

Caring for the sick and the vulnerable

Nantale Elizabeth doesn't know her true age, but nurses at St Francis Nyenga Hospital in Uganda believe she must be around 80 years old. She was first admitted as a leprosy patient in 1967 when she was a young woman. There was no cure for leprosy at that time and Nantale Elizabeth had an extremely painful reaction to the disease. Eventually she lost all her fingers.

Coming from a poor rural area where people with leprosy are often ostracised, Nantale Elizabeth found it impossible to fend for herself, so the hospital provided her with shelter, medicines, food and clothing. Decades after she was first admitted, multidrug therapy became available, and Nantale Elizabeth spent four years on the wards undergoing treatment for leprosy. When she was well enough, she was given a job as a hospital cleaner. This new role gave her a degree of independence, a sense of purpose and restored her self-esteem.

With help from our amazing supporters, the Guild has spent the past 127 years caring for people, like Nantale Elizabeth, who have been disabled by leprosy and cast out due to discrimination. Today, your gifts continue to support thousands of people in our leprosy centres across Africa, Asia and South America. We will never turn our back on those who need care and depend on us into old age. What's more, through Active Case-Finding, your support is helping to stop leprosy in its tracks so people will never have to suffer the disabilities and indignities that have plagued Nantale Elizabeth's life.



Could you spare a regular gift to support our work?

St Francis Leprosy Guild is enormously grateful for everything you do to support our work. We feel blessed to have such generous and loyal supporters working with us towards a leprosy-free world. The end of leprosy is tantalisingly close, but we simply can't beat it without you.

That's why we want to ask if you will consider giving a regular donation by Direct Debit? By giving even a small gift each month, you will enable us to plan confidently for the future of our work. We will have the money to support our leprosy centres which provide everything from medicines and reconstructive surgery to mobility aids and vocational training. You will also give us the power to launch important initiatives that are playing a vital part in the fight against leprosy - from groundbreaking leprosy research to new Active Case-Finding projects.

Just £10 a month could make all the difference.

If you feel able to help us in this way, you will find a direct debit form enclosed. Alternatively, please visit our website at www.stfrancisleprosy.org/donate where you can choose to give either a monthly or annual gift.

Thank you so much for supporting us in this way. Knowing that we have income we can rely on is invaluable to us, especially in these challenging times.





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■ For donations and enquiries: 0300 770 2856 ■ For anything else: 07754 592240
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 SFLG ST FRANCIS LEPROSY GUILD

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NEWS

 ST FRANCIS LEPROSY GUILD

FROM THE FRONT LINE

AUTUMN 2022

Leprosy patients suffering in cost-of-living crisis

Since the start of the cost-of-living crisis, St Francis Leprosy Guild has seen its donations fall by as much as 75%. At the same time, the leprosy centres we support are struggling with global price rises. For example, inflation is running at 55% in Sri Lanka, where the economy has been in meltdown, and at an incredible 192% in Zimbabwe.

The support we give to leprosy hospitals and clinics around the world is now even more vital since everything from medicines, food and energy bills are costing more. Outreach into remote and rural areas is also under great pressure from rising fuel prices. This work plays such an important role in Active Case-Finding, helping to identify new cases of leprosy quickly so we can save people from developing life-changing disabilities. Some centres are already having to scale down their outreach activities and these could be at risk altogether while this crisis continues.



Ediofe Health Centre in Uganda

Sr Paola Caliari, at the Ediofe Health Centre in Uganda said: "Due to the cost-of-living crisis we have decided to reduce the frequency of our outreach. But we are still striving to care for people with tuberculosis and leprosy because diseases like this simply can't be ignored."

Could you spare even a small gift today to ensure that SFLG can continue to support the vital work of its leprosy centres during this global crisis? We will be enormously grateful for any amount you can give. To donate, please use the enclosed donation form, visit www.stfrancisleprosy.org/donate or call us on 0300 770 2856. Thank you so much for your support.

Bringing leprosy experts together

Once every three years, world experts in leprosy research and care meet at the International Leprosy Congress (ILC) to share their knowledge and promote best practice. The next ILC will be held this November in Hyderabad, India.

