

The decline of the registered prevalence of leprosy

A spectacular decline of the registered prevalence of leprosy has been reported over the past 25 years. This has been the result of several operational factors such the decreasing of the length of the treatment protocols and changes in the policy of maintaining the leprosy treatment registers.

The major role in the decreasing in leprosy prevalence is ascribed to the decreasing of the length of the **treatment protocols**. In the 1980s patients with a high bacterial load were treated for five or more years. By the end of the 80s and the 1990s the, then new, multi-drug therapy (MDT) reached global diffusion. At first, a 24-month regimen for multibacillary (MB) cases was introduced and subsequently the same regimen was halved to 12 months. This action halved the number of MB cases on the register. Paucibacillary (PB) treatment has been reduced from 5 years to 6 month. As a result the prevalence decreased sharply, but not the transmission of the infection and the detection of new cases.

During the 1990s several changes in the **policy of maintaining the leprosy treatment registers** contributed to the decline of registered prevalence of leprosy; for example the removal of patients, who did not complete their treatment in time, from the treatment register. The maintenance of MB cases on register was progressively reduced from 5 years to 36 and to 18 months; PB cases from 3 years to 9 months. However, such patients cannot be considered “cured”, but were no longer counted under the prevalence. Patients in treatment for sequelae of leprosy were also removed from statistics. Most programmes do not have a care-register, and do not know how many patients released from MDT are in need of care and rehabilitation.

The Figure 1. shows the trend of Global registered prevalence of leprosy from 1985 to 2010. The above mentioned spectacular decrease of this indicator took place from 1985 to 2000. This was mostly due to exceptional efforts by leprosy control programmes all over the world. In the mentioned period anti-leprosy activities were at their height in all 5 continents and the mentioned operational factors were progressively implemented. The Figure 2. shows the Global new case detection (NCD) trend in the same period.

Figure 1.

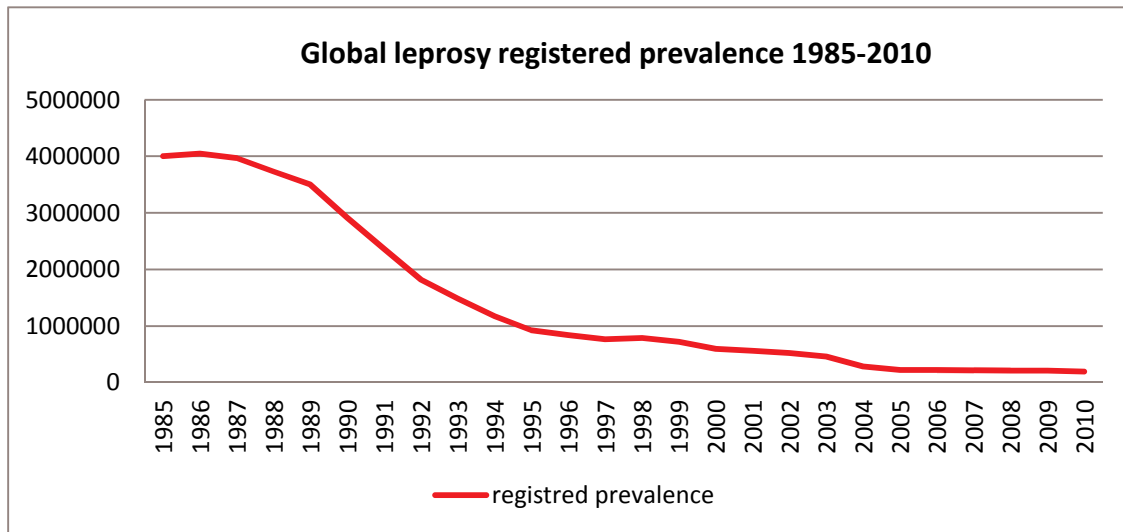


Figure 2.

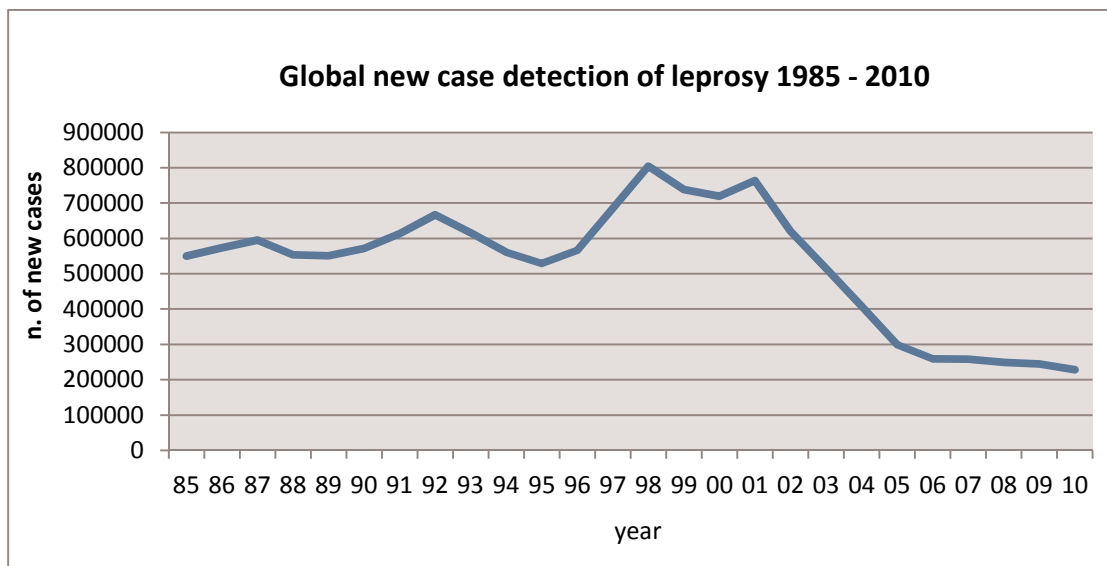


Table 1.

Year	Global data	
	NCD	Prevalence
**1985	550.224	4 003 742
1986	573.790	4 047 385
1987	595.145	3 968 347
1988	553.597	3 729 982
1989	550.743	3 500 723
1990	571.792	2 916 407
1991	613.016	2 361 032
1992	667.133	1 820 302
**1993	615.830	1 485 785
1994	560.646	1 171 711
1995	529.376	924 064
1996	566.567	838 718
1997	684.961	767 893
1998	804.357	787 468
1999	738.112	720 371
2000	719.219	597 232
2001	763.262	*560 000
2002	620.638	523 605
2003	514.718	458 428
2004	407.791	286 063
2005	299.036	219 826
2006	265.661	224 717
2007	258.133	218 605
2008	249.007	213 036
2009	244.796	211 903
2010	228.474	192 246

Sources

- WER, n. 28, 14 July 2000 (data 1985 - 1993)
- WER, n. 1, 4 January 2002 (data 1994 - 2000)
- WER, n. 25, 22 June 2007 (data 2001 - 2006)
- WER, n. 50, 12 December 2008 (data 2007)
- WER, n. 33, 14 August 2009 (data 2008)
- WER, n. 35, 27 August 2010 (data 2009)
- WER, n. 36, 2 September 2011 (data 2010)

* estimated

** The 1985-1993 data refers to 32 selected countries only.