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Service (sector) Cornea and External Disease N° CEP

**USE OF AZITHROMYCIN FOR CONTROL OF TRACHOMA AMONG THE HUPDÄH INDIANS IN THE RIO NEGRO BASIN, AMAZONAS, BRAZIL** Oliveira, Norimar; Argentino, Simone; Machado, Marina

**PURPOSE:** To evaluate the results obtained by the use of azithromycin in the control of trachoma among the Hupdäh indians. **METHODS:** Ocular examination using loupes (x 2.5 magnification) was performed by local health professionals trained for classification and treatment of trachoma (according WHO guidelines) approaching the population of 8 Hupdäh villages. The study was conducted in two steps with the re-examination of the population (second step) occurring 6 months after mass treatment using systemic azithromycin (PO, single dose of 1,0 g for adults and 20mg/kg for children) that was performed in the first step of the study. Descriptive analysis of collected data is presented. **RESULTS:** The coverage rate was 82.8% in the first step of the study (428 examined individuals) and 55.8% in the second step (286 examined individuals). The prevalence of active trachoma among the examined population decreased from 68.4% to 40,0% in the second step of the study. Loss of follow up occurred in 31.1% of the examined individuals caused by the high mobility that is one of the cultural characteristics of the studied population. The cure rate (considered like individuals positive for active trachoma in the first step that became negative in the second step) was 28.0%. No refusal to treatment and no serious adverse effects related to the use of azithromycin occurred. **CONCLUSIONS:** Many variables may have influenced the epidemiological dynamics of trachoma observed in our study. The results obtained suggest that azithromycin may play a role in the control of the disease in the hyperendemic situation detected among the Hupdäh indians. Further studies however are necessary to better evaluate both effectiveness and cost-effectiveness of the use of azithromycin for the control of trachoma in this population.