



# Leprosy-Info

No. 8

January 2026



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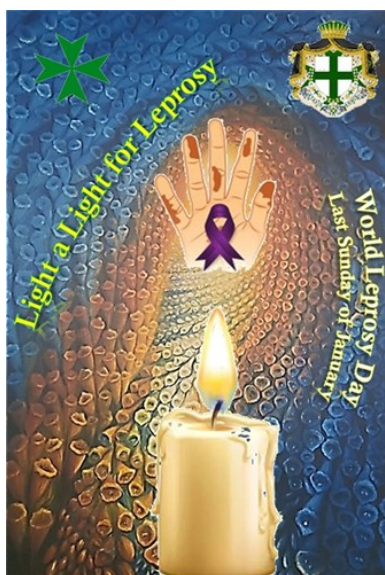
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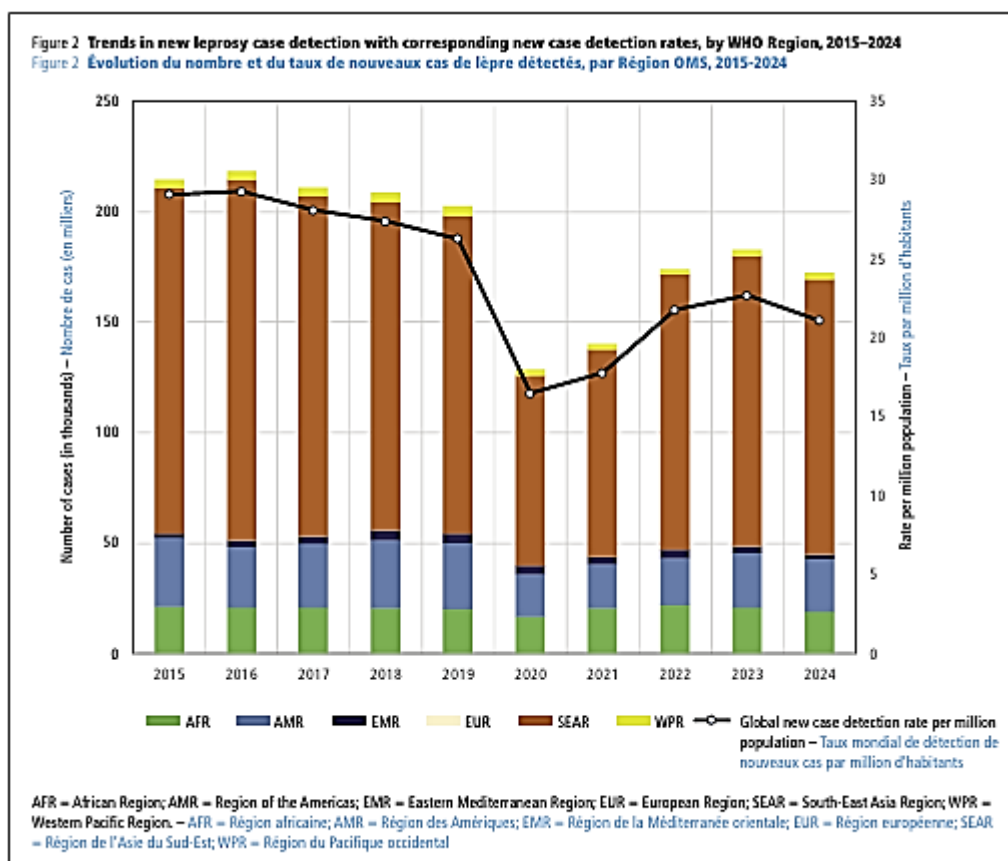
The start of the year should serve to remind us about our particular responsibility towards the victims of leprosy. The last Sunday of January [25 January 2026] has now long been designated as World Leprosy Day - a day that should serve as an opportunity to celebrate people who have experienced leprosy, raise awareness of the

disease, and call for an end to leprosy-related stigma and discrimination. It is important that the various jurisdictions of the Order of St Lazarus adopt this day as a special occasion to renew their commitment towards these often stigmatized victims. Activities should be encouraged to fundraise support for the fight against the infection.

Each individual member should this year again join the international community of Lazarites to '**Light a Light for Leprosy**' by lighting a candle and reflecting on the readings from the New Testament describing Jesus cleansing the leper [see: Matthew 8:1-4, Mark 1:40-45 and Luke 5:12-16]. Your reflections can be supported by viewing the extract of the episode from *The Chosen* series on [YouTube](#). 

