World Health Organization

Weekly epidemiological record

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Contents

203. Highlighted Signals and Events

204. Global Respiratory Virus Activity: Weekly Update

205. Influenza at the human-animal interface summary and risk assessment, 6 Sept 2026

206. Global leprosy (Hansen Disease) update, 2025: Strengthening a person-centered approach is integral to elimination of leprosy

Highlighted Signals and Events

During epidemiological weeks 36 (31 August to 6 September) and 37 (7 September to 13 September), WHO Public Health Intelligence (PHI) teams conducted digital event-based surveillance (DEBS) to support the early detection and assessment of potential public health threats. During the reporting period, approximately 1 210 769 raw signals were scanned and triangulated through DEBS. From this large pool of signals, 42 signals and/or events met assessment thresholds and underwent further analysis and categorization. Of the 42 categorized signals, 40 represented unique signals. 27 signals and/or events were escalated for operational attention.

In the reporting week, five new events were verified through PHI activities. One Disease Outbreak News was published during this reporting week. A summary of identified raw signals, assessed signals, and published outputs is presented in the tables below.

Signal Assessment Metrics, 31 August - 13 September 2026

Signals Screened[1]	Signals Categorized[2]	Unique Signals[3]	Signals Escalated[4]
1 210 769	42	40	27

Selected new signals of potential public health events assessed, 31 August - 13 September 2026[5]:

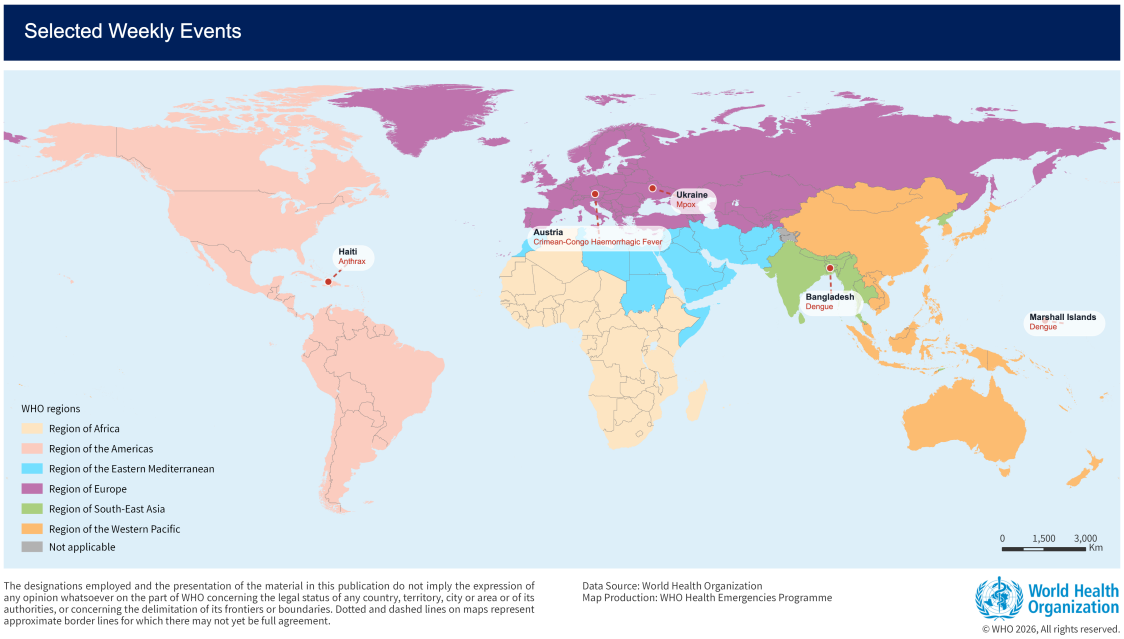
Region	Hazard
Africa	Cholera Diphtheria Lassa fever Wildfire Poisoning, unspecified Rabies Suspected mpox
Americas	Anthrax Chikungunya Hantavirus disease Substandard/ Falsified medical product Yellow fever
Eastern Mediterranean	Cholera
Europe	Crimean-Congo haemorrhagic fever Mpox

[1] **Signals screened:** Total volume of raw signals reviewed from across multiple sources during the reporting period.
[2] **Signals categorized:** Number of signals categorized for further detailed WHO assessment and actions during the reporting period.
[3] **Unique signals:** Count of distinct signals after removing duplicate or repeated entries from different sources within the same epidemiological week.
[4] **Signals escalated:** Subset of categorized signals that triggered escalation actions.
[5] The absence of listed signals indicates that no publicly available signals were identified during the reporting period and does not imply absence of signal activity overall. Signals designated as "Not yet diagnosed" refer to those with ongoing epidemiological and clinical investigations to determine the causative hazard or disease.

Region	Hazard
South-East Asia	No publicly available signals identified
Western Pacific	Influenza due to identified avian or animal Influenza virus

Selected Weekly Events, 31 August - 13 September 2026[6]

Figure 1: Map of select newly reported public health events between 31 August and 13 September 2026



Published Information Products

Disease Outbreak News
Ebola disease caused by Bundibugyo virus - Democratic Republic of the Congo

Global Respiratory Virus Activity: Weekly Update

The findings below are based on surveillance conducted through the WHO Global Influenza Surveillance and Response System (GISRS). More details can be found on the Global Influenza Programme's surveillance and monitoring page.

Overview

In week 36 2026, globally, influenza positivity was around 10% and SARS-CoV-2 positivity remained stable and low. Influenza positivity was at 10% in the southern hemisphere temperate and subtropical areas and tropical areas. Influenza positivity increased to 10% in the northern hemisphere temperate and subtropical areas but there was also a decrease in the reported specimens tested for week 36. RSV positivity also remained low globally.

Influenza

Globally, influenza detections remained low in week 36 with influenza A viruses detections predominant.

In the southern hemisphere, influenza percent positivity was elevated (>10%) in some countries in Temperate South America and in single countries in Tropical South America and Eastern Africa. Percent positivity was over 30% in one country in Oceania where a small increase in activity was observed. A small increase in activity was also reported in a single country in Temperate South America.

In the northern hemisphere, influenza percent positivity was elevated (>10%) in some countries in Central America and the Caribbean, Western Africa, Western, Southern, South-East and Eastern Asia, and in single countries in Tropical South America and Middle and Eastern Africa. Percent positivity was over 30% in some countries in Western Africa and Southern Asia and in a single country in South-East Asia. Increases in activity were observed in some countries in Western, Southern and South-East

[6] Only new events registered during the defined period are included, accordingly changes to disease/condition that occur after the data cut off of 23:59 on 13 September 2026 will not be reflected in the description. The absence of events indicates that no publicly available newly reported events were identified during the reporting period and does not imply absence of event activity overall.

Asia and in single countries in Central America and the Caribbean, Northern Europe, Western and Eastern Africa, and Eastern Asia.

In the zones with elevated positivity, influenza A(H3N2) was predominant in Western Africa, Eastern Asia and Oceania; influenza A(H1N1)pdm09 was predominant in Eastern Africa, Western, Southern and South-East Asia and influenza B was predominant in Temperate South America. Influenza A and B were codominant in Central America and the Caribbean and Tropical South America.

SARS-CoV-2

Globally, SARS-CoV-2 positivity remained stable and low across most reporting countries, with elevated positivity (>10%) reported in some countries in Central America and the Caribbean, Northern and South West Europe and Eastern Asia, and in single countries in Tropical South America and Western, Southern and Eastern Asia. Small increases in activity were observed in countries in Northern Europe, and in single countries in Tropical South America, South West Europe and Western, South-East and Eastern Asia.

Respiratory Syncytial Virus (RSV)

RSV positivity was elevated (>10%) in a few countries in Central America and the Caribbean and Temperate South America and in single countries in Western Africa and Southern Asia. Percent positivity was over 30% in a single country in Temperate South America. Increases in activity were observed in single countries in Central America and the Caribbean, Western Africa and Southern Asia. RSV and influenza activity were both elevated in countries in Temperate South America, Western Africa and Southern Asia.

