

Leprosy Control and Field Work

Implementation of multidrug therapy; WHO document

WHO/LEP/85.1 is a report of a consultation on the above subject held in Geneva in October 1985, which is of considerable importance to all concerned with the drug treatment of patients with leprosy. It brought together 17 people from the field, all with direct personal experience of MDT, and it considered the WHO regimens (*Chemotherapy of leprosy for control programmes*; Report of a WHO Study Group; Technical Report Series, 675, WHO, Geneva, 1982) and reported under the following headings: Background; objectives; newer knowledge obtained on multidrug therapy since the WHO Study Group recommendations in 1981; overview of the present situation in implementation of multidrug therapy; specific projects; conclusions and recommendations. Some difficulties and constraints were reported and discussed, but the general impression is that the advised regimens, for both pauci- and multi-bacillary cases, are acceptable to patients and staff, not attended by an undue risk of adverse reactions or toxic effects and—at this relatively early stage—apparently successful at the clinical level. This is vital—and extremely encouraging—reading for all concerned with the drug treatment of leprosy.

National Leprosy Eradication Programme, India, 1985

The Leprosy Division, Directorate General of Health Services, Nirman Bhavan, New Delhi, 110011, India, has published *Guidelines on case detection, treatment, follow up and reporting* in the context of the National Leprosy Eradication Programme in India. In view of the enormous numbers of leprosy patients both registered and estimated for India, this document is of outstanding interest and it describes in detail some differences in the Indian multidrug regimens, as opposed to those advised by WHO. (Their division into 'intensive' and 'continuation' phases (page 10) is of particular interest and may pose problems for any agency which is attempting to 'compare' MDT in India with the conventional WHO regimens used in other parts of the world).

Leprosy control programme in West Nepal

We are most grateful to Dr Paul Kist for a copy of this booklet, which describes activities in a joint project led by the Government of Nepal (HMG/N) and the International Nepal Fellowship (INF). The very considerable area covered by this project is described, with emphasis on the efforts which have been made, in this difficult terrain, to provide leprosy treatment which is reasonably close to the patient's home. Plans are under discussion to extend this programme into new areas. Further enquiries to: International Nepal Fellowship, P.O. Box 5, Pokhara, Nepal 33701.

Isoprodian and Isoprodian–RMP

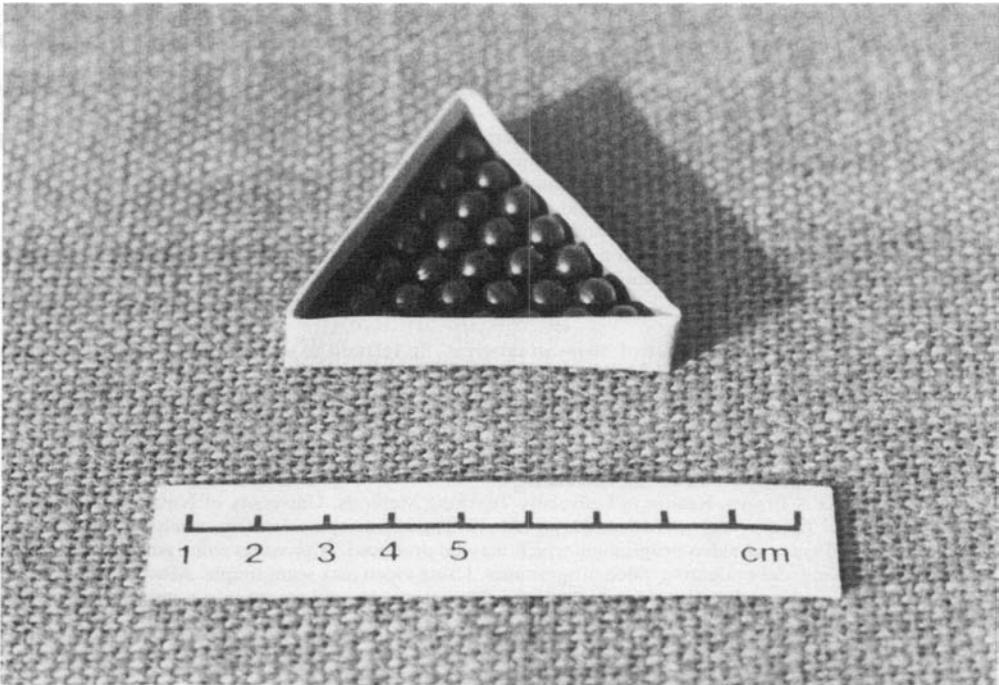
We are grateful to Dr H Frank of the German Leprosy Relief Association for a copy of the booklet *Information for multidrug therapy with Isoprodian and Isoprodian–RMP*, which describes the development and use of these combinations. Isoprodian contains isoniazid, prothionamide and dapsone; the composition, dosage, method of intake, minimal therapy duration, side-effects/contraindications and possible interactions are all described and the final pages deal with 'Basic requirements for the introduction of multidrug therapy'.

Leprosy drugs for Third World countries

In addition to the arrangements which have already been made with CIBA–GEIGY for the purchase of antileprosy drugs by ILEP members at advantageous prices, we have previously drawn attention to other companies which specialize in the stocking, sale and distribution of antileprosy drugs for Third World countries. One of these, in attendance at the recent meeting on MDT organized by the German Leprosy Relief Association in Wurzburg (to be reported in full in this Journal at a later date), is Sanavita, Gesundheitsmittel GmbH, Postfach 220, D-4712, Werne, West Germany, which lists dapsone (50 and 100 mg), clofazimine (50 and 100 mg) and rifampicin (150 and 300 mg) in section 19 of its drug list. They offer a wide range of other drugs including many of value in tuberculosis, dermatology and tropical diseases generally.

Triangular container for the counting and dispensing of clofazimine

Dr G Boerrigter, Medical Director, LEPROA-MALAWI, PO Box 148, Lilongwê, Malawi, Africa, Has very kindly submitted information on a metal container which has been devised in Malawi for the purpose of counting out exactly 28 round capsules of clofazimine, each of 50 mg (4 weeks' supply for daily, unsupervised ingestion in multibacillary leprosy). As elsewhere, the staff in Malawi have found that these small round capsules run about like marbles on a flat surface and are also difficult to pick up, one by one, in the fingers. A triangular container, as illustrated below, has therefore been made from soft metal, the sharp edges being covered with tape. The internal measurements of this container are important; the equal laterals should be 5.8 cm (6.0 cm would be equally suitable) and the depth should be at least $1\frac{1}{2}$ times the diameter of the capsules, so that they do not fall out. The prototype shown here had an internal depth of 1.2 cm, which was very satisfactory. Capsules, once loaded into this device and allowed to 'settle' out flat, can easily be tipped into the palm of the hand or directly into a container. This metal version has been examined by technicians working with plastics (in Oxford) and there would be no difficulty in mass-producing it if there is a need. Meanwhile, provided careful attention is given to the measurements above, satisfactory containers can easily be made from metal sheet or old tin covering the edges with tape.



Ciba-Geigy; plastic containers for Lamprene (clofazimine)

Mr Peter Friedli of Ciba-Geigy Basal, Pharma International, CH 4002, Basel, Switzerland, has drawn attention to the development of a small plastic container with a screw top by this company. It is designed to accommodate 30 capsules of 50 mg or 15 capsules of 100 mg clofazimine to cover the usual monthly amount dispensed, for self-administration by the patient. These useful containers are entirely free of charge on application to the above address.