

Government of West Bengal
Directorate of Health Services (IBD Branch)
Swasthya Bhaban
G.N-29, Sector-V, Saltlake City, Kolkata-700091

No. HIB.M/1K-34/166

Dated, 11th May, 2015

CIRCULAR.

Kala-azar is an endemic disease only in few states (Bihar, Jharkhand, Uttar Pradesh and West Bengal) of India. As per National Health Policy, Government of India has taken many initiatives to eliminate kala-azar (less than one cases /10000 population at sub-district level) by the end of 2015. In conformity to the Programme guidelines & National Road Map, the State of West Bengal has been progressing as per time line well towards the set target.

In recent past several studies have been conducted by GOI and others and reported that HIV is prevalent amongst 2-5% of VL (Visceral Leishmaniasis) cases in Bihar. Study also showed that relapse rate with usual dose regime was high amongst HIV-VL co infected cases. HIV co infected VL cases need treatment with higher dose of Medicines/Injection.


Considering all these HIV- Kala azar working group set up by Government of India has resolved the treatment protocol for VL-HIV co infected cases , which has been received from the end of the Jt. Director, NVBDCP; GoI vide memo.no. 3-89/2014-NVBDCP(KA) Dt.13.04.2015, which is detailed below.

This is circulated for knowledge & practice in West Bengal at all the Medical Colleges, all Health facilities under the department of H&FW;GoWB & to take with immediate effect.

- 1) All patients who are diagnosed with VL (RDT for VL or other wise) should be offered HIV testing with appropriate linkage to ICTC/F-ICTC where counseling and testing for HIV should be done with informed consent as per National Guidelines prior to instituting under usual dose regime.
- 2) The test to be complete instantly & the result of the HIV testing needs to be communicated to the referring MO from the ICTC maintaining the confidentiality.
- 3) After confirmation, the HIV-VL co infected patients should be treated as per WHO guidelines with Injection Liposomal Amphotericin B (40mg/kg of body weight as total dose) with 3-5 mg/kg daily or intermittently for 10 doses, say days(1-5,10,17,24,31 and 38).The treatment should start with lower dose & to be increased to complete with total dose calculated as per body weight.
- 4) To start & complete VL treatment immediately and ART to be started after 7-10days once the patient has been adequately counselled and prepared for lifelong ART by the ART Center.
- 5) The VL-HIV Co-infected patient needs to be referred back to the ICTC after completion of treatment for VL for further management & the patient needs to be followed up both from the end of Kala-azar programme and also from HIV-AIDS as per individual programme guidelines.

All concerned are requested for strict adherence to the protocol.

Necessary added instructions related to NACP in the form of issuing guidelines to ICTC, ART Center, Screening for VL in HIV Cases, Reporting & Co-ordination mechanism etc. will be issued from the end of WBSAPCS in due course.


Director of Health Services
& E.O.Secy
West Bengal.

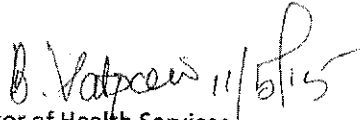
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Copy forwarded for information to:

- 1) The Secretary (PHP) & Mission Director, NHM, Government of West Bengal, Swasthya Bhavan.
- 2) The Director of Medical Education & E.O. Secy, Govt. of West Bengal, Swasthya Bhavan.
- 3) The Director, NVBDCP, 22- Shamnath Marg, Delhi-110054.
- 4) The Jt. Director, NVBDCP, GOI, , 22- Shamnath Marg, Delhi-110054.
- 5) The Project Director, WBSACS, Swasthya Bhavan.
- 6) The Sr.P.A. to the Principal Secretary; Deptt. Of H&FW; GoWB, Swasthya Bhavan.
- 7) The Principal,.....MCH(all).
- 8) The MSVP,----- Medical College & Hospital(all).
- 9) The Director, IPGMER, Kolkata.
- 10) The Director, School of Tropical Medicine, Kolkata.
- 11) The Dy.Secy(PHP), Swasthya Bhavn.
- 12) The Dy.DHS(PH), Swasthya Bhavn.
- 13) The Dy.DHS(Mal), Swasthya Bhavn.
- 14) The ADHS(IBD), Swasthya Bhavn, the officer looking after Kala azar at state level.
- 15) The Chief Medical Officer of Health (all) with the request to circulate for dissemination of this important treatment protocol & to ensure its adherence at all the institution under his control.
- 16) The Superintendent.....DH/SDH/SGH.
- 17) The Superintendent.....Decentralized Hospital.
- 18) IT Co ordinator, Swasthya Bhaban for web posting.


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& E.O.Secy
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