Organisation of a skin camp

1. Purpose

Skin camps are health camps focusing on dermatological (skin) conditions, held in the community. Health camps are designed to bring health care closer to the community, thus increasing access. Contacts of a newly detected leprosy patient, living in the same neighbourhood, have a higher risk of developing leprosy (1). By setting up a skin camp in an area where a new leprosy patient resides, these patient's close contacts and community contacts can be invited to be screened, not only for signs and symptoms of leprosy but for other skin diseases as well. Close collaboration with a dermatologist (or if not available: a specialised medical doctor / medical officer in dermatology) in this process is vital (2).

Skin camps are organised by health care providers at the community level in close collaboration with community leaders and local organisations. Besides preventive and curative treatment, camps often play a significant role in health education, creating awareness and providing counselling (3). Skin camps are free of charge for visitors.

The actual purpose of a skin camp, in the context of an intervention to distribute chemoprophylaxis for leprosy prevention, is twofold:

- To screen people living in a community where one or more new leprosy patient(s) has/have been diagnosed and distribute chemoprophylaxis to reduce their risk of developing leprosy.
- To diagnose and treat people with skin diseases.

This Standard Operating Procedure (SOP) describes the procedures to prepare and organise a skin camp.

2. Scope

This SOP applies to all aspects of preparing and organising a skin camp to screen the contacts of index patients for signs or symptoms of leprosy and other skin diseases, and to distribute single-dose rifampicin as post-exposure prophylaxis (SDR-PEP) to eligible contacts.

3. Target group

This SOP applies to all staff involved in the preparation and organisation of a skin camp. This may include doctors, nurses, community health workers/volunteers and supporting staff.

4. Procedure

4.1. Preparation of a skin camp: equipment, medication and staff

Start by ensuring that permission is in place to organise the skin camp in the community according to guidelines and procedures in the context in which the intervention is implemented.

- Notify and engage the local health services in the community where the skin camp will be held, and share the procedures that will be carried out during the camp, as well as details on the drugs to be distributed.
- Form a skin camp team (see 4.1.1).
- Provide training on the specific procedures in the skin camps.

- Establish a mechanism for proper follow-up and referrals of those who need further medical attention. Make sure there is a contact person at the nearest health facility who will be available for emergency referrals or in case of adverse events.
- Inform a local pharmacy that skin-related medication may be prescribed during the skin camp to ensure availability.
- Comply with the local, state, and national laws and regulations pertaining to work-related health hazard, waste disposal management, and privacy of individuals' health records.

4.1.1. Skin camp team; staff involved

The following roles can be distinguished among the skin camp staff:

- Doctors/dermatologists/medical officers: involved in diagnosing, administrating and prescribing medication, and referring to health facilities.
- Health staff/nurses/community health workers: involved in informed consent procedures, checking eligibility for SDR-PEP, screening, basic skin disease diagnosis, administrating medication.
- Supportive staff (preferably community members/volunteers): involved in logistics, building-up and taking down the skin camp site, crowd control and guarding the camp.

The recruitment of required personnel, as well as the staff's work, should be aligned with national/local guidelines and procedures. In doing so, the following should be taken into account (3–5):

- All licensed medical professionals should have a valid professional license, depending on the regulations of the context in which the intervention is implemented;
- Ensure health workers' professional liability insurances have been arranged, according to context-specific regulations;
- Make sure all personnel is properly trained;
- Ensure representation of all genders and inclusion of people with disabilities.

