Leprosy-Info

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We are all aware that St Lazarus of Bethany [feast day 17th December] serves as the Patron Saint for victims of Hansen's disease, and that the last Sunday of January is designated as World Leprosy Day. These two days are particularly important dates for the Order of St Lazarus and should regularly feature on the jurisdictional annual calendar of events to continually emphasise the plight and suffering of the victims of this destructive infectious disease. While cure is available in the form of Multiple Drug Therapy [MDT] with antibiotics, the continuing stigma associated with the disease often prevents victims to present early enough to start treatment in time.

Our role as members of the Order of St Lazarus should be to support the victims, but also we should ensure that every opportunity is taken to combat the stigmatization process.

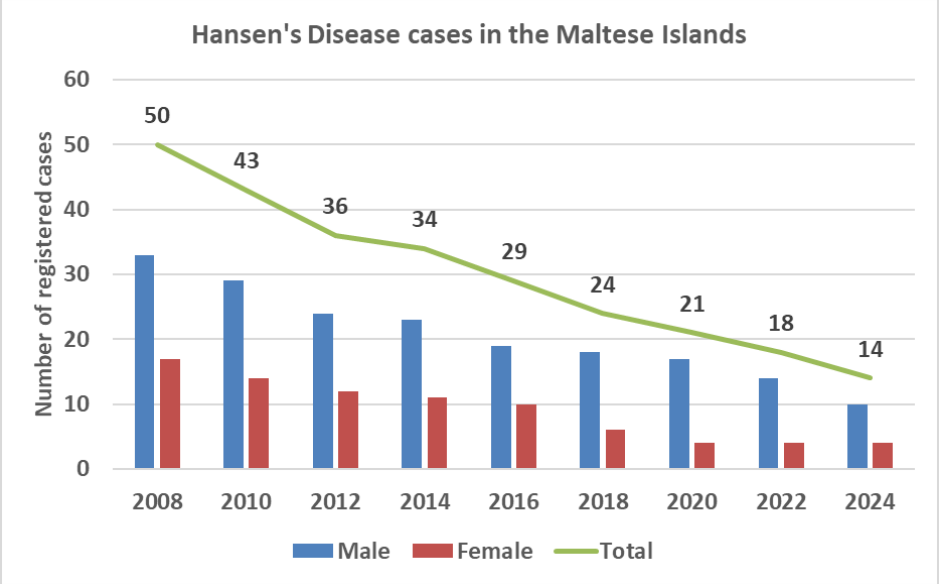
Besides the two days mentioned above, there are other days which the Order can adopt in its Calendar of Events to help remind its members about their original raison d'être - feast days associated with saints related to leprosy.

→ April 23rd: Feast day of St George
→May 10th : Feast day of the St Damien of Molokai
→June 21st : Feast day of the Parable beggar Lazarus
→July 29th : Feast day of Lazarus, Martha and Mary
→September 1st: Feast day of St Giles

It would be ideal for jurisdictions to try to organize an event for its members to continually sensitize them to the problems faced by victims of leprosy.

Hansen's disease – Lest we forget the victims of Leprosy

It is generally assumed that the only people who suffer from the ravages of Hansen's Disease or Leprosy live in the undeveloped world in Africa and Asia. We forget that up to a few decades ago, Hansen's disease was endemic in the Maltese Islands with the last leprosarium at Hal Ferha in Gharghur being formally closed down in 2004. The past victims of this destructive infection, while having been cured, still suffer from the ravages wrought about by the neural damage caused by the mycobacterium. The number of these old 'cured' cases have slowly dwindled throughout the years. Statistics are available since these individuals receive a dedicate contributory pension known as a Leprosy Grant from the Department of Social Services. Numbering 50 individuals in 2008, these have dwindled to 14 in 2024 [a rate of 0.24 per 10,000 population], the majority [~71%] being males. The proportionate prevalence rate is twice higher in Gozo [0.48 per 10,000 population] than in Malta [0.23 per 10,000 population].



NEWS

6th Academic International Meeting: As part of its biennial meeting Academic Meeting being hosted at the *Universitas Studiorum* in Valletta, Malta, the International Academy of the Order of St Lazarus will be organizing a **preliminary day session on the 22nd October targeting aspects of Hansen's disease**. Planned topics for the session *HANSEN'S DISEASE OR LEPROSY: LEARNING FROM THE PAST - LOOKING TO THE FUTURE* include:

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**.

ABSTRACTS

Fastenau A. Zero leprosy is within reach: eliminating leprosy in low-endemic settings demands political will. The Lancet Regional Health - Southeast Asia. Elsevier BV. 2026.

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Abstract

Pakistan's trajectory offers a critical proof of Zero Leprosy concept for South and Southeast Asia: the last mile of leprosy elimination is technically achievable, but it will not be reached through medical solutions alone. The country has reduced new leprosy case numbers from 971 in 2001 to just 236 in 2023, despite immense health system pressures, humanitarian crisis spillover, and shifting political priorities. According to national surveillance data, the number of new leprosy cases has declined steadily over the past 20 years, with adult cases declining by 75%, from 878 cases in 2001 to 220 cases in 2023. The number of child cases (younger than 15 years) has declined by 83%, from 93 cases in 2001 to 16 cases in 2023. This decline is not a passive epidemiological trend. It reflects deliberate, long-term investments in community engagement, data-driven targeted active case finding and sustained NGO-government collaboration. Pakistan now sits at a strategic tipping point, either to cross the final threshold of transmission interruption or to plateau like several low-endemic countries did before it.

