

Editor's Choice September 2010

It is a pleasure to be publishing the 'Review of Leprosy Research Evidence and Implications for Policy and Practice' (pp. 226–273) in this issue of *Leprosy Review*. This literature review has been conducted by members of the ILEP Technical Committee and focuses on evidence published since 2002, when the last review was published. The review has been done using the principles of Evidence Based Medicine with standardised literature searches being done to identify trials and studies and reviewers then assessing the quality of trials against the criteria developed by the Centre for Evidence Based Medicine, Oxford, UK. The authors then synthesised the evidence into seven reviews discussing the strength of the evidence, identifying areas where evidence can be put into practice and areas where more research is needed. The evidence was presented and discussed at an ILEP Technical Committee meeting in March 2010. We are now publishing the review and anticipate that it will be a very useful resource tool for leprosy workers including programme managers, clinicians, policy makers, research leaders and academics. There are seven sections, concerning immuno- and chemo-prophylaxis, diagnosis, chemotherapy, treatment of reactions, prevention of disability, stigma and rehabilitation. There are markedly different levels of activity in these areas. In chemotherapy there has been almost no work done, even though new shorter treatment courses are badly needed. The results of U-MDT studies are awaited as is more data on the role of fluoroquinolones. Similarly very little work has been done on early diagnosis. In the field of prophylaxis evidence is accumulating that BCG vaccination helps protect people against developing leprosy. Several studies on chemoprophylaxis have been published and the largest shows that a giving a single dose of rifampicin to people in a high endemic area for leprosy gives some protection over 4 years against developing paucibacillary disease. The review on reactions found that we still do not have good data on either the dose or duration of treatment with steroids for treating Type 1 reactions (T1R) and the high relapse rate with T1R continues to be a problem. It was also found that scales for measuring both T1R and Erythema Nodosum Leprosum (ENL) are need for both patient management and research. There is no good quality data on the management of ENL and multi-centre studies are need with adequate numbers of patients and using validated scales to assess patients. Studies on the optimal management of people with HIV infection and reactions are needed urgently. In prevention of disability studies on footwear, the treatment of ulcers and wound care are needed. Implementation research is needed to identify operational factors in the implementation of self-care in low income countries. Stigma is now an active research area with many studies published, and this highlighted the importance of including multiple perspectives such as cultural, political and religious aspects into studies on stigma and rehabilitation. The review on rehabilitation showed how the promotion of self-care within the Community Based Rehabilitation matrix is important. The human rights aspect is also a vital part of rehabilitation work. The reviewers s have compiled a major contemporary review of the evidence in leprosy and I am confident that it will be heavily used to implement and improve practice and also to develop research in the areas that have been identified as weak in evidence.

We also have a selection of interesting papers. Shen *et al.* (pp. 174–181) report on the national leprosy figures from China. China is now a low endemic country but about 1500 new cases have been registered each year for the last 15years. Shen *et al.* looked in detail at the cases from 2007. They found that patients had a mean age of 41, and half were detected passively in a skin clinic. It is also significant that 57% came from families without a history of leprosy, and 28% from villages where leprosy had not been reported. Furthermore the Grade 2 disability rate was high at 22%. These figures suggest that there

is ongoing transmission of leprosy in China. It also highlights the challenges in sensitising doctors, and especially dermatologists, to the diagnosis of leprosy. Since 305 of patients did have a family history of leprosy, contact tracing is clearly still worth pursuing. The message is that a wide range of people need to be sensitised to the diagnosis of leprosy. Since late diagnosis is also occurring this means that the pool of patients with significant disability is also being added to continually.

The new IAL Textbook of Leprosy is reviewed on pp. 274–275. This is a magnificent volume with excellent illustrations and should be in all skin clinics so that dermatologists are being reminded of the diagnosis.

Diana N. J. Lockwood