All staff should be familiarized with the screening procedures and required forms. In addition, the following tools can be used by the health staff:

- *NLR SkinApp*: An app to help diagnose and treat common, NTD- and HIV-related skin diseases with which patients present at the peripheral health care level. See '***SOP 9: Use of the NLR SkinApp***'.
- *WHO Skin NTDs App*: An app designed to assist front-line health workers in diagnosing and managing skin-related NTDs.
- *Siilo*: A secure and privacy guaranteed messaging app. The app is free to use for secure medical messaging; challenging cases can confidentially be discussed with peers or supervising doctors/dermatologists. See '***SOP 10: Siilo usage'.***

4.1.2. Equipment

Based on what is already available at the location, make sure the following is available (4):

Building up the camp site:

- Tents (or canvas/plastic and robes to create an improvised tent)
- Garbage container and garbage bags
- Cleaning materials
- Paper towels

- Screening pathway signs
- Handwash station (e.g. bucket with a tap and soap)
- Some snacks for staff (often, there is no lunch time or lunch available at skin camp locations)
- Disposable cups
- Drinking water
- Juice/syrup or banana for rifampicin administration

Furniture:

- Tables
- Chairs
- Cupboards/plastic box to store medication and supplies
- Waiting benches/chairs

Electronics:

- Lamp for skin screening
- If available and applicable, smart phone(s)/tablet(s) with internet connection and chargers, for the use of the apps NLR's SkinApp and Siilo (see ***'SOP 9: Use of the NLR SkinApp'*** and ***'SOP 10: Siilo usage'***)
- Powerbank(s) (if available)

Clothing:

- White coats, if applicable (doctor(s)/nurse(s))
- Cotton T-shirts/coats (health workers)
- Aprons
- Gloves
- Protective glasses, if needed

Forms:

- Contact screening registration forms
- Informed consent forms
- *SDR-PEP Green Card*
- *SDR-PEP Voucher*
- Referral forms
- Prescription paper

Stationary:

- Notepads
- Pens
- Folders
- Reading glasses
- Fingerprint inkpad

For medical equipment, see below.

4.1.3. Medication and medical supplies

Make sure the medicines and medical supplies are packed in sealed packages under the direct supervision of a reliable person (4).

Medication:

- Rifampicin;
  - 150 mg
  - 300 mg
  - 450 mg (if available, otherwise use 150 mg + 300 mg)
  - 600 mg (if available, otherwise use 2 x 300 mg)
  - Syrup for children (if available)
- Medication for skin diseases, see ***'SOP 8: Skin medication'*** for an overview of examples of topical medication and oral solutions/suspensions;
- Anti-allergy medication (anti-histamine and corticosteroids), see ***'SOP 6: Pharmaceutical product procurement and storage: rifampicin and allergy medication'.***

Medical supplies (4,6):

- Examination table/bench/stretcher/chair
- Cotton wool/mono-filament for skin sensation testing
- First aid kit
- Wound care kit:
  - Bandages
  - Gauze
  - Disinfectant
  - Cotton
- Facial masks
- Antiseptic solution (alcohol-based handrub solution)
- Soap
- Paper towels
- Body weight scale
- Preferably also include a blood pressure meter (sphygmomanometer) for in the unlikely case that an allergic reaction occurs
- Optional: dermatoscope for dermatologists / medical doctors
- Optional: thermometer with (ear) covers

4.2. Inviting contacts to attend the skin camp

First, informed consent should be obtained from the index patient to organise a skin camp within her/his community. Then, the households to be included in the skin camp should be mapped out, including at least the closest houses (around 20 houses, equalling around 100 contacts) to the index patient and his/her household contacts. Community leaders may be involved to actively mobilise the targeted community to take part in the skin camp, as community involvement helps to ensure that the skin camp will be a major concern to the local population, and to produce culturally relevant strategies (7). The contacts should be invited to the skin camp without disclosing the identity of the index patient.

The location and date of the skin camp should be decided in consultation with local health and governmental services, considering the following:

- Proximity to the house of the index patient;
- Access for people with a disability;
- Privacy for contacts;

- Sufficient light for skin screening.

Locations which are frequently chosen include schools or community buildings.

Prior to the skin camp, a camp staff meeting should be held to go over the division of all tasks, explain procedures, and check the availability of all supplies and equipment (as described above).

4.3. During the skin camp

Every person visiting the camp must be treated with respect and dignity and their privacy should be protected during screening, other medical procedures and recording of data. During the camp, several procedures will be executed.

