

## Editor's Choice June 2008

The ILA Congress in Hyderabad was a very important event which re-enthused many leprosy workers. We are continuing our reportage from the conference. Dr. Steve Walker, an Editorial Board member, interviewed two key people in the global leprosy programme: Dr. Joshi and Dr. Maria Leide, the National Programme Managers of the Indian and Brazilian National Leprosy Programmes. It is striking how committed and enthusiastic they both are. There are many similarities between both programmes: the need to have good quality diagnosis and services, and how to embed leprosy services in broader health care provision are high priorities for both managers. They are both keen on fostering partnerships with other organisations, and are working to implement the WHO Global Strategy 2006–2011. Furthermore both recognise the importance of research, and the role research has in improving leprosy services.

We also have several pre-congress workshop reports. The workshop on diagnostics in leprosy showed how defining a specific T cell epitope for use as a diagnostic test in leprosy remains an, as yet, unrealised goal, and it is difficult to identify a T cell antigen that is recognised by patients but not their household contacts. The antibody response in leprosy patients is also heterogeneous and John Spencer's group in Colorado have detected a range of responses to protein, carbohydrate and glycolipid antigens in patients across the spectrum. Using PCR technology to detect *M. leprae* DNA shows that very small amounts of DNA can be detected, but this is not suitable as a diagnostic test. The workshop on reactions reported that ENL continues to be a small, but significant problem. The pathology of ENL remains poorly understood and new work is needed to better define the vasculitic component of the pathology of ENL. In Type 1 reactions there is a need for better standardisation and assessment and evaluation of both steroids and second line drugs. The BANDS rule for identifying patients at risk of further nerve damage should be implemented and assessed as a service tool. In the workshop on integration the issues of sustainability and ongoing training of general health workers were identified as continuing challenges. The workshop on research needs identified a comprehensive list of research. We still do not fully understand the transmission of leprosy. Better antimicrobial agents are needed for treating the infection, the benefit and role of chemoprophylaxis has yet to be determined. The workshop also looked at the research that is needed to improve prevention of disability and there is clearly a large research need there.

As always there are interesting papers. Vanaja's Shetty' group have reported the baseline finding from a large study looking at the effects of prednisolone treatment on nerve function. The baseline findings in this cohort are interesting in themselves; of 400 new MB patients 33% had grade 2 disability on nerve damage. Nerve function abnormalities were found in 48% of patients when using monofilament of voluntary muscle testing but this rose to 91% when nerve conduction studies were done. This highlights the extensive nature of peripheral nerve involvement even in early leprosy and again shows that when more sensitive tests are used to detect nerve damage more nerve involvement is found.

A smaller study from Orissa (McCormick *et al.*, pp. 154–161) assessing functional problems experience by patients with ulnar nerve paralysis, showed a significant degree of impairment especially with daily tasks such as eating and holding a glass.

My thanks also to Dr. Salvatore Noto for providing a commentary on the global leprosy statistics as published last year By WHO in the Weekly Epidemiological Record. Each year we shall be having a commentary on the global leprosy figures to give greater analysis to this interesting data.

DIANA N. J. LOCKWOOD  
(*Editor*)