

What is Leprosy?

Leprosy is a chronic infectious disease caused by a type of bacteria, *Mycobacterium leprae*.

Leprosy is a neglected tropical disease which still occurs in more than 120 countries, with more than 200,000 new cases reported every year. Elimination of leprosy as a public health problem globally was achieved in 2000. In Myanmar, the Leprosy Control Programme started in 1952. WHO Multi-Drug Therapy (MDT) was introduced in Myanmar in 1986. At that time, the number of registered leprosy cases was 222,209. **Myanmar achieved leprosy elimination in 2003.** New case detection is decreasing year by year with 3,756 new cases detected in 2004 to 1,234 new cases in 2022, which is reduction of more than 67%.

The disease affects the skin, the peripheral nerves, the inner surfaces of the upper respiratory passage, and the eyes. Left untreated, the disease may cause progressive and permanent disabilities.

Leprosy usually starts as a patch on the skin and it also affects nerves which cause disabilities of the hands, feet, and eyes.

Leprosy is a disease generally associated with poverty-related factors like overcrowding. However, it may affect persons of any socioeconomic group. Peak incidence is seen in young adults in endemic countries.

Symptoms

The disease occurs commonly through skin lesion and peripheral nerve involvement.

Skin lesion has usually a different pigmentation than the surrounding normal skin (less pigmented, reddish or copper-colored) and may have various aspects (flat, raised or nodules). Skin lesions can be single or multiple with a definite loss of sensation.

Symptoms may occur within one year but can also take as long as 20 years or even more to occur.

How is it transmitted?

- ★ Leprosy is transmitted via droplets, from the nose and mouth, during close and frequent contact with untreated cases.
- ★ The untreated person affected by leprosy is the main source of infection.
- ★ The disease is not spread through casual contact with a person who has leprosy like shaking hands or hugging, sharing meals, or sitting next to each other. Moreover, the patient stops transmitting the disease when they begin treatment.



Who is affected?

It affects all ages ranging from early childhood to old age.

The disease occurs in both genders. However, males are affected more as compared to females.

How is it diagnosed?

- ★ The diagnosis of leprosy is done clinically. Laboratory-based services may be required in cases that are difficult to diagnose. Leprosy is diagnosed by finding at least one of the following important signs:
 - ◆ Definite loss of sensation in a pale (hypopigmented) or reddish skin patch;
 - ◆ Thickened or enlarged peripheral nerve, with loss of sensation and/or weakness of the muscles supplied by that nerve.
 - ◆ Presence of bacilli in a slit-skin smear.

How is it prevented?

WHO recommends tracing household contacts along with neighborhood and social contacts of each patient, accompanied by the administration of a single dose of rifampicin as a crucial step to break the chain of transmission.



Discrimination and stigma associated with 'untreated' leprosy

The stigma surrounding leprosy and discrimination against persons affected/untreated by the disease continues to challenge early detection and successful completion of treatment.

Many persons affected/untreated by the disease especially those with disabilities continue to experience social exclusion, depression, and loss of livelihood. Their families also suffer stigma. Incidences of discrimination continue to occur.

Is Leprosy treatable?

- ★ Leprosy is a curable disease with multi-drug therapy and treatment during early stages can prevent disability.
- ★ The person affected becomes non-infectious with a few doses of treatment, multi-drug therapy.
- ★ The currently recommended treatment regimen consists of three drugs: dapsone, rifampicin and clofazimine. The combination is referred to as multi-drug therapy (MDT). The duration of treatment is six months for Paucibacillary and 12 months for Multibacillary cases.

