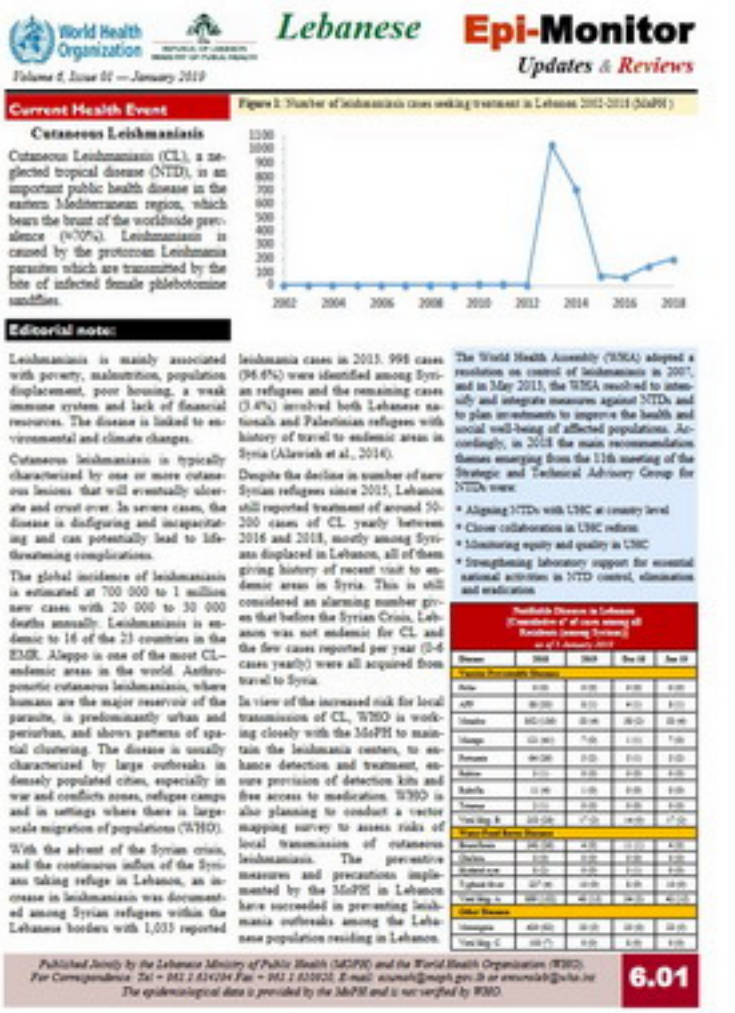

Lebanese Epi-Monitor
Updates & Reviews

Current Health Event

Cutaneous Leishmaniasis

Cutaneous Leishmaniasis (CL), a neglected tropical disease (NTD), is an important public health disease in the eastern Mediterranean region, which bears the brunt of the worldwide prevalence (>70%). Leishmaniasis is caused by the protozoan Leishmania parasites which are transmitted by the bite of infected female phlebotomine sandflies.

Figure 1: Number of leishmaniasis cases seeking treatment in Lebanon, 2002-2018 (MoPH)

Editorial note:

Leishmaniasis is mainly associated with poverty, malnutrition, population displacement, poor housing, a weak immune system and lack of financial resources. The disease is linked to environmental and climate changes.

Cutaneous leishmaniasis is typically characterized by one or more cutaneous lesions that will eventually ulcerate and crust over. In severe cases, the disease is disfiguring and incapacitating and can potentially lead to life-threatening complications.

The global incidence of leishmaniasis is estimated at 700 000 to 1 million new cases with 20 000 to 30 000 deaths annually. Leishmaniasis is endemic to 16 of the 23 countries in the EMR. Aleppo is one of the most CL-endemic areas in the world. Anthroponotic cutaneous leishmaniasis, where humans are the major reservoir of the parasite, is predominantly urban and periurban, and shows patterns of spatial clustering. The disease is usually characterized by large outbreaks in densely populated cities, especially in war and conflicts zones, refugee camps and in settings where there is large-scale migration of populations (WHO).

With the advent of the Syrian crisis, and the continuous influx of the Syrians taking refuge in Lebanon, an increase in leishmaniasis was documented among Syrian refugees within the Lebanese borders with 1,035 reported leishmania cases in 2013. 998 cases (96.6%) were identified among Syrian refugees and the remaining cases (3.4%) involved both Lebanese nationals and Palestinian refugees with history of travel to endemic areas in Syria (Alawieh et al., 2014).

Despite the decline in number of new Syrian refugees since 2015, Lebanon still reported treatment of around 50-200 cases of CL yearly between 2016 and 2018, mostly among Syrians displaced in Lebanon, all of them giving history of recent visit to endemic areas in Syria. This is still considered an alarming number given that before the Syrian Crisis, Lebanon was not endemic for CL and the few cases reported per year (1-6 cases yearly) were all acquired from travel to Syria.

In view of the increased risk for local transmission of CL, WHO is working closely with the MoPH to maintain the leishmania centers, to enhance detection and treatment, ensure provision of detection kits and free access to medication. WHO is also planning to conduct a vector mapping survey to assess risks of local transmission of cutaneous leishmaniasis. The preventive measures and precautions implemented by the MoPH in Lebanon have succeeded in preventing leishmania outbreaks among the Lebanese population residing in Lebanon.

The World Health Assembly (WHA) adopted a resolution on control of leishmaniasis in 2007, and in May 2013, the WHA resolved to intensify and integrate measures against NTDs and to plan investments to improve the health and social well-being of affected populations. Accordingly, in 2018 the main recommendation themes emerging from the 11th meeting of the Strategic and Technical Advisory Group for NTDs were:

- Aligning NTDs with UHC at country level
- Closer collaboration in UHC reform
- Monitoring equity and quality in UHC
- Strengthening laboratory support for essential national activities in NTD control, elimination and eradication

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The epidemiological data is provided by the MoPH and is not verified by WHO.

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