Over 1 billion people at risk in endemic areas

Transmission

A large proportion of infected people stay asymptomatic. Others develop one of the three forms of the disease:
- Visceral (kala-azar)
- Cutaneous
- Mucocutaneous

Protozoan parasite: Leishmania
Phlebotomine sandflies
Humans and animals
Blood meal

Cutaneous and mucocutaneous leishmaniasis

Severe skin lesions leaving life-long scars and serious disabilities (including the destruction of mucous membranes of the nose, mouth and throat for the mucocutaneous form)

600 000–1 000 000 new cases estimated each year, worldwide

The challenges

Limited and non-optimal diagnosis and treatment currently available
Programme implementation difficult in countries with resource-limited settings

The need for funding and R&D

Visceral leishmaniasis

Affects mostly children

50 000–90 000 new cases estimated each year, worldwide

Visceral leishmaniasis

Fatal in >95% of cases if left untreated
Coinfection with HIV = poor prognosis (high rates from Brazil, Ethiopia and the state of Bihar in India)
90–97% survival chance with timely treatment

Success story!

Kala-azar elimination programme in South-East Asia

Poverty

Poor housing
Population mobility
Malnutrition
Weak immune system

Increases the risks of transmission & disease development

Prevention and control strategies

Social mobilization & strengthening partnerships
Control of animal reservoir hosts
Vector control

Early diagnosis
Access to safe medicine (medicine donation programme through WHO)
Effective disease surveillance (online real-time observatory launched by WHO)

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