



Leprosy-Info

No. 10

July 2024



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MHOSLJ

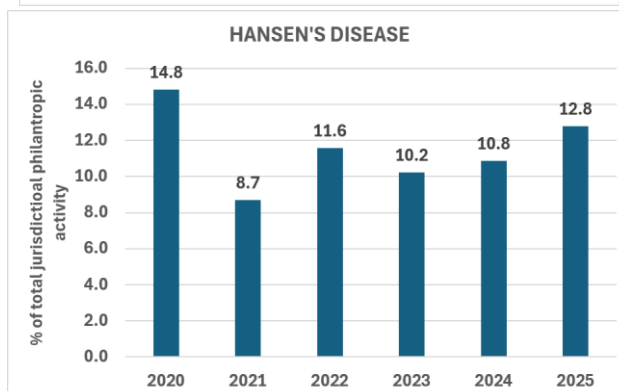
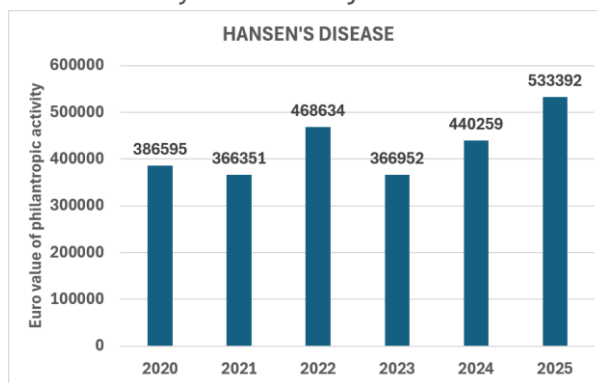
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During the period 2010-2019, the various jurisdictions of the Order donated an average annual euro equivalent value of €294,256 in monetary or man-hour donations to projects related to Hansen's disease, amounting to about 13.5% of the total philanthropic donations made. It appears that in the subsequent six years, during 2020-2025, the enthusiasm for supporting the victims of Hansen's disease has increased with the jurisdictions donating an average annual euro equivalent value of €512,437 in monetary or man-hour donations to projects related to Hansen's disease. This donation however only amounts to about 11.3% of the total philanthropic donations made by the various jurisdictions.



NEWS

Support for Flagship Project: In May 2012, the then-appointed Grand Hospitaller H.E. Chev. Dr. Axel Mittelstaedt, during the International Hospitallers Meeting held in Kevelaer, Germany, proposed the adoption of the Gandhiji Seva Niketan Leprosy Surgery Centre led by Dr. Remy Rousselot in Bhubaneswar Odisha in India as a Flagship Project of the International Order. Since then, a number of jurisdictions, particularly the jurisdictions from Finland and Germany, have adopted this project as one of their annual philanthropic recipients. During 2024, the amount donated towards supporting the work of this institution reached €11,000. In 2025, the donation from these two jurisdictions has been augmented to €15,000. This was graciously received by the institution. Dr. Rousselot commented that “The year 2025 was truly another blessing for our leprosy patients in Bhubaneswar, even though we felt the difficult effects of the war in Ukraine. Our and your leprosy hospital with 50 surgical beds performed 592 leprosy operations on hands and legs this year. The number of leprosy patients admitted reached 178 last year. Despite the financial crisis, the financial report for 2024 is also satisfactory: a surgical bed cost €5.89 per day – all inclusive, even though food has become more expensive”. In September 2023, Dr R. Rousselot was honoured by the Order for his years of service to leprosy patients by being made an honorary member. Over the past 45 years – since December 1979 – Dr Rousselot has performed 20,000 leprosy operations in Africa, in South America, and, since 1983, in India. With progressively rising costs, other jurisdictions are encouraged to ‘adopt’ this institution to allow the institution to continue providing its much needed services ameliorating the suffering of the victims of this infection.