Severity Assessment

The severity assessments here are reported from countries, areas and territories. Assessments for transmissibility can be reported based on syndromic parameters and/or influenza-specific parameters. In the southern hemisphere temperate and subtropical areas, influenza-specific transmissibility was reported as low in a single country; transmissibility using syndromic data was reported as below seasonal threshold in a single country. In the northern hemisphere temperate and subtropical areas, influenza-specific transmissibility was reported as below seasonal threshold in 14 countries, and low and moderate in single countries; transmissibility using syndromic data was reported as below seasonal threshold in nine countries. Influenza-specific transmissibility was reported as below seasonal threshold in a single country in the tropical areas.

Current update: Global Respiratory Virus Activity: Weekly Update N° 595

All past updates: Global respiratory virus updates

Influenza at the human-animal interface summary and risk assessment, 6 Sept 2026

- New human cases[7]: From 8 August to 6 September 2026, based on reporting date, detections of influenza A(H5N1) in one human and influenza A(H9N2) in three humans were officially reported. Additionally, two human cases of infection with influenza A(H1N2) variant (A(H1N2)v) viruses were detected.
- Circulation of influenza viruses with zoonotic potential in animals: High pathogenicity avian influenza (HPAI) events in poultry and non-poultry animal species continue to be reported to the World Organisation for Animal Health (WOAH).[8] The Food and Agriculture Organization of the United Nations (FAO) also provides a global update on avian influenza viruses with pandemic potential.[9] Additionally, low pathogenicity avian influenza viruses as well as swine influenza viruses continue to circulate in animal populations.
- Risk assessment[10]: There have been no reports of sustained human-to-human transmission associated with the above-mentioned human infection events. Based on information available at the time of this update, the overall public health risk from currently known influenza A viruses detected at the human-animal interface has not changed and, at present, these viruses are not thought to be capable of sustained human-to-human transmission, although this could change as they evolve. Whilst human infections with viruses of animal origin are infrequent, they are not unexpected at the human-animal interface.

All assessments and summaries: Risk assessments and summaries of influenza at the human-animal interface

[7] For epidemiological and virological features of human infections with animal influenza viruses not reported in this assessment, see the reports on human cases of influenza at the human-animal interface published in the Weekly Epidemiological Record here

[8] Avian influenza. Global situation. World Organisation for Animal Health (WOAH) (https://www.woah.org/en/disease/avian-influenza/#ui-id-2)

[9] Global Avian Influenza Viruses with Zoonotic Potential situation update. Food and Agriculture Organization of the United Nations (FAO) (https://www.fao.org/animal-health/situation-updates/global-aiv-with-zoonoticpotential).

[10] Rapid risk assessment of acute public health events. World Health Organization; 2012 (https://iris.who.int/handle/10665/70810).

Global leprosy (Hansen Disease) update, 2025: Strengthening a person-centered approach is integral to elimination of leprosy

The Global Leprosy Strategy 2021–2030[11] sets the goal of elimination of leprosy and provides basic directions, goals and strategic pillars at a global level. Countries are encouraged to adopt the strategy and adapt it's targets to their specific contexts. The year 2025 marks the midway point of this strategy, offering an opportunity to assess the progress across the four strategic pillars.

Each of its four strategic pillars, viz. implementing country-owned zero leprosy roadmaps; scaling up prevention alongside integrated active case detection; managing leprosy and its complications; and combating stigma, rests on the principle of a person-centred approach.

This principle is embedded in the tools that operationalize elimination verification. The Leprosy Elimination Framework (LEF)[12] provides an overarching structure against which countries assess and document progress through tools such as the Leprosy Elimination Monitoring Tool (LEMT) and the Leprosy Programme and Transmission Assessment (LPTA) tool. These tools require evidence of person-centered approaches: access to diagnosis and treatment without financial or social barriers, meaningful participation of persons affected, and attention to disability prevention and psychosocial support. Strengthening a person-centered approach is therefore integral to achieving and sustaining the goal of elimination. Sustaining the verification mechanism depends on the timely flow of accurate country-level data.

WHO collects epidemiological and programmatic data from countries annually, through a customized DHIS2 application, to compile and update on the global leprosy situation.

For this update, reporting was done for the calendar year 2025, although a few countries reported for a different 12-month period (e.g. India reported for April 2025-March 2026 and Canada for the calendar year 2024). Epidemiological indicators have been expressed as absolute numbers, proportions, and rates. Rates were calculated per million population (total and child). Population estimates (medium variant) were accessed from the United Nations Department of Economic and Social Affairs, World Population Prospects 2024[13].

Data on leprosy for 2025 was received from 203 countries and territories in all six WHO Regions. The number of countries that provide information on leprosy has increased significantly over the years. The regional distribution of countries and territories that reported data for 2025 was as follows: 47 in the African Region (AFR), 45 in the Region of the Americas (AMR), 19 in the Eastern Mediterranean Region (EMR), 46 in the European Region (EUR)[14], 10 in the South-East Asia Region (SEAR)[15] and 36 in the Western Pacific Region (WPR). All countries in the AFR and SEAR provided reports; the reports from AMR, EUR and WPR increased as compared to the previous year. Reports were received from all 23 global priority countries for leprosy.

The number of new cases and the corresponding rates, disaggregated by age, of cases among women and of new cases with grade-2 disability (G2D) are presented by WHO Region in *Table 1*.

[11] Towards zero leprosy, Global Leprosy Strategy 2021–2030. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789290228509).

[12] Technical guidance on interruption of transmission and elimination of leprosy disease: World Health Organization; 2023 (https://www.who.int/publications/i/item/9789290210467).

[13] United Nations Department of Economic Social Affairs, World Population Prospects 2024 (https://population.un.org/wpp/) accessed on August 2026.

[14] Includes Mayotte and Reunion

[15] In 2025, Indonesia became a Member State of WHO WPR. For the reporting year 2025, the country is included in WPR.

Table 1: New case detection of leprosy (disaggregated for age, gender, and disability), by WHO Region, 2025

WHO Region	Number of new cases detected	New case detection rate (per million population)	Number of new child cases detected	New child case detection rate (per million child population)	Number of leprosy cases among women	Proportion of women among new leprosy cases (%)	Number of new G2D cases detected	G2D rate (per million population)
African	19 585	15.1	1 334	2.6	8 140	41.6	2 749	2.1
Americas	24 394	23.1	779	3.7	11 257	46.1	2 630	2.5
Eastern Mediterranean	2 981	3.4	169	0.6	1 141	38.3	299	0.3
European[a]	116	0.1	3	0	37	31.9	18	0.02
South-East Asia	100 778	54.5	4 288	9.6	37 524	37.2	2 580	1.4
Western Pacific[b]	19 502	8.8	1 771	4.5	6914	35.5	1152	0.5
World	**167 356**	**20.3**	**8 344**	**4.2**	**65 013**	**38.8**	**9 428**	**1.1**

