

Letters to the Editor

EDITORIALS, SEPTEMBER 1997 BY W. C. S. SMITH AND P. FINE & D. K. WARNDORFF

Editor,

These two timely editorials^{1,2} are thought provoking. The overtones of criticism and sarcasm on leprosy elimination strategies make interesting reading.

While I can understand that remarks by the authors are prompted by their desire to effect refinement in scientific tools (basic as well as operational) and to improve assessment methods of routine control programme, I have to offer some comments, which is best done by considering both the articles together.

A constant and sincere attempt to effect reduction in prevalence rates (PR) seems to be going on throughout the world. Allowance has to be given for some unavoidable operational fallacies in coordinating the process and data collection of such gigantic magnitude and measuring the rates accurately. What is of tremendous practical importance is that we are trying to reduce the problem load of a strange disease known for its chronicity not fitting into a conventional epidemiological pattern through improved case detection from sources where patients are hitherto hidden for a long time. Rates based on incident cases reported at any point of time do not reflect such hidden elements nor also they indicate how long they were hidden. At the global level this perhaps is the best what one can do. This exercise has to be done, by harnessing the only tool available viz. manpower of diverse competence resting with governments and NGOs, motivated, half-motivated or not motivated. The MDT network is also widened to the best possible extent in highly diverse and difficult terrain's of the world.

The crude PR as reported by member nations of WHO is understandably coming down. Analysis of data generated by WHO tells us that something is happening—the coverage is increasing and with it new areas/populations are getting access to diagnosis and treatment, this is mainly due to integration of MDT services within the general health care system. This is an encouraging sign. In the absence of precise methods satisfying 'rigorous epidemiological standards' to measure the incidence of a chronic communicable disease with a built-in non communicable component of nerve damage and its sequale, PR with all its fallacies pointed out by the authors is the only index which gives a reasonably fair idea of the progress of leprosy elimination process. I believe that even without knowing incidence trends we can eliminate the disease, though it is desirable to know such trends for academic purposes.

As regards the target of 'zero disability rate', it seems an utopian dream at the present moment. Still in many parts of the world highly disabled patients are detected for the first time. In some sparsely populated inaccessible pockets, close to 40% of newly detected cases have grade II disabilities, indicating the magnitude of backlog cases precluding the possibility of accurate assessment of incidence rates, let alone disability rates. Moreover, nerve damage including 'quiet nerve paralysis' is occurring to a significant extent, according to some to an alarming degree even among patients already detected and brought under treatment. There is no accepted information collection system in relation to such events happening after detection. Any concept of zero incidence or zero disability rate at the global level is unthinkable, given the current systems of data gathering. WHO being globally responsible seems to be doing its best to collect data from member countries. Each one of these countries has its own reporting system, the disability component of which is very primitive and unreliable.

Was it not Dr Paul Fine who lamented 'will we understand leprosy before it disappears'? He was

presumably in a pessimistic mood about understanding leprosy, while he has distinctly expressed his optimism about the disappearance of the disease. Indeed since he said this in 1994, the situation has improved (and not deteriorated) with special strategies spearheaded by WHO to unearth new cases and implement short course chemotherapy. If we had any qualms we might never have got started.

As regards the interesting concept of making a disease disappear by not looking at it is perhaps applicable to highly inaccessible pockets. In spite of heavy odds people have started looking at them after all. Even if one looks at all of them all the time, I am afraid leprosy will not reveal its true incidence rates! This is the reason why the problem of raising funds, as rightly pointed out by Dr Fine assumes tremendous significance as it poses a threat for future research in leprosy and may lead to less people looking at this disease. This will indeed be a tragedy.

Even laymen in India have felt the tangible reduction in the disease burden in both rural and urban communities, though by the application of strict standards of incidence criteria, leprosy elimination still poses considerable challenges. I believe that eliminating most or even some of the problems should be most welcome under the current constraints. While understanding of basic aspects of transmission (as proposed by Dr Cairns Smith) as well as further refinement of operational and reporting strategies (as Dr Fine would have it) will not only lead to elimination and perhaps even to a 'world without leprosy', but also to total understanding of the disease by all of us concerned.

Bombay Leprosy Project
Vidnyan Bhavan, 11 VN Purav Marg
Sion-Chunabhatti
MUMBAI-400 022
India

R. GANAPATI

References

- ¹ Smith WCS. We need to know what is happening to the incidence of leprosy. *Lepr Rev*, 1997; **68**: 195–200.
- ² Fine P, Warndorff DK. Leprosy by the year 2000—What is being eliminated? *Lepr Rev*, 1997, **68**: 201–202.