/Block PHC/ PHC area, is necessary not only for WHO reporting requirements but also for planning the dispatch of the MDT drugs by the CLU. Priorities should be established with the appropriate Medical Officers and other Government officials so that the drug supplies are targeted in the most effective way.

All requests for MDT drugs should be carefully checked to see if the quantities requested are realistic, based on the current caseload for the area and the frequency of supply. In assessing whether the flow of MDT drugs to each area (based on the request of the responsible medical officers) is adequate for the current caseload, it is important to note that quantities requested may vary considerably depending on the frequency of distribution of the blister packs. Some regional or sub-regional areas may for example request and distribute three months supply to some (or all) patients in one month. The areas may then not request any further MDT supplies for a further three months.

The capacity for utilizing the drugs at District/Block Headquarter/PHC/CHC levels is also important: there is little use in continuously sending drugs to areas if (perhaps because of staff shortages) the drugs are not being distributed to patients. Failure to take this factor in to account may result in some areas being grossly over supplied while others run out of stocks.

SLO/ DLO will need to be fully familiar with the various distribution practices of individual medical officers and therefore be able to interpret these apparent discrepancies. However, if the average

dispatches to a particular area are significantly over or under those required for the current caseload, then the SLO/ DLO should investigate, if necessary by conducting a field visit.

The lack of any request for MDT drugs from a District/Block PHC/PHC area should not necessarily be interpreted as an absence of the disease in that area. Medical officers may be on leave, or simply may not be aware that stocks of MDT drugs are available at the District HQ. or does not know which person is authorized to release such stocks. A more fundamental problem may be that the detection rate is abnormally low, or some other constraints such as lack of transport or staff. The first case can be avoided by regular contact with the medical officers concerned, while the second, more fundamental problem needs further investigation and a possible field visit by the SLO/ DLO.

A regular flow of information to and from Central/State/District/Block PHC/ PHC levels is essential if the programme is to be successful. While newly detected case must be recorded and added to the current caseload figure, it is equally important to deduct from the current caseload figure those patients which are considered cured and are therefore no longer in need of MDT treatment. In both cases, failure to adjust the current caseload figures would distort the true extent of the disease, and result in inappropriate stock levels being maintained in the areas concerned. How to calculate drug requirement for different levels (viz. PHC, District and State level) are as below :-

MDT Requirement at PHC level

S. No.	Items	MB(A)	MB(C)	PB(A)	PB(C)
1	No. of cases under treatment at the end of previous month for each category				
2	MDT BCPs required for providing treatment for one month i.e. (Item 1 X 1)				
3	MDT Requirement for providing treatment for three month (Item 1 X 3)				
4	Total MDT drugs required for providing treatment to the patient for three months (Item 2 + 3)				
5	Quantity of MDT BCPs Available at PHC store at the beginning of the month				
6	Net demand of MDT drugs for keeping three patient month stock (4-5)				

MDT Requirement at District Level

S. No.	Items	MB(A)	MB(C)	PB(A)	PB(C)
1	No. of cases under treatment at the end of previous month for each category				
2	MDT BCPs required for providing treatment for one month i.e. (Item 1 X 1)				
3	MDT Requirement for providing treatment for three month (Item 1 X 3)				
4	Total MDT drugs required for providing treatment to the patient for three months (Item 2 + 3)				
5	Quantity of MDT BCPs Available at District store at the beginning of the month				
6	Net demand of MDT drugs for keeping three patient month stock (4-5)				

MDT Requirement at State/ UT Level.

S. No.	Items	MB(A)	MB(C)	PB(A)	PB(C)
1	No. of cases under treatment at the end of previous month for each category				
2	MDT BCPs required for providing treatment for one month i.e. (Item 1 X 1)				
3	MDT Requirement for providing treatment for three month (Item 1 X 3)				
4	Total MDT drugs required for providing treatment to the patient for three months (Item 2 + 3)				
5	Quantity of MDT BCPs Available at State/UTs store at the beginning of the month				
6	Net demand of MDT drugs for keeping three patient month stock (4-5)				

V. Monitoring and Evaluating MDT Drug Supply Flows

While the GMSD will monitor drug flows out of their stores, this does not necessarily mean that all the drugs arrive safely at their destinations. CLD will periodically check waybills or receipts to see if they are signed by the authorized recipient.