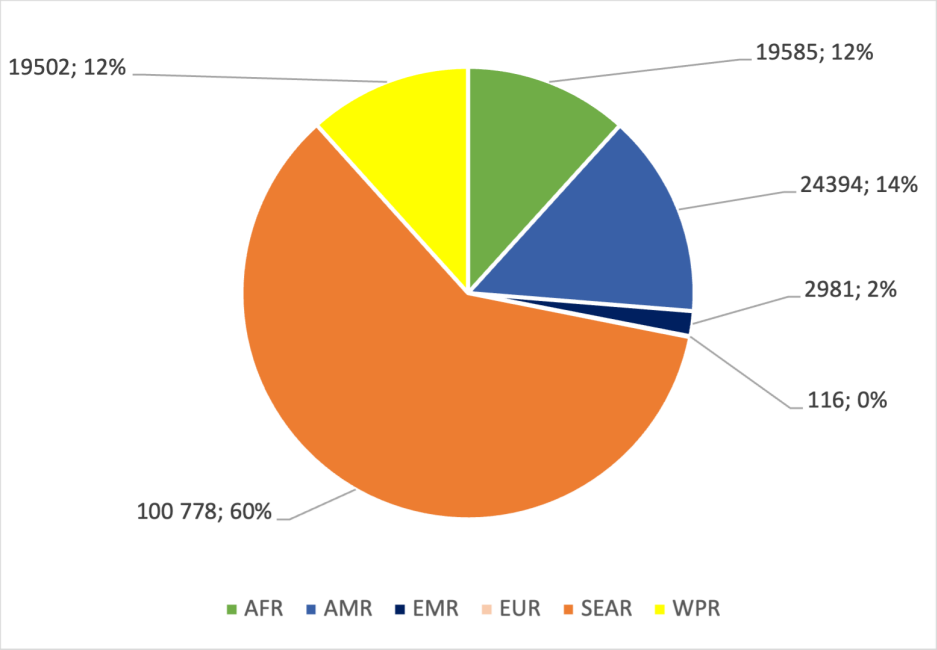
G2D: grade-2 disability

[a] The number of cases reported by the European Region includes reporting from Mayotte and Reunion

[b] In 2025, Indonesia shifted from South-East Asia Region to Western Pacific Region. For the reporting year 2025, the country is included in Western Pacific

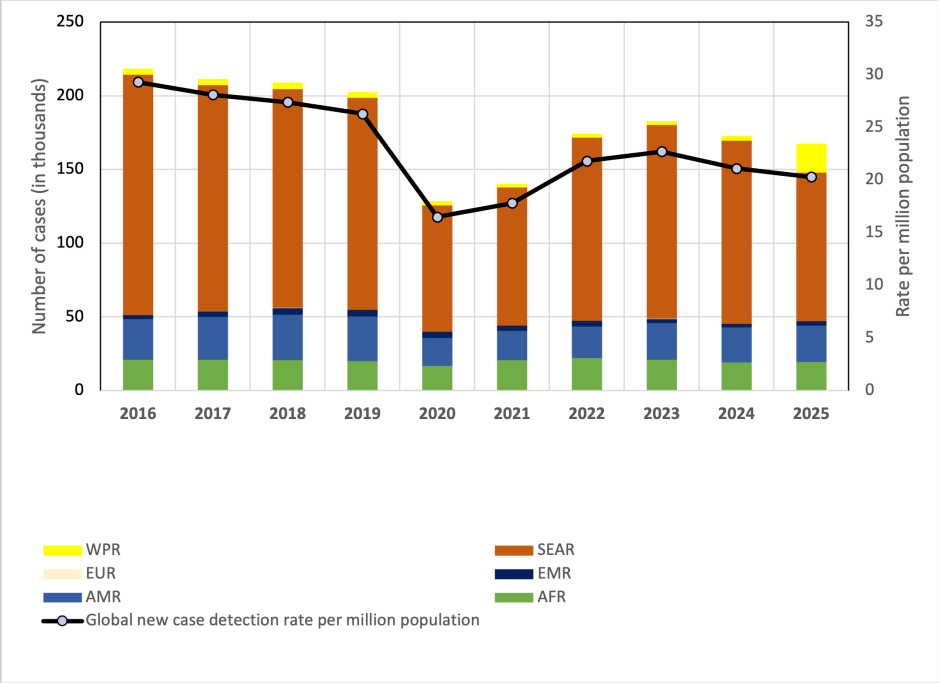
During 2025, a total of 167 356 new cases were reported globally, corresponding to a new case detection rate of 20.3 per million population. The number was 3.1% lower than in 2024 (172 717). New cases were reported from all the six WHO Regions (*Figure 2*). SEAR accounted for 60.2%, followed by AMR (14.6%), AFR (11.7%), WPR (11.7%), EMR (1.8%) and EUR (<1%). The change in new case detection as compared to the previous year varied across regions: EMR and EUR reported increases of 23.7% and 19.6% respectively, AFR and AMR also reported increases, albeit modest of 2.2% and 3.4%. SEAR reported a decline of 18.9% while WPR recorded a significant increase, reflecting Indonesia's shift from SEAR to WPR during 2025[15]. Decadal trends in new case detection by WHO Region, between 2016 and 2025, are shown in *Figure 3*. The global new case detection has decreased by 23.3% compared with 2016.

Figure 2: Detection of new leprosy cases, by WHO Region, 2025



AFR = African Region; AMR = Region of the Americas; EMR = Eastern Mediterranean Region; EUR = European Region; SEAR = South-East Asia Region; WPR = Western Pacific Region

Figure 3: Trends in new leprosy case detection with corresponding new case detection rates, by WHO Region, 2016-2025



AFR = African Region; AMR = Region of the Americas; EMR = Eastern Mediterranean Region; EUR = European Region; SEAR = South-East Asia Region; WPR = Western Pacific Region

The 23 global priority countries for leprosy accounted for 95.6% (160 042) of all new cases detected in 2025. During the last decade, >95% of global new cases have remained clustered in these countries (*Table 2*). The global priority countries reported an overall 3.3% decrease in number of new cases detected as compared to the previous year, though this varied across individual countries. A decrease was observed in 12 global priority countries, ranging from 27.7% in Comoros to 0.4% in Democratic Republic of Congo. In 10 global priority countries, more new cases were detected than in the previous year, Sudan reporting a significant increase (170.5%), followed by Nigeria (40.2%) and Egypt (23.6%). Sri Lanka reported the same number of new cases as in the previous year.

Table 2: Trends in the detection of new cases of leprosy in 23 global priority countries, 2016-2025

Country	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Angola	619	605	847	721	422	797	860	839	883	790
Bangladesh	3 000	3 754	3 729	3 638	3 766	2 872	2 988	3 639	3 519	3 558
Brazil	25 218	26 875	28 660	27 863	17 979	18 318	19 635	22 773	22 129	22 901
Comoros	310	429	275	478	236	239	263	241	300	217
Côte d'Ivoire	895	773	645	567	515	514	483	483	584	575
Democratic Republic of the Congo	3 765	3 649	3 323	3 032	3 385	4 148	3 720	3 945	3 038	3 026
Egypt	651	543	407	537	316	361	395	583	521	644
Ethiopia	3 692	3 114	3 218	3 201	2 591	2 589	2 966	2 395	2 523	2 774
India	135 485	126 164	120 334	114 451	65 147	75 394	103 819	107 851	100 957	91 783
Indonesia	16 826	15 910	17 017	17 439	11 173	10 976	12 441	14 376	14 698	16 292
Kiribati	218	187	173	136	159	154	151	140	163	151
Madagascar	1 780	1 430	1 424	1 283	1 346	1 290	1 450	1 659	1 713	1368
Micronesia (Federated States of)	169	141	127	144	129	89	92	91	78	70
Mozambique	1 289	1 926	2 422	2 220	2 065	2 639	2 608	2 752	2 863	2 707
Myanmar	2 609	2 279	2 214	2 488	1 877	595	1 234	1 338	1 170	1 098
Nepal	3 054	3 215	3 249	3 844	2 304	2 394	2 285	2 522	2 472	2 897
Nigeria	2 687	2 447	2 095	2 424	1 417	2 398	2 393	2 425	1 770	2 482
Philippines	1 721	1 908	2 176	2 122	1 150	967	1 005	1 357	1 707	1 672
Somalia	633	1 569	2 596	2 425	2 638	2 030	2 307	1 519	1 161	1 257

Country	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
South Sudan	-	-	761	1 152	682	713	955	877	558	447
Sri Lanka	1 832	1 877	1 703	1 658	1 212	1 025	1 401	1 520	1 282	1 282
Sudan	624	551	509	478	526	499	472	188	234	633
United Republic of Tanzania	2 047	1 936	1 482	1 603	1 192	1 511	1 705	1 454	1 255	1 418
New cases in global priority countries	**209 124**	**201 282**	**199 386**	**193 904**	**122 227**	**132 512**	**165 628**	**174 967**	**165 578**	**160 042**
Proportion (%) of total cases	**95.8%**	**95.3%**	**95.5%**	**95.8%**	**95.2%**	**94.6%**	**95.1%**	**95.7%**	**95.9%**	**95.6%**
World	**218 271**	**211 170**	**208 763**	**202 485**	**128 421**	**140 119**	**174 098**	**182 815**	**172 717**	**167 356**

During the year, 62 countries reported zero new cases (in addition, Switzerland reported "no data available"), 53 reported 1-10 new cases, 42 reported 11-100 new cases, 30 reported 101-1000 new cases, and 12 countries reported 1001-10 000 new cases. Brazil, India and Indonesia reported more than 10 000 new cases each, together accounting for 78.3% of all new cases reported. While Brazil and Indonesia reported increase in new cases in 2025 as compared to the previous year (3.5% and 10.8% respectively), a decrease in new case detection was reported by India (9.1%).

