

Visceral leishmaniasis in Bihar :

A Brief Review

Dr. Pushpa

Kala-azar has re-emerged from near eradication. The annual estimate for the incidence and prevalence of 'kala-azar cases worldwide is 0.5 million and 2.5 million, respectively. Of these, 90% of the confirmed cases occur in India, Nepal, Bangladesh and Sudan. In India, it is a serious problem in Bihar, West Bengal and eastern Uttar Pradesh where there is under-reporting of kala-azar and post kala-azar dermal leishmaniasis in women and children 0-9 years of age.

Leishmaniasis, a complex disease caused by the protozoan Leishmania, is spread over large geographical areas around the globe. In India, the disease manifests in two forms: the cutaneous (dry and wet) and the visceral (kala-azar) variety. The disease may be sporadic, endemic or epidemic. About 500 species of six genera of the female Phlebotomus are suspected or proven vectors transmitting the parasites from animal-to-animal, animal-to-man and man-to-man. In India, the conditions that favour epidemics of kala-azar are rural areas more than 600 metres above sea level, India heavy annual rainfall, mean humidity above 70%, a temperature range of 15°C to 38 °C with a diurnal variation of more than 7°C, abundant vegetation, subsoil water and alluvial soil.

In India, there have been several outbreaks of kala-azar since the last century. Various programmes to control the disease have failed despite considerable work being done on various facets of the disease. However, information on the epidemiology of kala-azar in India is scanty. Nonetheless, the available information will be useful to understand the present status of the disease, its prevalence during the last couple of decades and allow the formulation of more effective strategies for its control.