Role of dermatologists in leprosy elimination and post-elimination era: the Brazilian contribution

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Dermatologists in Brazil have always been involved in care of leprosy patients, and have been alternating with public health physicians in the management of control policies. It is worth mentioning that Fernando Terra, founder of the Brazilian Society of Dermatology (BSD) in 1912, established the position of intern dermatologist at the Hospital dos Lázaros, in Rio de Janeiro, in 1913 (Souza-Araújo, 1952; Oliveira, 1991).1,2

In 1920, the dermatologist Eduardo Rabello formulated the first national public policy on the control of leprosy in the country, which was called 'Inspection of Prophylaxis of Leprosy and Venereal Diseases'. His son was an enthusiast of dermatological research and his main legacy was the polarity concept of leprosy (Rabelo, 1937).3

However, from 1930 to 1985, the public health physicians were in charge of the political guidelines that represented the period of establishing the vertical programmatic structure, with compulsory isolation of patients (1933–1962). Moreover, the federal states coordinated the control actions, based on the leprosy prophylaxis campaign.4

The dermatologists resumed the conduction of the control process in 1986, when multi-drug therapy (MDT) was implemented in the country, and in 1991, when decentralization of public healthcare services to the municipal level took place.5–7 In 2003 again, the dermatologists were no longer in control of the national policy. However, active dermatologists have acted in Brazilian references on diagnosis and treatment of Hansen’s disease, at municipal, state and national levels.

It is true that dermatologists have been getting away from leprosy control actions. And one could ask: who will replace this specialist? In the 'post-elimination' era, when the public primary healthcare technicians no longer consider leprosy of much significance, the knowledge of the expert in this disease and its differential diagnoses will be crucial.

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In past years, dermatology has expanded to include cosmetic procedures and dermatological surgery, which offers financially more attractive market niches than public health dermatology, comprising care of leprosy and skin diseases that are more prevalent in the low-income population. On the other hand, the process of decentralization of diagnosis and treatment of Hansen’s disease very often ignores the important role played by dermatologists in accurate diagnosis, leading to lack of interest of these specialists in the Leprosy Control Program (LCP). The low salaries paid to physicians by the public authorities also contribute to their lack of interest in community dermatology.

In addition to the facts mentioned, other problems relate to the training of these specialists. A recent survey conducted by the Brazilian Society of Dermatology demonstrated that out of 60 services accredited by the institution for medical residency in dermatology in the whole country, 72% provide practical training in leprosy and only 15% of 60 services stated carry out research in Hansen’s disease. However, it stands out that 95% of these 60 services assessed in the survey develop cosmetic dermatology and dermatological surgery activities.

As from 1948, when the BSD supported the establishment of the Brazilian Leprosy Society, it has not played any significant role in the Hansen’s disease programme. However, in 2003, the Department of Leprology was created in the BSD structure and in the last 2 years it has improved its activities, such as training in leprosy, and has given support to state plans for leprosy control through the regional sections and Dermatology Services affiliated to the BSD.

The main facilitating factor for these actions is the great interest in leprosy demonstrated by the current office bearers. They also organized a National Leprosy Symposium in 2006. Leprosy Elimination Campaigns at municipal level with the participation of dermatologists, residents and medical students were planned by and with the support from the Brazilian Society of Dermatology and ILEP; in particular the Netherlands Leprosy Relief (NLR-Brasil). It demanded strong integration between leprosy managers and university departments in each state in order to provide new teaching and learning opportunities. In addition, it certainly contributed to early diagnosis of about 400 new cases of leprosy. Unfortunately, this project did not receive any support from the Brazilian Ministry of Health.

Designed to involve young dermatologists and to provide expertise in leprosy, the topic has been included in the virtual media (virtual activities) of the Society. The posters and leaflets produced in 2005 have been kept in the BSD site, and chats on reactions and complications of treatment have been held with full-capacity for dermatologists throughout Brazil. The Department is always answering online questions of members and users. An online course will be launched in the continued medical education program; furthermore, there is an online text available on management of neuritis and reactions (see Figure 1 for configuration of site).

