



IF: 1.634

Asian Pacific Journal of Tropical Medicine

journal homepage: www.apjtm.org

doi: 10.4103/1995-7645.243090

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Leishmaniasis: Still alarming at 2018 in Bangladesh

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ABSTRACT All over the world approximately 98 countries faces endemic outbreak of leishmaniasis, which is a group of parasitic disease. More than 350 million people reside under the risk of these diseases and new cases per year is about 0.7 to 1.3 million. The culprit and contagious agent *Leishmania donovani* (*L. donovani*), which is responsible for leishmaniasis are breed mainly in South Asian constituency that harbor's mainly the visceral leishmaniasis (VL) globally. The inter-relationship within main etiological factor (*L. donovani* & remaining species of leishmaniasis) and resultant biological events has been confronted in past years. For this reason there have been accentuated condition of reconsidering the formerly categorization. Rendering to the latest WHO data published in 2017 about leishmaniasis death in Bangladesh grasped to 988 or 0.13% of total mortality. The age of mortality rate is 0.61 per 100 000 of population, that ranks 7th in whole over the world. This disease can present mainly by three forms: cutaneous, mucocutaneous, and VL. Skin ulcer is the main presentation of cutaneous form, where in the mucocutaneous types, it present with skin ulcer with pyrexia, reduced RBC, hepatomegaly and splenomegaly. Whereas, VL well known as Kala-azar, which is focal, huddled inside the households, as well as typically cope the poor people. Also, VL stretches the poverty episode; nevertheless, loss of throughput and highly expensive treatment policy for affected families. Etiological factors for infectivity including residing area within 50 m from the infected area or home as well as malnutrition and household ailments including splintered mud wall. Though the vector control is essential requirement for disease abolition, but there has been a noticeable lack of innovations from many years back. In addition, there have been many sorts of remarkable improvement in the field of diagnosis of disease as well as therapeutic intervention and vaccination protocol development. But also many kinds of obstacles arise. For exclusion of *L. donovani* induced leishmaniasis from the certain region of our country become a challenge, and the reality is an effective amendment of existing and new tools will be essential requirements. Both strong political and active community participation would be imperative, also need inter-country cooperation and mutual partnerships. Furthermore, appropriate diagnostic tools, treatment policies including effective demographic surveillance mandatory for ensure of successful outcome to elimination of *L. donovani*. Considerable success of operational research activities in early detection of disease and complete treatment, IVM, and clinical research achieved from National *L. donovani* elimination program. Though the activities need to strengthen their policies for effective surveillance, behavioral change communication (BCC), monitoring, and evaluation as a whole. The main obstacles for the elimination program are inadequate human resources, funds, and logistics. These constraints may overcome by build up good communication and partnership with national and international organizations, donor agencies, and sponsorship institutions. Also operating wisely and diligently with policy makers to warrant this efficacious platform is bearable.

Keywords: Leishmaniasis; Kala-azar; Behavioral change communication

Article history:

Received 10 September 2018

Received in revised form 23 September 2018

Accepted 28 September 2018

Available online 15 October 2018

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How to cite this article: Ferdous MD, Nesa EU, Karim AR. Leishmaniasis: Still alarming at 2018 in Bangladesh. Asian Pac J Trop Med 2018; 11(10 suppl):24.