## Hansen's Disease status : 2024

The World Health Organization in September 2025 published its annual update about the status of Hansen's Disease in the world during 2024. The publication [\[download\]](#) reports a total of 172 717 new cases all of the 6 WHO regions, corresponding to a new case detection rate of 21.1 per million population. The reported figure appears promising being 5.5% lower than that report in 2023. New cases were reported from (Figure 1). The larger majority of cases were reported from the South-East Asia region (72%), followed by the Americas (13.7%), and Africa (11.1%). The other three regions – Western Pacific, Eastern Mediterranean, and Europe – contributed about 3.2%. The report concludes that while there has been an almost 20% decrease in reported new cases during the past decade, new cases are still being reported in many countries. It promotes meaningful engagement with sufferers is being the cornerstone of successful elimination. The role of civil society organizations [such as the Order of St Lazarus], donors and WHO remain crucial to achieve total elimination. A person-centred approach must remain integral to all efforts! One truly hopes that the observed decrease in new cases is not the result of inefficient pick-up reportage of cases [as happened during the Covid-19 pandemic and the aftermath years].



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## NEWS

**The Lepers of St Giles, Edinburgh, Scotland:** During a visit to Edinburgh in Scotland, the Grand Hospitaller visited an exhibition mounted in St. Giles' Cathedral in Edinburgh. Located in the upper part the Royal Mile, St Giles' Church was owned by the Order of St Lazarus the mid-12<sup>th</sup> century to the latter part of the 14<sup>th</sup> century. The exhibition with the archaeological skeletal remains found during excavations within modern-day Cathedral in areas that were during the Medieval Period as a cemetery servicing the much smaller church. The excavations attributed to the twelfth to the mid-fourteenth centuries have yielded remains of 48 adult burials. The adult remains showed a variable range skeletal pathology, with four showing clear signs of leprosy accounting about 8.3% of adult remains – a significantly high rate suggesting a concentration of individuals with this condition within the St Giles Church community. In contrast, excavation of the mid-15<sup>th</sup> to 16<sup>th</sup> centuries





Digital reconstruction of female leprosy victim mid-15<sup>th</sup> - 16<sup>th</sup> century phase  
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burials yielded only one case that showed clear signs of leprosy accounting for about 3.4% of adult remains of the period. The difference in leprosy prevalence between the two burial periods surely reflects the ownership and use of the cemetery by the Order of St Lazarus during their tenure and their particular charisma of caring for these unfortunates.

**6<sup>th</sup> Academic International Meeting:** The International Academy of the Order of St Lazarus will be organizing its biennial meeting on the 22-24<sup>th</sup> October 2026 at the *Universitas Studiorum* in Valletta, Malta. The *Universitas Studiorum* is the old University Campus used originally by the Jesuits as an educational college [*Collegium Melitensis* – established 1592] and eventually upgraded into a university in 1769. It today serves as to host international conferences, seminars, short courses and summer schools. **The Academic Meeting will on this occasion include a preliminary day session on the 22<sup>nd</sup> October targeting aspects of Hansen's disease.** The remaining days of the Academic Meeting will address historical facets of the Order of St Lazarus and other Chivalric Orders. 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 if 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](mailto:s.lazari.ordinis.academia@gmail.com) a copy of the hardcopy version of the form downloadable from the following [link](#) .



**PLEASE DO REGISTER IF YOU ARE INTERESTED**

**This will help the organizers plan vis-a-vis potential numbers attending.**

**Payments can be made at a later date and are fully refundable until  
September 2026.**

**Size of the Order's contribution in the fight against Hansen's Disease:** The Order in the decade 2015-2024 donated about €348,290 in support of the victims of leprosy accounting for 2.1% of the total philanthropic donations made. The proportional contribution towards Leprosy Support has unfortunately gone down from 2.4% of the total donations made in the five years 2015-19 to 1.9% in 2020-24.