The occurrence of new leprosy cases among children (aged <15 years) is an indicator of recent transmission. A total of 8344 new child cases (5% of total new cases) were reported globally, with a corresponding rate of 4.2 per million child population. Most of the child cases were reported by SEAR (51.4%) with a child case detection rate of 9.6 per million child population. In the global priority countries, the proportion of new cases among children ranged from 2.5% in Sudan to 30% in Comoros. No child case was reported from 123 countries: 15 in AFR, 30 in AMR, 12 in EMR, 43 in EUR, 3 in SEAR and 20 in WPR.

Data disaggregated by age were available for 2158 cases in children, reported by 65 countries (including 14 global priority countries). Of these, 75.5% were among children aged 10-14 years, 20.7% in the age group of 5-9 years and 3.8% among those aged <5 years.

The trend in the number of new child cases and the rate per million child population by WHO Regions during 2016 and 2025 are shown in *Table 3*. Analysis of the trend shows a 55.8% decrease in the child case detection rate, from 9.5 in 2016 to 4.2 per million child population in 2025.

Table 3: Trends in new leprosy case detection among children with corresponding child case detection rates (per million child population), by WHO Region, 2016-2025

WHO Region	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
African	1 776 (4.2)	1 684 (3.8)	1 726 (3.9)	2 150 (4.7)	1 867 (4.0)	2 041 (4.2)	1 812 (3.7)	1 633 (2.6)	1 400 (2.7)	1 334 (2.6)
Americas	1 763 (7.8)	1 792 (8.0)	1 789 (8.0)	1 613 (7.2)	904 (4.1)	817 (3.7)	875 (4.0)	999 (3.4)	944 (4.4)	779 (3.7)
Eastern Mediterranean	204 (0.9)	339 (1.5)	258 (1.1)	150 (0.6)	180 (0.8)	210 (0.8)	103 (0.4)	127 (0.4)	127 (0.5)	169 (0.6)
European	1	7	-	-	-	-	4	1	2	3
South-East Asia	14 361 (27.0)	12 786 (24.1)	11 793 (22.4)	10 661 (20.3)	5 396 (10.4)	5 664 (10.9)	7 218 (14.0)	7 310 (10.5)	6 576 (12.7)	4 288 (9.6)
Western Pacific[a]	370 (1.3)	498 (1.4)	451 (1.3)	412 (1.1)	314 (0.9)	259 (0.7)	290 (0.8)	252 (0.5)	348 (1.1)	1 771 (4.5)
World	**18 475 (9.5)**	**17 106 (8.8)**	**16 017 (8.2)**	**14 986 (7.6)**	**8 661 (4.4)**	**8 991 (4.5)**	**10 302 (5.1)**	**10 322 (3.9)**	**9 397 (4.7)**	**8 344 (4.2)**

[a] In 2025, Indonesia shifted from South-East Asia Region to Western Pacific Region. For the reporting year 2025, the country is included in Western Pacific

New cases with visible impairments or Grade 2 disability (G2D) indicate delayed case detection. Globally, 9428 new cases with G2D were detected (corresponding to a G2D rate of 1.1 per million population), accounting for 5.6% of all new cases detected during the year. Of the new G2D cases, 29.2% were reported from AFR, followed by AMR (27.9%) and SEAR (27.4%); the remaining cases were reported from other regions. The global priority countries accounted for 86.8% (8184) of all new G2D cases. *Table 4* shows the trends in G2D in new cases during the past 10 years (2016-2025) by WHO Region.

Table 4: Trends in new leprosy case detection with G2D and corresponding rates (per million population), by WHO Region, 2016-2025

WHO Region	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
African	2 899 (2.9)	2 990 (2.9)	2 797 (2.6)	2 975 (2.7)	2 441 (2.2)	3 246 (2.8)	3 319 (2.8)	3 026 (2.5)	2 919 (2.3)	2 749 (2.1)
Americas	1 940 (2.0)	2 150 (2.2)	2 324 (2.3)	2 544 (2.5)	1 612 (1.6)	1 862 (1.8)	2 088 (2.0)	2 374 (2.3)	2 400 (2.3)	2 630 (2.5)
Eastern Mediterranean	299 (0.4)	314 (0.5)	309 (0.4)	236 (0.3)	252 (0.3)	209 (0.3)	200 (0.2)	223 (0.3)	222 (0.3)	299 (0.3)
European	4	1	2	4	5	-	13	10	20	18
South-East Asia	7 538 (3.9)	6 513 (3.3)	5 626 (2.8)	4 817 (2.4)	2 713 (1.3)	2 953 (1.4)	3 771 (1.8)	3 899 (1.9)	3 411 (1.6)	2 580 (1.4)
Western Pacific[a]	373 (0.2)	306 (0.2)	260 (0.1)	264 (0.1)	192 (0.1)	199 (0.1)	166 (0.1)	197 (0.1)	152 (0.1)	1 152 (0.5)
World	**13 053 (1.8)**	**12 274 (1.6)**	**11 318 (1.5)**	**10 840 (1.4)**	**7 215 (0.9)**	**8 469 (1.1)**	**9 557 (1.2)**	**9 729 (1.2)**	**9 124 (1.1)**	**9 428 (1.1)**

[a] In 2025, Indonesia shifted from South-East Asia Region to Western Pacific Region. For the reporting year 2025, the country is included in Western Pacific

The number of new G2D cases increased by 3.3% as compared to the previous year (9124). There has been a 27.8% decrease in G2D as compared to 2016; SEAR reported a significant decrease in new G2D cases (65.8%) during this period.

Disabilities among new child leprosy cases signal delayed detection and ongoing transmission. In 2025, 284 new child cases with G2D were reported across 33 countries, up from 256 the previous year, with most cases in AFR (162), SEAR (48), AMR (34), WPR (34), and EMR (6).

Country-wise data on prevalence, new case detection, re-treatment, relapse, treatment completion are presented in *Table 5*. The table also informs number of non-autochthonous cases registered by country.

Globally, 65 013 cases of leprosy were reported among women, comprising 38.8% of all new cases detected. In the global priority countries, the proportion ranged from 17.8% in Madagascar to 61.8% in Ethiopia. These differences highlight the need for approaches that respond to gender-specific barriers to diagnosis and care.

New cases of multibacillary (MB) leprosy comprised 73.2% (122 531) of all new cases detected in 2025. In the global priority countries, Egypt, Indonesia, Madagascar, Nigeria, the Philippines, South Sudan and Sudan reported more than 90% MB among their total new cases detected. The high proportion of MB cases highlights the need for continued attention to timely diagnosis and appropriate classification.

