Preventing Leprosy: Epidemiological and immunological aspects of chemo- and immunoprophylaxis in leprosy patients' contacts

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1. BCG vaccination may precipitate clinical signs and symptoms of tuberculoid leprosy in contacts of leprosy patients and is therefore less suitable for post-exposure prophylaxis in leprosy control. *(this thesis)*
2. Individuals with high local reactogenicity after intradermal BCG administration have less risk for the onset of lepromatous leprosy. *(this thesis)*
3. Antibodies directed aganst the *M. leprae*-specific phenolic glycolipid I (PGL-I) cannot predict the development of clinical leprosy. *(this thesis)*
4. Single-dose rifampicin after BCG vaccination does not provide added benefit as post-exposure prophylactic strategy in leprosy control. *(this thesis)*
5. Transmission of *M. leprae* is dependent on the social environment of the patient and mainly targets the poorest of the poor.
6. A recent period of food shortage is a socio-economic factor associated with clinical manifestations of leprosy disease.
7. Field-friendly tests based on a recently developed lateral flow test format (UCP-LFA), which combine humoral and cellular biomarkers, are useful in identifying which contacts are at risk of developing leprosy at an early stage and to target them for intervention.
8. Reduction to zero incidence of infectious diseases such as leprosy in a defined geographical area are a result of deliberate efforts to treat the disease, interrupt transmission and establish continued measures to prevent re-establishment of transmission.
9. Poverty causes social stigma, which in turn reinforces exclusion and makes it even harder to escape from poverty.
10. Many leprosy patients recognize this feeling: “The biggest disease today is not leprosy or tuberculosis, but rather the feeling of being unwanted” (Mother Teresa, 1971).

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