## The Medical Philanthropic activities of the Order of St Lazarus: 2015-2024

Charles Savona-Ventura, Raymond Gatt  
Office of the Grand Hospitaller, Military & Hospitaller Order of St Lazarus of Jerusalem

### Introduction

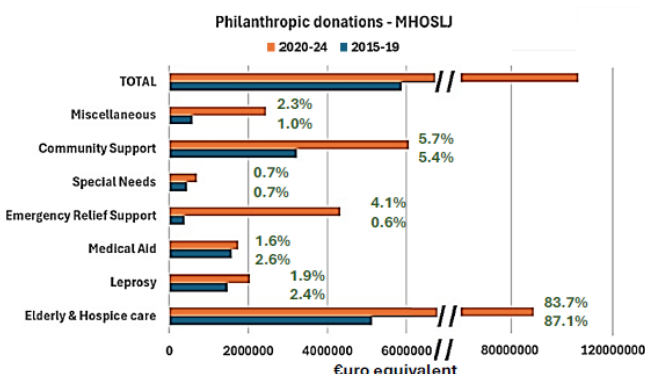
The Order of St Lazarus was established with the specific aim of caring for victims of leprosy [Hansen's disease]. The political turmoil of the subsequent centuries caused the Order to distance itself from its *raison d'être* to become an honorific establishment. After WW2, the Order of St Lazarus re-embraced its philanthropic role supporting the sick and needy in society.

### Aims of the study

This study aims to review the charitable activities of the Order as registered in the published annual reports over the last decade [2015-2019 & 2020-2024] to identify the perceived important areas for philanthropic support.

### Results

- The total amount of monetary equivalent donations over the last decade amounted to a total of **€165,851,011**
- When comparing the donation made during 2015-19 to those made during 2020-24, there has been a **77.0% increase** in donation value:
  - 2015-19 = €59,878,515 | 2020-24 = €105,972,496
- Charitable target distribution:
  - 84.9% Elderly & Hospice Care**
  - 2.1% Hansen's Disease [Leprosy]**



### Conclusions

- It is very clear that, on an international level, major importance is being given towards support initiatives for elderly and hospice care averaging 84.9% over the past decade. This is very much in line with the needs of populations living in the developed world where increasing longevity is augmenting societal support needs for elderly care.
- The increase towards natural and man-made emergencies of the last five years reflect the marked increase in support given to this area of need mainly due to Covid-19 pandemic and Ukrainian conflict responses.
- While the traditional support to victims of Hansen's disease has increased in actual value, the proportion donated is less averaging 2.1% over the past decade.



## ABSTRACTS

Messa Carmona P, Chaudhuri N, Mora AB, et al. Barriers to leprosy elimination in Bolivia: Exploring perspectives and experiences of medical professionals and leprosy patients—A phenomenological study. PLOS Neglected Tropical Diseases. Public Library of Science (PLOS). 2025; 19 (8): 1-17.

[Download PDF](#)

### Abstract

**Background:** Leprosy elimination has recently re-entered the global health sphere, with the World Health Organisation's (WHO) "Towards zero leprosy" strategy (2021–2030). Previously, its elimination had been defined as a prevalence of less than 1 case per 10,000, which was achieved on a global scale in 2000, leading to a large withdrawal of resources from leprosy control and to neglect on both global and national scales. Despite this, leprosy continued to spread and affect hundreds of thousands of people annually.

**Methods:** The study explores the barriers to leprosy elimination in Bolivia, using a phenomenological approach, to discover the perceptions and experiences of leprosy patients and medical professionals regarding leprosy in Bolivia. It also explores the role of active case finding (ACF) for leprosy elimination in Bolivia. In-depth semi-structured interviews were conducted in Spanish, mainly at Jorochito Dermatological Hospital, the national referral centre for leprosy in Bolivia.

**Results:** Barriers to leprosy elimination in Bolivia are present at provider, patient, governmental, societal and community levels. These include poor health financing, untrained workforce, poor treatment adherence, centralised organisation of leprosy diagnosis and treatment and health illiteracy.

**Conclusion:** The barriers to leprosy elimination in Bolivia are complex, interconnected and embedded in Bolivian society. Leprosy elimination must be given priority on global and national scales to increase funding and importance, to continue ACF activities, and to promote national solutions for sustainable leprosy control.



**Soleman SR, Agusningtyas I. Analysis of water, sanitation, and hygiene programs' impact on leprosy incidence in Indonesia: A secondary data analysis from the WHO Global Health Observatory. Medical Technology and Public Health Journal. Universitas Nahdlatul Ulama Surabaya. 2025; 9 (2):**

**141-150.**

[Download PDF](#) 

