The new global strategy for further reducing the Leprosy Burden and Sustaining Leprosy Control Activities (2006–2010) is a major feature of this issue. They were developed by key shareholders at a meeting in Aberdeen, and hopefully should act as a resource and a stimulus for the development of individual national guidelines. They are intended to be combined with local evidence so that appropriate guidelines can be developed. Notable features include a clear division of tasks that could be done at peripheral and referral levels. A new feature of these guidelines is the inclusion of a large section on the prevention of disability and the development of rehabilitation policies, both areas are becoming a larger part of leprosy work and merit the new emphasis.

Joseph Kawuma has written a thoughtful editorial connecting on the new guidelines. He notes that although peripheral health workers are central to the implementation of new integrated policies, there is not universally agreed definition of health worker. He also highlights the huge disparities between the general medical services provided by the major leprosy endemic countries. He also highlights the continuous problem of leprosy reactions, how to ensure that type 1 reactions and ENL are recognized and then to enable appropriate referral for management.

We have two reports on working within an integrated health service is this issued. The first, from India by Pandey et al., surveyed the formation of leprosy services in 18 districts and found that although reporting systems were good and MDT widely available, 55% of medical officers had not been trained in leprosy. Clearly there will be huge and ongoing training needs in the new integrated service. Brazilian colleagues report on their experience of using health services research to support the development of effective integrated Hansen’s disease control programmes. In Brazil, there is an abundance of data on leprosy, but a paucity of personnel with the skills to analyse and present the data. The health services research workshops promoted training and implementing recommendations originating from data. Whilst much of this work has influenced government policy, it would be good to see more leprosy related health services research published in peer reviewed journals.

The review by Moraes et al. is perfect for readers who feel a little hazy about the current status of genetic susceptibility and leprosy. They explore the sometimes conflicting data on cytokine genes and susceptibility to leprosy. You can also read about the genome scanning work that identified the genes expressing parkin, a protein associated with neurodegeneration, and an associated susceptibility to leprosy. This work was done in Vietnamese and Brazilian populations, but has not been replicated in an Indian population. This is possibly a new and integrating link between Mycobacterium leprae infection and neurodegeneration. Moraes et al. emphasis the importance of linking genetic findings to in vivo immunological and physiological data. They also emphasize the importance of having appropriate controls and a large, powerful enough study population. Clearly, this is a large and fascinating area that could yield further insights into the pathology of leprosy.

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