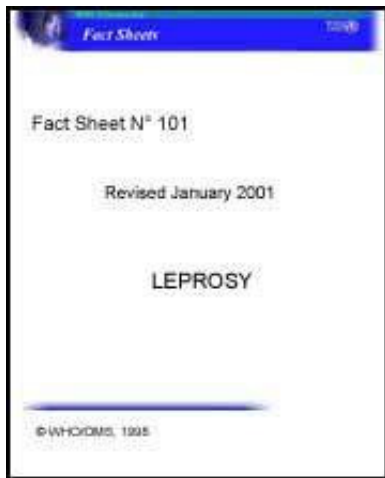
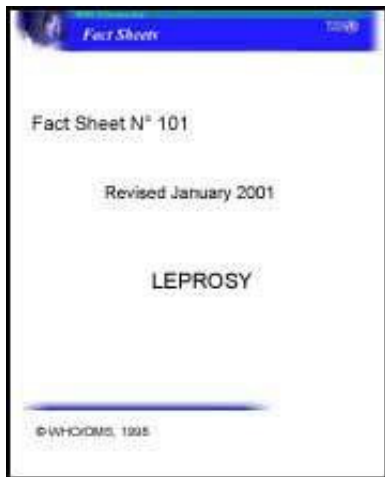


[Home](#) > [ar.cn.de.en.es.fr.id.it.ph.po.ru.sw](#)



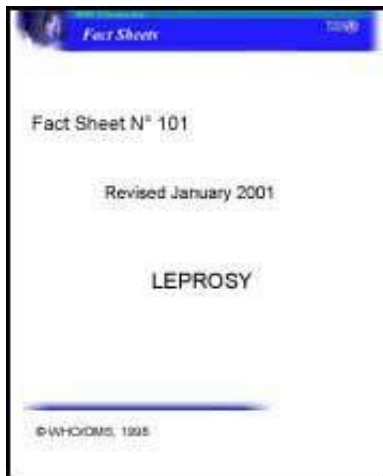
➔  **Fact sheet No 101: Leprosy - Reviewed: August 1999 (WHO, 1999, 4 p.)**
 **(introduction...)**
 **LEPROSY**

[Home](#) > [ar.cn.de.en.es.fr.id.it.ph.po.ru.sw](#)



 **Fact sheet No 101: Leprosy - Reviewed: August 1999 (WHO, 1999, 4 p.)**
➔  **(introduction...)**
 **LEPROSY**

Revised January 2001



 **Fact sheet No 101: Leprosy - Reviewed: August 1999 (WHO, 1999, 4 p.)**

 **(introduction...)**

  **LEPROSY**

LEPROSY

Cause

- **Leprosy is a chronic disease caused by a bacillus, *Mycobacterium leprae*.**
- ***M. leprae* multiplies very slowly and the incubation period of the disease is about five years. Symptoms can take as long as 20 years to appear.**
- **Leprosy is not highly infectious. It is transmitted via droplets, from the nose and mouth, during close and frequent contacts with untreated, infected persons.**

Symptoms

- **Leprosy mainly affects the skin and nerves.**

- **If untreated, there can be progressive and permanent damage to the skin, nerves, limbs and eyes.**
- **Paucibacillary (PB) leprosy results in one to five numb skin patches. Multibacillary (MB) leprosy results in more than five numb skin patches.**

History

- **Leprosy was recognized in the ancient civilizations of China, Egypt and India.**
- **The first known written mention of leprosy is dated 600 BC.**
- **Throughout history, the afflicted have often been ostracized by their communities and families.**

Treatment Today

- **Leprosy is a curable disease and treatment provided in the early stages averts disability.**
- **With minimal training, leprosy can be easily diagnosed on clinical signs alone.**
- **A World Health Organization (WHO) Study Group recommended multidrug therapy (MDT) in 1981. MDT consists of three drugs: dapson, rifampicin and clofazimine. This drug combination kills the pathogen and cures the patient.**

- **MDT is safe, effective and easily administered under field conditions.**
- **Novartis and the Novartis Foundation for Sustainable Development have made MDT available free of charge to all leprosy patients in the world. Through WHO, this MDT is provided to countries in sufficient supply to treat all people diagnosed with the disease.**

