

Nepal



Above - Village eye exams in Nepal.

The Proctor Foundation was active in Nepal for approximately 5 years ending in 2001. Research included developing and evaluating what community treatment strategies are most effective against infectious trachoma in Nepal, an area mesoendemic for trachoma. These were some of the first group-randomized treatment studies ever performed for trachoma. The prevalence of trachoma dropped markedly during the duration of the study period and elimination was attained in some villages.

Ancillary studies were performed for possible secondary effects of mass treatments with azithromycin including measurement of resistance to macrolides in nasopharyngeal pneumococcus. Only very low levels of resistance were found after azithromycin treatment. It was also determined that the use of topical antibiotics can have an effect equal to or greater than oral antibiotics in leading to resistance in organisms distant from the eye.

The use of all available antibiotics was quantified in entire communities and the effect of these medications on the prevalence of trachoma was estimated.

The background reduction of trachoma prevalence as a secular trend independent of the treatment program in the study community was estimated. This was the first time secular trends were taken into account when measuring the effect of treatments for trachoma.

Related Publications:

Holm SO, Jha HC, Bhatta RC, Chaudhary JS, Thapa BB, Davis D, et al. Comparison of two azithromycin distribution strategies for controlling trachoma in Nepal. *Bull World Health Organ* 2001;79(3):194-200. [1]

Frick KD, Lietman TM, Holm SO, Jha HC, Chaudhary JS, Bhatta RC. Cost-effectiveness of trachoma control measures: comparing targeted household treatment and mass treatment of children. *Bull World Health Organ* 2001;79(3):201-7. [2]

Diamant J, Benis R, Schachter J, Moncada J, Pang F, Jha HC, et al. Pooling of Chlamydia laboratory tests to determine the prevalence of ocular Chlamydia trachomatis infection. *Ophthalmic Epidemiol* 2001;8(2-3):109-17. [3]

Fry AM, Jha HC, Lietman TM, Chaudhary JS, Bhatta RC, Elliott J, et al. Adverse and beneficial secondary effects of mass treatment with azithromycin to eliminate blindness due to trachoma in Nepal. *Clin Infect Dis* 2002;35(4):395-402. [4]

Thein J, Zhao P, Liu H, Xu J, Jha H, Miao Y, et al. Does clinical diagnosis indicate ocular chlamydial infection in areas with a low prevalence of trachoma? *Ophthalmic Epidemiol* 2002;9(4):263-9. [5]

Jha H, Chaudary JS, Bhatta R, Miao Y, Osaki-Holm S, Gaynor B, et al. Disappearance of trachoma from Western Nepal. *Clin Infect Dis* 2002;35(6):765-8. [6]

Gaynor BD, Holbrook KA, Whitcher JP, Holm SO, Jha HC, Chaudhary JS, Bhatta RC, Lietman T. Community treatment with azithromycin for trachoma is not associated with antibiotic resistance in *Streptococcus pneumoniae* at 1 year. *Br J Ophthalmol* 2003;87(2):147-8. [7]

Schiedler V, Bhatta RC, Miao Y, Bird M, Jha H, Chaudary JS, et al. Pattern of antibiotic use in a trachoma-endemic region of Nepal: implications for mass azithromycin distribution. *Ophthalmic Epidemiol* 2003;10(1):31-6. [8]

Gaynor BD, Miao Y, Cevallos V, Jha H, Chaudary JS, Bhatta R, Osaki-Holm S, Yi E, Schachter J, Whitcher J, Lietman T. Eliminating trachoma in areas with limited disease. *Emerg Infect Dis* 2003;9(5):596-8. [9]

Gaynor B, Cevallos V, Jha H, Chaudary J, Bhatta R, Miller K, Osaki-Holm S, Yi E, Whitcher J, Lietman T. Elimination may *not* be too high a goal for trachoma programs. *Revue Internationale du Trachome*, 2003;80:261-266.

Chidambaram JD, Bird M, Schiedler V, Fry AM, Porco T, Bhatta RC, Jha H, Chaudary J, Gaynor B, Yi E, Whitcher J, Osaki-Holm S, Lietman T. Trachoma decline and widespread use of antimicrobial drugs. *Emerg Infect Dis* 2004;10(11):1895-9. [10]

Gaynor BD, Chidambaram JD, Cevallos V, Miao Y, Miller K, Jha HC, Bhatta R, Chaudary J, Whitcher J, Osaki-Holm S, Fry A, Holbrook K, Lietman T. Topical ocular antibiotics induce bacterial resistance at extraocular sites. *Br J Ophthalmol* 2005;89(9):1097-9. [11]

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[9] <http://www.cdc.gov/ncidod/EID/vol9no5/pdfs/02-0577.pdf>

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