REPLY: THE SERODIAGNOSIS OF LEPROSY

Sir,

My contention is that serological tests for the diagnosis of early leprosy are still at the research stage and, in particular, the use of elevated antibodies for PGL-1 as a screening test for early leprosy is likely to be of little value in most leprosy control programmes. The experience in Cuba may represent an exception, but convincing evidence for this is not presented in the letter from Drs González and González-Abreu (see previous letter).

If it is hypothesized that incipient cases of lepromatous leprosy are the major reservoir of infection in Cuba (and this hypothesis itself may be questioned as non-lepromatous cases may also be infectious and be important in maintaining transmission, if their numbers are large enough) then identifying these cases and treating them may speed the reduction in transmission rates. Even if antibodies for PGL-1 are a very sensitive indicator for these cases (and we do not know this, as most published studies report elevated antibody levels in lepromatous patients who already have clinical leprosy), we know that they are not a very specific indicator and there remains the problem of

differentiating the true early cases from the much larger number of 'false-positives' in order to know which individuals to treat (even before they have clinical signs of disease). It is not clear that the lepronim test will provide the necessary discrimination.

Prospective studies of the populations that are being serologically tested in Cuba may shed light on some of these issues. For example, with an extensive testing programme it will be possible to document those cases of leprosy which are *not* picked up by the serological screening programme.

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