

CORRESPONDENCE

This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters.

Value of BCG in the Prophylaxis of Leprosy

TO THE EDITOR:

After Fernández demonstrated the change of the lepromin reaction from negative to positive as a result of the action of BCG, important studies, among them that of Chaussinand⁽⁵⁾ in 1949, came to the attention of the ad hoc committee of the Third Panamerican Conference on Leprology in 1951, with a recommendation for wide use of BCG in order to determine definitively its value in leprosy. In 1953 the plenary session of the Sixth International Congress of Leprology in Madrid, on the basis of the work of Convit and his collaborators⁽⁴⁾, and of de Souza Campos⁽¹³⁾—to mention these only among others whose conclusions were more speculative than substantiated—recommended that “BCG vaccination be introduced in prophylactic campaigns.” Although Rotberg⁽¹¹⁾, on the basis of his original theory of the “N factor” in resistance, expressed doubt as to the value of BCG in antileprosy immunization, the recommendation of the Congress was implemented by the rapid extension of this vaccination practice and by positive results published by Convit⁽³⁾ in 1956 and Montestruc and his co-workers⁽⁹⁾ in 1959.

Since then no health authority has indicated definite opposition to BCG prophylaxis in leprosy, at least in an official way, although the contrary opinion maintained by Bechelli, Chief Medical Officer of the Leprosy Division of the World Health Organization, was recognized. Bechelli based his stand on the lengthy studies he had carried out on the immuno-allergic relations between tuberculosis and leprosy, which he set forth in an extensive thesis recently published⁽¹⁾. That the question remained open, may be deduced from the report presented in August 1965 by the

Committee of Experts on Leprosy of the WHO, in which it was said that “two large and well controlled trials are now under way. The first in Uganda, was initiated in 1960 and is now being supported by the Medical Research Council of Great Britain. The second BCG trial, undertaken by WHO in Burma in 1964, is in an area with a higher proportion of lepromatous leprosy.” The results of the first trial have apparently impressed Bechelli, who stated in a footnote to his paper, cited above: “Encouraging preliminary results were reported by Kinnear Brown, Stone and Sutherland (1966), in the Uganda trial.”

The favorable report by Brown and Stone⁽²⁾ has had immediate repercussion in an important editorial by Rees⁽¹⁰⁾, published in the INTERNATIONAL JOURNAL OF LEPROSY.

Personally, on the basis of the first studies on the subject, we have declared ourselves favorably inclined to BCG in the prophylaxis of leprosy, and we recommended it in an editorial in *Leprologia*⁽⁷⁾ in 1956. Since then we have practiced BCG vaccination among numerous contacts in the Central Dispensary of Leprology in Buenos Aires. The conclusions from our experience have been published recently by Sanchez Caballero⁽¹²⁾. He has established that among 7,274 contacts not vaccinated with BCG, 66 became ill (43 tuberculoid, 14 lepromatous, 8 indeterminate, and one borderline (dimorphous), while among 1,132 vaccinated 18 acquired leprosy (12 tuberculoid, 3 lepromatous, one indeterminate, one borderline and one pure neural). That is to say, among the BCG-vaccinated, 1.59 per cent became ill, while among the nonvaccinated only 0.90 per cent acquired the dis-

ease. The figures indicate that in the former group 66.7 per cent of the cases noted were tuberculoid and 11.1 per cent lepromatous, while among the nonvaccinated group 59.1 per cent of the cases detected were tuberculoid and 18.2 per cent lepromatous. We have reported also on the appearance of tuberculoid lesions after BCG vaccination of lepromin-negative contacts, healthy up to that time (8).

Although Sanchez Caballero concluded that in the face of these results it is questionable if BCG vaccination is justified in contacts, we have not considered the results in any manner conclusive; therefore administration of BCG in this Dispensary continues.

Many other trials have been made, and will be made until the value of BCG in leprosy is determined definitively. Many leprologists in different parts of the world still hope they can fill the gaps necessary for drawing firm conclusions. Actually today the Uganda trial seems to tip the balance in favor of the method.

In the light of all of this it is surprising that a recent booklet on "The Control of Diseases Transmissible to Man," distributed widely and gratuitously by The Pan American Health Organization, through the medium of the Pan American Sanitary Bureau, Regional Office of the WHO, a publication that constitutes an official report of the American Public Health Association (6), states, in a paragraph on immunization of contacts in its chapter on leprosy: "None. BCG lacks utility as a protective measure." In the light of the fact that this publication has a wide distribution

among health officials who have not specialized in leprosy, it is to be feared that some confusion will be placed in the way of fundamental investigations on antileprosy prophylaxis.

It would be interesting to know on what authority the American Public Health Association makes this pronouncement and why the Pan American Sanitary Office has tacitly lent its own endorsement in publishing it.

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Buenos Aires, Argentina
1 November 1966*

[EDITOR'S NOTE: The Regional Advisor of the Communicable Diseases Branch of the Pan American Health Organization of the World Health Organization has pointed out to the Editor that this well known booklet is a publication of the American Public Health Association, and that the Pan American Health Organization was concerned only in its translation into Spanish (*El Control de las Enfermedades Transmisibles en el Hombre*) and Portuguese, (*Controle das Doenças Transmissíveis no Homem*). Its original publication antedated the recent work on BCG vaccination and chemoprophylaxis in leprosy, to which much attention is now being drawn. It may be presumed that later editions will take appropriate account of this recent work.]

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