High Effectiveness of Multidrug Therapy

- **PB patients treated with MDT are cured within six months.**
- **MB patients treated with MDT are cured within twelve months.**
- **Patients are no longer infectious to others after the first dose of MDT. In other words, transmission of leprosy is interrupted.**
- **There are virtually no relapses, i.e., recurrences of the disease after treatment is completed.**
- **No resistance of the bacillus to MDT has been detected.**
- **WHO estimates that early detection and treatment with MDT has prevented about 3-4 million people from being disabled. This suggests great cost-effectiveness of MDT as a health intervention, considering the economic and social loss averted.**

History of Treatment

- **The first breakthrough occurred in the 1940s with the development of the drug dapsone, which arrested the disease. But the duration of the treatment of leprosy was many years, even a lifetime, making it difficult for patients to follow.**
- **In the 1960s, *M. leprae* started to develop resistance to dapsone, the world's only known anti-leprosy drug.**
- **Rifampicin and clofazimine, the other two components of MDT, were discovered in the early 1960s.**

The Elimination of Leprosy as a Public Health Problem

- **The widespread use of MDT has reduced the disease burden dramatically.**
- **Over the past fifteen years, around 11 million leprosy patients have been cured. The prevalence rate of the disease has dropped by 85% and leprosy has been eliminated from 98 countries.**
- **Elimination of leprosy as a public health problem is defined as a prevalence rate on the global level of less than one case per 10 000 persons. Once this is achieved, transmission will dwindle and eventually stop. Future generations will not contract the disease.**

Figures on the Current Leprosy Situation

- **As of January 2000, the leprosy prevalence rate at the global level was 1.25 cases per 10 000 people.**

- **Approximately 740 000 new cases of leprosy were detected during 1999. 750 000 cases were registered and were undergoing treatment at the beginning of 2000.**
- **It is estimated that about 2.5 million additional leprosy patients will be detected in the period 2000-2005.**
- **In 24 countries in Africa, Asia and Latin America leprosy is still considered a public health problem.**
- **According to the latest available information, special efforts will be needed to reach the leprosy elimination target in 10 countries: Brazil, Democratic Republic of the Congo, Guinea, India, Indonesia, Madagascar, Mozambique, Myanmar, Nepal and Tanzania. Taken all together, these 10 countries account for 90% of the prevalence of the disease in the world in early 2000.**
- **At the start of 2000, about 70% of the world's registered leprosy patients lived in India where they are being treated.**

Actions and Resources Required

- **Political commitment needs to be strengthened in countries where leprosy remains a public health problem.**
- **In order to reach all patients, treatment of leprosy needs to be integrated into general health services. This is a key to successful elimination of the disease. Strong leadership by ministries of health is absolutely necessary,**

especially in some of the major endemic countries.

- **Partners in leprosy elimination need to further accelerate activities and ensure that human and financial resources are made available.**
- **US\$ 100 million is needed for the period 2000-2005. Of that amount, US\$ 54 million has been pledged as of the beginning of 2001, leaving a shortfall of US\$ 46 million.**
- **The age-old stigma associated with the disease remains an obstacle to self-reporting and early treatment. The image of leprosy has to be changed at the global, national and local levels. A new environment, in which patients will not hesitate to come forward for diagnosis and treatment, must be created.**

The Strategy for Leprosy Elimination

The following actions are part of the ongoing leprosy elimination campaign:

- **Ensuring accessible and uninterrupted MDT services available to all patients through flexible and patient-friendly drug delivery systems;**
- **Ensuring the sustainability of MDT services by building the ability of general health workers and community volunteers to treat leprosy;**
- **Encouraging self-reporting and early treatment by promoting community awareness and changing the image of leprosy;**

- **Monitoring the performance of MDT services, the quality of patients' care and the progress being made towards elimination by developing a simple leprosy information system.**

To promote political commitment, leadership by ministries of health in endemic countries and partners' support for leprosy elimination, the Global Alliance for Elimination of Leprosy (GAEL) was created in November 1999. Core members of the Alliance are governments of leprosy endemic countries, the Nippon Foundation, the International Federation of Anti-Leprosy Associations (ILEP), Novartis and WHO. The Alliance is co-operating closely with other non-governmental organizations, the Danish International Development Agency (DANIDA) and the World Bank.

Further Information: Please contact the Spokesperson's Office, WHO, Geneva, Tel.: (+41 22) 791 2599, Fax: (+41 22) 791 4858, E-mail: inf@who.int. All WHO Press releases, Fact Sheets and Features, as well as other information on the subject can be obtained on the Internet on the WHO web site: <http://www.who.int>

