

# Infectious disease control in Brazil — Authors' reply

[Mauricio L Barreto](#)  [, M Gloria Teixeira](#) [a](#), [Francisco I Bastos](#) [b](#) [c](#), [Ricardo A Ximenes](#) [d](#), [Rita B Barata](#) [e](#), [Laura C Rodrigues](#) [f](#)

We are glad that our Series paper on infectious diseases in Brazil—which by nature was an overview—created the opportunity for more detailed discussion of some of the diseases we included, and others we were not able to include. Although accepting that there is much work still to be done to change the current health situation in this country, we also think it very important to recognise, celebrate, and learn from the successes (sometimes partial) achieved so far in the control of infectious diseases.

We partly agree with Ricardo Igreja's comments on neglected tropical diseases. This is not a precisely defined group and different organisations have listed different diseases as such.<sup>1</sup> Some of the diseases listed by Igreja were addressed in our overview, while others were not due to limited space. There is strong evidence that the size of some of these problems is decreasing fast (eg, intestinal helminth infections), others not so fast (eg, leprosy, schistosomiasis), and others are even increasing (eg, visceral leishmaniasis), as presented in our review. As for Chagas' disease, given our public-health perspective, we disagree that transmission by food, leading to a few isolated cases, should be given a comparable importance to vectorial transmission, now under control, which used to affect millions. We reaffirm our view that the control of several of the diseases in this group requires a mix of actions to improve health care, social and economic policies that strengthen diseases control, and applied health research to produce new technological alternatives for treatment and prevention.<sup>2</sup>

We agree with C L Crawford and are disappointed that Brazil has not yet controlled leprosy. However, although leprosy control has been achieved in several areas, we argue that the effect of treatment on transmission, especially in crowded urban areas where closed interpersonal contacts go beyond the household<sup>3</sup> and other potential indirect transmission might occur,<sup>4</sup> reinforces the social determinants of leprosy and the need for further research that enlightens leprosy transmission in urban centres, especially in the Americas where non-human reservoirs seem to exist.<sup>5</sup>

Michael Harhay and colleagues correctly point to remaining doubts in the ecology and transmission dynamics of visceral leishmaniasis. Broader analyses in terms of the ecology of the different populations affected by disease, including domestic and wild canines and impoverished human populations living in the outskirts of fast-spreading urban areas, are urgently needed.

Disentanglement of the causes and consequences of canine and human infection with the exclusive use of spatial analyses is not simple.

We declare that we have no conflicts of interest.

## References

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[a](#) Instituto de Saúde Coletiva, Federal University of Bahia, Salvador, BA 40110-040, Brazil

[b](#) Fundação Oswaldo Cruz, Rio de Janeiro, RJ, Brazil

[c](#) Bown University, Providence, RI, USA

[d](#) Federal University of Pernambuco, Recife, PE, Brazil

[e](#) Faculty of Medical Sciences, Santa Casa de São Paulo, São Paulo, SP, Brazil

[f](#) London School of Hygiene and Tropical Medicine, London, UK