A total of 1095 non-autochthonous cases were reported by 57 countries. Among the new cases reported by EUR, 83.7% were non-autochthonous. All detected cases were reported as non-autochthonous in 25 countries or territories: Brunei Darussalam, Chile, Cook Islands, Croatia, Curaçao, Denmark, Finland, France, Germany, Japan, Kuwait, Malta, Mauritius, Netherlands, Oman, Portugal, Qatar, Republic of Korea, Réunion, Romania, Saint Lucia, Saudi Arabia, Spain, Sweden and United Kingdom.

Data on treatment completion rates for cases of MB and of paucibacillary (PB) were available from 93 and 79 countries, respectively. The rates of treatment completion varied widely among global priority countries; a sub-optimal rate (<85%) was reported by 11 countries for MB and 6 countries for PB.

A total of 5339 cases (4739 MB and 600 PB) were reported as lost to follow up during the reporting year. Monitoring treatment completion is an important programmatic need, while context-specific strategies at the patient level are required to improve adherence to MDT.

Periodic nerve function assessment is essential to care and support. Of the 38 254 cases assessed at treatment completion, 1323 (3.5%) showed deterioration in nerve function or disability status, highlighting the need for closer monitoring and timely intervention. This also reinforces the need for person-centered care beyond completion of MDT.

Provision of disability care services was reported by 65 countries, including 13 global priority countries. A total of 2673 reconstructive surgeries were performed during the year.

Lepra reactions were reported by 75 countries. A total of 14 890 cases were diagnosed as type-1 reaction and 7557 as type-2 reaction.

A total of 13 029 re-treatment cases were reported: Brazil, India and Indonesia accounting for 77.8% of these cases. Relapse comprised 31.4% (4096 cases) of all cases of re-treatment cases. Of the 77 countries that reported relapses, Brazil, India, Ethiopia and Angola accounted for 80.2% of cases.

Laws that allow discrimination on the basis of leprosy were reported by 11 countries as still existing. Work is in progress in countries for repealing these laws.

As part of active case finding efforts, 92 countries, including 19 global priority countries, reported data on contact screening, leading to the identification of 8332 new cases. Of these, 68 countries or territories, including 17 global priority countries or territories (Angola, Bangladesh, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Egypt, Ethiopia, India, Indonesia, Kiribati, Myanmar, Nepal, Nigeria, South Sudan, Sri Lanka, Sudan and United Republic of Tanzania) combined contact screening with post-exposure prophylaxis (PEP). This represents an increase in the number of countries offering this intervention compared to the previous year, with country reports indicating both the feasibility and acceptability of these approaches.

Robust pharmacovigilance is essential for the early detection and management of adverse drug reactions. In this regard, 32 countries reported a total of 350 adverse drug reactions (ADRs), of which 327 were attributed to dapsone.

On antimicrobial resistance surveillance, data were received from 25 countries, more countries compared to previous years, including six global priority countries: Bangladesh, Brazil, Kiribati, Madagascar, Micronesia (Federated States of) and Nepal. A total of 865 new and 1160 retreatment cases (2025 cases) were tested, of which the results showed resistance to rifampicin (all retreatment) in 3, to dapsone in 11 (7 retreatment and 4 new cases), and to both rifampicin and dapsone in 28 (27 retreatment and 1 new case). Strengthening of antimicrobial resistance surveillance in leprosy remains essential and is encouraged across countries.

Editorial

The year 2025 marks the midway point of the Global Leprosy Strategy 2021–2030. At this juncture, it is worth assessing not only the progress in new case detection, but whether a person-centered approach has remained central to the interventions. Strengthening this approach is integral to achieving and sustaining elimination, ensuring that people affected by leprosy receive timely, accessible and comprehensive care and support and are meaningfully engaged as partners in the elimination effort.

This year, Chile became the latest country to be verified and acknowledged by WHO for elimination of leprosy disease, joining Jordan in the post-elimination phase. Each verification is a reminder that elimination is never purely an epidemiological milestone: it reflects sustained political commitment, a responsive health system providing continuity of care and support, and an enabling environment. The Leprosy Elimination Framework and its accompanying tools, LEMT and LPTA, are what makes this verifiable and consistent across different national contexts. It is notable that Chile has maintained robust surveillance and continues to detect and report non-autochthonous cases as per WHO post-elimination surveillance guidelines.

Early detection and prompt treatment with MDT have been the cornerstone for leprosy elimination. This year's increase in new disability cases, particularly among children, is of concern and highlights the urgent need to prioritize early detection.

Contact screening along with single-dose rifampicin post-exposure prophylaxis (SDR-PEP) is a tool for early case detection and prevention among contacts, also providing opportunities for capacity building of health-care staff and awareness generation at community level.

Keeping clinical expertise alive and referral pathways intact so that disability and lepra reactions continue to be managed promptly, is a measure of person-centered care and integral to approaches for new case detection.

The insights from the reports on antimicrobial resistance surveillance in leprosy reinforces the need for further strengthening and expansion. Sustained investment in laboratory capacity, standardized testing, and timely reporting will ensure countries can respond effectively.

None of these interventions work as a one-size-fits-all model. Women and children affected by leprosy face distinct challenges of stigma and barriers to diagnosis and treatment and therefore require strategies that respond to their specific needs.

Meaningful engagement of organizations of people affected by leprosy is not merely a component of elimination; it is the foundation on which it rests. Sustained, structured participation with people affected by leprosy recognized as essential partners, not passive beneficiaries, is what a person-centered approach requires.

This year, the Sasakawa Health Foundation reiterated its long-standing support to global leprosy efforts through WHO, and Novartis signed a memorandum of understanding renewing its supply of MDT and SDR-PEP for a further five years. Indeed, elimination of leprosy is a shared goal and a shared responsibility, one that requires national programmes, WHO, donors, civil society and, above all, people affected by leprosy to work together.

Elimination must not be misconstrued as an end of efforts. As countries reach elimination, sporadic cases and cases among migrants will continue to be detected, and access to care without stigma must extend into the post-elimination phase as firmly as before.

WHO encourages every country to adopt the Global Leprosy Strategy and adapt its targets and pillars to its own context. At the midpoint of the Strategy, the data in this update show where progress stands. It is worth remembering that behind every number reported here is a person, and every pillar, every tool, and every partnership must continue to place that person at its center.

Table 5: Global leprosy situation by WHO Region and country or territory, 2025

WHO Region and country or territory	Population (in thousands)	Registered prevalence (end of year)	No. of new cases detected	No. of new MB leprosy	No. of new cases among women	No. of new cases with G2D	Child population (in thousands)	No. of new child cases	No. of new child cases with G2D	No. of retreatment cases	No. of relapses	No. of non-autochthonous cases	Treatment completion rate (%)	
													MB[c]	PB[d]
African Region														
Algeria	47 435	0	0	0	0	0	14 195	0	0	0	0	-	-	-
Angola	39 040	989	790	688	184	121	17 216	72	22	300	300	0	-	-
Benin	14 814	83	87	75	39	42	6 112	5	1	-	-	2	-	-
Botswana	2 562	1	0	0	0	0	819	0	0	1	1	-	-	-
Burkina Faso	24 075	204	214	200	129	81	9 911	12	2	11	0	0	81	80
Burundi	14 390	127	262	210	162	22	6 329	25	2	31	23	-	93	97
Cabo Verde	527	5	4	4	1	1	130	0	0	2	1	0	-	-
Cameroon	29 879	182	150	138	47	6	12 286	3	0	4	0	0	-	-
Central African Republic	5 513	13	168	125	61	16	2 684	31	0	-	-	-	-	-
Chad	21 004	216	283	266	146	96	9 654	9	1	21	0	122	69	100
Comoros	883	183	217	115	76	2	326	65	1	2	0	0	89	94
Congo	6 484	131	95	93	36	22	2 590	9	0	-	-	0	91	100
Côte d'Ivoire	32 712	584	575	449	210	133	13 234	42	1	21	0	0	87	83
Democratic Republic of Congo	112 832	2 669	3 026	1 898	1 037	311	51 846	243	78	26	5	0	76	94
Equatorial Guinea	1 938	17	15	14	5	5	719	1	0	2	2	1	100	-
Eritrea	3 607	3	3	2	1	1	1 356	0	0	0	0	0	100	0
Eswatini	1 256	0	0	0	0	0	414	0	0	0	0	-	-	-
Ethiopia	135 472	3 170	2 774	1 983	1 713	232	52 536	131	9	396	396	5	99	91
Gabon	2 593	8	7	7	2	6	940	0	0	1	1	0	-	-
Gambia	2 822	8	7	7	3	5	1 121	0	0	1	0	-	100	-
Ghana	35 064	385	262	253	120	44	12 423	6	1	10	0	1	76	85
Guinea	15 100	189	221	185	104	42	6 123	11	2	0	0	0	71	100
Guinea Bissau	2 250	22	12	12	4	1	862	0	0	0	0	1	88	-
Kenya	57 532	35	80	42	20	10	20 860	3	0	0	0	0	19	0
Lesotho	2 363	0	1	0	0	1	806	0	0	0	0	0	-	-
Liberia	5 731	243	143	87	69	32	2 240	13	0	0	0	0	100	93
Madagascar	32 741	1 728	1 368	1 266	244	284	12 748	66	0	113	22	0	82	82
Malawi	22 216	651	278	260	97	121	8 915	8	4	63	39	0	57	57
Mali	25 199	133	91	91	28	3	11 540	1	0	30	10	0	97	100
Mauritania	5 315	9	9	7	4	0	2 253	0	0	-	-	-	-	-

