

FREQUENTLY ASKED QUESTIONS ON VISCERAL LEISHMANIASIS (KALA-AZAR)



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FAQs

Q 1: What is visceral leishmaniasis?

Visceral leishmaniasis (VL), also known as kala-azar is a life-threatening disease caused by the *Leishmania donovani* parasite. A parasite lives in another living creature, and gets all its nutrients at the expense of its host.

The signs and symptoms of infection with this parasite include anaemia (deficiency in the number or quality of red blood cells), fever, enlarged liver, enlarged spleen and significant weight loss. This disease is often fatal if left untreated. The disease is spread through female sandflies.

Leishmaniasis infections can occur in three different forms. Visceral leishmaniasis (VL) is the most serious form of the disease and causes death in the majority of its victims.

Q 2: Where is VL prevalent?

VL occurs in more than 70 countries of the world, with a total of 200 million people at risk. However, more than 90% of VL cases occur in just seven countries: Bangladesh, India, Nepal, South Sudan, Sudan, Ethiopia and Brazil.

Within the South-East Asia Region, Bangladesh, India and Nepal harbour an estimated 67% of the global VL disease burden. In India, most cases occur in the state of Bihar, but other states such as Jharkhand, Uttar Pradesh and West Bengal also report cases. Recently, VL has also been reported from Bhutan and Thailand. The VL cases are usually concentrated in clear geographical areas – in certain districts or villages. However, population movement means that these boundaries are not always clearly defined.



Q 3: Why is this disease important?

An estimated 200 000 to 400 000 new cases of VL occur every year. The death toll from the disease is estimated at around 20 000 to 40 000, which is surpassed only by malaria among the parasitic diseases. VL affects the most vulnerable – poor communities in remote, rural areas – and the disease is seen in clusters within households.

It is endemic mostly in countries that are least developed, or in the poorest regions of middle-income nations. VL is diverse and complex, and known to prolong the cycle of poverty as people cannot work and cannot afford treatment.

Q 4: Is VL a new disease?

No, the parasite was identified at the beginning of the twentieth century.

VL almost completely disappeared from the Indian subcontinent following the large-scale anti-malarial DDT spraying campaign in the 1950s. But the disease quickly re-emerged when these campaigns were terminated and the sandfly population increased again.

Q 5: How does a person gets VL?

Humans are infected via the bite of sandflies which carry the *Leishmania* parasite inside them. Only female flies can transmit the disease. A single bite from a sandfly can inject enough parasites into the bloodstream to infect a human.

Q 6: What are the signs and symptoms of VL?

Patients of VL suffer from fever, which can increase gradually or suddenly. The fever is persistent and irregular, often with two daily peaks, and alternating periods of no fever or low-grade fever. Other symptoms include fatigue, weakness, loss of appetite, significant weight loss, and enlarged lymph nodes/glands, liver and spleen. As the disease advances, the spleen size increases, which may cause abdominal distension and pain.

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