Editor’s Choice

Here comes another substantial issue of Leprosy Review with an interesting range of papers and something to stimulate everyone.

We are publishing a pair of papers from the Dutch-Bangladesh group. Dr Moet has reviewed the published data on risk factors for leprosy. His review (p. 309) encompasses the risk of leprosy in household contacts, the predictive value of PGL-1 antibody testing, genetic factors and the roles of serological and immunological testing. The data on household contacts are often difficult to compare between studies because definitions of household contact vary between different studies. This review sets the scene for the preliminary paper from the COLEP (Chemoprophylaxis in leprosy) study. This large study (Moet et al., p. 378) has been set up in Bangladesh to evaluate the effectiveness of a single dose of rifampicin when given to close contacts of leprosy patients in preventing leprosy. This study has recruited 21,708 contacts and will provide much information about the risk of leprosy in these contacts. It is noteworthy that the prevalence of leprosy among contacts was 7.3 per 1000, a high prevalence for an area where there has been an active leprosy programme for many years. We hope to be publishing more data from the COLEP study as it progresses.

Prophylaxis can also be achieved by vaccination and Cunha et al. (p. 357) show that in Manaus, Brazil neonatal vaccination with BCG protects against all forms of leprosy at rates of between 41 and 74%. This protection is for all forms of leprosy, but is highest against multibacillary disease. This again highlights the importance of BCG vaccination, which although done to protect against tuberculosis has beneficial effects against leprosy.

This issue contains two papers by Heijnders (pp. 326 and 337) with a social science perspective, looking at the different ways in which patients experience disease. The author has looked at the quality of care received by patients and found that many patients experienced poor care, with health care workers having little insight into patients’ perspectives and fears about disease. There was also little information sharing. Interestingly, patients of lower social class had a more negative experience.

The themes of case detection and service provision are amplified by Krishnamurthy in his Editorial “Hidden leprosy – who is hiding from whom?” (p. 302), where he discusses the problem of finding new cases. In India even after five leprosy elimination campaigns (LECs), under-detection of new cases remains a problem. He also notes delivery of good quality services at health facilities is the best publicity for leprosy services.

The editorial by Declerq and Guédénon (p. 305) was commissioned to advertise the International Leprosy Association Congress in South Africa in January 2005. They give an overview of the current situation in Africa, noting that the statistics on leprosy numbers are now far more reliable and that progress has been made towards integration of leprosy services in general health services. However, leprosy coverage is often poor in parts of Africa and there is a backlog of undiagnosed cases with high rates of disability. These challenges will certainly be discussed at the Congress and we plan to bring readers a Congress Report.

DIANA N. J. LOCKWOOD (Editor)