COSTA RICA

BASIC COUNTRY DATA

Total Population: 4,658,887
Population 0-14 years: 25%
Rural population: 36%
Population living under USD 1.25 a day: 0.7%
Population living under the national poverty line: 24.2%
Income status: Upper middle income economy
Ranking: High human development (ranking 69)
Per capita total expenditure on health at average exchange rate (US dollar): 668
Life expectancy at birth (years): 79
Healthy life expectancy at birth (years): 67

BACKGROUND INFORMATION

CL is considered an important public health problem and is highly endemic in different regions. In 1986-1987 in the Guanacaste province, northwestern Costa Rica, an outbreak of CL occurred among Nicaraguan refugees, affecting 200 people, the majority of which were children. The etiological agent was identified as *L. infantum* [1]. The number of cases has been increasing during the past years, rising from 690 in 2002 to 1,870 in 2007. The reported incidence of CL was 27.3 cases/10,000 inhabitants in 2006.

One case of VL has been reported so far [2].

PARASITOLOGICAL INFORMATION

<table>
<thead>
<tr>
<th><em>Leishmania</em> species</th>
<th>Clinical form</th>
<th>Vector species</th>
<th>Reservoirs</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>L. panamensis</em></td>
<td>ZCL, MCL</td>
<td><em>Lu. ylephiletor</em>, <em>Lu. trapidoi</em></td>
<td><em>Bradypus griseus, Choloepus hoffmanni, Heteromys desmarestianus</em></td>
</tr>
<tr>
<td><em>L. mexicana</em></td>
<td>ZCL, MCL, DCL</td>
<td><em>Lu. olmeca olmeca</em>, <em>Lu. olmeca bicolor</em></td>
<td>Unknown</td>
</tr>
<tr>
<td><em>L. braziliensis</em></td>
<td>ZCL, MCL</td>
<td><em>Lu. youngi</em></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>ZCL</td>
<td>Lu. youngi</td>
<td>Unknown</td>
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<tr>
<td>L. garnhami</td>
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<tr>
<td>L. infantum</td>
<td></td>
<td>Lu. longipalpis, Lu. evansi</td>
<td>Canis familiaris</td>
</tr>
</tbody>
</table>

**MAPS AND TRENDS**

**Cutaneous leishmaniasis**

**Cutaneous Leishmaniasis**

- Number of cases (2006)
  - 0
  - 63 - 67
  - 93 - 126
  - 166 - 190
  - 356

- Incidence/10,000 (2006)
  - 0
  - < 1
  - 1 - 10
  - 10 - 20
  - 20 - 30
  - > 30

**Cutaneous leishmaniasis trend**

<table>
<thead>
<tr>
<th></th>
<th>cases</th>
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</thead>
<tbody>
<tr>
<td>2002</td>
<td>690</td>
</tr>
<tr>
<td>2003</td>
<td>948</td>
</tr>
<tr>
<td>2004</td>
<td>1061</td>
</tr>
<tr>
<td>2005</td>
<td>1676</td>
</tr>
<tr>
<td>2006</td>
<td>1870</td>
</tr>
<tr>
<td>2007</td>
<td>1807</td>
</tr>
<tr>
<td>2008</td>
<td>818</td>
</tr>
<tr>
<td>2009</td>
<td>2025</td>
</tr>
<tr>
<td>2010</td>
<td>1143</td>
</tr>
</tbody>
</table>
CONTROL

The notification of leishmaniasis is mandatory and there is a national leishmaniasis control program. Case detection is passive. Control strategies rely on case diagnosis and timely treatment; there is no vector or reservoir control program.

DIAGNOSIS, TREATMENT

Diagnosis: no data

Treatment:
CL and VL: antimonials.

ACCESS TO CARE

The Costa Rican Social Security Fund, which is the agency responsible for the provision of health services, provides coverage for approximately 90% of the population.

ACCESS TO DRUGS

Meglumine antimoniate (Glucantime, Sanofi) is registered and used for treatment in public health facilities.

SOURCES OF INFORMATION

