



Leprosy-Info

No. 6

July 2025



CONTACT

Office of the Grand Hospitaller
MHOSLJ

WEBSITE:

www.st-lazarus.net/content/hospitaller-activity

EMAIL ADDRESS:

grandhospitaller.mhoslj@gmail.com

In 1897, the Norwegian Gerhard Armauer Hansen identified the microbacterium *M. leprae* as being the causative agent of leprosy. Even though leprosy rates had in the 1860s been on the decline in the western world, authorities embraced an isolationist policy in the management of this infection promoted in part by the rapid western imperialism of the Victorian era. This institutional isolationist policy has provided fuel for perpetuating social stigmatization compounding the discrimination victims of leprosy have to endure. Fears of ostracism, loss of employment, or expulsion from family and society contributes to delayed diagnosis and treatment. Individuals who realize that they may have been affected would delay seeking medical treatment in the face of existing unnecessary and now most certainly ineffective legal restrictions placed upon them. The infection is curable with multiple antibiotic therapy, especially when this is started early before long-term neural damage sets in.

It is easy for western societies to believe that such stigmatization is only extant in the eastern world and in developing countries where the disease is still particularly prevalent. However it is surprising how stigmatizing legislation introduced in the late 19th and early 20th century still exists in legislative codes of supposedly well developed countries. A review of these stigmatizing and discriminatory legislations should be undertaken by all countries - western world included. In Malta, this exercise revealed that Maltese legislation still viewed Hansen's disease as a separate infection from all others being addressed by specific legislation. The Maltese Government has undertaken to completely delete any form of discrimination from the legal corpus while retaining the full social and medical support provided to all past victims of the infection.

Discriminatory legislation

It stands to reason that Public Health Authorities require an infectious disease register to enable them to obtain information on the occurrence of infectious diseases, to assess the development of the epidemiological situation in the community they serve, to monitor the health status of the population and to manage the provision of health care. No infectious disease should be set aside for discriminatory legislative action. Hansen's disease – Leprosy is still however targeted for discriminatory legal provisions even in the well developed countries even those where the Order has a jurisdictional presence.

AUSTRALIA

- *Immigration related laws - Migration Act 1958(Cth)*: Requires persons with leprosy to provide a health undertaking in order to obtain visa. These include undertaking to report to the health clinic to which they are referred, to place themselves under the health clinic's professional supervision, and to undergo any required course of treatment or investigation.
- *Segregation/separation - Meat Industries Act 1996 (NT) s 42; Meat Industries Regulations 1997 (NT) r 64, sch 3*: Persons who have reason to believe they are infected with or affected by leprosy must not enter or remain at an establishment from which meat for human consumption is dispatched; a holder of a licence permitting the dispatch of meat for human consumption who has reason to believe a person is infected with or affected by leprosy, must not permit that person to enter or remain at an establishment operated under that licence.

UNITED STATES OF AMERICA

- *Employment – US 8 USCS § 1285*: Employment on passenger vessels of aliens afflicted with certain disabilities, including leprosy, is prohibited.
- *Immigration related laws*: People affected by leprosy are inadmissible to the country. People affected by leprosy are not eligible for visas to enable them entre the country.

VIRGIN ISLANDS [British and U.S. territories]

- *Segregation/separation - Virgin Islands 19 V.I.C. § 77 and § 79*: All known contacts with a person afflicted with Hansen's disease, including all family connections, by blood or marriage and all persons known to have Hansen's disease, resident in the Virgin Islands, shall submit to examinations by the Commissioner of Health or by a physician licensed to practice in the Virgin Islands at intervals not to exceed 12 months during the first 10 years following the last contact and thereafter at the discretion of the Commissioner of Health. Persons affected by leprosy, and contacts, who fail to submit to necessary examinations will be fined (up to 100 USD) or imprisoned (up to 180 days) or both.

Should the legally-oriented members of the various jurisdictions of the Order review their country's legal codes to identify any remaining legislation that serve no useful purpose other than to perpetuate stigmatization and vie for its removal in accordance to the recommendations of the World Health Organization?

How can you say to your brother, 'Brother, let me remove that splinter in your eye,' when you do not even notice the wooden beam in your own eye? You hypocrite! Remove the wooden beam from your eye first; then you will see clearly to remove the splinter in your brother's eye. Luke 6:41-46

NEWS

Belfort Leprosy Village in Antalaha, Madagascar:

In previous issues of Leprosy-Info, a plea was made by the Grand Bailiwick of Germany for jurisdictions of the Order to support Project ONG-CALA (the Committee for the Support of Lepers in Antalaha) aiming to re-establish the essential services of the leper village of Belfort destroyed in April 2024 by Cyclone Gamané. The project envisaged the provision of a safe water source and the reconstruction of essential buildings. The overall projected costs were estimated to amount to €10,211.

