2026
University of Toronto Microbiology & Infectious Disease Research Days

AGENDA
Main Programming Day, May 28

Room 3154, Medical Sciences Building, 1 King's College Circle

Presented by

UNIVERSITY OF TORONTO | EPIC Emerging & Pandemic Infections Consortium

In collaboration with

U of T's Division of Infectious Diseases, Department of Medicine, and postgraduate medical and clinical microbiology program, the Division of Infectious Diseases at The Hospital for Sick Children and the Institute of Health Emergencies and Pandemics.

With support from BIOMÉRIEUX

EPIC is a collaborative initiative between the University of Toronto and five hospital partners.

SickKids | Sinai Health | Lunenfeld-Tanenbaum Research Institute | Sunnybrook Research Institute | UNITY HEALTH TORONTO | UHN Canada's Hospital

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Abstract Booklet

May 27th - 28th, 2026

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Flash Talk **Poster 2**

Leprosy in a Canadian-Born Man with Seasonal Travel to Florida

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Case Summary: A 75-year-old man presented in January 2026 with 18 months of rash. Exam revealed numerous reddish-brown papules and plaques over the torso, bilateral arms and upper legs. The lesions were not pruritic, painful or anesthetic. Neurologic exam revealed no sensory deficits, motor weakness or thickened nerves. Review of systems was otherwise unremarkable. Complete blood count and C-reactive protein were within normal limits. No contacts had a similar rash. Punch biopsy in June 2025 had shown non-specific superficial lymphocytic infiltrate. In Nov 2025 two shave biopsies showed non-necrotizing granulomatous inflammation. Fite stain was positive for acid-fast bacilli and Mycobacterium leprae PCR later returned positive. He was born in Canada. From 2008-2018 he spent winters on a horse farm in Florida. He was involved in extensive yard work in areas armadillos were known to inhabit but had no direct contact. There were no migrant workers on the farm. He had no other significant travel.

Discussion: There have been two prior reports of M. leprae infection in Canadian-born individuals without travel to areas traditionally considered endemic – both individuals had prior travel to the southeastern USA and genotyping demonstrated the M. leprae strain found in nine-banded armadillos.1,2 We report a third case of leprosy in a Canadian-born man with seasonal travel to Florida and no other traditional risk factors.

The last decade has seen a significant increase in leprosy cases in the southeastern USA.3 Approximately 1/3 of cases in Florida have no travel to endemic areas or known positive contacts, with some suggesting that Florida is now endemic for leprosy.3,4 The etiology for this rise in cases is not entirely known. A high percentage of cases involved a unique strain of M. leprae that occurs amongst wild armadillos in the region, suggesting potential zoonotic transmission.5,6 Several cases had no direct contact with armadillos but had extensive outdoor exposure in areas armadillos were known to inhabit.7 Some research has suggested M. leprae may live temporarily in soil and exposure may occur from working with infected soil.7

Clinicians need to consider leprosy on the differential for patients presenting with a compatible clinical syndrome and travel to the southeastern USA.