LEPROSY BEFORE AND AFTER THE YEAR 2000: PRE- AND POST-ELIMINATION CONTROVERSIES NEED CLARIFICATIONS

Editor,

The subject of leprosy elimination by the end of this millennium is becoming a subject of controversy, mixed up with the post-elimination scenario. I would like to clarify some of the issues.

1. By definition, during the phase of elimination of leprosy, the endemic countries should be able to achieve a prevalence rate of less than one case per 10,000 population by the end of this millennium. WHO expects that countries endemic for leprosy should accelerate the leprosy elimination programmes within their countries. As a result of this momentum, countries should be able to reach the defined target at least at the national and in some cases at provincial levels. All the endemic countries may not achieve the elimination goal at district or sub-district or village level by the end of 2000 AD. Countries like China, Thailand, Maldives, Srilanka and many more who have achieved the prevalence goal are expected to monitor new case detection and treatment completion rate so as to also achieve lower prevalence levels. A simple method of monitoring designed by WHO, i.e. leprosy elimination monitoring (LEM), is a useful tool to the programme managers at various levels to identify shortcomings and improve their programme wherever necessary.

2. Leprosy elimination should not be confused with leprosy eradication, i.e. reaching zero new cases (incidence) of leprosy as with smallpox. As true incidence cases by definition are small, a large majority of new cases detected are hidden prevalent cases. Some leprosy elimination campaigns (LEC) have been promoted by WHO to clear backlog cases and bring them under MDT. If endemic countries have such campaigns at national level or sub-national level, detection rates show an increase which is sometimes misinterpreted as a rise in leprosy cases. Once this backlog is cleared, one might be able to define the true incidence. Until then, as we are dealing mostly with prevalence cases, it is proper to use registered prevalence rate (point prevalence) as a yardstick to declare leprosy elimination. However, a small

proportion of the population infected several years ago will show clinical disease resulting in occurrence of new cases (incidence cases) for many years to come. Some of them may present with MB leprosy. Some may even present with disabilities, where active search is not practised. No doubt, countries where case finding either through LEC or by other methods was not considered seriously may still continue to report a high detection rate with backlog cases in pockets even after reaching the goal of leprosy elimination. Of course, the programme managers should not go by the statistics received from the periphery reporting a declining trend of prevalence rate (this declining trend will be much faster in view of short duration treatment) without monitoring detection trends and revising the estimates from time to time. Otherwise, the elimination of leprosy will not be realistic.

3. The post-elimination issues arising out of immunological and neurological components of the disease, including post-MDT residual skin lesions, should not be considered as a yardstick to measure the success or otherwise of leprosy elimination. As a robust and simple technology is available to arrest disease transmission, priority has been accorded to case detection and treatment. Introduction of the MDT programme itself has reduced disabilities among new cases considerably, wherever active case search has been attempted. The WHO have estimated, that MDT may have prevented the occurrence of new disabilities to the extent of 50–98%.[1] Wherever possible, some attempts are being made to develop and implement disability prevention and care services with available resources, especially by NGOs in a patchy way. We may be dealing with 2–3 million leprosy disabled during the post-elimination or eradication phase. At this stage of the leprosy elimination campaign, these issues should not be mixed up with the arrest of disease transmission.

The immunological and neurological problems in leprosy are definitely major problems needing research to develop simple interventions. However, until simple tools are available for predicting reactions and neuritis to prevent disabilities, we have to aim at identifying new cases and provide MDT even in the most difficult areas and difficult population groups, to arrest disease transmission and reduce the incidence of disabilities.

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References

[1] World Health Organisation. Leprosy disabilities. Magnitude of the problem. Weekly Epidemiol Rec, 1995; **38:** 269–275.