WHO Region and country or territory	Population (in thousands)	Registered prevalence (end of year)	No. of new cases detected	No. of new MB leprosy	No. of new cases among women	No. of new cases with G2D	Child population (in thousands)	No. of new child cases	No. of new child cases with G2D	No. of retreatment cases	No. of relapses	No. of non-autochthonous cases	Treatment completion rate (%)	
													MB[c]	PB[d]
Mauritius	1 268	3	2	1	0	0	184	0	0	1	1	2	-	-
Mozambique	35 632	1 637	2 707	2 138	1 216	338	15 738	210	7	16	0	0	99	100
Namibia	3 093	72	32	29	16	7	1 134	0	0	3	1	0	22	100
Niger	27 918	374	362	261	180	70	12 905	25	0	12	1	0	91	75
Nigeria	237 528	4 632	2 482	2 393	882	198	96 246	143	21	51	25	-	84	88
Rwanda	14 569	22	18	10	9	2	5 393	3	0	10	7	1	80	93
Sao Tome and Principe	240	2	2	2	1	1	90	0	0	0	0	0	-	-
Senegal	18 932	356	285	192	129	37	7 145	47	1	71	13	0	83	79
Seychelles	133	0	0	0	0	0	26	0	0	0	0	-	-	-
Sierra Leone	8 820	145	145	134	43	0	3 321	11	0	5	2	0	93	100
South Africa	64 747	13	10	9	6	9	16 655	0	0	1	0	0	24	100
South Sudan	12 189	457	447	409	254	165	4 630	35	4	26	26	0	79	95
Togo	9 722	63	61	58	31	37	3 806	2	1	2	0	0	93	83
Uganda	51 385	713	204	172	114	37	22 153	18	0	10	10	14	90	83
United Republic of Tanzania	70 546	1 554	1 418	1 276	536	134	29 869	53	2	136	114	78	80	80
Zambia	21 914	535	249	183	175	57	8 978	30	1	62	35	1	94	94
Zimbabwe	16 951	17	19	18	6	17	6 828	1	1	0	0	0	91	100
Total	1298936	22583	19585	15762	8140	2749	518 289	1334	162	1441	1035	228	-	-
Region of the Americas														
Anguilla	15	0	0	0	0	0	2	0	0	-	-	-	-	-
Antigua and Barbuda	94	0	0	0	0	0	16	0	0	-	-	-	-	-
Argentina	45 851	249	134	118	-	17	9 636	3	0	16	16	-	97	100
Aruba	108	1	0	0	0	0	18	0	0	0	0	-	-	-
Bahamas	403	0	0	0	0	0	71	0	0	0	0	-	-	-
Barbados	283	0	0	0	0	0	48	0	0	-	-	-	-	-
Belize	423	0	0	0	0	0	111	0	0	0	0	-	100	-
Bermuda	65	0	0	0	0	0	9	0	0	0	0	-	-	-
Bolivia (Plurinational State of)	12 582	50	36	26	13	9	3 704	0	0	2	2	0	97	100
Brazil	212 812	28 105	22 901	18 873	10 768	2 469	41 257	739	33	4 150	1 750	1	75	80
British Virgin Islands	40	0	0	0	0	0	6	0	0	-	-	-	-	-
Canada	40 127	1	1	0	1	0	6 011	0	0	0	0	0	-	-

WHO Region and country or territory	Population (in thousands)	Registered prevalence (end of year)	No. of new cases detected	No. of new MB leprosy	No. of new cases among women	No. of new cases with G2D	Child population (in thousands)	No. of new child cases	No. of new child cases with G2D	No. of retreatment cases	No. of relapses	No. of non-autochthonous cases	Treatment completion rate (%)	
													MB[c]	PB[d]
Cayman Islands	76	-	-	-	-	-	12	-	-	-	-	-	-	-
Chile	19 860	12	9	5	5	0	3 286	0	0	4	3	9	100	100
Colombia	53 426	269	237	182	89	37	10 681	5	0	46	23	12	89	83
Costa Rica	5 153	24	18	16	6	5	943	1	0	3	3	-	-	-
Cuba	10 937	154	124	113	48	21	1 643	5	0	2	0	0	96	100
Curacao	185	0	1	0	1	0	27	0	0	0	0	1	-	-
Dominica	66	0	0	0	0	0	12	0	0	-	-	-	-	-
Dominican Republic	11 520	196	63	60	31	9	3 018	4	1	3	3	3	41	69
Ecuador	18 290	23	23	19	5	1	4 371	0	0	1	1	0	4	9
El Salvador	6 366	1	1	1	0	0	1 552	0	0	0	0	0	100	100
French Guiana	314	0	0	0	0	0	97	0	0	-	-	-	-	-
Grenada	117	0	0	0	0	0	22	0	0	-	-	-	-	-
Guadeloupe	374	0	0	0	0	0	60	0	0	-	-	-	-	-
Guatemala	18 688	2	1	0	0	0	5 798	0	0	0	0	0	-	-
Guyana	836	30	18	14	7	2	242	1	0	13	8	0	83	100
Haiti	11 906	15	29	28	8	0	3 666	4	0	3	2	0	79	-
Honduras	11 006	0	0	0	0	0	3 331	0	0	0	0	-	-	-
Jamaica	2 837	7	4	4	1	0	519	0	0	3	3	3	75	-
Martinique	340	0	0	0	0	0	50	0	0	-	-	-	-	-
Mexico	131 947	201	88	67	48	8	31 787	2	0	182	41	3	77	94
Montserrat	4	0	0	0	0	0	1	0	0	-	-	-	-	-
Nicaragua	7 008	7	7	5	2	3	1 984	1	0	2	1	0	50	100
Panama	4 571	5	3	3	0	0	1 121	1	0	2	2	0	100	100
Paraguay	7 013	352	272	243	101	30	1 990	1	0	58	24	6	81	92
Peru	34 577	38	28	27	10	2	8 165	0	0	2	2	7	41	50
Puerto Rico	3 235	-	-	-	-	-	364	-	-	-	-	-	-	-
Saint Kitts and Nevis	47	0	0	0	0	0	9	0	0	-	-	-	-	-
Saint Lucia	180	17	17	14	9	1	31	1	0	2	-	17	-	-
Saint Martin	25	-	-	-	-	-	5	-	-	-	-	-	-	-
Saint Vincent and the Grenadines	100	0	0	0	0	0	21	0	0	0	0	-	-	-
Sint Maarten	44	0	0	0	0	0	7	0	0	0	0	-	-	-

