



Leprosy-Info

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This October, the Office of the Grand Hospitaller will be collaborating with the International Academy of St Lazarus to increase the sensitivity towards the suffering of the victims of Hansen's disease - suffering brought about not only by the ravages caused by delayed treatment of the infection but also by the stigmatization they experience simply because of misinformation and ignorance by those around them.

The number of new cases of Hansen's disease worldwide has been brought down significantly, however new cases are still reported annually in high-risk communities, a good proportion being reported in children. While the number of human-human transmission of cases reported from the well-developed world are minimal, the rarity of cases does have its effects on healthcare provision. Medical practitioners working in these communities are not sufficiently cognisant with the early signs of the infection to enable an early diagnosis resulting in potential delay to appropriate referral for specialist assessment and early treatment. Treatment delay will result in an increased risk of long-term complications.

While the development of anti-leprosy vaccines have been hailed a breakthrough in achieving the eradication of the infection in high-risk communities, this 'dream' seems far from becoming a reality.

Erratum: In the July 2026 issue 10 of the newsletter, it was stated that '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.' The average annual euro equivalent should have read €427,030 - reflecting a decrease in donations towards this cause.

Leprosy vaccine – status quo

The current status quo for a leprosy vaccine is a transition from relying on repurposed tuberculosis vaccines to launching the world's first leprosy-specific vaccine into targeted clinical trials. The World Health Organization (WHO) officially recommended the **BCG vaccine**, designed in 1921 for Tuberculosis, for leprosy prevention. However, BCG only provides partial protection with a reported effectiveness of 18-90%. It can trigger the sudden onset of leprosy symptoms in those who are previously infected.

A more promising alternative is **LepVax vaccine**, a modern protein subunit vaccine using harmless fragments of the *Mycobacterium leprae*. LepVax has completed Phase 1a clinical trials in the United States, proving it is safe and generates a strong immune response in healthy humans. It has now been cleared for Phase 1b/2a trials in Brazil to evaluate its safety in people who are at a high risk of exposure.



Another alternative is the ***Mycobacterium indicus pranii* [MIP] vaccine** developed by India. It has been rolled out in high-endemic districts in India. Its application is paired with a single dose of the antibiotic Rifampicin to protect household contacts of leprosy patients. Trials have shown up to 68% protection in the first few years, though the effect drops over a decade. The Dual or One-Two Punch Strategy aims to launch a targeted ring-defence plan around the newly diagnosed

case of leprosy. This involves screening all residents living in the surrounding three to six houses, and social contacts. Everybody receives: (1) a Short-Term Shield involving a single-dose Rifampicin to act as Post-Exposure Prophylaxis wiping out the early, hidden bacteria before it can multiply thus cutting a person's risk of developing leprosy by up to 60% over the next two years; and (2) a Long-Term Armour administering two doses of the MIP Vaccine, spaced six months apart, to train the contact's immune system to recognize and violently reject the leprosy bacteria if they are exposed to it again later. It provides roughly 60% to 68% long-term protection that lasts up to eight years.

The MIP vaccine is also used as a form of Immunotherapy for the sick patient who is prescribed a course of Multidrug Therapy [MDT] for up to 12 months. By adding the MIP vaccine directly to the sick patient's antibiotic routine, the patient's immune system is stimulated thus helping the antibiotics clear out the dead and living bacteria much faster. Mixing the vaccine with antibiotics dramatically lowers the frequency and severity of the severe immune flares that permanently destroy nerves and cause physical disabilities.

NEWS

HANSEN'S DISEASE OR LEPROSY: LEARNING FROM THE PAST - LOOKING TO THE FUTURE



During October, the Office of the Grand Hospitaller in collaboration with the International Academy of the Order of Saint Lazarus, will be holding the first of what hopefully would become a series of symposia targeting Hansen's Disease. The aim of these symposia is to sensitize healthcare professionals and the public to the continuing problems presented by this infection. While the infection has been generally eradicated in the developed world, a significant number of cases are still regularly diagnosed in the less developed world. The first symposium will address the current epidemiology of the infection while looking at relevant environmental factors and immunological issues. From a historical perspective, the experience in the Maltese Islands will illustrate the problems and challenges faced in the eradication of the infection on the islands, while the history related to the work of Dr. Armauer Hansen at St. Jørgens Hospital in Bergen will take the audience back to the establishment of the scientific foundation. Finally, the process of readoption of Hansen's disease as a philanthropic target by the modern Order of St Lazarus in the early decades of the 20th century will be outlined.

