

Factors associated with the transmission of Hansen's disease in Colombia: an epidemiological perspective

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Mr. Editor:

We have read with great interest and appreciation your article entitled "*Familial affectation of Hansen's disease in Costa Rica*"¹ under the authorship of Rivera-Chavarría et al, since it is an article that provides highly relevant public health guidelines regarding population characterization, more specifically in the case of Hansen's disease (HD), which is a neglected infectious-contagious disease in Colombia.

HD has gained importance and relevance since the creation of the Regional Action Plan for the Elimination of Leprosy in the Americas, followed by the Action Plan to Accelerate the Achievement of the Elimination of Leprosy in Latin America and the Caribbean, established between 1992-2012. Later, in 2016, the Plan for the Elimination of Neglected Infectious Diseases among which HD is included was established. Finally, in that same year, health and public health efforts were concentrated in the development of the latest strategy in force regarding HD called: Global Leprosy Strategy 2016-2020.²

According to the last epidemiological bulletin for HD in Colombia, published in 2020, 338 new cases were reported in Colombia in 2019 with a rate of 0.77 per 100,000 inhabitants. The most notable sociodemographic characteristics were associated with the population between 40 - 79 years of age, with a predominance of occurrence of 62.6% among males, and a large concentration, 72.9% of the cases reported that year, was registered in the urban population. Most cases reported in 2019 have multibacillary characteristics.³

In a study carried out by Esperanza-Meléndez and collaborators, entitled "*Leprosy Conyugal*", they determined the occurrence of leprosy between spouses and specified the characteristics of the disease in the index case and in the secondary case, the age range of presentation was between 20-89 years, 65.4% of the cases were male, it is important to clarify that none of the spouses came ill to the marriage. The time lag between the onset of the disease in the index and secondary case during the couple's cohabitation was between 5 and 40 years, capturing a greater number of complications of lepromatous character in the index cases due to its long duration.⁴


In another study conducted by Restrepo-Betancour and collaborators, they found a higher risk of presenting positive IgM anti-GLP-1 antibodies in women compared to men in the same household, in addition they recorded risk factors associated with: limited economic resources and schooling, having a large impact in the transmission and prognosis of the disease.⁵

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The aforementioned constitutes a maximization of public and health efforts to confront and improve the operational management in order to improve the life prognosis of patients and reduce the incidence and disease burden of this neglected infectious disease in the region.

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