



THE ASSAM GAZETTE

অসাধাৰণ

EXTRAORDINARY

প্ৰাপ্ত কৰ্তৃত্ব দ্বাৰা প্ৰকাশিত

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GOVERNMENT OF ASSAM

ORDERS BY THE GOVERNOR

HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 26th August, 2025

No. HLA.652256/7.- Leprosy is an Infectious disease and a major public health concern in the State and leads to physical deformity and morbidity if the patient is not treated early and is also associated with stigma and discrimination. It is a curable disease with full course of Multi Drug Therapy (MDT). Early diagnosis and complete treatment of leprosy is the corner stone of Leprosy Prevention and Control strategy.

In order to achieve the Sustainable Development Goal (SDG) Target 3.3, the state aims to "end the epidemics of communicable diseases" by 2030. In alignment with the Global Leprosy Strategy 2021-2030, India has launched the National Strategic Plan 2023-2027 to accelerate progress towards interrupting the transmission of leprosy.

The objective of achieving leprosy-free status in Assam will be met when no indigenous child cases are reported for continuous period of five years. In order to reach this milestone, Govt. of Assam has found it imperative that every newly detected case of leprosy is reported promptly to the National Leprosy Eradication Programme (NLEP).

Comprehensive and timely reporting enables us to ensure that all patients benefit from the services available under NLEP, receives follow-up care for complications or disabilities even after treatment completion, facilitate the administration of chemo-prophylaxis access to healthy contacts to prevent further transmission and support the diagnosis and management of Drug Resistant Leprosy (DRL) cases.

Therefore, Govt. of Assam hereby declare that "Leprosy" is a "Notifiable Disease" in the State of Assam under Sub-section 3 (b) of Section 3 of Chapter - II of The Assam Public Health Act, 2010 (Assam Act No. XII of 2010) and under Section (2) of the Epidemic Diseases Act, 1897 and in keeping with D.O. No.Z-14020/05/2025-Lep dated 14/05/2025 of Govt of India, Department of Health & Family Welfare, Ministry of Health & Family Welfare. Accordingly, all persons dealing with diagnosis, treatment and follow up in Hospitals (Private or Government), Non-Governmental Organizations, Private Practitioners, Corporate healthcare providers, Private Institutions imparting Medical Education and providing diagnostic services and any other healthcare relating to Leprosy shall mandatorily report all diagnosed cases of Leprosy to the respective District Leprosy Officer (DLO) / District Nodal Officer (DNO - Leprosy) / Joint Director of Health Services of the concerned districts.

Whosoever, is reporting or notifying Leprosy shall maintain a prescribed register and retain a copy of the complete format that has been submitted to the concerned District Leprosy Officer (DLO) / District Nodal Officer (DNO - Leprosy) / Joint Director of Health Services for all the new cases diagnosed or being treated in the State of Assam with effect from the date of issue of this Notification.

The reporting formats are enclosed here with as Annexure A, B & C.

PATIBANDLA ASHOK BABU,
Commissioner & Secretary to the Government of Assam,
Health & Family Welfare Department.

Annexure - A**Leprosy Notification reporting format for
Medical Practitioners / Hospitals / Clinics / Nursing Homes**

Name of Health Facility / Practitioner

: _____

Registration Number : _____ Telephone No. (including
STD) : _____

District / State (with pin code) : _____ Mobile No.

: _____

Complete Address :

Health Establishment Code for Notification :

Date of patient registration / Date of Diagnosis :

Date of Notification : ____ / ____ / ____

Patient information*

Name of the Patient		Fathers/Husband Name	
Age		Gender (M/F/Others)	
Complete residence address			
Complete Permanent residence address			
Village/City name		District name	
State/UT name		Pin code	
Patient phone No.		Alternate Phone No.	
Date of Leprosy diagnosis		PB/MB case	
Site of Disability		Prescribed Anti-Leprosy Drugs (if any)	
Disability Grade	0/1/2		
Criteria of diagnosis / clinical presentation (anesthetic skin patches / thickened peripheral nerves / type of disability present / ulcer etc.)			
Lepra Reaction (Yes / No) :		If Yes, Type I / II :	
Signature of the Doctor		Date	____ / ____ / ____

*All columns are mandatory to fill.

The reporting must be unique or else there are chances of duplication.

Annexure - B**Leprosy Notification reporting format for
Medical Laboratory**

Name of Medical Laboratory /

Specialist: _____

Registration Number : _____ Telephone No. (including
STD) : _____District / State (with pin code) : _____ Mobile No.
: _____Complete Address :

_____Health Establishment Code for Notification :
_____Date of patient registration / Date of Diagnosis :

Date of Notification : ____/____/____

Patient information*

Name of the Patient		Fathers/Husband Name	
Age		Gender (M/F/Others)	
Complete residence address			
Complete Permanent residence address			
Village/City name		District name	
State/UT name		Pin code	
Patient phone No.		Alternate Phone No.	
Referred by		Provisional Diagnosis	
Skin Smear test result/skin biopsy		Date of test done	____/____/____
Result of Skin Biopsy/SSS			
Signature of Pathologist / Microbiologist		Date	____/____/____

*All columns are mandatory to fill.

The reporting must be unique or else there are chances of duplication.

Annexure - C**Leprosy Notification reporting format for
Pharmacy, Chemist & Druggist**

Name of Pharmacy, Chemist &

Druggist: _____

Telephone No. (including STD) : _____

District / State (with pin code) : _____ Mobile No.

: _____

Health Establishment Code for Notification :

Complete Address :_____

Date of patient registration / Date of Diagnosis :_____
Date of Notification : ____ / ____ / ____**Patient information***

Name of the Patient		Fathers/Husband Name	
Age		Gender (M/F/Others)	
Complete residence address			
Complete Permanent residence address			
Village/City name		District name	
State/UT name		Pin code	
Patient phone No.		Alternate Phone No.	
Referred by		Provisional Diagnosis	
Date of Diagnosis		Date of Leprosy treatment initiation	____ / ____ / ____
Date of prescription		Date of Dispensing Medicine	

Number of days for which Medicine dispensed		Name of treating Medical Practitioner	
Signature of Pharmacist/Chemist & Druggist		Date	/ /

*All columns are mandatory to fill.

The reporting must be unique or else there are chances of duplication.