

## Stop leprosy transmission within one generation

### What is SDR-PEP?

**Single-dose rifampicin post-exposure prophylaxis (SDR-PEP)** is a preventive treatment for leprosy that can be used to reduce the risk of developing leprosy among contacts of leprosy patients and thus, indirectly, reduce transmission of leprosy bacilli.

**Rifampicin** is a well-known antibiotic and component of multi-drug therapy treatment for leprosy. It is safe for adults and children aged 2+.

**Close contacts** of leprosy patients include household, neighbor, and social contacts. They are screened for leprosy and TB before SDR-PEP is provided. The more contacts are screened, the more effective the intervention. Patient consent is required before approaching their contacts to offer screening and SDR-PEP.

### SDR-PEP Success

- **57% Reduction in the risk of developing leprosy**
- **99% of close contacts accept SDR-PEP**

### Where has SDR-PEP been tested and/or implemented?

Bangladesh, Bolivia, Brazil, Cambodia, Cuba, Democratic Republic of the Congo, Ethiopia, Ghana, India, Indonesia, Kiribati, Morocco, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Papua New Guinea, Samoa, Senegal, Sri Lanka, Tanzania, Uganda, Yemen. *This list includes some countries that have used SDR-PEP but is not exhaustive.*

### SDR-PEP Evidence

Large-scale, international studies show that SDR-PEP is safe and contributes to reducing leprosy incidence and preventing secondary disabilities. It has been tested in > 11 countries, and >175,000 people have received treatment in research settings.

### SDR-PEP is highly effective in neighbor and social contacts

**COLEP** was conducted in Bangladesh from 2002 - 2007. Contacts who received SDR-PEP showed a 57% reduction in the risk of leprosy compared to the control group. For contacts who had received childhood BCG vaccination, the combined protective effect rose to 80%. SDR-PEP was highly effective in neighbor and social contacts, but less effective in household and blood-related contacts. Research to make SDR-PEP more effective for all groups is ongoing.

### Integration with routine leprosy control is feasible

**LPEP** was conducted in 8 countries from 2015 - 2018. The integration of contact screening and SDR-PEP administration into routine leprosy control was proven feasible and no serious adverse events were reported.

### Future projections

Based on a modeling study focusing on 110 countries, a reduction in global new leprosy cases of 50% in 5 years and 90% in 22 years could be achieved in most countries that would distribute SDR-PEP routinely.

### Support for SDR-PEP

The World Health Organization (WHO) advises the use of SDR-PEP in the Roadmap for Neglected Tropical Diseases 2021 – 2030, the Global Leprosy Strategy, and the WHO Guidelines for the Diagnosis, Treatment, and Prevention of Leprosy. The Global Partnership for Zero Leprosy also recommends SDR-PEP for routine leprosy control services.