

10 MYTHS AND FACTS ABOUT LEPROSY

Leprosy, also called Hansen's disease, is a neglected tropical disease (NTD) that affects hundreds of thousands of people every year.^{1,2}

Let's unpack a few of the common misconceptions about leprosy – and look at the facts behind the myths.

MYTH

FACT

Leprosy was only a problem during Biblical times; the disease doesn't exist today.



More than 200,000 new cases of leprosy are reported every year.²

Leprosy is a "flesh-eating disease".



Leprosy is a chronic infectious disease caused by the bacterium *Mycobacterium leprae*.² The bacterium attacks the patient's nerves, making them lose the ability to feel touch or pain in the affected areas.² This means they often injure themselves repeatedly in these areas but leave the injuries untreated.³ This causes visible damage to the skin.³

Leprosy makes people's fingers and toes fall off.



Because leprosy patients typically lose feeling in their fingers and toes, injuries like cuts and burns go unnoticed or untreated.³ Their digits don't fall off, but they can get infected and worn away or "reabsorbed" by the body over time.³ This happens in advanced cases of untreated leprosy.³

People with leprosy are highly contagious and should be avoided.



95% of people are naturally immune to leprosy.⁴ You can't catch leprosy from casual contact with someone who has it – you can only get it through prolonged close contact with someone who has untreated leprosy.⁴

Leprosy can be caught by touching or eating with someone who has it.



As we mentioned, you can't catch leprosy from casual contact with a patient – shaking hands, hugging and sitting together are all safe.⁴

There is no cure for leprosy.



Leprosy is treatable with multidrug therapy (MDT), using a combination of antibiotics.⁵ Treatment typically lasts 1-2 years and if patients take their medication as prescribed, they can make a full recovery.⁵

People with leprosy should be isolated until their treatment is completed.



Leprosy patients will be non-infectious within 72 hours of starting their treatment.⁶

Leprosy is a curse or a punishment for sinful behaviour.



This is a widespread myth among people in rural communities.⁷ Leprosy is a bacterial disease with a physical cause like any other illness.²

Leprosy is hereditary.



Leprosy has nothing to do with genetics;⁷ it can only be caused by *Mycobacterium leprae* bacterium.²

People with leprosy shouldn't be allowed to seek employment or get married.



This is another belief in some rural communities.⁷ Leprosy is not transmitted genetically and is not contagious once treatment begins; there's no reason why someone who has had leprosy shouldn't live a normal life.

Organisations like The Leprosy Mission work to educate people about leprosy and break down the stigma attached to the disease. If you want to find out more about leprosy and how to help those affected by it, visit The Leprosy Mission Southern Africa or follow their Facebook page for more information.

References: 1. What is Hansen's disease? Hansen's disease (leprosy). Centers for Disease Control and Prevention. Accessed December 1, 2023. <https://www.cdc.gov/leprosy/about/about.html>. 2. Leprosy. World Health Organization. Accessed December 1, 2023. <https://www.who.int/news-room/fact-sheets/detail/leprosy>. 3. World Leprosy Day. Centers for Disease Control and Prevention. Accessed December 1, 2023. <https://www.cdc.gov/leprosy/world-leprosy-day/index.html>. 4. Transmission. Hansen's disease (leprosy). Centers for Disease Control and Prevention. Accessed December 1, 2023. <https://www.cdc.gov/leprosy/transmission/index.html>. 5. Diagnosis and treatment. Hansen's disease (leprosy). Centers for Disease Control and Prevention. Accessed December 1, 2023. <https://www.cdc.gov/leprosy/treatment/index.html>. 6. Lockwood DNJ, Kumar B. Treatment of leprosy. BMJ. 2004;328(7454):1447-1448. Accessed December 1, 2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC428501/>. 7. Tabah EN, Nsagha DS, Bissek ACZK, et al. Community knowledge, perceptions and attitudes regarding leprosy in rural Cameroon: The case of Ekondolili and Mbonge health districts in the South-west Region. PLoS Negl Trop Dis. 2018;12(2):e0006233. doi:10.1371/journal.pntd.0006233.