

## TREATMENT OF SMEAR NEGATIVE MB PATIENTS WHO HAD RECEIVED PREVIOUS DAPSONE MONOTHERAPY

Sir,

With reference to the correspondence on the above subject (*Lepr Rev*, 1991; **62**: 339–40) I would like to make the following comments:

- 1 The article on the same subject by Cartel *et al.* (*Lepr Rev* (1991) **62**, 186–192) highlights the problems of a high relapse rate (27.5%) in MB cases who had previous monotherapy with dapsone. The references given in the paper also point this out.
- 2 During my WHO/STC to Fiji in 1983 it was seen that out of the 441 active cases, 63 (14%) were old MB cases treated with dapsone monotherapy who had relapsed. Of the 105 MB patients currently under treatment (January 1991) 24 (22.9%) were patients who had relapsed after previous treatment with dapsone monotherapy.
- 3 In countries like Fiji where the incidence of leprosy is falling, a high proportion of cases newly-requiring treatment will probably emerge as MB cases relapsing after previous treatment with dapsone monotherapy.
- 4 If this occurs, as the data suggests, these cases could be a new source of infection in the community and pose a challenge to progress made in leprosy control with MDT.
- 5 I feel that not enough attention has been paid to this issue and I would like to suggest the following:

Data be collected urgently to assess the magnitude of this problem.

Wherever possible all MB cases previously treated with dapsone monotherapy should be put on MDT in a phased manner.

In all new programmes, all MB cases should receive the benefit of MB MDT.

In countries where this may be difficult a strict surveillance of all MB cases previously treated with monotherapy should be undertaken.

In the long run it would probably be cheaper, more cost effective and scientifically sound to treat all MB cases (who had previously been treated with monotherapy) with MDT.

Provision must be made in budgets of National Leprosy Programmes to address this issue.

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