

## Letter to the Editor

### GUIDE TO ELIMINATING LEPROSY AS A PUBLIC HEALTH PROBLEM

Editor,

The World Health Organization has recently published a 'Guide to Eliminate Leprosy as a Public Health Problem' (1st edition, 2000. World Health Organization, WHO/CDS/CPE/CEE/2000.14, 40 pp.). This Guide was distributed to the participants to the meeting on Intensification of Elimination Activities in the African Region, held in Maputo last September. The objective is that this Guide will be widely distributed, after local adaptation, in the most leprosy endemic countries.

This guide is beautifully presented, with very clear pictures, and can certainly contribute to disseminate knowledge about leprosy and basic ways to tackle it. In that sense, it incontestably fulfils a need, and we can only applaud the initiative.

I am afraid, however, that it is too much simplified in some aspects, and can thus be a source of errors or of services below minimal acceptable standards. My main concerns are related to the following aspects.

With regard to signs of leprosy, it is said that 'a leprosy patient is someone who has a skin patch or patches with a definite loss of sensation, and has not completed a full course of treatment with multidrug therapy'. Anaesthetic patches are of course important; but if leprosy is only suspected in case of anaesthetic patches, then the most infectious cases will not be diagnosed and transmission will not be reduced. It is well mentioned that 'other signs of leprosy include reddish or skin coloured nodules or smooth, shiny diffuse thickening of the skin without a loss of sensation', but if it is not said that in these cases it is necessary to refer the patient to confirm the diagnosis, possibly through slit-skin smear examination, it could lead to gross over-diagnosis. Certainly, the availability of a high quality laboratory for smear examination is not a prerequisite for introducing MDT services, but discarding smear examination altogether is going too far away in that direction.

It should be made clear when to refer difficult cases, not only for diagnosis, but also in case of complications.

Up till now, the general rule was that the monthly dose intake should be supervised at the health centre. Some exceptions were possible for patients living far away, or during the rainy season, or in other special conditions. For these patients, several months of treatment could be given at a time. After that, a reliable person from the patient's neighbourhood would be made responsible for the supervision of treatment. Now, there is a strategy called 'accompanied MDT' which, I fear, is going too far. If all newly detected patients are simply asked whether they would prefer to collect their treatment from the health centre at regular intervals or to take all the blister packs with them, it is to be expected that most patients would prefer to receive the whole treatment at once; it looks so much easier. It is even possible that health staff will favour that course of action, as it discharges them from their responsibility and means much less work for them. Treatment will not be supervised at all. So, there is no chance to know whether patients still take their drugs or not, and in which way. Will they be sufficiently convinced, after a single visit to the health centre, of the importance of treating themselves regularly for 1 year? If they stop treatment, the health staff will have no way of knowing. Will patients have clearly understood what is expected from them, what are the possible complications and what they are supposed to do in case of new symptoms? No further contact with the patient during the treatment period means a reduced chance

to detect reactional episodes, or to emphasize messages or education on how to avoid new disabilities.

There is no mention of peripheral nerve examination, or of VMT/ST.

The target audience of this booklet should be clearly stated.

I hope that these remarks can help the National Leprosy Control Programme Managers in deciding what adaptations they will bring to this Guide before it is widely distributed in their country.

*Damien Foundation*

*Boulevard Leopold II, 263*

*1081 Brussels*

*Belgium*

*(e-mail: edeclercq@damien-foundation.be)*

ETIENNE DECLERCQ