In addition to this, the CLD will routinely check drug inventories on his field trips, check that all the deliveries from GMSD actually arrived, and whether the deliveries were made on time. The SLO and DLOs will routinely monitor drug supply flows within the State.

In assessing whether the drug supply system is working well at a State/District/PHC level, the paramount consideration is whether all leprosy patients who need drugs are actually receiving them on a regular basis, and that there are no interruptions in supply. Aggregated regional data on drug flow may appear satisfactory, but may hide the fact that some sub-regional areas are not receiving any drugs at all. MDT drugs to those areas, the CLD will obtain the required patient who requires MDT on a regular basis from the State/District/Block PHC/PHC, using only the latest available data for the report.

Quantities of drugs dispatched to State/District/Block PHC/PHC over the three-month period should be obtained from the GMSD. The CLD should keep in mind that not all flows of drugs leaving the GMSD are being sent directly to health facilities, but may go to State/District/Block PHC/PHC. The report will, however, give a good indication of stock flows to a geographical area, and the CLD will endeavour to follow up these drug flows at the smaller peripheral stores to ensure that stocks are being passed on to health facilities for distribution to patients.

VI. MDT National Drug Requirement Estimates

This is designed to help the CLD estimate how long its existing stocks of drugs will last, and to plan the quantities of MDT drugs required from WHO in the future.

The *Current Caseload* is the total number of patients currently registered and/or receiving MDT drugs, by each patient category, including new patients.

The expected new cases likely to be detected *during the Next Year* is the anticipated number of new patients that will be requiring MDT drugs during the next year, as WHO's procurement will be based on this estimate.

Note: WHO procures its MDT drugs annually, based on the anticipated number of patients worldwide. In order to do this effectively and provide each country with the appropriate quantities of drugs, it is vital that country estimates prepared by the CLD are as accurate as possible. The CLD should try to consult as many State/District/Block PHC/ PHC medical officers as possible in order to make these estimates realistic. CLD will take into consideration new case detection rates and the number of patients that will complete their treatment during the year, and therefore no longer require drugs.

MDT Drug Stocks of GMSD and District/ PHC : this refers to WHO blister packs only. Stocks should be checked at the end of the month in GMSD and by contacting the medical officers at State/District/Block PHC/PHC level. The stock availability in months is simply the existing WHO stocks by the estimated caseload for the next year, for each category of drug and patient type.

Estimates of MDT BCPs required at the National Level (Annual) are made in accordance with the steps as indicated in Table at Annexure-IV.

The Total MDT Stock Availability in patient months : is the availability in months of all stocks of MDT drugs in the country, including Government, NGO and other institutions. In simple terms, this is the length of time in months that the existing national stocks should last, given the anticipated future caseload. Note that in the calculation of stock availability, it is only necessary to take into account the integer value of the months (i.e. ignore any decimal places).

In general, when national stocks are running very low (less than three months supply left), WHO should be informed immediately by fax or telex as it may have to arrange emergency supplies.

VII. Annual Request for New Drug Supplies

This form is to be prepared only once each year (at the end of July) by the CLD and is used by WHO to estimate drug requirements for the following year, based upon the anticipated number of patients expected to require drugs during the year when the supply is to take place. These patient caseload estimates are required because WHO needs to start its global procurement cycle well in advance of the actual delivery date. For example, in order to plan for drug requirements in 2004, WHO must have patient caseload estimates for 2004 at the end of July 2003.

In calculating MDT requirements for a particular country, WHO takes into consideration existing drug stocks at the end of July, new drug supplies still expected during the remaining part of the year, and patient coverage being provided from other (non-WHO) sources. A sample request form is provided in the Annexure-III.

VIII. Drug Supply

The States assess their requirements and send indents for drugs to the CLD which, after assessing stocks position at the GMSDs, issues Release Orders to the GMSDs. Copies of the Release Orders are sent to concerned SLOs and consignee Stores Officer in the State. At present, in case of most States, the drugs are sent to stores maintained at the State HQ.