It is planned that proceedings of the meeting will be eventually made available for the benefit of those who are unable to attend.

ABSTRACTS

Chala TK, Garsleitner ES, Froeschl G, et al. Quality of life, stigma, and mental health, in individuals affected by leprosy: a cross-sectional study. Transactions of The Royal Society of Tropical Medicine and Hygiene. Oxford University Press (OUP). 2026.

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Abstract

Background: Leprosy rarely causes death but leads to disfigurement, stigma, and disability, resulting in socioeconomic consequences. Understanding these inter-related factors is essential for developing effective interventions. This study aimed to assess QoL and mental health among individuals affected by leprosy and to examine identify QoL predictors.

Methods: A cross-sectional study was conducted in urban leprosy rehabilitation centres in Ethiopia. A total of 370 individuals were enrolled. Correlation and multivariable regression analyses were used to examine associations and identify predictors of QoL.

Results: Participants were predominantly male (54.1%) and aged ≥ 61 years (42.8%). Most had no education (57.3%), while only 4.3% had secondary education or above; one-half were married. Poor living conditions were reported in 84.05% of participants, while delayed diagnosis (≥ 2 years after symptom onset) was observed in 53% of cases. The median social relationship QoL score was 7 (IQR 5–9), while that for overall QoL was 61 (IQR 56–68). Median sleep score was 8 (IQR 6–11). Stigma correlated positively with anxiety ($r = 0.206$) and depression ($r = 0.269$) and negatively with QoL ($r = -0.251$). Anxiety and depression were strongly correlated ($r = 0.794$, $P < 0.001$).

Conclusions: Stigma, psychological distress and poor sleep impair QoL among people affected by leprosy, highlighting the need for multidisciplinary interventions.

Reddy K. Cureus. Paresthesia as an Initial Presentation of Hansen's Disease in a Non-endemic Setting. Springer Science and Business Media LLC. 2026; 18 (5): 1-8.

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Abstract

Leprosy or Hansen's disease is an infectious disease caused by the intracellular organism *Mycobacterium leprae* (M. leprae). The disease has a low prevalence in the United States and follows an indolent course with symptoms often manifesting several years after initial exposure. Reaching a diagnosis of Hansen's disease can often be challenging in a non-endemic setting. Additionally, reaching a diagnosis in the absence of skin symptoms is difficult, as the diagnostic method that provides the most clinical reliability is a skin biopsy or slit skin smear (SSS). Through this skin test, the acid-fast bacillus M. leprae is visualized. We present a case of a 55-year-old woman from California who initially presented with neuropathy and continued to suffer from three years of progressive sensory and motor neuropathies before the diagnosis of Hansen's disease. She lived in a non-endemic setting but was likely exposed through her work in medical tourism in Playa del Carmen, Mexico. A diagnosis was ultimately reached once she presented with skin lesions that allowed for a biopsy. This case also highlights the challenge in reaching a timely diagnosis of Hansen's disease, which, due to its low prevalence in North America, can often be overlooked in a differential diagnosis.

Ahmed Rufai Ahmed. Human rights and social inclusion of persons affected by leprosy-related: A Global Leprosy Strategy 2021-2030. African Journal of Legal Research. 2026; 4 (4): 1 - 23.

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Abstract

This study examines the human rights and social inclusion of persons affected by leprosy-related disabilities within the framework of the Global Leprosy Strategy 2021–2030. Despite significant medical advances, individuals affected by leprosy continue to experience stigma, discrimination, and social exclusion, which undermine their fundamental human rights. The study adopts a doctrinal and analytical approach to evaluate human rights standards, policy frameworks, and the strategic objectives of the Global Leprosy Strategy. The study finds that effective implementation of the strategy requires stronger legal protections, increased awareness, and inclusive policies that address both medical and socio-economic dimensions of leprosy. It concludes that promoting dignity, equality, and full participation of

affected persons is essential to achieving sustainable development and the eradication of leprosy-related discrimination by 2030.