This priority is justified by the fact that leprosy will still be a severe public health problem in the country for many years, as already recorded in the literature.8,9 This fact has been cited by specialists from other countries, since the MDT has not impacted on the transmission as expected, and demonstrated by appropriate epidemiological analysis.10 The detection of new cases has increased.11–14

The BSD recently conducted a survey on skin diseases in Brazil and identified the more prevalent conditions in public hospitals and private clinics in the country. Data on 54,519 patients were analysed and 15,133 (27.8%) of them were seen at public hospitals. Leprosy ranked 17th (public and private services) among the most prevalent diseases diagnosed during the week the dermatological census was performed. If taking into account only the public
sector, Hansen’s disease ranks 6th, and 89% of leprosy patients were seen during this week (BSD, in press 2006).

Over a 10-year period, 3% (107 cases) of patients initially admitted at the Services of Internal Medicine, Rheumatology, Infectious Diseases, among others were diagnosed as multibacillary leprosy at the Dermatology Service of the Hospital Universitário of the Universidade Federal do Rio de Janeiro (UFRJ).15

The emphasis on Hansen’s disease has reflected in the media, and the press has been a major channel of discussions about the real situation of leprosy patients in Brazil. In a survey carried out by the BSD, 305 articles published in newspapers in the past 21 months were identified, thus contributing to expand the discussion on this issue by physicians and government authorities.16,17

Why encourage the partnership between the LCP and dermatologists?

As has been stated earlier, dermatologists in Brazil have always been involved in the management of patients with leprosy alone or alternated their care with public health physicians. This started as early as 1913, when Dr Terra the founder of Brazilian Society of Dermatology in 1912 created the position of intern dermatologists in hospital for leprosy patients.

Taking into account the job market issues mentioned earlier, the group of dermatologists involved in leprosy has significantly collaborated in activities related to early diagnosis and
adequate treatment, management of reactional episodes, as well as training of specialists and internal medicine physicians.

One of the results of the current proposals put forward by the Department of Leprology took place in a city that is 60 km away from Brasília (capital of Brazil), in 2005. One orthopaedic surgeon was responsible for the leprosy patients at the reference unit. After practical training at the primary healthcare centre, several problems were detected and one dermatologist took over and has successfully supported decentralization to family health teams.

The state of Sao Paulo is the most populated in the country, has many dermatologists and a low prevalence of Hansen’s disease. The Leprosy Control Program in this state defined the Dermatology outpatient’s clinics at teaching hospitals as ‘sentinel outpatient’s clinics’ for the endemic situation.

Out of 127 research papers selected for the last Brazilian Congress of Dermatology, 13.38% were on leprosy. The attendance to all activities related to this area was marked (Pereira, 2006), showing the interest of these specialists in Hansen’s disease.15

In the printed material of the BSD, leprosy has been constantly reported, accounting for 68 manuscripts that were published in our scientific periodicals from 1991 to 2005. In addition, the department disseminated news in six issues of the BSD newsletter in 2005 and 2006.

Hence, the BSD has to manifest its perplexity over the extinction of the Public Health Dermatology Technical Area, at the Ministry of Health, which was replaced by the vertical programme for leprosy elimination. In face of this, the BSD considers it is important to participate in the formulation of current plans to eliminate the disease, for it deals with a public health policy related to the specialty.

We understand that decentralization of healthcare services should not exclude the participation of specialists; rather, it should reallocate them to reference and counter-reference systems that minimize mistakes in diagnosis and management at the primary healthcare service network; moreover, it favors permanent multidisciplinary training.7,8

We believe that the historical dichotomy between the clinical and preventative models in Medicine, and between the academy and services, has led to unnecessary conflicts, excluding important people and groups and, sometimes, hindering effectiveness of public policies. Regardless of the background of managers, the effort should always include partners, and not exclude them, as recently observed.

The return to technical competence at the WHO indicates changes in leprosy control, which will be more related to evidence-based medicine than to political wishes with no foundations.18

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