

CUTANEOUS LEISHMANIASIS



*Why are you
neglecting me?*



A WHO initiative to control Cutaneous Leishmaniasis in selected Old World areas

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CUTANEOUS

Impact

One person becomes infected by cutaneous leishmaniasis every 20 seconds.

The disease is endemic in 82 countries, and 10 million people suffer cutaneous leishmaniasis today.

WHO is committed to changing this situation



Impact

- Cutaneous leishmaniasis is an ancient scourge that has become an important disease of development.
- The disease has been neglected as a major public health problem because it is not a killing disease.
- Socioeconomic, political and environmental factors are fuelling a concomitant increase in the number of cases.
- Disfigurement, disability, and social and psychological stigma are all severe consequences of the disease.



LEISHMANIASIS

Epidemiology



Cutaneous leishmaniasis is transmitted by the bite of an infected sandfly.



Sandflies are blood-feeding insects that breed in caves or burrows in deteriorated environments.

*Sandflies become infected when they bite an animal harbouring *Leishmania* parasites*



The infected mammals, which become reservoir hosts of the disease, are either:

- rodents
(zoonotic cycle: infected rodent sandfly-human);
or
- humans
(anthroponotic cycle: infected human-sandfly-human)

Epidemiology

Around 1 million cases of cutaneous leishmaniasis occur annually, and epidemics are frequent.

The disease is epidemiologically unstable, with large and unpredictable fluctuations in the number of cases.

Population movements caused by insecurity and development issues are the main reasons for its spread to new countries.

LEISHMANIASIS



CUTANEOUS

Disease

*The cost of drugs
may be as high
as US\$ 85 per
patient*



erythema



induration



crust



ulcer



healing



scar

85% of patients suffer from non-complicated forms of cutaneous leishmaniasis

Disease



recidivans



lupoid



recidivans



invasive

15% of patients have severe forms of cutaneous leishmaniasis requiring lengthy and frequently ineffective treatment

LEISHMANIASIS

Control

Insecticide-treated bednets are required to stop the anthroponotic cycle



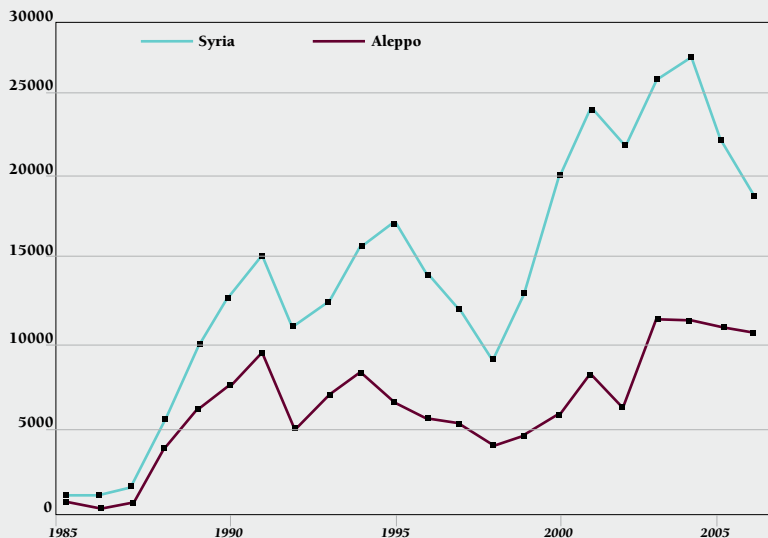
Intralésion or intramuscular injections are needed to cure lesions

Mechanical ploughing of burrows is useful to control the zoonotic cycle



CUTANEOUS

Middle East-Maghreb



Trend in incidence of cutaneous leishmaniasis in Aleppo and the Syrian Arab Republic (1985-2006)

- In the Middle East and the Maghreb, despite huge underreporting, more than 350 000 cases of cutaneous leishmaniasis occur annually, and this trend is increasing in many countries.
- The current situation remains unclear because accurate data are not available. WHO estimates that the disease burden in this area represents 12% of the global burden of leishmaniasis worldwide.
- Cutaneous leishmaniasis is not on the health agenda of many endemic countries, which is why WHO has launched an initiative to control the disease in these areas.

A meeting was held in Geneva in April-May 2007 to launch the initiative in 11 countries



LEISHMANIASIS

Strategy

The WHO initiative aims to reduce the burden of cutaneous leishmaniasis using an integrated approach

By establishing a network to coordinate:

- technical and financial support
- information-sharing and lessons learnt
- harmonization of control measures
- training and capacity-building
- access to drugs
- quality control
- subregional collaboration

By promoting commitment for:

- formulation of policies
- availability of resources
- intersectoral collaboration
- community mobilization
- coordination with neighbouring countries



CUTANEOUS

Recommendations



Policy

Add cutaneous leishmaniasis to the list of notifiable diseases in countries.

Promote public-private partnerships for leishmaniasis control.

Foster intersectoral collaboration and community partnerships.

Mobilize resources and staff at all levels of the health system.

Epidemiology

Identify environmental, political, demographic, socioeconomic and other transmission factors to guide actions.

Strengthen systems and reconstruct national control programmes including laboratory networks.

Case management

Promote epidemiological and clinical research.

Ensure availability and accessibility of newly tested drugs that are easy to administer.

Prevention (vector and reservoir control)

Develop methods to control the vector and reservoirs.

Implement an integrated vector management approach for vector control.

LEISHMANIASIS

Policy

Prepare national guidelines and indicators to guide activities to control cutaneous leishmaniasis.

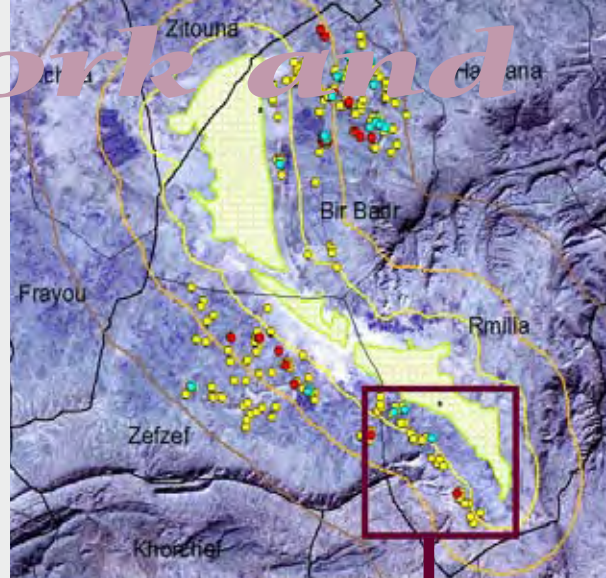
Establish functional and sensitive surveillance systems and harmonize data among countries.

Epidemiology

Map endemic areas to facilitate interventions and predict epidemics.

Establish a 'Leishinonet' for data sharing with concerned levels of the health system.

Monitor, evaluate and assess the programme.



expected Outcomes



Case management

*Optimize and standardize diagnosis and treatment protocols based on available evidence.
Monitor safety, effectiveness and drug resistance.*

Prevention (vector and reservoir control)

Adopt integrated vector management approach to expand the use of insecticide-treated bednets.

Modify environmental risk factors in high population densities exposed to the anthroponotic cycle.

Avoid settlement of naive people in zoonotic foci.

Train entomologists, mammalogists and environmentalists.

LEISHMANIASIS

Women cured of cutaneous leishmaniasis can now lead healthy and productive lives in their communities free from the social and psychological stigma associated with the disease.



Neglected Tropical Diseases 2007

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