Notes from the Grand Hospitaller's medical records

As a qualified specialist obstetrician-gynaecologist working in the public healthcare system in the Maltese Islands – an archipelago straddling the Maghreb coast of Africa and on the fringe of Southern Europe, the Grand Hospitaller has had the opportunity to encounter a number of obstetric problems in migrant women coming from developing countries. However, no active cases of pregnant women with Hansen's disease presented during his professional tenure. Active Hansen's disease has been eradicated from the Maltese Islands since the 1970s. The University Department of Obstetrics and Gynaecology has however archival notes with illustrations belonging to a past Maltese specialist obstetrician-gynaecologist, the late Prof. E.S. Grech, who had an prior active career in Africa. These archival notes include a case of Hansen's Disease affecting a pregnant woman. Pregnancy may precipitate the development of overt infection in a patient who is incubating the disease, or exacerbate the condition when it is already established. The exacerbation is often characterised as an acute reactive state, with oedematous erysipeloid swellings on the face, or erythema nodosum leprosum, or even a progressive lepra reaction – all suggesting a lowered resistance to the *Mycobacterium leprae*. *M. leprae* has been described in the placenta and cord, but congenital infection with Hansen's disease is very rare.



Leprous exacerbation in a term pregnant woman
[ESG coll. 1966/86692]

Reference: Lockwood DN, Sinha HH. Pregnancy and leprosy: a comprehensive literature review. *Int J Lepr Other Mycobact Dis.* 1999 Mar;67(1):6-12. PMID: 10407623.

ABSTRACTS

N.I.A. Higueta, C. Avanzi, A.F. Henao-Martínez, T.P. Honap, et al. Leprosy. *The Lancet* (2026); 407 (10530), 805-819. ISSN 0140-6736.

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Abstract

Leprosy, also known as Hansen's disease, is a curable granulomatous condition caused by *Mycobacterium leprae* or *Mycobacterium lepromatosis*, disproportionately affecting impoverished communities across the globe. The bacteria's tropism for dermal histiocytes, endothelial cells, and Schwann cells causes neuronal and dermal damage that often results in disability, permanent disfigurement, stigma, and social exclusion. Despite important achievements in the understanding of the disease, its elimination has been hampered by the scarcity of sensitive diagnostic tools, suboptimal integration and implementation of coordinated and financially stable preventive interventions, persistent stigmatisation, and failure to efficiently and sustainably address the socioeconomic and demographic factors associated with an increased risk of leprosy. In this Seminar, we provide an update on key public health and clinical aspects of the disease.

Barbosa JC, da Rocha AM, Oliveira HX, Ferreira NNL, et al. Perceptions of Hansen's Disease in Northeast Brazil: A Community-Based Study Integrating Stigma, Empowerment, and Social Distance. *Trop Med Int Health.* 2026 Feb 26. doi: 10.1111/tmi.70087.

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Abstract

BACKGROUND: Perceptions of Hansen's disease (HD) can influence the level of stigma, empowerment, and intention to distance oneself from those affected by the disease. Knowledge, attitudes, and beliefs

shape these perceptions. This study aims to understand perceptions of HD regarding stigma and empowerment.

METHOD: A cross-sectional, mixed-methods research design was employed in endemic communities in the State of Ceará. The instruments were applied to people affected by HD, their contacts, community members, and health workers (including nurses, doctors, dentists, psychologists, occupational therapists, and others), as well as Community Health Agents (CHAs). The study assessed socio-demographic status, beliefs, knowledge, attitudes, and practices (KAP). Individual stigma was measured using the Explanatory Model Interview Catalogue - EMIC-AP; community stigma using the EMIC Community Stigma Scale - EMIC-CSS; social distance using the Social Distance Scale - SDS; and empowerment using the Empowerment Scale - ES. Semi-structured interviews and five focus group discussions were also conducted. Quantitative data were analyzed using descriptive statistics and multivariate regression. Qualitative data were analyzed using thematic analysis.

FINDINGS: A total of 1,309 participants were included in the study: 203 people affected, 251 contacts, 350 community members, 302 CHAs, and 203 high-level health workers. A total of 89 qualitative interviews (in both municipalities) and five focus groups (in each municipality) were conducted. Items relating to knowledge of the cause, transmission, and duration of the disease were the lowest-scoring items, especially among community members, who also had the lowest average HD knowledge score and the highest average score on the social distancing scale. Community Health Agents (CHAs) reported more stigmatizing attitudes in the EMIC-CSS than community members did. Those affected perceived a high level of stigma and had low levels of empowerment.