Spada AVD, Bertonsin GPO, Souza GARD, et al. Physical disabilities resulting from leprosy in individuals under 15 years of age in a hyperendemic, Palmas-Tocantins, Brazil, 2015-2025. Artefactum - revista de estudos interdisciplinares. Editoriales Iberoamericanos. 2026; 25 (2): 1-25.

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Abstract

Introduction: Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*, primarily affecting the skin and peripheral nerves, and may lead to irreversible physical disabilities when diagnosis and treatment are delayed. Despite the availability of multidrug therapy and advances in disease control, Brazil remains among the countries with the highest number of cases, with Tocantins being one of the most affected states. The occurrence of leprosy in individuals under 15 years old is an important indicator of active transmission and weaknesses in epidemiological surveillance, especially in hyperendemic areas such as Palmas.

Objective: To describe the epidemiological profile and analyze the temporal trend of physical disabilities caused by leprosy in children and adolescents under 15 years of age living in Palmas, Tocantins, from 2015 to 2025.

Methods: This is an ecological time-trend study based on secondary data from the Notifiable Diseases Information System (SINAN) and the Brazilian Institute of Geography and Statistics (IBGE). All new leprosy cases in individuals under 15 years old during the study period will be included, considering sociodemographic and clinical variables. Temporal trends will be analyzed using Poisson joinpoint regression, with calculation of annual percent change and average annual percent change, adopting a 5% significance level.

Expected Results: It is expected to demonstrate the magnitude of physical disabilities associated with leprosy in this age group, with a predominance of multibacillary cases, higher frequency in boys aged 10 to 14 years, and a significant proportion of diagnoses with grade 1 and 2 disabilities.

Conclusion: The findings are expected to indicate persistent late diagnosis and limitations in epidemiological surveillance, supporting the strengthening of primary health care, improving early detection actions, and rehabilitation strategies, contributing to the reduction of disabilities and control of the disease.

Maria Mocerino. Medieval skeleton analysis suggests mercury was used as leprosy treatment. Interesting Engineering. May 17, 2026.

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Abstract

Researchers have advanced the study of late-medieval mercury treatments by analyzing concentrations in dental calculus instead of bone for the first time. While the use of mercury might evoke images of the Mad Hatter from Alice in Wonderland, this highly toxic element was also employed in late- and post-medieval Europe as a treatment for venereal syphilis and leprosy.

Charles Savona-Ventura. Leprosy in Gozo – a historical review. The Gozo Observer; 2026, 50: 6-13.

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Abstract

Trade routes brought leprosy to Malta long ago. The Maltese word for the disease comes from Arabic. Early European laws took away patients' legal rights. By 1492, Gozo recorded its first official case. Later, the Knights of St John ruled the islands. They let patients live at home; however, they banned them from certain jobs. In 1893, a strict new law passed whereby patients were forced into isolated hospitals. While Gozo had no dedicated segregation facilities, patients were sent away to Malta. Gozo finally opened its own hospital in 1937. This closed in 1955 as patient numbers dropped. Malta started an eradication project in 1972. New medicines successfully cured the sick people, and local cases stopped completely by 1989. Today, Malta is free of the disease. Doctors must, however, still watch for rare immigrant cases.

Royal Lepers – Baldwin IV, King of Jerusalem (1174-1182)

A well-known Royal leper was King Baldwin IV of Jerusalem whose illness has been brought to the fore in the 2005 film *Kingdom of Heaven*. In the story, Baldwin IV the Leper King of Jerusalem is featured as a successful diplomat who maintains good peaceful relationships with Sultan Salah al-Din. All political negotiations fail with the death of the king, plunging the Kingdom of Jerusalem into turmoil and conflict leading to the disaster at the Battle of Hattin and the Fall of Jerusalem in October 1187.



