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INTRODUCTION

Hansen's disease is a condition of great global importance, classified as one of the twenty neglected tropical diseases, and strongly associated with poverty and inequity¹. The objective was to synthesize the evidence available in the literature in a systematic way on prophylactic measures for contacts of confirmed cases of Hansen's disease.

OBJECTIVE

To synthesize the evidence available in the literature in a systematic way, on prophylactic measures for contacts of confirmed cases of Hansen's disease, with efficacy and safety for preventing the disease compared to standard therapy.

METHOD

A systematic review with meta-analysis was carried out by searching the following electronic databases: Embase, Lilacs, Medline, Cochrane Library, in addition to bibliographic citations of interest. No restrictions were made regarding language or publication period. Inclusion criteria: adults or children of both sexes, contacts of Hansen's disease patients, undergoing chemoprophylaxis. Studies without indexed publications and conference abstracts were excluded. The quality of the studies was assessed by risk of bias using Cochrane tools and certainty in the body of evidence using the GRADE system.

RESULTS

- ✓ Four studies were selected for quantitative synthesis, three randomized clinical trials and one cohort study (total n intervention = 20,659; total n comparator = 20,092).
- ✓ The results of the meta-analysis (four studies) were favorable to rifampicin over a two-year period (RR 0.67 95% CI 0.40-1.12), with the studies risk of bias defined as uncertain (due to an open study and another without blinding) and certainty in the body of evidence assessed as moderate.
- ✓ Rifapentine, evaluated in a single study, presented better results than rifampicin with RR 0.40 (95% CI 0.08 – 2.08) in two years and 0.18 (95% CI 0.04 – 0.80) in four years, and uncertain risk of bias.

Fig.1 – Risk of bias in randomized clinical trials (RoB 2.0)

Unique ID	Study ID	Experimental	Comparator	Outcome	Weight	D1a	D1b	D2	D3	D4	D5	Overall
V1	Wang	Rifampicina	Placebo	Hanseníase	1	+	+	!	+	+	+	!
V2	Feenstra	Rifampicina	Placebo	Hanseníase	1	+	+	+	+	+	+	+
V3	Richardus	Rifampicina	Placebo	Hanseníase	1	+	+	!	+	+	+	!

Justifications for critical items:
 D2: Deviations from the intended interventions Wang et al: domain 2.1 and 2 – open study.
 D3: Missing outcome data Richardus et al: Domain 2.2 – the study was not blinded.
 D5: Selection of the reported result

Fig.2 - Risco de viés do estudo de coorte (ROBINS I)

Study	Risk of bias domains							Overall
	D1	D2	D3	D4	D5	D6	D7	
Bakker et al., 2005	-	+	+	+	+	+	-	-

Domains:
 D1: Bias due to confounding.
 D2: Bias due to selection of participants.
 D3: Bias in classification of interventions.
 D4: Bias due to deviations from intended interventions.
 D5: Bias due to missing data.
 D6: Bias in measurement of outcomes.
 D7: Bias in selection of the reported result.

