Editor’s Departure Note

It is with some sadness that I write this note, because I am stepping down from the editorship of Leprosy Review after 16 years in the post. I took over from John Turk in September 1996 when I was a newly appointed leprologist at the Hospital for Tropical Diseases and the London School of Hygiene & Tropical Medicine. It was huge privilege for me to edit such an important journal. The journal has gone from strength to strength, and we have an Impact Factor of 1 (which is high for a speciality journal). We also have free online access, and will soon have an electronic manuscript submission system. The most valuable part of being an editor is the feeling of being linked with authors, reviewers, sub-editors and editorial staff. The authors come from across the world, but especially from India and Brazil which reflects the high endemicity of leprosy in those countries and the ongoing interest in research there. We have a pool of much valued reviewers who give of their time to ensure that papers are accurate. I have been very fortunate in having a group of sub-editors who have helped me - Anthony Bryceson, Cairns Smith, Philip Draper and Ruth Butlin. I have also had superb help from Irene Allen. She really personifies the journal, and has worked tirelessly to get every issue into print. She has a wonderful email manner and keeps authors and reviewers around the globe happy. The support of both LEPRA and the LEP members who give financial support has also been crucial to the development of Leprosy Review and I would like to thank Terry Vasey and Sarah Nancollas of Lepra for supporting the journal.

The world of leprosy research is shrinking with the false perception that leprosy will not be a problem soon and Leprosy Review is an important forum for research and discussion.

It is a great pleasure that Paul Saunderson will take over as editor. We worked together in Ethiopia in 1994 and have been involved in leprosy research since then. He is head of the American Leprosy Mission and leads an active research programme in the Philippines, India and the USA. He is very committed to leprosy research and I am confident that he will be an excellent editor.

This issue of Leprosy Review has an interesting mix of articles. We recently rejected a paper reporting on a study on Multi-Drug Therapy because the authors had failed to obtain informed consent from the participants, feeling that the lack of education in their subjects obviated the need for informed consent. I therefore asked Prof. John Porter, to write an editorial on the ethics and practicalities of giving informed consent. His editorial is wide ranging and gives practical examples of how to improve getting informed consent.

Our review article is on the topical issue of leprosy in migrant workers. Several patients have been deported from countries in the Middle East after being diagnosed with leprosy. Deportation of newly diagnosed leprosy patients is not a valid public health strategy. Most newly diagnosed leprosy patients will be non-infectious and the infectivity of even untreated lepromatous patients is very low. In the UK we have had steady numbers of imported leprosy patients - about 20/year - and in the whole of the twentieth century only two cases of secondary transmission of leprosy occurred. This confirms the low infectivity of the disease outside endemic settings. Deportation is therefore useless and harmful because it perpetuates stigma. It is also likely to delay patients getting the care and follow-up that they need. I hope that this will start a campaign to stop deportations for patients with leprosy and I suspect that this is a topic that will generate lively discussion.

The epidemiology of leprosy is a continuing puzzle. Alcenar et al. (pxx) have analysed the nationally reported leprosy case data for Brazil 2001 – 2009. In the North -East region leprosy detection rates are four times that elsewhere in the country. These patients also have significant rates of disability at diagnosis indicating that detection is occurring late. It is worrying that they found high rates of new leprosy being detected in children. This shows that active transmission is occurring. It also indicates that
leprosy control programmes will have to be implemented there for decades if all the new cases are to be detected. Children being infected now can also present with their new leprosy diagnosis in three or four decades time. This data is very powerful, and shows how in endemic areas leprosy will be a challenge for many years to come. It also indicates why we need to continue doing leprosy research to understand transmission and to improve case detection and management.

Restless legs syndrome is associated with pregnancy and peripheral neuropathy per se, and a study from Korea has found that treated leprosy patients had a higher incidence of restless legs syndrome than controls. This is an interesting finding and deserves more, larger well designed studies focussing on possible pathogenic mechanisms. Looking at the effects of established nerve damage and whether having leprosy reactions was a risk factor. There might also be an association with neuropathic pain.

We also have the report from a workshop on erythema nodosum leprosum (ENL) which brought together people working on ENL at a meeting in the Philippines. Every leprosy service has a few patients with ENL which has a relapsing course and needs treating with immuno-suppressants. Knowledge gaps relating to both clinical features and pathogenesis were identified. A global network - ENLlist has been formed with the aim developing tools to measure the severity and to develop intervention studies with immuno-suppressants. This group will be reporting back at the International Leprosy Congress in Brussels, Sept 2013. So watch this space.

My best wishes To Paul Saunderson, new editor, and I hope that researchers will continue to submit papers to Leprosy Review.

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