*Abstract*

Declining rates of neglected tropical diseases, particularly leprosy, highlight the need for comprehensive policies addressing the incidence of this disease in Indonesia. This study aims to investigate the impact of water, sanitation, and hygiene (WASH) programs on the incidence of leprosy in the country's urban and rural areas. Data were collected from the WHO Global Health Observatory using a cross-sectional study design. The independent variables examined included open defecation-free programs, availability of handwashing facilities, and access to basic drinking water and sanitation services. The dependent variable was the incidence of leprosy in urban and rural settings. Data analysis was performed using independent T-tests and Pearson correlation coefficients with SPSS version 23. The findings revealed a significant decline in leprosy incidence in rural and moderately urban areas over a 14-year survey period, reflecting trends similar to those of WASH programs. Overall, WASH programs were found to be correlated with the incidence of leprosy in both urban and rural areas ( $p < 0.001$ ), while the significance of open defecation programs decreased ( $p = 0.46$ ). The Pearson correlation analysis indicated that the availability of handwashing facilities was positively correlated with leprosy incidence ( $r = 0.58$ ,  $p < 0.001$ ). In contrast, basic drinking water ( $r = -0.62$ ,  $p < 0.001$ ) and basic sanitation services ( $r = -0.62$ ,  $p < 0.001$ ) showed a negative association with leprosy incidence. In summary, WASH programs are crucial for controlling the spread of leprosy in Indonesia's urban and rural regions.

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**Taiwo O, Dairo O, Amole I, et al. How Ignorance and Traditional Belief Are Affecting Treatment of Childhood Leprosy in Nigeria: A Case Study. Indian Journal of Leprosy. 2025.**

[Download PDF](#) 

*Abstract*

Childhood leprosy is an important marker of the status of the ongoing leprosy control programme, as it is an indicator of active disease transmission in the community. Multidrug therapy (MDT), when started early, can effectively prevent disease progression and permanent or progressive deformities. Ignorance and traditional beliefs remain major challenges affecting compliance with MDT. We present a case of a 4-year-old male child with leprosy whose treatment was hampered by ignorance and traditional beliefs resulting into a below knee amputation of the left lower limb which will probably condemn the child to a life with disability. Raising awareness among people thus should continue to receive highest priority.

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**Oliveira NGD, Bortolomai BE, Bogado AC, et al. Factors associated with the spatial distribution of leprosy: a systematic review of the published literature. Geospatial Health. PAGEPress Publications. 2025; 20 (2): 1-12.**

[Download PDF](#) 

*Abstract*

This systematic review aimed to identify factors related to the spatial distribution of leprosy through studies utilising geographic information systems (GIS) techniques. PRISMA 2020 guidelines were adopted and the Population, Concept, Context (PCC) strategy employed to formulate the research question and define its scope: what factors associated with the spatial context of leprosy have been identified in studies utilising GIS techniques, and what are the key contributions of GIS in understanding the disease? The bibliographic databases consulted included PubMed, LILACS, EMBASE and Scopus. Only full original research articles in English, Spanish or Portuguese were included. Of the identified articles, 35 (23.8%) met the inclusion criteria, with the majority addressing socioeconomic factors (60.0%), followed by health indicators (17.1%). A smaller proportion of studies focused on logistics/distance (8.6%) or environmental aspects (2.9%). Although numerous studies utilise GIS techniques for understanding leprosy, few adopt robust methodologies to investigate the factors influencing its spatial features. There is a scarcity of studies employing GIS to examine environmental and logistical aspects related to the spatial distribution of leprosy. Addressing these gaps requires broader dissemination of the

potential advantages of GIS in leprosy; the provision of reliable public data; and the capacity building of professionals committed to combating and controlling leprosy in endemic areas.

**Aborghetti HP, Collin SM, dos Santos JD, et al. Leprosy in skeletons from archaeological sites: A systematic review. PLOS Neglected Tropical Diseases. Public Library of Science (PLoS). 2025; 19 (8):**

**1-23.**

[Download PDF](#) 

**Abstract**

**Background:** Leprosy (Hansen's disease) is an ancient stigmatising infectious disease that remains endemic in many countries. Leprosy-related bone changes that cause disabilities in affected persons are evident in skeletons from archaeological sites. The aim of our synthesis of paleopathological data was to gain insights into the disease's historical distribution and presentation.

**Methodology:** Systematic review of paleopathological studies describing human remains with signs of leprosy published up to December 2023. Extracted data on bone features from skulls and limbs, including rhinomaxillary syndrome (RMS) in cranial bones and post-cranial bone changes (PCBC) in hands and feet, were summarised, together with genomic data from studies of *Mycobacterium leprae* ancient DNA.