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													MB[c]	PB[d]
Suriname	640	14	14	12	2	2	162	0	0	6	5	0	88	100
Trinidad and Tobago	1 511	22	25	20	9	2	264	3	0	1	1	0	100	100
Turks and Caicos Islands	47	0	0	0	0	0	7	0	0	0	0	-	-	-
United States of America	347 276	-	-	-	-	-	59 381	-	-	-	-	-	-	-
United States Virgin Islands	84	-	-	-	-	-	14	-	-	-	-	-	-	-
Uruguay	3 385	2	3	3	3	0	606	0	0	0	0	0	50	-
Venezuela (Bolivarian Republic of)	28 517	1080	337	311	90	12	7 105	8	0	22	22	0	61	92
Total	1055 311	30 877	24 394	20 164	11 257	2 630	213 243	779	34	4 523	1 912	62	-	-
Eastern Mediterranean Region														
Afghanistan	43 844	14	15	10	5	6	18 660	2	0	-	-	-	-	-
Bahrain	1 643	0	0	0	0	0	303	0	0	0	0	-	-	100
Djibouti	1 184	0	0	0	0	0	341	0	0	0	0	-	-	-
Egypt	118 366	923	644	593	291	46	37 352	80	3	84	84	0	97	96
Iran (Islamic Republic of)	92 418	9	9	8	1	5	20 352	0	0	1	0	1	100	-
Iraq	47 021	5	0	0	0	0	16 940	0	0	1	0	-	38	-
Jordan	11 521	0	0	0	0	0	3 479	0	0	0	0	-	-	-
Kuwait	5 026	8	8	4	3	0	903	0	0	0	0	8	-	-
Lebanon	5 849	0	0	0	0	0	1 497	0	0	0	0	-	-	-
Libya	7 459	-	-	-	-	-	2 002	-	-	-	-	-	-	-
Morocco	38 431	18	14	7	2	4	9 684	1	0	8	4	0	100	100
Occupied Palentinian Territory	5 590	0	0	0	0	0	2 101	0	0	0	0	-	-	-
Oman	5 495	9	9	7	3	0	1 336	0	0	0	0	9	100	100
Pakistan	255 220	338	302	245	167	47	92 502	15	1	16	9	1	92	100
Qatar	3 116	50	45	25	1	5	467	0	0	3	3	45	-	-
Saudi Arabia	34 566	21	21	19	2	0	8 165	0	0	0	0	21	100	100
Somalia	19 655	1 259	1 257	844	503	23	9 150	53	0	2	2	0	-	-
Sudan	51 662	771	633	591	158	157	20 775	16	2	50	0	3	45	55
Syrian Arab Republic	25 620	3	3	1	0	2	7 287	0	0	0	0	0	-	-
Tunisia	12 349	-	-	-	-	-	2 909	-	-	-	-	-	-	-
United Arab Emirates	11 346	-	-	-	-	-	1 813	-	-	-	-	-	-	-

WHO Region and country or territory	Population (in thousands)	Registered prevalence (end of year)	No. of new cases detected	No. of new MB leprosy	No. of new cases among women	No. of new cases with G2D	Child population (in thousands)	No. of new child cases	No. of new child cases with G2D	No. of retreatment cases	No. of relapses	No. of non-autochthonous cases	Treatment completion rate (%)	
													MB[c]	PB[d]
Yemen	41 774	63	21	16	5	4	17 136	2	0	42	39	0	0	0
Total	839 155	3 491	2 981	2 370	1 141	299	275 154	169	6	207	141	88	-	-
European Region														
Albania	2 772	0	0	0	0	0	460	0	0	0	0	-	-	-
Andorra	83	0	0	0	0	0	10	0	0	0	0	-	-	-
Armenia	2 952	0	0	0	0	0	561	0	0	0	0	-	-	-
Austria	9 114	1	1	0	0	0	1 289	0	0	-	-	-	-	-
Azerbaijan	10 398	11	11	11	6	11	2 204	0	0	0	0	0	-	-
Belarus	8 998	0	0	0	0	0	1 430	0	0	0	0	-	-	-
Belgium	11 759	0	0	0	0	0	1 847	0	0	-	-	-	-	-
Bosnia and Herzegovina	3 140	0	0	0	0	0	403	0	0	-	-	-	-	-
Bulgaria	6 715	-	-	-	-	-	967	-	-	-	-	-	-	-
Croatia	3 848	1	1	0	0	0	527	0	0	-	-	1	-	-
Cyprus	1 371	0	0	0	0	0	220	0	0	-	-	-	-	-
Czechia	10 609	0	0	0	0	0	1 600	0	0	-	-	-	-	-
Denmark	6 003	1	1	1	1	0	934	0	0	-	-	1	-	-
Estonia	1 344	0	0	0	0	0	205	0	0	-	-	-	-	-
Finland	5 623	1	1	0	1	0	806	0	0	-	-	1	-	-
France	66 651	23	17	8	3	0	10 814	0	0	6	3	17	100	100
Georgia	3 807	0	0	0	0	0	780	0	0	0	0	-	-	-
Germany	84 075	-	4	2	2	-	11 675	0	-	-	-	4	-	-
Greece	9 939	0	0	0	0	0	1 277	0	0	0	0		-	-
Hungary	9 632	-	-	-	-	-	1 382	-	-	-	-	-	-	-
Iceland	398	0	0	0	0	0	70	0	0	-	-	-	-	-
Ireland	5 308	0	0	0	0	0	961	0	0	0	0	-	-	-
Israel	9 517	-	-	-	-	-	2 585	-	-	-	-	-	-	-
Italy	59 146	-	-	-	-	-	6 895	-	-	-	-	-	-	-
Kazakhstan	20 844	0	0	0	0	0	6 073	0	0	-	-	-	-	-
Kyrgyzstan	7 295	-	-	-	-	-	2 328	-	-	-	-	-	-	-
Latvia	1 854	0	0	0	0	0	282	0	0	-	-	-	-	-
Lithuania	2 830	0	0	0	0	0	411	0	0	-	-	-	-	-

WHO Region and country or territory	Population (in thousands)	Registered prevalence (end of year)	No. of new cases detected	No. of new MB leprosy	No. of new cases among women	No. of new cases with G2D	Child population (in thousands)	No. of new child cases	No. of new child cases with G2D	No. of retreatment cases	No. of relapses	No. of non-autochthonous cases	Treatment completion rate (%)	
													MB[c]	PB[d]
Luxembourg	680	0	0	0	0	0	107	0	0	-	-	-	-	-
Malta	545	2	2	2	1	0	70	0	0	0	0	2	-	-
Monaco	38	0	0	0	0	0	5	0	0	0	0	-	-	-
Montenegro	633	0	0	0	0	0	113	0	0	-	-	-	-	-
Netherlands (Kingdom of the)	18 347	3	1	1	0	1	2 740	0	0	2	2	1	-	-
North Macedonia	1 814	-	-	-	-	-	300	-	-	-	-	-	-	-
Norway	5 623	-	-	-	-	-	895	-	-	-	-	-	-	-
Poland	38 141	-	-	-	-	-	5 515	-	-	-	-	-	-	-
Portugal	10 412	0	8	1	1	0	1 324	0	0	0	0	8	-	-
Republic of Moldova	2 996	0	0	0	0	0	585	0	0	0	0	-	-	-
Romania	18 909	2	2	0	2	0	2 941	0	0	-	-	2	-	-
Russian Federation	143 997	-	-	-	-	-	24 519	-	-	-	-	-	-	-
San Marino	34	0	0	0	0	0	4	0	0	0	0	-	-	-
Serbia	6 689	0	0	0	0	0	954	0	0	0	0	-	-	-
Slovakia	5 475	0	0	0	0	0	852	0	0	0	0	-	-	-
Slovenia	2 117	0	0	0	0	0	307	0	0	-	-	-	-	-
Spain	47 890	12	13	5	6	2	6 043	0	0	-	-	13	-	-
Sweden	10 657	0	8	0	0	0	1 780	0	0	-	-	8	-	-
Switzerland[e]	8 967	-	-	-	-	-	1 335	-	-	-	-	-	-	-
Tajikistan	10 787	16	0	0	0	0	3 869	0	0	0	0	0	-	-
Turkmenistan	7 619	0	0	0	0	0	2 378	0	0	0	0	-	-	-
Türkiye	87 685	6	0	0	0	0	18 434	0	0	1	1	-	-	-
Ukraine	38 980	2	2	1	0	0	5 338	0	0	2	2	1	-	-
United Kingdom	69 551	15	13	8	4	4	11 799	0	0	2	2	13	-	-
Uzbekistan	37 053	1	1	0	0	0	11 594	0	0	-	-	0	-	-
Total	941 664	97	86	40	27	18	162 797	0	0	13	10	72	-	-
South-East Asia Region														
Bangladesh	175 687	3 244	3 558	1 279	1 738	208	48 570	185	2	54	13	0	96	98
Bhutan	797	10	10	9	1	0	162	0	0	1	1	0	89	100
Democratic People's Republic of Korea	26 571	0	0	0	0	0	5 029	0	0	-	-	-	-	-
India	1 463 866	87 237	91 783	61 293	33 894	1 945	354 186	3 832	37	5 463	840	-	-	-

