



Leprosy in the Kimberley: the past, present and future

Introduction: Leprosy is a bacterial infection caused by *Mycobacterium leprae* that affects the skin, peripheral nerves, mucosa of the upper airways and eyes. Although it is rarely seen in Australia, it is still observed in immigrant and Indigenous Australian populations, for example in the Kimberley region.

History and Epidemiology: Following the introduction of leprosy to Western Australia (WA) in the late nineteenth century it spread swiftly throughout the Kimberley region. A leprosarium operated near Derby from 1935 until 1986. Unfortunately, this area remains disproportionately affected by leprosy with a significantly higher notification rate compared to the rest of WA. Over half of the 77 cases notified in WA since 1986 have occurred in Aboriginal patients mostly from rural regions such as the Kimberley. Increased surveillance in the Kimberley is attributed with the rise in WA notifications to 21 between 2013 and 2017.

Diagnosis and Management: Diagnosis of leprosy relies upon history, examination and laboratory testing. The variable presentations, long incubation periods, distance from laboratory facilities and low clinician index of suspicion may hinder timely diagnosis of leprosy patients from the Kimberley. The WA TB Control Program coordinates the multidisciplinary management of cases. Recently updated state guidelines attempt to improve the leprosy situation in the Kimberley by highlighting area-specific issues, (for example Dapsone Hypersensitivity Syndrome), and strategies, (such as contact tracing).

Conclusion: Care of leprosy patients from the Kimberley requires consideration of its past history in the area, current trends and challenges and future public health goals.