GMSDs generally ship drugs to the States by road transport; CLD reimburses transportation costs to the GMSDs. GMSDs appoint transporters for this purpose through a one-time tendering process at the beginning of each year. This annual contract specifies the destinations for drug delivery. If GMSDs have to send drugs outside their usual catchment area, tenders have to be invited. ILEP members often help the GMSDs when there is a sudden requirement to ship drugs to a State.

The entire cycle from receipt of a State's indent at the CLD to delivery of drugs at the State store by GMSD generally takes about 3 months.

Supplies from State to District level. DLOs are required to send drug indents to their respective SLO. The SLO, after assessing the reported balance stocks at the district level and the stocks at the State store, issues release orders to the State store. DLOs generally issue drugs to the Block PHC/PHC based on requests from these units. Under the integrated set up the stock of MDT should also be kept in the Central Medical Store Depots under the Chief Medical & Health Officers.

IX. Co-ordination between WHO, CLD & SLOs:

1. Coordination between WHO, CLD, GMSDs and SLOs to ensure timely procurement and delivery of drugs.
2. States shall have to strengthen/develop suitable logistics systems for managing drug supplies from State level to districts and within the Districts/Block PHC/PHC. This assumes particular importance in the context of integration, when the distribution system would have to cover a larger number of facilities, including PHCs and in some cases subcentres. At state level this system development would be led by the SLO, with the support of the State Leprosy Society. This system development process will deal, among others, with the following issues:
 - In the case of the larger States, Zonal stores are required, in addition to the State HQ store?
 - It is advisable to integrate storage and distribution of leprosy drugs with the supply system for drugs under the GHS – for general curative drugs, etc.?
 - Drug requirements for different facilities as indicated in this guidelines should be strictly followed.
 - Stock levels to be maintained at State, District, Block PHC, PHC and Sub-centre levels should be as below :-
 - State :- MDT Drugs stock should be available for 3 months.
 - District :- MDT Drugs stock should be available for 3 months.
 - Block PHC :- MDT Drugs stock should be available for 3 months.
 - PHC :- MDT Drugs stock should be available for 3 months.
 - Health Sub-centres :- MDT Drugs stock should be available for 1 month.
 - Design of Stock Registers to be used at State/District/Block PHC/PHC facilities/stores as indicated in the Simplified Information System under NLEP to be followed.
 - Computerization of drug stock management at State HQ.
 - Who should monitor the drugs supply management in the peripheral institutions should be clearly identified.
 - An important area is the need to expedite and have more reliable communications. This means that CLU, SLU, GMSD, and the State level stores must be linked by fax/email facility.

X. Leprosy MDT Drug Stock Record {As per NLEP Simplified Information System (SIS) 2002}

The MDT Drug Stock Record (L.F.03) is to be maintained in all PHC/Block PHC/CHC where MDT is supplied from the district and stocked. This is to be maintained in a Register. Separate pages should be used for each of the 4 types of MDT Blister Packs supplied viz. MB (Adult), MB (Child), PB (Adult), PB (Child).

Guidelines to fill up the form

Transaction Date:	Date on which the drug is received or issued (Expenditure).
Quantity received/issued:	Number of Blister Calendar Packs (BCP) received or issued.
From where:	Source of receipt say – DLO Gaziabad or Block PHC – Madhubani.
Vide Reference No.:	No. and date of order under which the drug has been supplied/issued.
Batch No.:	As recorded in the BCP cover/packing box.
Expiry Date:	As recorded in the BCP cover/Packing box.
To whom:	Indicate to whom issued say Mornoi subcentre.
Balance in hand:	Enter quantity as should be available as per Record. (Must enter on each transaction date).
Remarks:	Should record any receipt in damaged condition, shortage in receipt against Ref. No., discoloration appearing at any time etc. giving quantity and indicating action taken.

Similar form (L.F.03) is to be used at District and State level Drug stores also. Hospitals in urban situations and NGO Institutions should also keep similar records.

Drug stock records are important document and should not be changed annually. Same Register can be used for number of years. The record will be retained in the Health Centre/Hospital/NGO Institute/District/State for future reference and audit.