Sumolang I, Romadhon D, Suyanto A. Toward Indonesia's Zero Leprosy 2030: Key Lessons from Epidemiological Trends in Papua 2020 - 2024. Folia Medica Indonesiana. 2025, 61, 1, 128-138.

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Abstract

Papua, the easternmost province of Indonesia, has consistently reported the highest number of new leprosy cases and leprosy-related disabilities for decades. Despite this burden, no comprehensive study in recent years has systematically examined the epidemiological trends of leprosy in Papua using large datasets. This study provides an updated analysis of leprosy elimination efforts and evaluates the province’s readiness to achieve the Zero Leprosy 2030 target. A retrospective descriptive epidemiological review was conducted using secondary data from the routine health information system of Papua Province from 2020 to 2024. Extracted variables included demographic characteristics, new case reports, diagnostic classification, disability grade, case-finding method, and clinical outcomes. Data were analyzed descriptively and presented in tables and figures to illustrate temporal trends. Between 2020 and 2024, a total of 3,909 new leprosy cases were reported, with fluctuating case detection rates. Multibacillary (MB) leprosy predominated, particularly among males, although females also contributed a substantial proportion of MB cases. Child cases showed an increasing trend, accounting for up to 20% of all new cases. Most cases were detected at Grade 0, with passive case finding as the dominant detection method. Treatment outcomes showed that approximately 70% of patients were released from treatment annually, but relapse and default remained considerable. These findings highlight that Papua is still far from reaching the Zero Leprosy 2030 goal. Strengthening active case finding, improving treatment adherence, reducing stigma, and enhancing reporting and evaluation systems are urgent priorities. Sustained political commitment from local leadership will be crucial to ensure the successful implementation of these strategies.

Edward M, Owoicho AW. Leprosy elimination: are we winning the fight or losing focus? Annals of Medicine. Informa UK Limited. 2025; 57 (1) : 1-9.

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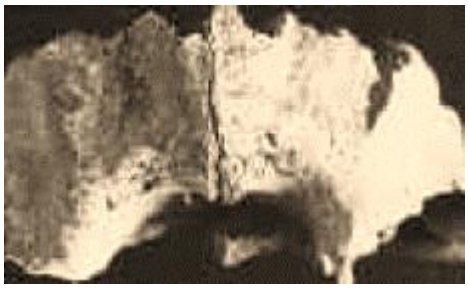
Abstract

Despite decades of significant global efforts, leprosy remains persistent a public health challenge, with approximately two million people living with leprosy-related disabilities. This article traces the history of leprosy control, highlights the transformative impact of multidrug therapy (MDT), and warns against the risks of waning global attention. The World Health Organization’s (WHO)’s 1991 elimination target—defined as prevalence below 1 case per 10,000 population—drove a campaign that treated over 13 million cases by 2020. However, this statistical success has fostered a false narrative of eradication, leading to reduced funding, political will, and research investment. This article argues that this premature complacency threatens sustainable leprosy control. Persistent stigma, weak health systems,

antimicrobial resistance (AMR), and disparities in gender and child diagnosis. The COVID-19 pandemic exacerbated these issues, causing a 35.9% drop in case detection in the Americas in 2020. We present evidence from in Brazil, India, and Nigeria where community health agents and local leaders have improved early detection and reduced stigma. The risk of losing focus is greatest for marginalized communities, where the disease continues to thrive unnoticed. We conclude that sustaining progress requires a renewed commitment beyond statistical targets, emphasizing continuous surveillance, community-led initiatives, and a focus on social justice and innovative tools like post-exposure prophylaxis (PEP) and AI-based diagnostics to ensure that the gains made are not reversed.

Royal Lepers - Henry VII of Sicily and Germany (1212-1242)

We continue with our review of members of the royalty who are believed to have suffered from leprosy. Henry VII, born in 1211 in Sicily, was the eldest son of Emperor Frederick II and Constance of Aragon. He died at Martirano on 10th February 1242, at the age of 31 years, falling into a precipice, perhaps committing suicide. His father had him buried with royal honours in the Cathedral of Cosenza, in an antique Roman sarcophagus. In 1998, a team of Italian palaeopathologists explored the tomb of Henry VII in the Cathedral of Cosenza. Bone consolidation and restoration made it possible to perform an accurate anthropological and palaeopathological study. The skeletal remains belonged to a male individual aged 30-35 years of a robust stature with a height of around 1.66 centimetres. The skeletal remains also showed abnormalities the spine and the knee, possibly a result of traumas and/or excessive overloads during adolescence, probably due to the practice of horse riding. The latter lesion would have seriously compromised the subject's pace; a fact agreeing with the historical data since Henry VII had been assigned the nickname "the lame". The skeletal study also revealed signs of advanced leprosy. The facial bones revealed all the pathognomonic stigmata of a rhinomaxillary syndrome known as *facies leprosa* caused by severe mucus-purulent chronic rhinitis typical of lepromatous leprosy. The peripheral skeleton also showed features consistent with the end result of leprosy of the extremities, and in particular of the feet. These features included extensive wide diaphyseal periostitis of the femurs, with bilateral diaphyseal remodelling and thinning, with subtotal resorption of the epiphyses, of the fourth metatarsals and proximal phalanxes. The palaeopathological study confirms that the Henry VII suffered from lepromatous leprosy in quite advanced stage of development. The infection and clinical overture certainly started some years before the death and the disfiguring conditions of Henry VII must have obliged him to forced isolation, until his dramatic suicide.



Total resorption of the anterior nasal spine

Reference: Fornaciari, Gino et al. The leprosy of Henry VII: incarceration or isolation? The Lancet, 353, 9154, 758 *Download PDF*