

## REPLY TO 'ERADICATION' OF LEPROSY FROM MALTA

Sir,

1 Eradication is aimed at eliminating a self-reproducing epidemic, in this case leprosy. At the start of the programme 201 cases of leprosy were registered in Malta; 44 further so far unknown cases were detected during the course of the programme (June 1972–31 December 1984).

All cases were treated with Isoprodian–RMP. After discontinuation of treatment they were closely followed up for the occurrence of relapses (by now the majority of the cases have been followed up for almost 10 years). Up to this date (30 September 1986) no relapses have occurred.

2 When the programme became effective the number of newly detected cases dropped rapidly and continually. These cases were not newly infected persons but cases having remained unknown (and mostly also untreated) so far:

Number of cases detected per year:

Until 1972	73	74	75	76	77	78	79	80	81	82	83	84	85	86
10–20 cases	10	9	6	4	0	6	2	2	1	3	1	0	2	2

3 In a report made for the government (31 December 1984) I pointed out that with the conclusion of the programme, endemic, i.e. self-reproducing leprosy, does no longer exist in Malta. One had to reckon with finding in the years to come some cases having remained unknown. But this would not mean that the endemic was reactivated. The newly found cases would receive the same treatment as those of the programme.

4 Obviously, bacterial negativity had rarely been reached during the time of DDS monotherapy, which had been administered in Malta with great consistency and accuracy. However, this treatment had not halted severe processes (blindness, mutilations, attacks of the pharynx, etc.). Of course, these irreversible damages found at the beginning of the programme could not be repaired through chemotherapy. However, they cannot be taken as evidence for the fact that leprosy has not been eradicated in Malta. These cases are the sad victims of the fact that the new therapy has come too late for them. They are bacteriologically negative and clinically stable. Some of these former leprosy patients are so bad off (for reasons of age and/or for social reasons) that they need special help. Already during the course of the programme the Maltese Government had decided to build an old people's home for former leprosy patients—a unique and exemplary measure.

5 Dr Vella Briffa believes the programme to be defective in 2 points:

*Lack of an active case-finding programme*

In earlier times this question was often discussed, also with representatives of the government. We arrived at the conclusion that the hitherto way of inconspicuous detection used (having exact knowledge of the most afflicted regions and families) was the lesser evil. Active case-finding would only disquiet the population without serving the cause. Nobody wanted this.

*Better information of the physicians*

In Malta physicians receive (at any rate used to receive; Dr Agius-Ferrante) detailed information about leprosy during their study. This was a function of the Malta Medical School and the eradication programme has at no stage been involved.

There had always been some non-registered cases having remained unknown (very seldom

today)—but not because of the lack of knowledge of the physicians, but for the typical social reasons known in all leprosy-endemic countries.

It might be an important additional task for Dr Vella Briffa to reduce the prejudices still existing among physicians with regard to leprosy. Sometimes we had great difficulty obtaining the admission of cured former leprosy patients to the hospital, because 'lepers' were not wanted. In the interest of the patients something should be done in this direction.

6 The leprosy problem has been solved in Malta. This fact is not changed by the detection of cases having remained unknown so far. I would not even be astonished if, at a later date, one or another relapse would occur. In many countries, even in the United Kingdom and in the FRG, singular cases of leprosy do exist, but no one would dare to claim that there is endemic leprosy in these countries. What is decisive is not a singular case but the putting of an end to the continuation of a self-reproducing endemic.

In summary, it can be said that Dr Vella Briffa passes judgement on a measure which he has not witnessed. His concerns are understandable, his reflections correct. However, the points in question have formerly been discussed in detail, and have been settled in practice.

So far Malta is the only state which (with the assistance of the Order of the Knights of Malta and the German Leprosy Relief Association) took the decision (against opposition) to get rid of leprosy. This is of historical merit to the Maltese Government and the physicians engaged in the project, Drs George Depasquale and Edgar Bonnici, and should not be curtailed.

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