

PRESS RELEASE

Ending the war against an ancient disease Accelerating the fight against leprosy

London, 23 June 2022: In its Annual Review for 2021 issued this week, the NGO [St Francis Leprosy Guild](#) made an astonishing claim: that this ancient disease, which has destroyed countless peoples' lives, might be coming to an end.



“It is not often we have the chance to change history radically, says Clare McIntosh, SFLG’s Chief Executive Officer, “but the call to help people with leprosy gives us a very real opportunity to do precisely that.”

Clare McIntosh, SFLG’s Chief Executive Officer

“St Francis Leprosy Guild is a relatively small charity, but we punch above our weight thanks to the partnerships we forge with like-minded NGOs such as The Leprosy Mission and members of the anti-leprosy federation, ILEP. We are also working with the Leprosy Research Institute on two innovative projects that along with others in their pipeline, could help us achieve zero leprosy.”

“We hear stories in the news of battles fought on the frontline in Ukraine. NGOs like SFLG, have been fighting on a different frontline for hundreds of years, in the battle against leprosy.”

“Our partners that fight on the leprosy frontline, will win the war against this disease. Organisations like the Bombay Leprosy Project, ALERT India and New Hope Leprosy Trust to name but three of our wonderful partners, with our support, will slowly and surely bring about an end to leprosy.”

“Our generous donors are playing a considerable part in the success of seeing an end to leprosy too. We continue to be thankful and grateful to them for their financial support.”

ST FRANCIS LEPROSY GUILD

“It’s hard to put an exact date on the end to leprosy, but we can see an end to the misery that it causes through [Active-Case Finding](#). It is the early diagnosis and treatment of leprosy that stops its transmission and prevents lifelong disabilities from developing.”



Dal Bahadur Pariyar, a man whose eyes, face, hands, and feet are all disabled or affected by leprosy. Lamatara leprosy community, Nepal. By kind permission of St Francis Leprosy Guild and Tom Bradley

SFLG has recently published its [Annual Review for 2021](#) in which the NGO claims that an end to leprosy is tantalising close. But as Archbishop John Wilson points out at its 125th Anniversary Mass held at Southwark Cathedral last October, there is still an urgent need to beat leprosy. He endorsed SFLG’s mission, to end leprosy for good and urged everyone to play a part in achieving this goal.

Hear [Archbishop John Wilson’s reflections from SFLG’s 125th Anniversary Mass here](#)



Archbishop John Wilson by kind permission of cbcew.org.uk

Active Case-Finding is a key component of SFLG's [TRACE operating strategy](#). Leprosy is a contagious disease, passed from person to person. It can only be fully eradicated if everyone with leprosy can be found. SFLG's focus is on finding, diagnosing and treating people with leprosy as early as possible, before disabilities and deformities can evolve and before it can be passed on to others. SFLG works with partner organisations that carry out vital community outreach work, raising awareness of the disease, monitoring for early symptoms, and overseeing treatment. This type of work is key in rural and remote communities, where people can be many miles from medical facilities with no means of transport.



TRACE logo: Training, Research, Active Case-Finding, Care, Emergency Relief

ST FRANCIS LEPROSY GUILD

Download SFLG's [Annual Review for 2021 here](#)

Download [Archbishop John Wilson's Reflections](#)

For more information or interview opportunities please contact:

Clare McIntosh
Chief Executive Officer
St Francis Leprosy Guild
London W10 6EJ
United Kingdom

Tel: +44 (0)7754 592240
Email: enquiries@stfrancisleprosy.org

[Twitter @StLeprosy](#)
[Facebook](#)
www.stfrancisleprosy.org

About St Francis Leprosy Guild

St Francis Leprosy Guild (SFLG) is a UK-based, Catholic charity that is working towards a -leprosy-free world. We support the work of over 40 leprosy centres, clinics, hospitals, care homes and leprosy-related projects. We work in 13 countries worldwide in Africa, Asia and South America where leprosy is endemic.

About leprosy

1. What is leprosy?

Leprosy (also known as Hansen's disease) is a complex, chronic neglected tropical disease caused by the *Mycobacterium leprae* bacterium. It affects the skin, the upper respiratory tract and peripheral nerves in the hands and feet, and the eyes. Leprosy can affect anyone, at any age, but it is linked to poverty, malnutrition, and genetic susceptibility.

Leprosy remains an important health problem in low and middle-income countries worldwide.

2. How is leprosy transmitted?

It is thought that leprosy is transmitted via droplets from the nose combined with prolonged, close contact with infected individuals.

3. How is leprosy diagnosed?

Leprosy is difficult to diagnose at its early stages, but it often presents as numb patches on the skin. Currently, the most reliable method to diagnose leprosy, is a slit-skin-smear test in the laboratory. Leprosy may incubate for up to twenty years before presenting with any signs. If leprosy remains undiagnosed like this, the person affected may unwillingly transmit the disease throughout a community. However, within a short period of receiving multidrug therapy, a person affected by

leprosy will no longer be infectious. If leprosy is diagnosed in its early stages, it can be treated readily, and it will not cause disabilities. Preventing disabilities from developing means people with leprosy are less likely to suffer from the stigma and discrimination that can destroy their livelihoods and entire lives.

4. How infectious is leprosy?

95% of most populations have a natural immunity to leprosy. The remaining 5% become vulnerable, mainly through poor nutrition, poor living conditions, lack of hygiene and a weakened immune system. Leprosy is not hereditary.

5. Why are people with leprosy often so disfigured?

People with leprosy lose all feeling in the affected areas and as a result, there is diminished awareness of harm from trauma or heat. Without treatment, the lack of sensation can lead to permanent damage to skin, nerves, limbs, and eyes. It can also lead to the development of reoccurring, lifelong, hard-to- treat ulcers.

6. Is there a cure? How is leprosy treated?

Leprosy can be cured using Multidrug Therapy (MDT), available at no cost to patients from the World Health Organization. If MDT is taken in the early stages of the disease, permanent damage to nerves is completely avoided.

7. How many are affected by leprosy in the world today?

The latest WHO statistics reveal that in 2019 there were 202,185 new cases of leprosy diagnosed. Of concern and indicating ongoing transmission, the number of children newly detected was nearly 15,000.

These statistics do not account for those people who have leprosy with no symptoms or, who are not diagnosed and are unwittingly transmitting it to their communities. In addition, the statistics do not include those individuals who have been treated for leprosy, but whose disabilities, caused by leprosy need ongoing healthcare needs, or those who are subject to leprosy stigma and discrimination.

8. Which countries have leprosy, where is leprosy endemic?

*The WHO has identified 23 global priority countries for leprosy, where 95.9% of the global total of people detected with leprosy are found. The 23 countries are: Angola, Bangladesh, Brazil, Comoros, Cote Ivoire, DR Congo, Egypt, Ethiopia, India, Indonesia, Kiribati, Madagascar, Micronesia, Mozambique, Myanmar, Nepal, Nigeria, Philippines, South Sudan, Sri Lanka, Sudan, Somalia and Tanzania.

ST FRANCIS LEPROSY GUILD

The highest number of people newly detected with leprosy in 2019 live in India with 114,451, followed by Brazil with 27,863 and Indonesia with 17,439.

*WHO Weekly epidemiological record, Global Leprosy Update 4 September 2020, 36, 2020, 95, 417-440 <http://www.who.int/wer>