

16th International Leprosy Congress

Editorial

The 16th International Leprosy Congress was held in Salvador, BA, Brazil, from August 4 to 9, 2002. It was organized by the International Leprosy Association (ILA), and counted also on participation of the World Health Organization (WHO), International Federation of Anti-Leprosy Associations and the Brazilian Health Ministry.

There were around 1,400 representatives from 60 countries, who enjoyed the pleasant environment and benefited from a well defined scientific program, thanks to effort of the organizing committee, presided by Dr Marcos da Cunha Lopes Virmond, who is the Director of the Instituto Lauro de Souza Lima, in Bauru, SP, Brazil.

The president, during his message to the participants, clearly defined the grounds we stand on the fight against leprosy today, saying that we must be conscious that overall, the knowledge we have about the disease now is not much different from what we had in Berlin, in 1897. He also said that the greater accomplishment was the successful treatment and its repercussion towards "the concept of cure and demystification of leprosy as a curse, punishment or flagellation".

We agree that we don't know much more about leprosy, but there has been a great progress in the last few years, and the Congress in Salvador has shown that. For seven days, we had Workshops, State of Art Conferences, Conferences, Forums, Panels, Seminars, Oral Presentations and Training Sessions, about several leprosy themes. The interest demonstrated to areas such psychosocial aspects and surgery were singular. Thirty years ago, in the Congress held in Rio de Janeiro, Brazil, only half a dozen studies were presented referent to these subjects.

We agree with the president, when saying that effective treatment was a major accomplishment, however, we must add that the drugs used in the schemes nowadays were already known in the 60's, and, at that time people talked about sulphone resistance and recommended drug associations for leprosy treatment. About twenty years have passed by and a treatment using well known drugs, based on old ideas, has finally stirred up leprosy treatment. The important piece was not the choice of drugs neither the schemes used, but the key was

to have enough courage to dismiss patients from treatment. By doing that, the number of active cases was reduced and so was the prevalence, which had a favorable influence upon the entire world. This initiative was linked to the partly supervised treatment, the fixed dose for pauci and multibacillary patients, the training of health professional providing better care and prevention of incapacities.

As it is, the enthusiasm that followed the proposition of new therapeutic schemes was enough for the countries members of the WHO to become committed to eliminate leprosy as a public health problem, which meant, to reduce the prevalence rate to 1/10,000 inhabitants. In the first moment, the due date to meet this goal was the year 2002, but because of some difficulties, the due date was changed to 2005. This proposition was more sound because it raised the enthusiasm of the endemic nations to make all the efforts needed to achieve the elimination goal.

While people talked about the impact of MDT over prevalence and low number of relapses which have occurred in patients not resistant to MDT, the evidence of some facts brought up apprehension to many researchers. The first clouds in the horizon line allowed to see a scenario in which the number of new patients wouldn't fall down. In the entire world, around 670,000 new cases are registered every year, and from those, 45,000 are from Brazil.

Another problem is to administer the partly supervised MDT in places with difficult access, which result in patient receiving the total amount of medications enough for a few months, to take it without supervision. The solution for that is to look for a leader within the community, to train him and make this person responsible for the administration of drugs to patients, which doesn't seem very feasible.

Such situation has been repeated in places without the same problems, large amounts of the medication have been handed out to patients so that they don't need to come back frequently to the health center, so the patients "don't miss a working day and save some transportation money, etc". This is going to take us back to the sulphone era when there was a real risk of interruption of the

medication, or the medications were taken irregularly. We know very well the consequences of that.

In addition to that, most of the patients who are dismissed from treatment, leave the control files, therefore, the data about relapses, reactions, development of incapacity are lost.

On the other hand, the duration of treatment has also been discussed.

When the fixed doses of the MDT regimen was instituted, it was verified that many multibacillary (MB) cases, mainly those with initial bacilloscopic index equal 3 or more, needed to be treated longer. As the responsible for the health policies thought that the number of patients in such situation was too little, nothing was done about it.

Later, it was decided that the treatment should be even shorter, for 12 months. Many leprologists were against this policy, their argument was that there was not enough experience to justify such decision. There is no doubt that many patients can be cured with the 12 doses, but to extend such decision for the entire country is rather precipitated. It was then decided that the doctor responsible for the case would decide for how long the patient should be treated. The official scheme, however, is still the 12 doses, and in many countries where it has been used, with all its implications, nothing would change.

After all has been said about the recommendation of

12 doses for MB patients, a new recommendation was made, now masked as a therapeutic trial, the duration of treatment should be 6 months for both, multi and paucibacillary patients. Well, if there was not enough experience for the 12 doses, what can I say about the 6 doses treatment? It was curious to see that 6 doses blisters were already been exhibited at the Novartis stand, during the 16th Congress.

All that has been causing a lot of distress. It seems like the great accomplishment obtained with the MDT is being threatened by the goal to eliminate the disease.

We arrived at a decisive point in the fight against leprosy, and we need to bring together all available forces in order to win. But there needs to be agreement of ideas and attitudes. Therapeutic experience is one thing, but therapeutic policies for big populations must be based on scientifically proved facts, and not in the particular opinion of some technical experts, even being them competent.

These questions have been discussed during the Congress, and naturally, the confront was inevitable. No matter what, the event in Salvador was a success and a cornerstone for this new stage, that we hope to be the last one in the fight against this terrible disease.

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REFERENCES

- 1 CONGRESSO INTERNACIONAL DE LEPROLOGIA, 8, 1963, Rio de Janeiro. *Anais*. Rio de Janeiro, 1963.
- 2 REPORT of the International Leprosy Association Technical Forum. *Leprosy Rev.*, v.78, Jun., 2002. Supplement.