CONCLUSION: The community had poor knowledge of HD and exhibited negative attitudes towards affected individuals; stigma is still present today. This study highlighted the need for community health education and ongoing education from healthcare professionals. Health education plays an essential role in HD. There is also a need for strategies to overcome stigma and prejudice, and to improve understanding of the disease beyond its biological aspects.

Chala TK, Gudina EK, Adorjan K, Froeschl G. Exploring the health-seeking journeys of individuals affected by leprosy: Lived experiences in selected urban rehabilitation centers in Ethiopia. PLoS Negl Trop Dis. 2026 Feb 17;20(2):e0013938.

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Abstract

BACKGROUND: Despite widely available and effective treatment, leprosy remains a major public health issue in Ethiopia. The disease is often misconstrued as a hereditary disease in origin, a curse, or a form of divine punishment for immoral behavior. In this study, we aim to explore how individuals affected by leprosy perceive the disease, recognize its early symptoms, and how these perceptions influence care-seeking behaviors.

METHOD: An exploratory qualitative study was conducted at selected leprosy treatment and rehabilitation centers located in Addis Ababa, Shashemene, and Jimma. In-depth interviews (key informant interview (KII)) and focus group discussion (FGD) were conducted. Interviews were transcribed verbatim in local languages, translated into English, and reviewed to identify key themes. Data were coded in MAXQDA 24 using pre-identified themes (perceived causes, stigma, social consequences, care-seeking) and open coding to include emerging themes.

FINDINGS: A total of 8 FGDs with 53 participants (25 females; mean age 52) and 11 KIIs (5 females) were conducted. Participants demonstrated limited knowledge of leprosy, often attributing it to supernatural causes or divine will, which delayed care-seeking and led to advanced disease stages. Misconceptions and stigma led to social isolation, discrimination, and inter-generational exclusion, with profound economic, social, and psychological impacts. Misdiagnosis or delayed diagnosis, and provider stigma were among the healthcare-related challenges. Despite this, there were individuals that demonstrated resilience by forming supportive social networks, including community-based associations that fostered mutual aid, inclusion, and dignity.

CONCLUSION: In Ethiopia, leprosy is still a major public health issue. Affected individuals often suffer social exclusions, psychological distress, and diminished quality life. Stigma from health care providers was also reported. Collaborative efforts between the health system, religious leaders, and leprosy affected individuals and their associations are vital for elimination of the disease.

Kubio C, Kankpetinge C, Zeng V, et al. Eliminating leprosy from the Volta Region, Ghana: The importance of linking all cases to care. Journal of Interventional Epidemiology and Public Health. African Field Epidemiology Network. 2026; 9 (1) : 1-9. [Download PDF](#)

Abstract

BACKGROUND: Leprosy is earmarked for elimination in Ghana. However, achieving zero leprosy case reporting has been a challenge since 1998. This study described the geographical distribution, trends and treatment outcomes of leprosy in the Volta Region of Ghana to help understand the progress being made to achieve zero leprosy in the region.

METHOD: Leprosy surveillance data from 2019 to 2023 were analyzed for the 18 districts in the Volta Region. Data on leprosy cases were extracted from the leprosy registers and analyzed as frequencies, rates, and proportions. The leprosy incidence rate was computed per 1,000,000 population. Results were presented in tables, charts, and maps.

FINDINGS: Over the period, a total of 82 new leprosy cases were reported in the Volta Region. Three of the 82 cases were transferred into the region. The median age of the cases was 55 (IQR=37-65) years. The cases among males and females were equally distributed (41 cases each). Almost all the cases (80 of the 82) were multibacillary. Fifty-eight cases (70.7%) completed treatment. However, three cases were confirmed dead, while 19 (23.2%) were lost to follow-up. The incidence of leprosy increased from 9.48 per 1,000,000 in 2019 to 16.50 per 1,000,000 in 2021 and decreased to 2.34 per 1,000,000 in 2023. Geographically, the highest number of cases, 17, were reported in Hohoe Municipality.

CONCLUSION: Leprosy cases were predominant among older adults in the Volta Region. The incidence of leprosy is declining in the region; however, the number lost to follow-up is high. A linkage between treatment centres and community health nurses is needed to help reduce the number of cases lost to follow-up.

