

Conclusions of the kaladrug workshop on

“Monitoring of clinical outcomes of kala azar in the health system & surveillance of drug Resistance”

held in Faridabad, New Delhi on January 27th 2012

This workshop being an information meeting, we concluded with “lessons learnt” rather than with recommendations: The main messages are:

1. The relapse rate of miltefosine has doubled compared to the pivotal phase 3 trial (see presentation of Prof. Shyam Sundar) and in Nepal, the relapse rate is as high as 22% due to an important number of late relapses (between 6 and 12 months post-treatment)
2. These results are obtained in ideal conditions of diagnosis, treatment, observed pill intake, management of side effects and patient counseling: outcomes in PHC settings are likely to be worse.
3. Monitoring of clinical outcomes of kala azar treatment is feasible at PHC level:
 - a. retrospective quarterly cohort monitoring methodology as used in TB programs, with follow up at 6months and 12 months
 - b. other ways of retrospective surveys can also be used
 - c. in any other way, there is a need to look at late treatment outcomes of the current and future treatment strategies and trials if we want to see the real life situation of effectiveness of a treatment policy
4. Final cure rates of less than 80% as observed in the PHCs (presentation of Dr. Sanjeeta) are extremely worrying. Part of this result is due to the high defaulter rate, so we shall further investigate on the reasons of defaulter.