analysis in each patient would have certainly helped to establish the actual sensitivity and specificity of the KA test. A large sample of bone marrow analysis might have revealed some false negative KA test results.

It is already established that splenic aspiration have a higher yield (98%) over bone marrow studies for the LD bodies. In cases of the study in which visceral leishmaniasis (VL) was suspected and BM was negative, but KA test test positive, a splenic aspiration would have helped to rule out the possibility of false positive of KA tests. The authors have not also mentioned in how many cases of suspected VL had negative microscopy in bone marrow test but KA test positive. It is not also clear whether the authors pursued for the final diagnosis of all suspected cases of VL in which all the tests for Leishmaniasis were negative as this might have further helped to refine the eligibility criteria to be included in the study.

In Mahottari (also in other districts) there was – 88 suspected cases of VL and only 7 were found to be positive for KA test. This raises serious doubts about the sensitivity of KA in general which might cause problems if it is to be used as a screening test in the field.

Further research will also be required to rule out chances of having false positive KA test result in patients suffering from isolated malaria or tuberculosis. The problem with serological testing for the diagnosis of VL is the specificity, as some of the leismanial antigens cross-react with antigens of other organisms such as Trypanosoma, Mycobacterium, Plasmodium etc. It would have been helpful to know clearly whether the authors had tissue confirmation for VL for every case in which both were positive eg. serology for malaria and KA test.

As the authors have correctly suggested, further clinical evaluation of KA test is also required to see when the test will become negative after treatment. This will also help to shed some light about the test in patients who have suffered from Kalazar in the past both clinically and sub clinically and whether the test will be still be positive or not.

As the VL is much more common in HIV population, an HIV screening tests in the study would also have shown the prevalence of VL in HIV population in Nepal, as compared to Southern Europe. Leishmaniasis antibodies may also not be detectable in persons coinfected with HIV. So Katex test may have a crucial advantage over DAT (direct agglutination test, K39) in detecting VL in such patients.

The final question will be whether just clinical suspicion and a positive KA test will be sufficient and justified to start Anti-Kalazar therapy or whether it will still require to rule out other diseases like malaria, TB, enteric fever and bringing back the increase in costs and complexity of the lab investigations.

The study conducted by the authors is certainly a big step in the right direction and has immense implications for a developing country like Nepal. However, further studies will be required to establish the role of Katex in the diagnosis of kalazar.

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REFERENCE


AWARENESS ABOUT LEPROSY

Dear Editor,

I read with interest, the original article about the community awareness about Leprosy. I congratulate the authors and all the people involved in the study, which is one of the few studies done in Nepal regarding the same. Recently I also came across similar studies like “Report on the baseline survey of the LEC”, “A report on the impact survey of the LEC in Nepal” and “Report on the LEC IEC materials”.

The study, based on structured questionnaires, has brought into light good information about community awareness about leprosy in Sunsari district, which is one of the highly endemic areas of our country. The results probably reflect similar
situations in other parts of Nepal. Leprosy is still a public health problem in 24 countries in Africa, Asia and Latin America. The prevalence rate of 3.4 per 10,000 was the fourth highest in the world in 2000-2001. Nepal, including five other endemic countries, contribute to 83% of global prevalence and 88% of new case detected in 2000. Among SEAR countries, Nepal, India and Myanmar contribute to 80% of prevalence. However, the prevalence rate in Nepal has steadily declined from 3.9 in 2000 to 3.4 in 2001 and still further to 3.0 in 2003. New case detection rate (NCDR) is 3.4/10,000 while the disability rate stands at above 8%. Nevertheless, community awareness in Sunsari seems to be quite good, including the female population and the illiterates. Radio is definitely the main mass media responsible for the same. However, there seems to be no difference between different levels of education in literate groups, indirectly pointing out the lack of basic health education and IEC in the country.

The article would have been more informative if it had contained relevant data about the prevalence rate, disability rates, NCDR in Nepal, particularly in Sunsari district where the study was conducted. The article does state that the plains are more affected than the hilly region but the actual figures of some highly endemic areas would have been self-explanatory. Like the PR in Achham is 11.34 while it is 0 in Rasuwa and Manang while the NCDR is highest in Parsa (9.53).

Lastly, I would like to point out that we need to work further to eliminate this “social disease” from our country. No anti-leprosy campaign is complete without health education. So we need to improve on our health education and IEC programs—mainly emphasizing on the curability of leprosy and the availability of free drugs, as well as increase community mobilization and intensify MDT programs. I would also like to stress on the importance of setting up more hospitals to manage the Lepra reactions. Innovative approaches such as “accompanying MDT” can be introduced in the community to ensure full course of treatment. And finally health personnel at all levels should be trained to manage leprosy cases. Hopefully, Nepal will reach its goal of eliminating leprosy by 2005 as is targeted and no longer will the term “leprosy” be synonymous with disfigurement, stigmatization and social exclusion.

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