

Informal consultation on
Chemoprophylaxis for leprosy
London, Nov 09

Future directions for research

Kawuma HJS

What type of research?

A mix of **basic** and **operational**

Outline of areas

- Test for infection (sub-clinical, latent)
- Test to find which infected people have higher risk of turning into "disease"
- Defining and grading / classifying high risk groups . **CONTACTS**
- **Transmission of leprosy**

Outline of areas continued

Knowledge gained from Chemoprophylaxis studies thus far provides pointers to:

- Which drugs
- Which regimens
- For which target populations? Total population / defined high risk groups/ contacts.
- Frequency?
- Duration?

May be necessary to repeat in different settings but also to complete remaining phases of Bangladesh and Indonesia studies.

Cost effectiveness studies

To be looked at in different settings and to develop further simplified protocols that could be applied to routine control programme settings.

Addressing outstanding **operational issues**

Review issues already raised in earlier meeting:

Oskam L, Bakhar MI. Report on the Workshop on the use of chemoprophylaxis in the control of leprosy. Amsterdam, the Netherlands, 14 December 2006. Lep Rev (2007) 78, 173-185

Besides those already presented, suggested:

Health Systems Research / Operational research on characteristics of the Public Health system that are critical for successful implementation of chemoprophylaxis under routine leprosy control programme conditions.

Examples of Topics to address with OR

- Screening of contacts / populations by Health workers
- Assuring availability of drugs and managing distribution mechanisms
- Organizing direct observation of treatment.
- Information to Health Workers regarding the policy and provision of appropriate training
- Information to the target population
- Establishing system for antibiotics resistance monitoring
- Ascertaining consent and collaboration of other infectious disease programmes e.g. TB

Conclusion / recommendation

National Leprosy Control Programmes to be encouraged establish pilot projects targeted at learning important lessons, including cost effectiveness of implementing chemoprophylaxis under routine control programme settings.

[Full scale chemoprophylaxis not yet recommended]