DJIBOUTI

BASIC COUNTRY DATA

Total Population: 888,716
Population 0-14 years: 36%
Rural population: 12%
Population living under USD 1.25 a day: no data
Population living under the national poverty line: no data
Income status: Lower middle income economy
Ranking: Low human development (ranking 165)
Per capita total expenditure on health at average exchange rate (US dollar): 84
Life expectancy at birth (years): 57
Healthy life expectancy at birth (years): 43

BACKGROUND

CL as well as VL are endemic in Djibouti. The first case of VL was described in 1971 [1]. VL is sporadic in Djibouti; between 1971 and 2003, 59 cases have been reported: five between 1971 and 1976 [2], 10 between 1994 and 1996 [3] and 44 between 1996 and 2000 [4,5]. VL was confirmed to be caused by *L. donovani*, zymodemes MON-268 and MON-287, unique to Djibouti and very similar to MON-37 found in Kenya [5]. MON-268 was identified in a coinfected patient.

CL is also sporadic and only few data are available. Between 1971 and 1976, five cases were reported. Only a few more cases have been described since then, one of which was resistant to antimonials [6].

It seems that VL infections were acquired in the vicinity of Hoi Hoi and Ali Sabieh, in the south, and that CL infections originated in the mountainous northern region Randa [2]. However, it is difficult to establish defined endemic regions as the population is largely nomadic.

Although the vector remains unconfirmed, a countrywide survey revealed extensive presence of *P. alexandri*, but not of *P. orientalis*. *P. alexandri* is a suspected vector for VL, as well as CL, in Djibouti [7].

Ten cases of HIV/Leishmania co-infection have been reported.
PARASITOLOGICAL INFORMATION

<table>
<thead>
<tr>
<th>Leishmania species</th>
<th>Clinical form</th>
<th>Vector species</th>
<th>Reservoirs</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. donovani</td>
<td>VL</td>
<td>Unknown</td>
<td></td>
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<tr>
<td>Unknown</td>
<td>CL</td>
<td>Unknown</td>
<td>Unknown</td>
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</tbody>
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CONTROL, DIAGNOSIS & TREATMENT, ACCESS TO CARE, ACCESS TO DRUGS

No information available.

SOURCES OF INFORMATION


