## Letters to the Editor

## COUNSELLING HIV POSITIVE LEPROSY PATIENTS

Sir,

Although the current evidence shows that HIV infection is not a risk factor for newly diagnosed clinical leprosy, <sup>1,2,3</sup> leprosy research workers will want to carry out further investigations. In the course of such work, and sometimes during routine leprosy control work they will increasingly be faced with the task of having to counsel HIV positive leprosy patients. The objectives for counselling HIV positive patients are: 1, to reduce transmission of HIV infection; but also 2, to help the HIV infected patient to come to terms with his or her reduced life expectancy.

Counselling is frequently a very difficult task. A case history may illustrate this; a young woman approximately 30 years old was found by us with a leprosy relapse. She had been treated for a lesion on her leg with DDS monotherapy from 1977 to 1983 and had recently developed a new lesion (BT leprosy) on her forehead. On testing she was found to be HIV positive. During a preliminary discussion she told us that she had married in 1979, had had children in 1980, 1982 and 1986. The last child, born in 1986, died while young. Her husband had worked as a labourer in the capital city from 1980 to 1989 but had come home every year during his annual leave.

We assumed that it was the husband who had become HIV infected in the city and that he had infected his wife. However, on testing, the husband was found to be HIV negative.

This result complicated the issue of counselling. Revealing the results to wife and husband would lead to divorce and (likely) misery for the two children. In addition, the woman would probably remarry somewhere else and spread the infection further. Not revealing the results would lead (sooner or later) to the infection of the husband. Under these circumstances we thought it would be best not to disclose the results to the couple.

In view of the likelihood of having to face such dilemmas we would like to encourage leprosy workers everywhere to stimulate and join the discussion in their areas concerning counselling and its ethical considerations and difficulties.

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## References

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<sup>2</sup> Leonard G, Sangare A, Verdier M, Sassou-Guesseau E, Petit G, Milan J, M'Boup S, Rey J-L, Dumas J-L, Hugon J, N'Gaporo I, Denis F. Prevalence of HIV infection among patients with leprosy in African Countries and Yemen. J Acq Imm Def Synd, 1990 in press.

<sup>3</sup> Tekle-Haimanot R, Frommel D, Tadesse T, Abebe M, Verdier M, Denis F. A survey of human T-lymphotropic virus type 1 and human immunodeficiency viruses in Ethiopian leprosy patients. *AIDS*. in press.