XI. MDT Drug Stock Reports { NLEP SIS- 2002 }

In the Simplified Information System under NLEP provision has been kept for reporting MDT stock position in the following reporting formats :-

L.F.04 – NLEP Monthly reporting form – PHC/Block PHC report.

L.F.05 – NLEP Monthly reporting form – District/State report.

A. NLEP – Monthly Reporting Form - PHC

The L.F. 04 form will be utilized by the Primary Health Centre, which is the basic recording unit under NLEP. This simple form will be filled up from the data available in the Drug Stock record maintained at the PHC.

1.1 Guideline for filling the form

Leprosy Drug Stock at the end of the reporting month

Blister pack	Quantity	Expiry Date	Total Stock
MB (A)			
MB (C)			
PB (A)			
PB (C)			
Note : Please calculate patient- month blister packs for MB(A), MB (C), PB (A), PB (C) quarterly in the months of March, June, September and December and indicate the same in that respective monthly report.			
Date	Name & Signature of Medical Officer		

Sl. No.1 – Leprosy drug stock at the end of the reporting month – Put balance quantity of each drug as per record on the last date of transaction, expiry date wise and then give the total stock in the last column.

Patient month BCP stock (Indicator No. 10) for each category of MDT is to be calculated in the month of March, June, September and December every year at the PHC level and the same should be reported in that months report.

Remarks: Put any important information including regarding drug shortage.

The report is to be signed by the Medical Officer Incharge of the PHC. The same form should be used by Hospitals/NGO Institutions also.

B. NLEP – Monthly Reporting Form – Block PHC

At the Block PHC, the reports received from the PHCs/Hospitals/NGO Institutions will be compiled including from their own PHC record and the added information will be entered in the L.F.04 – Block report.

2.1 Guidelines for filling the form

S.No.1 – Put added figures from all PHC reports received and stock report of the Block PHC concerned.

Remarks

- As received from the PHCs/Hospitals/NGO Organisation, action taken if any.
- Also put own remarks of the Block PHC.

The report will be signed by the Medical Officer Incharge of the Programme in the Block PHC. The Block PHC report will have information from all institutions providing leprosy services in the jurisdiction of the Block.

C. NLEP – Monthly reporting form – District

The L.F.05 form will be utilized by the office of the District Leprosy Society. The basis of filling this form will be the reports received from all the Block PHCs in the district, plus any report received by the District directly from any urban municipality hospitals/Private Hospitals/Medical Colleges etc.

3.1 Guidelines for filling the form

Drug Stock at the end of the reporting month (If required use extra sheets) :

Blister Packs	Compiled Block PHC Stock		District Store Stock		Total in the District
	Quantity	Expiry Date	Quantity	Expiry Date	Quantity
MB (A)					
MB (C)					
PB (A)					
PB (C)					

Note : Please calculate patient- month blister packs for MB(A), MB (C), PB (A), PB (C) quarterly in the months of March, June, September and December and indicate the same in that respective monthly report.

S.No.1 - Drug stock at the end of the month – Column 1 – Information to be shown separately for each type of MDT. Column 2&3 - Expiry date wise quantity from reports received and compiled from Block PHCs. Column 4&5 - Expiry date wise quantity of each type available in the District store as on last transaction date. Column 6 – Total of both 2&4.

Patient month BCP stock (Indicator No.10) for each category of MDT is to be calculated in the month of March, June, September and December every year at the district level and the same should be reported in that months report.

The monthly report will be signed by the officer incharge of leprosy programme in the district.

D. NLEP – Monthly Reporting Form – State

The L.F.05 form will be utilized at the state level where compiled informations received from all the districts will be entered.

4.1 Guidelines for filling the form

Drug Stock at the end of the reporting month (If required use extra sheets) :

Blister Packs	Compiled District Stock		State Store Stock		Total in the State
	Quantity	Expiry Date	Quantity	Expiry Date	Quantity
MB (A)					
MB (C)					
PB (A)					
PB (C)					
<p>Note : Please calculate patient- month blister packs for MB(A), MB (C), PB (A), PB (C) quarterly in the months of March, June, September and December and indicate the same in that respective monthly report.</p>					

S.No.1 -

Drug stock at the end of the month.

