

LEPROSY (HANSEN'S DISEASE): Notes about the Disease

There isn't a whole lot to say about the old Biblical scourge leprosy as it relates to North Carolina. The occasional cases seen here (and there is, on average, less than one case per year reported) have all been acquired somewhere else where this chronic disease is endemic. A few Southern states like Louisiana and Texas have low endemic leprosy rates, but most cases come from outside the United States.

The social stigma attached to leprosy stems much more from the disfigurement accompanying this chronic mycobacterial disease, particularly the lepromatous (multibacillary) form, than the actual risk of contracting the disease via brief contact with a person with "Hansen's disease."

Because of the availability of fairly effective antimicrobial agents for the treatment of *Mycobacterium leprae* infections in recent decades, in 1991 the World Health Organization set a target of eliminating leprosy as a public health problem by the year 2000. Unfortunately, although progress in some countries has been made in reduction of *prevalence* rates, the *incidence* of new cases in highly endemic countries such as India and Brazil remains steady. Once more, attempts at treating an infectious disease out of existence have been unsuccessful.¹

Notwithstanding the setbacks in the WHO campaign, the most important public health principle to heed when confronted with a leprosy patient is prompt institution and continuation of appropriate multidrug antimycobacterial therapy. As with tuberculosis, single drug therapy quickly leads to the emergence of resistant organisms. With leprosy – much more so than with tuberculosis – tertiary prevention (avoidance and minimization of disability) is also quite important in management.

1. DN Lockwood and S Suneetha, "Leprosy: Too Complex a Disease for a Simple Elimination Paradigm," *Bull WHO* 83 (2005): 230-5, www.who.int/bulletin/volumes/83/3/230.pdf.