It is encouraging to report that some jurisdictions responded to the call for help circulated by the Office of the Grand Hospitaller. After consulting with the various jurisdictions, the Order adopted the project as its International Flagship Project for the Order for 2025 and donated the sum of €5,000 to support the initiative. Other jurisdictions [The Netherlands & Belgium; Sweden; and GC of the Castello] have also individually supported the project on their own initiative with further donations amounting to a total of €6,000, while a further €150 were donated by a member of the Order. The project is currently underway.



ABSTRACTS

Miranda-Galarza B. Elimination of discrimination against persons affected by leprosy (Hansen's disease) and their family members. Human Rights Council, United Nations. 2024.

[Download PDF](#)

Abstract

In the present report, the first since her appointment, the Special Rapporteur on the elimination of discrimination against persons affected by leprosy (Hansen's disease) and their family members, Beatriz Miranda-Galarza, provides an overview of the impact of the mandate since its establishment in 2017, with a strong focus on the views of persons affected; outlines her vision for her work over the coming years; and details the working methods, as well as the areas of concern and priority issues, for her work.

White C, Franco-Paredes C 2015. Leprosy in the 21st Century. Clin Microbiol Rev 28: <https://doi.org/10.1128/cmr.00079-13>.

[Download](#)

Abstract

Despite significant improvements in leprosy (Hansen's disease) treatment and outlook for patients since the introduction of multidrug therapy (MDT) 3 decades ago, the global incidence remains high, and patients often have long-term complications associated with the disease. In this article, we discuss recent findings related to genetics, susceptibility, and disease reservoirs and the implications of these

findings for Hansen's disease control and health outcomes for patients. We describe the continued difficulties associated with treatment of inflammatory episodes known as "leprosy reactions," which cause much of the disability associated with the disease and can affect people for many years after MDT is complete. We also discuss some of the contemporary challenges for physicians and patients, including international and internal migration of people affected by the disease. We suggest some important areas of focus for future Hansen's disease research.

Ossai EN, Ekeke N, Esmail-Onyima A, et al. Understanding the burden of poor mental health and wellbeing among persons affected by leprosy or Buruli ulcer in Nigeria: A community based cross-sectional study. PLOS ONE. Public Library of Science (PLoS). 2024; 19 (6) : 1-15.

Abstract

[Download](#)

Background: Skin neglected tropical diseases including leprosy and Buruli ulcer (BU) are a group of stigmatizing and disability-inducing conditions and these aspects of the diseases could lead to poor mental health. The study was designed to assess the burden of poor mental health and wellbeing among persons affected by leprosy or BU in Nigeria. *Methods:* A community based cross-sectional study design was employed. The study involved persons affected by leprosy or BU. Ten local government areas with the highest number of notified leprosy or BU cases between 2014 and 2018 in southern Nigeria were purposively selected. Information was obtained using Patient Health Questionnaire-9, Generalized Anxiety Disorders-7, Warwick-Edinburgh Mental Well-being Scale and OSLO Social Support Scale. Outcome measure was poor mental health/wellbeing and was determined by proportion of respondents who had depressive symptoms, anxiety disorder and poor mental wellbeing. *Results:* A total of 635 persons affected by leprosy or BU participated in the study. The mean age of respondents was 43.8±17.0 years and highest proportion were in the age group 40–49 years. Majority of respondents were males. A higher proportion of respondents had depressive symptoms, anxiety disorders and poor mental wellbeing. The majority had poor mental health/wellbeing. Among the respondents, there was a strong positive correlation between depression and anxiety scores. There was a weak negative correlation between depression score and WEMWBS score; anxiety score and WEMWBS score. Predictors of poor mental health/wellbeing included having no formal education, being unemployed, being affected by leprosy and having poor social support. *Conclusions:* The burden of poor mental health/wellbeing among persons affected by leprosy or BU is very high. There is need to include mental health interventions in the management of persons affected with leprosy or BU. Equally important is finding a feasible, cost-effective and sustainable approach to delivering mental health care for persons affected with leprosy or BU at the community level. Improving educational status and social support of persons affected by leprosy or BU are essential. Engaging them in productive activities will be of essence.

RESOURCES



<https://www.infohansen.org/>

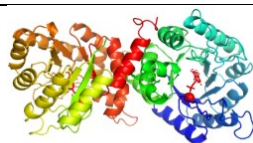
A innovative hub for knowledge sharing about Hansen's Disease.

LeprosyReview
Established in 1928

<http://leprev.ils.br/arquivo.php>

<https://leprosyreview.org/>

Leprosy Review Repository of articles published in
1928-2001
and 2002-2025



HARP

<https://harp-leprosy.org/home>

A Web Resource for Predicted Structural Impacts of Anti-microbial Resistance Mutations in Leprosy

fontilles revista de
salud + desarrollo **LEPROLOGÍA**

<https://www.cervantesvirtual.com/partes/847671/>

Repository of articles published in 1944-2004