Hisyam BN, Susanto T. Climate change, migration, and refugee as triggers risk of leprosy spread. Indonesian Contemporary Nursing Journal (ICON Journal). Hasanuddin University, Faculty of Law. 2026; 10 (2) : 267-271. [Download PDF](#)

Abstract

One of the challenges in controlling leprosy is the displacement of people and refugees, which has the potential to accelerate the spread of the disease to areas that were previously free of it (Hooij & Geluk, 2021). Migration, especially that triggered by conflict, climate instability causing natural disasters, or economic pressures, often triggers mass displacement of people (World Health Organization, 2016). Refugees and migrants often must live in densely populated areas with poor sanitation conditions and very limited access to health services (Feizi et al., 2023). This situation creates an ideal environment for the spread of infectious diseases such as leprosy, where close and repeated interactions between sufferers and healthy individuals can increase the risk of transmission (Mahardita et al., 2019; Susanto, 2020). Overcrowding in refugee camps and limited health facilities make early detection and treatment of leprosy difficult, allowing the disease to spread undetected (Bulstra et al., 2021).

A Di Guardo. The History of Leprosy in Italy: From Ancient Origins to Modern Challenges . Indian Journal of Leprosy. Hind Kusht Nivaran Sangh, New Delhi. 2025. [Download PDF](#)

Abstract

Leprosy, or Hansen's disease, is a chronic infectious condition caused by *Mycobacterium leprae*, historically prevalent in Europe but now considered a rare, imported disease in many regions. In Italy, leprosy has undergone a remarkable transformation, from endemic prevalence during the medieval period to near eradication by the 20th century. This article examines the historical, medical, and social factors that have influenced leprosy's trajectory in Italy, highlighting its ancient origins, medieval peak, and gradual decline due to cross-immunity with tuberculosis and evolving public health measures. During

the early modern period, urbanization, improved hygiene, and the dominance of tuberculosis contributed to a significant reduction in leprosy cases. By the mid-20th century, the introduction of multidrug therapy and the establishment of specialized leprosy treatment centres further facilitated control efforts. However, the global epidemiology of leprosy has shifted due to migration from endemic areas, presenting new challenges for Italy. Since the 1980s, most cases reported in Italy have been imported, primarily from Asia, Africa, and Latin America. This resurgence of leprosy, although limited in scale, underscores the need for enhanced public health strategies, including targeted screening for high-risk populations and improved access to healthcare for migrants. Delays in diagnosis and treatment, stigma, and underreporting remain significant barriers to effective management.

Romeyer-Dherbey J, Caliebe A, Özer O, et al. Ancient DNA study provides clues to leprosy susceptibility in medieval Europe. *Genome biology*. 2026; 27 (1) : 1-27. [Download PDF](#)

Abstract

BACKGROUND: Leprosy is a chronic infectious disease caused by *Mycobacterium leprae* (*M. leprae*) that reached an epidemic scale in the Middle Ages. Nowadays, the disease is absent in Europe and host genetic influences have been considered as a contributing factor to leprosy disappearance. In this study, we perform a case-control association analysis between multiple human leukocyte antigen (HLA) alleles and leprosy in a medieval European population. The sample comprises 302 individuals from 18 archaeological sites in Denmark (N = 16) and Germany (N = 2).

RESULTS: Our results indicate that HLA-B*38 is associated with leprosy risk. Furthermore, we detect three novel variants that were possibly involved in leprosy risk or protection: HLA-A*23, DRB1*04, and DRB1*13. We also note a subtle temporal change in frequency for several alleles previously associated with infectious diseases, inflammatory disorders, and cancer in present-day populations.

CONCLUSIONS: This study demonstrates the potential of ancient DNA in the identification of genetic variants involved in predisposition to diseases that are no longer present in Europe but remain endemic elsewhere. Although it is difficult to pinpoint the reason behind the temporal frequency shift, past epidemics of infectious diseases have likely influenced the HLA pool in present-day Europe.