4.3.1. Camp opening

A ceremonial camp opening (e.g. speech) may be held, involving the staff, community leader(s) and target population.

4.3.2. Informed consent

Contacts should be informed on all aspects of the intervention and informed consent should be obtained prior to the screening process. Informed consent can be taken verbally or is documented by means of a written, signed (or thumb printed) and dated informed consent form (depending on the rules and regulations in the area of implementation). For individuals <18 years, or in case of mental impairments, a legal guardian may give consent on their behalf (see '***SOP 2: Informing contacts and obtaining their consent'***).

4.3.3. Screening for eligibility to receive SDR-PEP

Health workers screen the persons visiting the skin camp for skin diseases and particularly for signs and symptoms of leprosy. If the person is suspected to have leprosy, (s)he is not eligible to receive SDR-PEP and should be seen by the nurse/doctor to be diagnosed or referred to a health facility. The screening may also lead to the suspicion of other skin diseases, these people should receive SDR-PEP, but should also be diagnosed. The health worker can use the NLR SkinApp for support in diagnosis, and the app Siilo to discuss cases with external specialized health staff (e.g., dermatologists) (see ***'SOP 9: Use of the NLR SkinApp'*** and ***'SOP 10: Siilo usage'***).

The eligibility criteria to receive SDR-PEP and screening procedures are outlined in ***'SOP 3: Eligibility criteria for SDR-PEP and screening of contacts'*.** The screening and diagnosis pathway is presented in Figure 1. During the screening procedure, utilize standard locally used registration forms/health records and designated contact registration forms (see the 2020 WHO Technical Guidance on contact tracing and post-exposure prophylaxis or Richardus et al.'s practical guide for sample contact registration forms (8,9)).

Contacts receiving SDR-PEP will receive a ***'SDR-PEP Green Card'***. Contacts who are not eligible to receive SDR-PEP at the time of screening, e.g. because of pregnancy or age <2 years and weight <10 kg, receive a ***'SDR-PEP Voucher'***. See ***'SOP 4: SDR-PEP administration'***.

