Kala Azar In South Asia Current Status And Challenges Ahead

Kala Azar In South Asia

Eliminating visceral leishmaniasis in South Asia: the road...

Sep 15, 2017 - known as kala-azar, have been recorded on the Indian sub-continent since the early 19th century. I most commonly affecting poor people. The three most affected countries in South Asia are India, Bangladesh, and Nepal. Sporadic cases have been reported in Bhutan and Sri Lanka. Box 1 describes key features of kala-azar in South Asia.

KALA-AZAR ELIMINATION PROGRAMME

Elimination of kala-azar as a public health problem in South-East Asia was published also in 2014. A new Regional Taskforce has been established to advise on practical measures to facilitate elimination. A Regional Strategic Framework for Elimination of Kala-azar (2016–2020) has been drafted and will

KALA-AZAR: Striving for elimination

Kala-azar, a neglected tropical disease. Over 147 million people in the World Health Organization’s (WHO) South-East Asia Region are at risk of contracting this life-threatening disease, mainly in Bangladesh, India, and Nepal. This is most commonly affecting poor people. The three most affected countries in South Asia are India, Bangladesh, and Nepal.

Process of validation of elimination of kala-azar as a... Nov 04, 2011 - Process of validation of elimination of kala-azar as a public health problem in South East Asia 5 2 Operational case definitions in the kala-azar elimination initiative. Kala-azar elimination target: Annual incidence of kala-azar below 1 case per 10,000 population at risk in Bangladesh, block in India and district level in Nepal. Risk Factory for Kala-azar in Bangladesh

Since 1990, South Asia has experienced a resurgence of kala-azar (visceral leishmaniasis). To determine risk factors for kala-azar, we performed cross-sectional surveys over a 3-year period in a Bangladeshi community. By history, active case detection, and serologic screening, 155 of 2,356 residents had kala-azar with onset from 2000 to 2003.

Post kala-azar dermal leishmaniasis: An unresolved mystery

In Asia, 5–10% of people who have had VL develop PKDL. In Africa, PKDL occurs in 50–60% of VL cases. In India and Nepal, PKDL occurs in 50–60% of VL cases.

Towards a new generation of treatments for leishmaniasis

Kala-azar, or visceral leishmaniasis (VL), is the severe form in Central Asia, the Middle East, Mediterranean area, West Africa, and Central and cities and spread throughout Brazil and the South Cone. Despite medical advances, mortality has been increasing in Brazil.

OPERATIONAL GUIDELINES ON KALA-AZAR (VISCERAL LEISHMANIASIS)

Kala-azar (Visceral Leishmaniasis) is a disease caused by the parasite Leishmania donovani and is transmitted in India by the bite of the sand fly vector Phlebotomus argentipes. Leishmania donovani exists in two forms, namely, Kala-azar (KA) or Visceral Leishmaniasis (VL). Kala-azar (KA) is the severe form in Bangladesh, India, Nepal, and Sri Lanka. KA is also called kala-azar (KA) and is restricted to the skin, as with the chronic ulcer of Oriental sore, or spreading to the mucous membranes to produce the disfiguring South American leishmaniasis (CL). It can be contracted when humans are bitten by the sandfly Leishmania

Leishmaniasis: Current Status of Vaccine Development

Box 1 describes key features of kala-azar in South Asia. This is most commonly affecting poor people. The three most affected countries in South Asia are India, Bangladesh, and Nepal.

Kala-azar is a neglected tropical disease affecting rural based poverty-stricken populations Worldwide, an estimated 100,000 new cases of kala-azar (KA) or visceral leishmaniasis (VL) occur annually. It has been targeted for elimination in South Asian region as a public health problem by 2020.

FIVE-YEAR FIELD RESULTS AND LONG-TERM EFFECTIVENESS OF 20...