We are delighted to announce that Clare McIntosh, our Chief Executive Officer, has been invited to present a paper on our Active Case-Finding programme, in which the global community is already taking an interest. The ILC is the ideal platform to present the methods we are using to identify new cases of leprosy. Early results are very encouraging and we hope that our methods will be adopted more widely.

The Guild is also sponsoring two impressive clinicians, with years of experience in treating leprosy in



Ethiopia, to attend the Congress. Dr Saba Lambert and Dr Shimelis Doni both play a central role in providing leprosy services at ALERT Abbis Ababa, in Ethiopia. They are also members of a team of experts who are making a significant contribution to ENLIST. This study aims to find better treatments for patients who experience Type 2 Reaction to leprosy, a painful inflammatory complication known as Erythema Nodosum Leprosum (ENL). ENL is more likely to lead to nerve damage and severe disabilities, but existing medications are proving ineffective and can be life-threatening if used long-term.

Like many clinicians here in the UK, Dr Lambert and Dr Doni have been involved in the response to COVID-19 and are eager to focus once again on their work to end leprosy in Ethiopia, and around the world. Dr Lambert said: *“The ILC is an occasion in which we meet with colleagues, update our knowledge and refresh the motivation to keep doing our best for our patients.”*

Exciting progress for leprosy vaccine

As an Associate Member of the Leprosy Research Initiative, St Francis Leprosy Guild is helping to fund exciting research into a vaccine for leprosy known as Lepvax.



The vaccine has been 20 years in development and has passed Phase I clinical safety trials in the USA. The next phase of trials are expected to begin in late 2022 in partnership with Fiocruz in Brazil, a country where leprosy is endemic. First data from the trial should be available for analysis in 2023 with results expected in mid-2025.

In early studies, armadillos that can be naturally infected by leprosy, were used to test the vaccine. Nine months into the study, only 12.5% of vaccinated armadillos had suffered nerve damage, compared with 87.5%

in the unvaccinated group. A good immune response has also been seen in mice.

In the next phase of clinical trials in Brazil, the vaccine is likely to be administered at the same time as multidrug therapy, the standard medication given to prevent nerve damage in patients. It is estimated that almost a million (823,000) cases of disability caused by leprosy could be averted if Lepvax was administered between 2028 and 2040. So it is crucial that we can see the research through to its conclusion.

However, vaccine research is expensive and our partner, American Leprosy Missions, needs \$700,000 to complete the next phases of the clinical trial. If you'd like to help support this groundbreaking study please use the enclosed form to send a gift or make a regular donation by direct debit if you can. Alternatively, you can visit www.stfrancisleprosy.org/donate or call us on **0300 770 2856**.



Stopping leprosy in its tracks

During 2021, a quarter of the funds spent by the Guild were used on our Active Case-Finding programme. Thanks to your support, six projects were launched across India, Pakistan and Bangladesh with another four projects due to start by the end of this year.

Active

It is estimated that as many as four million people around the world may have leprosy – they just don't know it yet. If we're to beat leprosy for good, we must stop it in its tracks and Active Case-Finding is an important way to achieve this goal.

The first six-month results of this outreach work are extremely encouraging. Nearly 250,000 people have been screened for leprosy of which 503 were initially identified as potentially having the disease. After further testing, 138 people were confirmed to have leprosy with 41% already displaying either skin lesions or nerve damage. It was therefore vital that these people were identified and received prompt treatment before they developed life-changing disabilities. People still at risk from leprosy will continue to be monitored for leprosy symptoms developing in the future.

People diagnosed with leprosy can now receive multidrug therapy and where contact tracing is already practiced, their contacts will be given LPEP, a medication which is known to

disrupt the transmission of leprosy for up to two years, helping to prevent it from spreading.

Active Case-Finding is painstaking work and is frequently carried out in remote communities that can be difficult to reach. Nevertheless, these early results are proving that this is an essential method of finding, monitoring, diagnosing and treating leprosy before it has the chance to destroy lives.



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