WHO Region and country or territory	Population (in thousands)	Registered prevalence (end of year)	No. of new cases detected	No. of new MB leprosy	No. of new cases among women	No. of new cases with G2D	Child population (in thousands)	No. of new child cases	No. of new child cases with G2D	No. of retreatment cases	No. of relapses	No. of non-autochthonous cases	Treatment completion rate (%)	
													MB[c]	PB[d]
Maldives	530	2	3	2	0	0	101	0	0	0	0	2	-	-
Myanmar	54 851	1 103	1 098	977	399	143	13 207	34	8	5	5	0	96	100
Nepal	29 618	2 608	2 897	1 955	1 014	154	8 308	118	1	192	29	488	85	92
Sri Lanka	23 229	1 370	1 282	895	435	112	5 041	117	0	133	36	0	83	92
Thailand	71 620	165	75	68	28	15	10 323	1	0	1	0	0	78	82
Timor-Leste	1 419	78	72	58	15	3	470	1	0	11	0	0	96	71
Total	1 848 188	95 817	100 778	66 536	37 524	2 580	445 397	4 288	48	5 860	924	490	-	-
Western Pacific Region														
American Samoa	46	9	7	7	1	0	12	0	0	2	1	1	67	-
Australia	26 974	20	16	14	4	4	4 769	0	0	4	4	14	25	0
Brunei Darussalam	466	0	3	3	0	0	96	0	0	1	1	3	50	-
Cambodia	17 848	41	43	27	17	3	5 265	3	0	1	1	0	100	100
China	1 416 096	547	268	256	85	66	218 182	3	0	103	21	0	-	-
Cook Islands	13	1	1	1	0	0	3	0	0	1	1	1	-	-
Fiji – Fidji	933	9	13	12	6	3	250	2	0	2	0	4	100	100
French Polynesia	282	3	7	3	1	3	52	1	0	0	0	0	-	-
Guam	169	3	11	11	3	1	44	2	0	0	0	6	50	-
Hong Kong SAR (China)	7 396	6	3	2	2	1	763	0	0	1	1	2	100	100
Indonesia	285 721	19 743	16 292	14 892	5 939	933	69 280	1 487	30	524	-	-	83	83
Japan	123 103	8	8	4	4	1	13 835	0	0	2	2	8	50	100
Kiribati	136	104	151	46	71	3	47	31	1	27	0	0	81	-
Lao People's Democratic Republic	7 873	11	14	14	4	1	2 349	1	0	0	0	0	100	100
Macao SAR (China)	722	0	0	0	0	0	99	0	0	0	0	-	-	-
Malaysia	35 978	522	381	352	121	22	7 667	45	0	17	14	93	79	100
Marshall Islands	36	27	40	35	18	0	12	5	0	5	4	0	89	100
Micronesia, Federated States of	114	11	70	58	15	1	36	15	0	20	7	0	65	100
Mongolia	3 517	0	0	0	0	0	1 110	0	0	-	-	-	-	-
Nauru	12	5	5	5	3	1	4	0	0	4	3	2	-	-
New Caledonia	295	12	4	4	2	2	62	0	0	1	0	0	89	-
New Zealand	5 252	4	4	3	1	0	939	0	0	-	-	-	100	-
Niue	2	0	0	0	0	0	0	0	0	0	0	-	-	-

WHO Region and country or territory	Population (in thousands)	Registered prevalence (end of year)	No. of new cases detected	No. of new MB leprosy	No. of new cases among women	No. of new cases with G2D	Child population (in thousands)	No. of new child cases	No. of new child cases with G2D	No. of retreatment cases	No. of relapses	No. of non-autochthonous cases	Treatment completion rate (%)	
													MB[c]	PB[d]
Northern Mariana Islands	44	1	1	1	0	0	9	0	0	-	-	-	-	-
Palau	18	1	2	2	1	0	3	0	0	0	0	1	-	-
Papua New Guinea	10 763	570	371	276	148	23	3 567	79	2	74	0	0	72	71
Philippines	116 787	4 784	1 672	1 513	431	72	31 695	88	0	177	-	-	-	-
Pitcairn Islands[f]	47	-	-	-	-	-	7	-	-	-	-	-	-	-
Republic of Korea	51 667	3	3	3	0	1	5 272	0	0	0	0	3	0	-
Samoa	219	6	6	4	1	1	83	2	0	2	2	0	-	-
Singapore	5 871	2	4	3	2	0	686	0	0	1	1	0	-	100
Solomon Islands	839	56	58	48	20	4	307	6	1	4	4	0	70	100
Tokelau	3	-	-	-	-	-	1	-	-	-	-	-	-	-
Tonga	104	0	0	0	0	0	36	0	0	0	0		-	-
Tuvalu	9	6	1	1	0	0	3	0	0	-	-	0	100	0
Vanuatu	335	7	5	4	3	0	127	1	0	2	2	0	100	100
Viet Nam	101 599	39	38	34	11	6	23 221	0	0	1	1	-	-	-
Wallis and Futuna	11	0	0	0	0	0	2	0	0	-	-	-	-	-
Total	2 221 300	26 561	19 502	17 638	6 914	1 152	389 895	1 771	34	976	70	138	-	-
Other territories														
Mayotte	337	36	29	20	10	0	144	3	0	7	2	16	-	-
Réunion	882	3	1	1	0	0	181	0	0	2	2	1	-	-
Total	1219	39	30	21	10	0	325	3	0	9	4	17	-	-
Global total	8 205 773	179 465	167 356	122 531	65 013	9 428	2 005 100	8 344	284	13 029	4 096	1 095	-	-

G2D: grade-2 disability

MB: multibacillary leprosy; PB: paucibacillary leprosy

[a] Prevalence: number of cases on treatment at the end of the reporting year.

[b] Child aged <15 years.

[c] MB treatment completion rate for 2023 cohort.

[d] PB treatment completion rate for 2024 cohort.

[e] No data available.

[f] Actual numbers.

How to obtain the WER through the Internet

(1) WHO WWW server: Use WWW navigation software to connect to the WER pages at the following address: **http://www.who.int/wer**

(2) An e-mail subscription service exists, which provides by electronic mail the table of contents of the *Weekly Epidemiological Record* (WER). To subscribe, please go to the home page of the WER and click on "Subscribe to the WER mailing list" or go directly to https://confirmsubscription.com/h/d/4759AAD079391CCC. A request for confirmation will be sent in reply.