



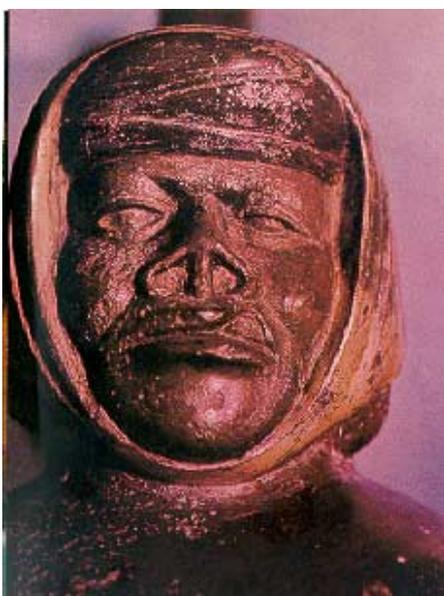
Programme for the surveillance and control of leishmaniasis

<http://www.who.int/emc/diseases/leish/index.html>

History of the disease

Leishmaniasis has been the cause of great suffering and death for hundreds of years.

Representations of skin lesions and facial deformities have been found on pre-Inca pottery from Peru and Ecuador dating back to the first century AD. They are evidence that some forms of leishmaniasis prevailed as early as this period.



The disease

Some 12 million people throughout the world suffer from leishmaniasis. The leishmaniases are parasitic diseases which are transmitted by sandflies. In humans, the disease occurs in at least four major forms: cutaneous, diffuse cutaneous, mucocutaneous and visceral.

The leishmaniases cause disabling and sometimes highly mutilating lesions. Visceral leishmaniasis is the most severe form and attacks the spleen, liver and lymph nodes. Left untreated, the disease is usually fatal.

Magnitude of the problem

The leishmaniases and the suffering they cause threaten 350 million women, men and children in 88 countries around the world, 72 of which are developing countries:

- 90% of all visceral leishmaniasis cases occur in Bangladesh, Brazil, India, and the Sudan;
- 90% of mucocutaneous leishmaniasis occurs in Bolivia, Brazil and Peru;
- 90% of cutaneous leishmaniasis cases occur in Afghanistan, Brazil, Iran, Peru, Saudi Arabia and Syria.

Within these countries, the disease claims its victims among the most impoverished members of the community.

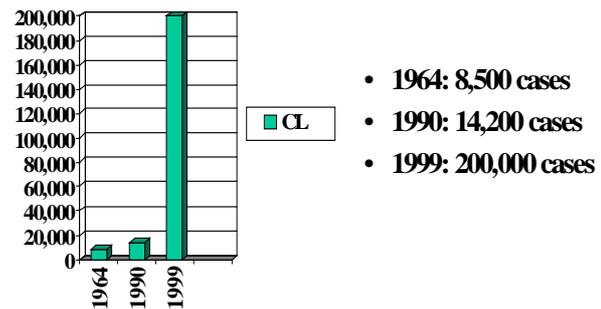
Increasing spread of the disease

Over the last 10 years endemic regions have been spreading further afield and there has been a sharp increase in the number of recorded cases of the disease.

Cutaneous Leishmaniasis in Afghanistan

As notification is obligatory in only 33 of the 88 countries affected by leishmaniasis, a substantial number of cases are never recorded. In fact, of the 2 million new cases estimated to occur annually, only 600,000 are officially reported.

In addition, deadly epidemics of visceral leishmaniasis periodically flare up. For example, in the 1990s Sudan suffered a crisis with an excess mortality of 100,000 deaths among 300,000 people at risk.



An epidemic of cutaneous leishmaniasis is ongoing in Kabul, Afghanistan with an estimated 200,000 cases.

Leishmania/HIV co-infection

Leishmaniasis is spreading in several areas of the world as a result of epidemiological changes which sharply increase the overlapping of AIDS and visceral leishmaniasis. So far, 33 countries worldwide have reported co-infections

These co-infections are considered to be a real emerging disease, particularly in southern Europe where between 25% and 70% of adult VL cases are related to HIV and where 1.5% to 9% of AIDS cases suffer from newly acquired or reactivated VL. Intravenous drug users have been identified as the main population at risk.

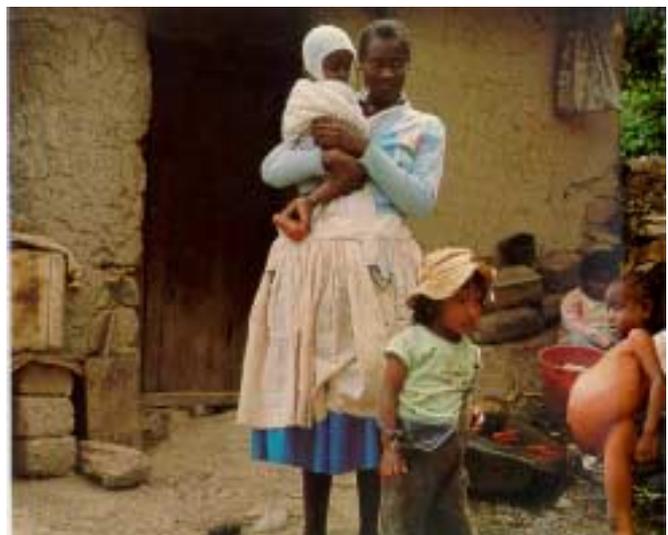
In response to this situation, WHO and UNAIDS have set up a surveillance system through a network of 28 institutions worldwide. All members of the network use the same guidelines for diagnosis and computerized case report form, both endorsed by WHO.

Economic and social impact

The Leishmaniasis are related to environmental changes such as deforestation, building of dams, new irrigation schemes, urbanization and migration of non-immune people to endemic areas. It seriously hampers productivity and vitally needed socio-economic progress and epidemics have significantly delayed the implementation of numerous development programmes. This is particularly true in Saudi Arabia, Morocco, the Amazon basin and the tropical regions of the Andean countries.

The goal of the programme

The programme for the surveillance and control of leishmaniasis aims to reduce the disease as quickly as possible to such a level that each country can integrate control surveillance activities at both technical and economic levels,



into their overall health development activities.

To achieve this goal, WHO has set the following objectives:

- to provide early diagnosis and prompt treatment;
- to control the sandfly population through residual insecticide spraying of houses and through the use of insecticide-impregnated bed nets;
- to provide health education and produce training materials;
- to detect and contain epidemics in the early stages;
- to provide early diagnosis and effective management for Leishmania/HIV co-infections.

Progress

The well-known success of the control campaigns in certain countries shows that the fight against leishmaniasis can be won. In China, visceral leishmaniasis has been eliminated from the country's vast north-eastern plains or lowlands. In Azerbaijan, Israel, Kazakhstan and Turkmenistan, cutaneous leishmaniasis has been eliminated from urban areas.

Targets for 2000 – 2001

- ◇ Strengthen the laboratory surveillance network for leishmania/HIV co-infections by:
 - extending its coverage;
 - using a geographic mapping system to evaluate trends;
 - improving the collection, analysis and dissemination of updated information; through Leishnet, an electronic network.

- ◇ Strengthen preparedness and response to epidemics, especially in the Horn of Africa.

- ◇ Provide support to countries to improve diagnosis, treatment and vector control through a leishmaniasis fund.

- ◇ Produce and disseminate training and educational materials on epidemiology and control to improve awareness of the disease.

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