

Erratum

In the original Letter to the Editor ‘Proposal regarding MB MBT’, by W. H. Van Brakel (*Leprosy Review* 1999; **70**: 70–72), an error was made when drafting the text. We apologize for this error, and for any confusion caused, and reproduce here the correct version of the two paragraphs affected.

'Dr Lynch draws attention to the Institut Marchoux Study, which reported on the increased rate of relapse even with the previous 24-month regimen. In addition to the possible increased risk of relapse, highly smear positive patients are likely to have a much increased risk of ENL (or type 2) reaction once the clofazimine component of MDT has been withdrawn. We have also observed this after the introduction of the current 24-dose fixed-duration treatment. Before the introduction of clofazimine, the cumulative incidence of ENL was up to 25% in BL and 50% in LL patients. Thanks to clofazimine these percentages have now been more than halved. It is well known that such reactions can lead to irreversible nerve damage, blindness and other severe impairments.

The argument put forward in some WHO publications in favour of reducing the duration of MDT for all MB patients has been that highly smear positive (HSP) patients are nowadays rare. There are three flaws to this argument. First, relapse from leprosy is not like relapse from other infectious diseases, such as amoebic dysentery or even malaria. Each leprosy relapse could spell social disaster for the person involved and also for their whole family. Second, the success of the MDT campaign is partly due to the trust that has been built up in the 'community', that leprosy can be cured. Often new cases present because they have heard that leprosy can be cured from others who have (had) the disease. An increased frequency of relapses could jeopardize this trust. Third, and most importantly, MB patients are most likely to relapse with multibacillary disease. It may take years in individual cases before the diagnosis of relapse is made. All the time they may be a source of infection in the community, creating a new pool of infection at a time when the battle against leprosy might otherwise have been in its final stage'