Leprosy Vaccines

TO THE EDITOR:

I would like to thank Dr. Kato for his Letter to the Editor "Comments on Leprosy Vaccination" (IJL 57:693, 1989). I appreciate the frank expression of his thinking on this subject. It is a matter on which I concur fully with him and have for many years. I have used BCG for partial protection of infants and children who are in intimate contact with leprosy patients and have found it satisfactory; but it is certainly not foolproof in prevention. However, I do feel it is worthwhile.

As one considers what might be gained by some substitute or addition to BCG, it is hard to visualize something which will be of a practical nature. It seems that the present approach will never by economically feasible and, as Dr. Kato said, there are many questions involved that make it look most extremely impractical. It is essential for research scientists to possess vision. It is also important for them to think through and visualize the ultimate results of what they are seeking by their research. There should be some way to envision a practical use for the results of their studies. As one evaluates the present research on a vaccine, it is very difficult to see how it can ever be an economic feasibility and at least the present generation of potential vaccines may well be unlikely to be of great immunological significance.

Again, a thank you to Dr. Kato. It is good of him to help us "keep our feet on the ground."

—Roy E. Pfaltzgraff, M.D.

Medical Consultant
American Leprosy Missions
One Broadway
Elmwood Park, New Jersey 07407, U.S.A.

Further Comments on Leprosy Vaccination

TO THE EDITOR:

We would like to make several points with reference to the Letter to the Editor entitled "Comments on Leprosy Vaccination" by Dr. L. Kato ([1]). The comments and views expressed by Dr. Kato are interesting and, unfortunately, true.

Without a doubt efficient and prompt multidrug therapy (MDT) is promising. There remains an urgent need for even more potent antileprosy drugs which will enable even shorter treatment and even faster cure. Nevertheless, it is universally understood that MDT alone is not enough for leprosy control. However, we do believe that we can cover the maximum number of multibacillary (MB) leprosy patients in a much shorter time with presently available, short-term MDT. This will enable us to save manpower and financial resources to apply to intensive health education and early case detection in order to hopefully more rapidly interrupt transmission ([2]). Nevertheless, there is no substitute for an effective and specific vaccine against leprosy. Until such time as a leprosy vaccine has been proven, however, we cannot afford to allow widespread coverage of controversies in the design of research trials of potential antileprosy vaccines to jeopardize our field control programs. Recently, in our country coverage of leprosy vaccine trials in the lay press have become regular features. Frequently the leprosy researcher who is being interviewed, in his enthusiasm for his own project, is led to criticize other projects. While we do not presume to render judgment on the scientific merits of candidate antileprosy vaccines, we are concerned that the controversies reported in the lay press may have a destructive effect on field-level leprosy control programs. On the one hand, these reports raise false hopes that antileprosy vaccine and its benefits, resulting in leprosy patients not cooperating with their regular treatment in light of the availability of a