



LEPROSY:

AN ANCIENT DISEASE

Leprosy is a chronic infectious disease that develops slowly, with an average incubation period of five years, though symptoms may take 20 years to appear.

Unlike most NIDs, which are caused by parasites, leprosy is caused by a bacterium, *Mycobacterium leprae*, also known as Hansen's bacillus. It chiefly affects the skin, peripheral nerves, mucous membranes of the respiratory tract, and eyes. It is curable, and the disability it creates can be prevented if the disease is diagnosed and treated properly in the first phases of the infection. When cases are not treated during the first phase of infection, the disease, and reactions that occur as a result of it, can cause progressive and permanent sequelae, including deformities and mutilations, reduction of mobility of the limbs, and even blindness.

Leprosy is one of the oldest infectious diseases, recognized in the ancient civilizations of Egypt, India, and China, and de-



Skin and sensory examinations to the children are key in the early detection of Hansen's Disease.

scribed in Biblical texts. Throughout history, individuals with leprosy have been ostracized by their families and communities, and have suffered great stigma and social discrimination, a situation that persists in current times.

Although leprosy is not highly contagious, it can be transmitted by direct contact with body fluids from the nose and mouth. However, this only occurs through close and frequent contact with untreated sufferers.

Thanks to countries commitment, persistence, and efforts, the goal of eliminating leprosy as a public health problem at the global level was achieved in 2000, when morbidity due to leprosy dropped below 1 case per 10,000 inhabitants globally. New strategies need to be carried out to obtain those

same low case rates countrywide or within specific country territories (states, departments, etc.), confining efforts to combating the disease in communities where transmission still occurs.

The most recent available data indicate that 213,899 new cases of leprosy were reported worldwide in 2014. In that year, 81% of reported new cases were in 3 countries that reported more than 1,000 new cases per year, i.e., with the largest volume concentrated in those three: India (125,785 cases), Brazil (31,064), and Indonesia (17,025)



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STATUS IN THE AMERICAS

The number of new cases of leprosy detected in the Americas dropped by 35.8% in the last decade, from 56,622 in 2004 to 33,789 in 2014. All of the countries in the Americas have succeeded in eliminating leprosy at the national level (less than 1 case per 10,000 inhabitants), except Brazil, where 1.27 persons per 10,000 inhabitants are infected. In the last five years, while a few new cases have been detected in 24 countries of the Americas, 94% of them are in Brazil.

Currently, the countries reporting more than 100 new cases per year in LAC are: Argentina, Bolivia, Brazil, Colombia, Cuba, the Dominican Republic, Ecuador, Mexico, Paraguay, and Venezuela. These figures underscore the fact that, despite the achievements, measures to control the disease must be continued to sustain progress made to date.



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WHY IT PERSISTS IN THE AMERICAS

Infection is more frequent among men than among women. The reason for this discrepancy has not been identified but could be due to differences in occupational activities and forms

of exposure. Deficient housing conditions and crowding are important factors in maintaining the transmission of leprosy.

MEASURES THAT CAN HELP REDUCE THE SUFFERING OF PEOPLE AFFECTED BY IT

The objective agreed upon by PAHO/WHO Member States is to achieve a prevalence of less than 1 case per 10 000 inhabitants in the principal political/administrative divisions of each country (i.e., states, provinces, or departments).

The administration of treatment (polychemotherapy) is the chief intervention in the fight against leprosy, and WHO has been providing the medicines free of charge to all infected individuals in the Americas since 1995. The following complementary strategies are also being used:

- Active searching for cases among direct contacts of affected persons (those living with affected persons submit to a meticulous exam that detects signs of leprosy, principally spotty discoloration of the skin with loss of sensation).
- Improving access to diagnosis and treatment by creating accessible, flexible PHC systems for the at-risk population and for those already affected.

- Creating awareness in the communities so that suspected cases of leprosy and sufferers seek medical attention as promptly as possible.
- Combating the stigmatization and discrimination that affect people with leprosy and their families.
- Establishing prevention, early detection, and rehabilitation measures to address the disability caused by leprosy.
- Integrating leprosy care services in PHC settings, and including leprosy control program activities in the Region's comprehensive approach to NIDs.



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STEPS BEING TAKEN IN THE AMERICAS

The great success in the global battle against leprosy has resulted in the active participation of the endemic countries, donors, and non-governmental organizations (NGOs) in implementing the strategies recommended by WHO.

In 2012, PAHO/WHO formulated an action plan for LAC to accelerate the elimination of the infection as a public health problem in the principal political/administrative subdivisions of each country, with priority lines of action consisting of the following:

1. Maintaining and strengthening leprosy surveillance systems to ensure timely detection of all cases and to prevent disabilities.
2. Guaranteeing good-quality medical services for leprosy sufferers as an element of PHC services.

The provision of medicines needed to treat all diagnosed leprosy cases in the Americas by WHO, free of charge, to national health authorities and national leprosy control programs.

Person living with the aftermath of Hansen's Disease.

▲ SUCCESSES

Leprosy has been eliminated as a national health problem in 34 of the 35 countries and territories in the Americas (all but Brazil). This achievement has been sustained for 14 consecutive years.

Other notable achievements include the following:

- Progressive reduction of new leprosy cases (from 56,662 in 2004 to 33,789 in 2014).
- In that same period, 45% reduction in disease prevalence (based on number of cases in treatment at the end of the year).
- Elimination of leprosy as a public health problem in the main political/administrative divisions (states, departments, and provinces) of 16 countries.
- Almost complete elimination of leprosy at the municipal level (second level of the political/administrative structure) in Colombia and Cuba.
- Political commitment by Brazil to eliminate leprosy in the near future and reduce the associated disease burden (the country has a solid program, designed for this purpose, that innovatively integrates the leprosy strategy with strategies for combating other NIDs).
- A number of countries in the Americas have recognized the importance of monitoring the elimination of leprosy, based on WHO guidelines, as a means of verifying progress toward the goal of total elimination. Some countries, such as Argentina, Brazil, and Colombia, have recently implemented this type of monitoring.

