

Editorial

Chronicle of an announced victory

The horizontal action in leprosy control programs is the correct control strategy, in which diagnosis, treatment and some prevention measures and correction of incapacities are developed by the public health system. It is indeed the only possible strategy considering the country's situation. Analogically, it is the same as being in a war on very irregular grounds where victory relies on the strength of the infantry.

That is, however, a war with very strange particularity. The date of victory, previously announced by the generals, in that perspective, leads to a dangerous slackness of the rear guard, with the risk of endangering several elements of the artillery, engineering and main command. Similar interpretation was done to a fact recently occurred in a Congress in the State of São Paulo: a relatively well attended leprosy round table was suddenly emptied after a speaker has guaranteed that leprosy was no longer a Public Health problem in the State of São Paulo.

It is possible that our experience, acquired on a Reference Service, represents a particular and partial view of the official epidemiological data; nevertheless, I confess that in 35 years of experience in this area I have never seen so many leprosy cases. We receive every week around 30 to 40 biopsies from highly endemic areas, mostly new cases with predominance of tuberculoid leprosy form which indicates spreading endemics. On the other hand, we attend in our out-patient clinic advanced multibacillary patients that were not previously diagnosed, as well as misinterpreted and erroneously treated reactional patients, including patients coming from Reference Services. And not less worrisome, when multibacillary leprosy patients are inquired, they deny having their contacts evaluated.

In one of the manuscripts published in the present issue, the authors point-out to the complexity of leprosy and its difficult diagnosis. We may add the difficult follow-up of patients during and after multidrugtherapy, especially for diagnosis and management of reactional episodes, prevention and treatment of incapacities, definition of cure and differentiation between reaction and relapse. Thus, constant training of professionals of

the basic health unities cannot be neglected, as well as the maintenance, improvement and multiplication of the Reference Centers.

Finally, there is a serious obstacle to the war against leprosy besides the limits of interventions by the Health System, which is the socio-economic and cultural status of our population. It is not unreasonable suppose this obstacle will delay victory. The command's strategic planning of setting the timeframe for winning the war must not be used as a reason for early celebration, neither to discourage the moral of the troop. The war may still last long. New infantry soldiers are welcome. Let's, however, preserve the rear guard in order to provide it with good training, tactic support and the best instruments of strategic intelligence.