

Zoonotic cutaneous leishmaniasis, caused by *L. major*, is common in 15 rural provinces and represents approximately 70% of cutaneous leishmaniasis cases in the country.

Anthroponotic cutaneous leishmaniasis occurs in several old urban foci, where cases are most often observed in young children, as the older population is immune due to previous contacts with the parasite. In the district of Bam, there has been an eightfold increase in the number of cases reported over the last five years after the 2003 earthquake. There is a seasonal variation in the number of cases with an increase between September and February.

Control activities include education of health workers and the population, immediate case-finding (active case search in new anthroponotic cutaneous leishmaniasis-infected areas and passive in zoonotic cutaneous leishmaniasis areas), and free delivery of diagnosis, treatment and dressings. In recent years, an increased prevalence of cutaneous leishmaniasis has been observed with its extension to new areas.

It is reported that the rate of treatment failure with Glucantime® has lately been increasing (especially in the treatment of *L. tropica* anthroponotic cutaneous leishmaniasis). Whether this is due to resistance needs further investigation and a thorough follow-up of treatment outcomes.

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