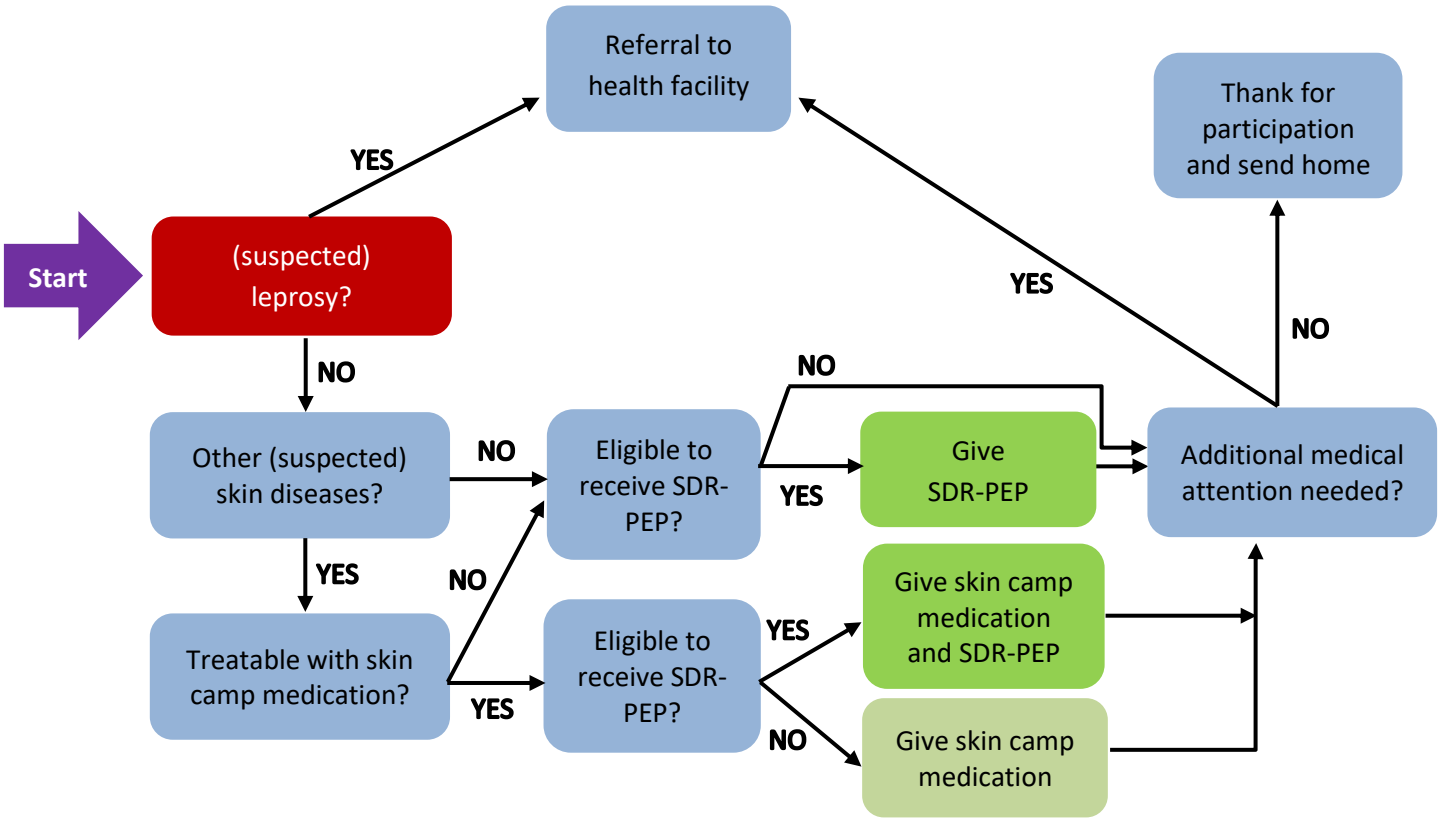

Figure 1: Skin camp screening pathway

4.3.4. Referral

Based on the outcomes of the screening procedure, some contacts may need to be referred to a health facility. More information is available in ***'SOP 5: Referral of contacts in case of (possible signs or symptoms of) tuberculosis or leprosy'*** and ***'SOP 7: Referral in case of suspicion of skin diseases (other than leprosy)'***.

4.3.5. Medication

SDR-PEP is administered to those contacts that are eligible. Besides SDR-PEP, topical medication for skin diseases should be made available, as well some anti-allergy medication (anti-histamine and corticosteroid) in case someone develops an allergic reaction. If other medication is needed, e.g. for skin diseases, a prescription can be made by a medical doctor according to national guidelines, or a contact can be referred for further care in a health facility.
Please use the national anti-allergy guidelines (e.g. regarding dosage) when administering anti-allergy medication, monitor the vital functions of the patient, and refer the patient quickly if needed.
Adverse events are very unlikely to occur following the administration of a single dose of rifampicin (8,10). If an adverse event occurs, it should be reported according to national guidelines for pharmacovigilance in the country.

For more information, refer to the SOPs:

- ***SOP 4: SDR-PEP administration***
- ***SOP 6: Pharmaceutical product procurement and storage: rifampicin and allergy medication***
- ***SOP 8: Skin medication***

5. Definitions and abbreviations

An overview of all definitions and abbreviations can be found in the document ***'Introduction, content and definitions'.***

6. Related SOPs

- *SOP 2: Informing contacts and obtaining their consent*
- *SOP 3: Eligibility criteria for SDR-PEP and screening of contacts*
- *SOP 4: SDR-PEP administration*
- *SOP 5: Referral of contacts in case of (possible signs or symptoms of) tuberculosis or leprosy*
- *SOP 7: Referral in case of suspicion of skin diseases (other than leprosy)*
- *SOP 8: Skin medication*
- *SOP 9: Use of the NLR SkinApp*
- *SOP 10: Siilo usage*

7. References

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