The child Baldwin with William of Tyre

The first mention of Baldwin developing leprosy was made in the chronicle written by his tutor William of Tyre who observed the youth's insensitivity to pain caused by the disease. William of Tyre in his book *Historia rerum in*

partibus transmarinis gestarum wrote that "It so happened that once when he was playing with some other noble boys who were with him, they began pinching one another with their fingernails on the hands and arms, as playful boys will do. The others evinced their pain with yells, but, although his playmates did not spare him, Baldwin bore the pain altogether too patiently, as if he did not feel it. When this had happened several times, it was reported to me. At first, I thought that this happened

because of his endurance, not because of insensitivity. Then I called him and began to ask what was happening. At last, I discovered that about half of his right hand and arm were numb, so that he did not feel pinches or even bites there. I reported all this to his father. Physicians were consulted and prescribed repeated fomentations, anointings, and even poisonous drugs to improve his condition, but in vain. For, as we later understood more fully as time passed, and as we made more comprehensive observations, this was the beginning of an incurable disease. I cannot keep my eyes dry while speaking of it. For as he began to reach the age of puberty it became apparent that he was suffering from that most terrible disease, leprosy. Each day he grew more ill. The extremities and the face were most affected, so that the hearts of his faithful men were touched by compassion when they looked at him". The general approach to treatment of leprosy during the medieval period included modifications in the diet and bloodletting to restore the body humours; bathing in sulphurous hot springs; and the use of drugs including herbal syrups, enemas, and topical applications of fatty-based ointments based on mercury-based salts, generally the mineral cinnabar composed of mercuric sulphide, and herbs.

Baldwin IV was born in the early summer of 1161, the son of Amalric and Agnes of Courtenay. He contracted leprosy in childhood, possibly from a member of the Royal household affected with a mild form of the infection and developed the initial symptom of skin anaesthesia just prior to his puberty (circa 9-13 years of age). There was no mention of any other obvious skin lesions at this stage suggesting a polyneurotic form of the disease. This advanced to a lepromatous form during the pubertal years, so that by his early twenties, the nerve damage had led to severe muscle weakness requiring him to be carried in a litter. Weakness of the facial muscles probably led to corneal ulceration causing eventual blindness. In addition, the bacteria had multiplied in the skin of the limbs and face to form disfiguring plaques and nodules, and destruction of the nose. He died prematurely in 1185 at the age of twenty-three years. Despite his debilitating affliction and premature death, King Baldwin IV was throughout his reign constantly engaged in warfare against his Islamic foes. In 1180, he obtained a two-year truce during the latter part of his reign, which truce was lost after he relinquished his kingdom to regents because of failing health.



King Baldwin IV in film 'Kingdom of Heaven'



King Baldwin IV being carried into battle

Caring for lepers in Medieval Prague

October will see a number of members of the Order of St Lazarus visiting Prague for the International Pilgrimage and International Meetings. It is interesting that during the medieval period, Prague was serviced by a leprosarium dedicated to Saint Lazarus. At the time of its foundation in 1282, the *špitál svatého Lazara* was placed safely outside the original city walls to keep the sick separated from the healthy public. The original medieval structures no longer stand, but the legacy of the leprosarium is preserved in Prague's modern geography. The bustling street Lazarská—as well as the major Lazarská tram hub—takes its name directly from this historic medieval hospital. It was located in New Town (Nové Město), in the exact area where Lazarská Street and Spálená Street meet today.

The *domus leprosorum* featured the hospital building, a dedicated chapel, and its own cemetery. While the Order of Saint Lazarus inspired the naming and spiritual dedication, historical records from Prague indicate that this specific hospital operated primarily under municipal city law rather than direct administration by the Lazarite Monks. The chapel was desecrated in 1788. While the medieval church no longer exists, having been demolished in 1900, its famous 13th-century tympanum (depicting the Raising of Lazarus) is carefully preserved as an artifact in the Lapidarium of the National Museum.



Chapel of St. Lazarus in the New Town of Prague before its demolition in 1900 & Tympanum above the Romanesque portal ¹

¹ [https://commons.wikimedia.org/wiki/Category:Chapel_of_Saint_Lazarus_\(New_Town,_Prague\)](https://commons.wikimedia.org/wiki/Category:Chapel_of_Saint_Lazarus_(New_Town,_Prague))