Lopopolo M, Avanzi C, Rascovan N. Two pathogens, one disease: Rethinking leprosy diversification through ancient and modern genomes. *Clinical and translational medicine*. 2026; 16 (2) : 1-4. [Download PDF](#)

Abstract

Leprosy is one of humanity's oldest infectious diseases and has historically been attributed to *Mycobacterium leprae*, the canonical agent described in medical texts and still responsible for most diagnosed cases worldwide. However, just over a decade ago, a second leprosy-causing species, *Mycobacterium lepromatosis*, was discovered, challenging the long-standing assumption that a single bacterial species underpinned the full clinical spectrum of Hansen disease. Early reports suggested that *M. lepromatosis* was rare and geographically restricted, and its role or relevance in human disease was initially met with scepticism. Yet, it has since been reported in more than one hundred human cases, predominantly in the Americas. Paradoxically, despite this growing clinical footprint, genomic data have remained extremely limited, consisting until recently of only three strains from Mexican patients and seven genomes from infected red squirrels in Ireland and Great Britain, leaving major questions about its current and past diversity, and the origins of the species. By contrast, ancient and modern DNA work on *M. leprae* has demonstrated how integrating extant and time-calibrated genomes can reconstruct pathogen origins, diversification, and historical spread, all aspects still unresolved for *M. lepromatosis*. To address this gap, the geographic extent and evolutionary diversity of *M. lepromatosis* were investigated using a strategy built around the region where most cases have been reported: the Americas.

Royal Lepers - Afonso II, King of Portugal (1212-1223)



Is the apparent drooping left eyelid of any significance?

We continue with our review of members of the royalty who are believed to have suffered from leprosy. Afonso II known as the Fat or the Leper was born in Coimbra on the 23rd April 1185. He was the second but eldest surviving son of Sancho I of Portugal and Dulce of Barcelona, Princess of Aragon. Afonso succeeded his father in 1212 to become the third king of Portugal. As king, Afonso II pursued a different approach to government choosing a political management in contrast to the military one adopted by his father and grandfather before him. By avoiding the pursuing of territory enlargement policies, Afonso managed to insure peace with Castile during his reign. He centralized administrative power onto himself and designed the first set of Portuguese written laws. These were mainly concerned with private property, civil justice, and minting. Afonso also established political and commercial links with other European kingdoms outside the Iberian Peninsula. With Portugal's position as a country established, he set out to consolidate the royal patrimony, much of which

had been willed away by his father to the Catholic Church. The king appointed a number of royal commissions authorized to investigate land ownership. These commissions concluded that the Catholic Church in Portugal had expropriated a significant proportion of royal property. Angered by the activities of these commissions, the Archbishop of Braga excommunicated Afonso II in 1219. The king responded by seizing church property and forced the archbishop to flee Portugal for Rome. In 1220 Pope Honorius III confirmed the king's excommunication and relieved him of his oath of fealty to the Holy See. In response, Afonso promised to make amends to the church, but in March 1223 he died prematurely of leprosy at the age of thirty-six years after a 12-year reign before making any serious attempts to do resolve the issue. To enable an ecclesiastical burial, his chancellor arranged for the return of the seized church property and the promise that future inquiries would respect canon law.

LEST YOU FORGET - REMINDER

6th Academic International Meeting, 22nd October 2026, Malta – HANSEN'S DISEASE OR LEPROSY: LEARNING FROM THE PAST - LOOKING TO THE FUTURE

PROGRAMME:

- Prof. Michael Ross - *The international distribution of leprosy*
- Prof. Charles Savona-Ventura - *Environmental factors : Mycobacterium leprae & M. lepromatosis*
- Prof. Bing Thio - *Immunological issues relating to Hansen's disease*
- Tom Harald Martison - *Dr. Armauer Hansen and St.Jørgens Hospital in Bergen, Norway*
- Prof. Michael Boffa - *Lessons learnt from the History of Leprosy in Malta*
- Prof. Charles Savona-Ventura - *Hansen's Disease rediscovered by the Modern Order of St Lazarus*

The two subsequent days, 23-24th October 2026 , will address historical facets of the Orders of St Lazarus and St John. The registration fee for the meeting is only €250 for the three days [€100 if only attending for one day]. An optional guided tour of Valletta will be organized is sufficient members show an interest. Those interested are asked to register online using the provided [link](#)  or by sending by email to s.lazari.ordinis.academia@gmail.com a copy of the hardcopy version of the form downloadable from the following [link](#) .