1st column – Type of Blister Calendar Packs (BCP)

2nd & 3rd column – Show quantity and expiry date of compiled districts stock.

4th & 5th column – Show quantity and expiry date of state store stock as on last transaction date.

Patient month BCP stock (Indicator No.10) for each category for MDT is to be calculated in the month of March, June, September and December every year at the State level and the same should be reported in that months report.

The monthly report will be signed by the officer incharge of the State Leprosy Programme.

Reports from the GMSDs :- Monthly reports of MDT drugs stock position including the details of receipts and issue thereof are to be received from GMSDs. This will facilitate issue of drugs to State from the GMSDs.

Reports from the CLD to WHO : Based on the reports from GMSDs and requirement of MDT drugs from States, WHO will be requested to dispatch the drugs to the concerned. GMSD immediately.

XII. Validation Mechanism at different levels

The essence of a successful information system is meticulous collection and reporting of correct data. It is, therefore, important to regularly crosscheck and validate the data collected and reported. To achieve this, there should be inbuilt mechanism for validation of data within the system at all levels.

> Validation of MDT Records

1. At the Primary Health Centre: Validate the drugs record. Validation should be done by Block PHC/District Officers and ROHFW (GOI in the state).
2. At the District level: Validation of drugs record to be done by the state level officers and Regional Office for Health and FW (ROHFW) of GOI in the state.
3. At the state level: Drugs records validation to be done by the ROHFW/GOI in the state and Central Leprosy Division, GOI.

> Validation of Reports

1. Primary Health Centre: The monthly reports will be prepared from drug stock record by the person authorized by Medical Officer. The Health Supervisor in the PHC will validate the correctness of information before it is signed by the Medical Officer incharge.
2. Block Primary Health Centre: The reports from the Primary Health Centres will be validated at the Block PHC level by Senior Health Supervisor. He will also validate the compiled report prepared at the Block PHC before it is signed by the Medical Officer incharge.
3. District level: The reports on MDT received from the Block PHCs/Hospitals/NGO Institutions will be validated by the Public Health Supervisor in the office of the Chief Medical Officer/ACMOPH/DLO. With assistance of the statistical assistant, he will compile the reports and prepare the district monthly report which will be validated by the Public Health Supervisor. The District Leprosy Officer will ensure correctness of the report before putting his signature.
4. State level: The reports on MDT from Districts will be validated at state level by the Joint Director Public Health/State Leprosy Officer on receipt of the same. The district reports will then be compiled and the State monthly report will be prepared. The State Leprosy Officer will ensure correctness of the state report before putting his signature.

5. National level: Reports on MDT from the states will be examined for correctness of data, proper filling of the format and then same will be compiled and analyzed at the Leprosy Division, for further action.

XIII. Destruction of Expired MDT Drugs :

MDT Drugs are being supplied by WHO since 1995 free of cost to India. In this regard, WHO has authorized vide letter No. LEP/135/2 dated 14.05.2002 to arrange for the destroying the expired blister packs of MDT Drugs, subject to the following information to be collected and collated prior to the destruction of drugs as conveyed vide DGHS letter No. M.11014/11/2001-Lep. Dated 28.08.2002

1. Collect the expired MDT blister packs and destroy by adopting the standard procedures prescribed by the Central and State Govt. levels as per stores manuals,
2. Collect and collate the information on – a) Quantities and type of blister pack of MDT being destroyed (i.e. MB (A), MB(C), PB (A), PB(C) & ROM; b) Batch No. and Expiry Dates of the Blister packs being destroyed, and c) Name of the GMSD and / or State Store at which the blister packs became expired.
3. The drugs should be totally destroyed by burning so that they cannot be consumed later either by Humans and / or Animals.
4. Necessary entry should be made in the stock registers and balances must be updated.

Detailed report to this fact should be prepared providing information on the names of the GMSDs and/or State Stores at which the blister packs expired, procedures followed for destroying these expired drugs, quantities & type of blister being destroyed, batch number & expiry dates of the blister packs being destroyed. The report should be furnished to Central Leprosy Division (CLD) within two weeks of this activity.