**Findings:** The 297 skeletons described in 67 studies comprised 264 skeletons from sites in modern-day Europe (117 from England, 68 from Denmark); 23 skeletons from Asia (10 from India), 5 from The Americas, and 4 from the African continent (all from Egypt); 174 (58.6%) were from leprosaria, 255 (85.9%) were adults, 28 (9.4%) adolescent, 14 (4.7%) of indeterminate age. Skeletons dated from 3715 BCE to 1839 CE, peaking around the 15th Century. Probable and possible RMS were identified in 85 (30.5%) and 153 (54.8%) of 279 skeletons with cranial data, respectively. Lower limb pathological PCBC were most prevalent in tarsals (76.6%), metatarsals (81.5%), and feet phalanges (85.6%). In upper limbs, 75.8% of humeri, 65.8% of radii, 61.0% of ulnae and 75.8% of hand phalanges exhibited pathological alterations. From 73 skeletons from 19 genomic studies, *M. leprae* single nucleotide polymorphism (SNP) type 3 was identified in 59 skeletons (80.8%), SNP type 2 in 11 (15.1%), type 4 in two, and type 1 in one.

**Conclusions:** Four out of five archaeological skeletons with leprosy exhibited some degree of RMS, which is pathognomonic of the most severe form of the disease, irrespective of whether the skeleton was excavated from a leprosarium (leprosy hospital) or from a public cemetery or other burial site. The relatively small numbers of remains excavated over a wide geographical area and a long time period, and the focus of archaeological studies on skeletons already identified as having leprosy, mean that it is difficult to prove or disprove theories that aim to explain the decline and eventual disappearance of leprosy as a disease in Europe.

## ***Royal Lepers – Henry IV of Bolingbroke, King of England***

In the last edition of the newsletter, we looked at the proposed leprosy association of the Scottish King Robert I the Bruce [born 1274; died 1329]. In this issue we will look at another member of the British royalty who also is said to have been afflicted by the disease – Henry IV of Bolingbroke, King of England who ruled during the early decades of the 15<sup>th</sup> century.

Henry IV was born at Bolingbroke in 1367 to John of Gaunt and Blanche of Lancaster. Henry had a tumultuous relationship with his cousin, Richard II of England. Henry was created Duke of Hereford in 1397 but in 1398, the increasingly suspicious Richard banished him for ten years while he further confiscated the Lancastrian estates pertaining to Henry after his father's death in 1399. Henry invaded England while Richard was on campaign in Ireland, usurping the throne from King Richard imprisoning King Richard (who died in prison under mysterious circumstances). He was crowned King of England on the 13<sup>th</sup> October 1399. The very nature of Henry's usurpation dictated the circumstances of his reign - incessant rebellion by Richard's supporters became the order of the day. Two political blunders in the latter years of his reign diminished Henry's support. The first blunder was his marriage in 1402 to his second wife Joan of Navarre who was eventually convicted of witchcraft in 1419. His second political mistake was the execution of Richard Scrope, Archbishop of York in 1405 after he proclaimed his opposition to the Lancastrian claim. Crushing the myriads of rebellions was costly, which



involved calling Parliament to fund such activities. The House of Commons used the opportunity to expand its powers in 1401, securing recognition of freedom of debate and freedom from arrest for dissenting opinions.

The later years of Henry's reign were marked by serious health problems. He had some sort of disfiguring skin disease, and more seriously suffered acute attacks of some grave illness in June 1405, April 1406, June 1408, during the winter of 1408–09, December 1412, and then finally a fatal bout in March 1413. This ailment persuaded many that God was punishing the king for executing an archbishop. Medical historians have long debated the nature of this affliction or afflictions. The skin disease might have been leprosy, but other contender diagnoses include psoriasis, syphilis, or some other disease. The recorded acute attacks have been given a wide range of explanations, from epilepsy to some form of cardiovascular disease. His body was well embalmed, as established a Victorian exhumation some centuries later. Although his remains quickly disintegrated upon exposure to the air, the investigators had enough time to determine that "his skin was intact, his features were not disfigured, and even the all-important nasal cartilage was undamaged". Henry, incapacitated by disease, watched as Prince Henry controlled the government for the last two years of his reign. In 1413, Henry died in the Jerusalem Chamber of Westminster Abbey. Unlikely as it may seem (due to the amount of rebellion in his reign), Henry left his eldest son an undisputed succession. He was buried at Canterbury Cathedral and given an alabaster effigy.

Reference: Peter McNiven. *The Problem of Henry IV's Health, 1405-1413*. The English Historical Review, Vol. 100, No. 397 (Oct., 1985), pp. 747-772