Judgement
 - Moderate
 + Low

Figure. 3 – Result of the rifampicin vs. placebo meta-analysis

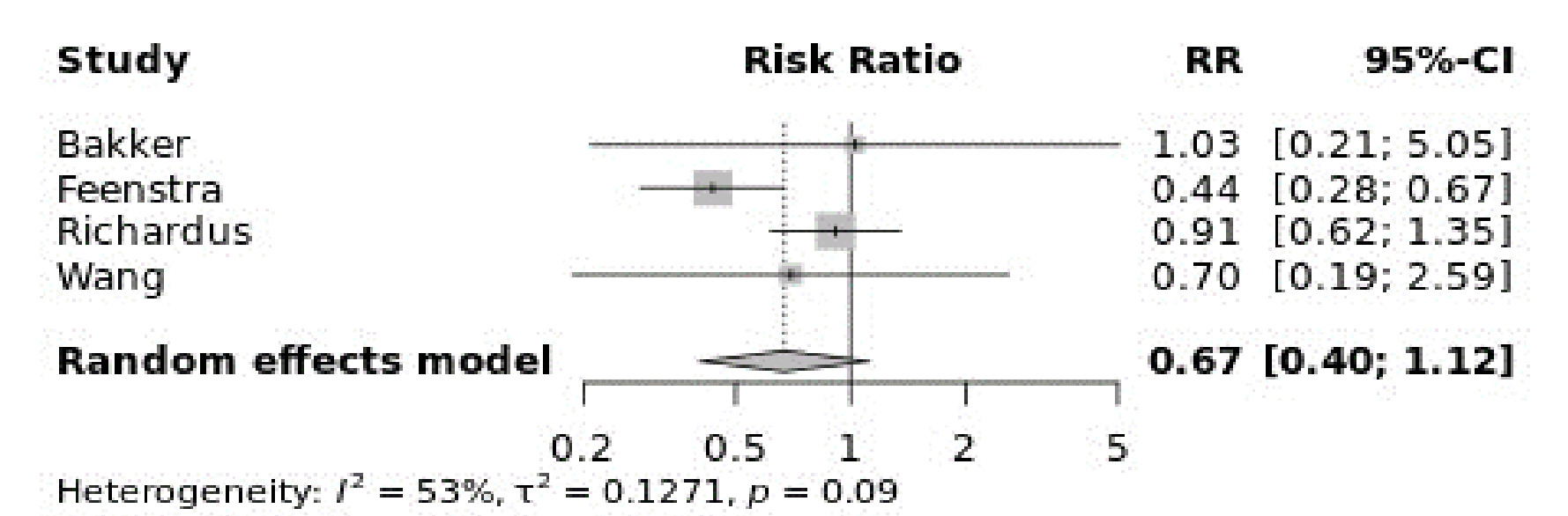
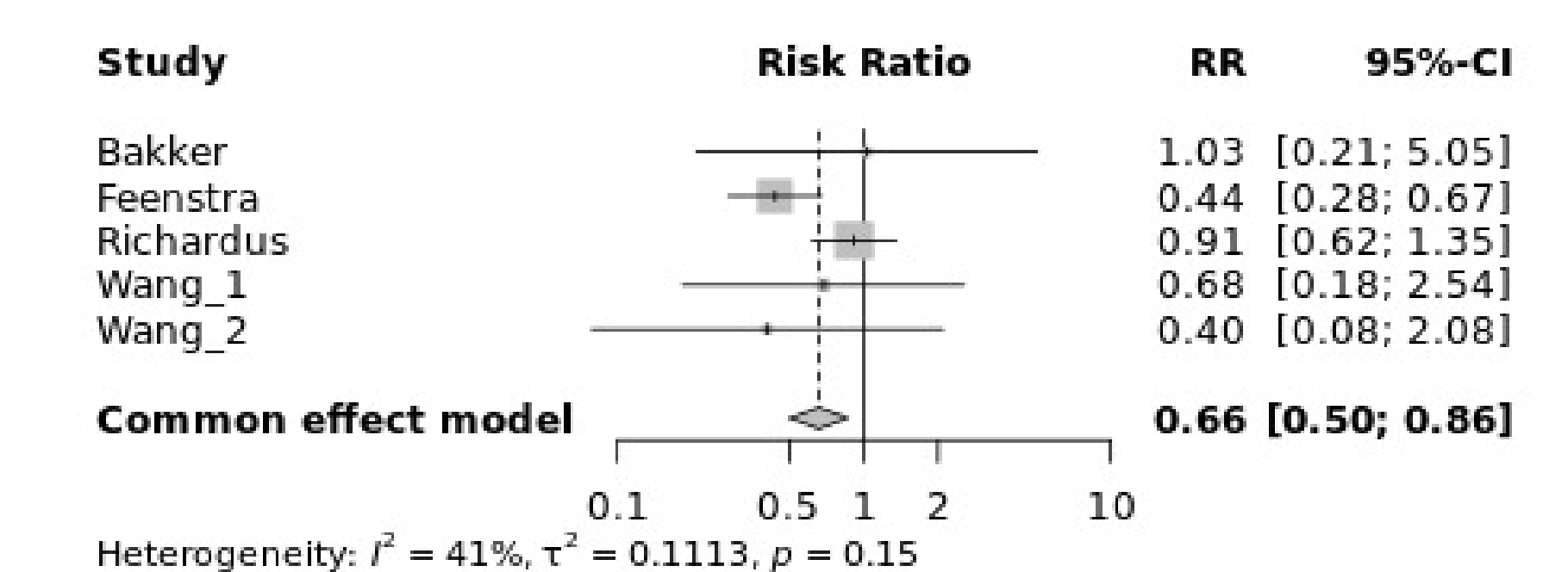


Fig. 4 – Result of chemoprophylaxis (rifampicin or rifapentine) vs. placebo meta-analysis



CONCLUSIONS

Rifampicin administered in a single dose as prophylaxis to contacts of Hansen's disease patients, mainly in endemic areas, demonstrated to be effective and safe with a RR of 67% in two years, and a statistically significant protective effect maintained in six years, with low risk of bias and certainty in evidence classified as moderate. Rifapentine proved to be a promising prophylactic medication, being evaluated in a single study.

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