Editor’s Choice – September 2017

One of the targets in the current WHO ‘Global Leprosy Strategy (2016–2020): Accelerating towards a leprosy-free world’ is that the number of children with visible deformity at the time of diagnosis should have been brought down to zero by 2020. Disability in children is largely preventable, because visible deformity is a late finding in leprosy: with better awareness on the part of both the general public and health workers, every child with early signs of leprosy should be identified, diagnosed and treated – thus minimising the risk of disability due to leprosy.

The first paper in this issue of Leprosy Review, by Darlong et al. reports a case series of 21 children with visible deformity at diagnosis, treated at a hospital in West Bengal, India. It is important that we learn lessons from such reports – one of the most important being that 15 of these children had a leprosy-affected parent, so examining and properly managing the household contacts of all new cases is a high priority.

There are many complex socio-economic problems surrounding the diagnosis of leprosy, but effective approaches are being developed. Papers by Cross et al. and Lusli et al. report on two such interventions that could be replicated in other communities. A systematic review of gender and leprosy-related stigma is also published and will be an important resource for future reference.

Mapping of leprosy is an old idea that is now being made very much easier by new technology. Two papers (from the Anjouan in the Comoroes Islands, and from Nigeria) show how new maps can inform and help to target leprosy control efforts. Another paper from Nigeria (Tyndall et al.) illustrates the particular difficulties in serving a nomadic community – but also points out ways in which the various problems can be overcome.

Paul Saunderson
Editor