



Leishmaniasis

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Key facts

- Leishmaniasis is caused by parasitic protozoa transmitted by the bite of infected female phlebotomine sandflies.
- There are three forms of the disease:
 - Visceral: the most severe form which is often fatal without treatment. It affects the internal organs such as spleen, liver and bone marrow
 - Cutaneous: the most common form, usually causing skin sores or lesions
 - Mucosal: which causes sores in the mouth, nose or throat. It can be life threatening too
- It affects some of the world's poorest people and is associated with malnutrition, population displacement, poor housing, a weak immune system and lack of financial resources.
- It is prevalent in tropical and subtropical regions, particularly in parts of Africa, Asia, and Latin America.
- Only a small fraction of the infected persons eventually develop the disease.
- About 700 000 to 1 million new cases occur each year.

Transmission: vector-borne (sandfly)

- It is transmitted through the bite of an infected female sandfly. These sandflies become infected when they feed on an infected host's blood, and then transmit the parasites to humans or animals via subsequent bites.
- There are also reports of mother to child transmission during pregnancy or at birth

Most vulnerable to contracting the disease

- People living in or travelling to regions where leishmaniasis is endemic

Most vulnerable to severe disease

- Children, especially malnourished ones

- Elderly
- People with weakened immune systems including those with HIV/AIDS

Symptoms

The symptoms vary depending on the form of Leishmaniasis

- **Cutaneous**
 - Skin sores/lesions, usually on exposed parts of the body
- **Visceral Leishmaniasis (Kala-Azar)**
 - Fever
 - Weight loss
 - Enlarged spleen and liver
 - Signs of anaemia such as pale skin, dizziness, tiredness, weakness or cold hands and feet
- **Mucosal Leishmaniasis**
 - Severe lesions and damage to mucous membranes, particularly in the mouth and nose.

What can you do to prevent and control an epidemic?

Vector control and prevention

- Initiate elimination of sandflies and breeding sites
 - Remove standing water and apply larvicides
 - Promote community clean-up campaigns to remove rubbish and cover water containers
- Prevent sandfly bites by advocating the use of:
 - Insecticide-treated curtains or screens on windows and doors
 - Personal protection (application of repellents, wearing long sleeved clothes)
 - Insecticide-treated bed nets for children and young adults

Monitoring the community and identifying sick people

- Identify community members who have suspected leishmaniasis disease based on the community case definition

Treatment and management

- Rapidly detect and refer severe cases to health facilities early
- Provide psychosocial support to the sick person and their family members

Food security

- Ensure access to healthy, varied diet

Social mobilisation and behaviour change

- Find out the specific advice being given by health and other relevant authorities
- Model following this advice and inform community members of current health practice advice
- Offer support and encouragement to follow the advice
 - Try to gain understanding about if and why health practice advice is not being followed
 - With the guidance of your supervisor and health authorities, work with communities to overcome barriers to following health advice and recommended practices

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with Leishmaniasis? Where?
 - How many people have died? Where? When?
 - Who and where are the vulnerable people?
 - Where are the local health facilities and services? (include traditional healers)
- Record the following information on the back of the map:
 - When did people start to fall sick with leishmaniasis?
 - How many people live in the affected community?
 - How many are children under five years old?
 - Have the authorities established a vector control programme?
 - Do people generally cover their water containers (inside and outside)? Who is responsible for the maintenance of containers for household drinking water and for vessels to do laundry; is it women or men?
 - How does the community usually remove standing, stagnant water?
 - What are the usual ways of disposing of rubbish and solid waste in the community?
 - How common is it for people to live in houses with insect screens on windows and doors?
 - How common is it for people to sleep under insecticide-treated bed nets?
 - How many children sleep under a bed net at night?

- Are nets hung up and maintained properly?
- If people are not using nets, why not?
- What are the community's habits, practices and beliefs about repellents and sprays?
- What are the community's habits, practices and beliefs about caring for and feeding sick people? Consider any differences in roles and responsibilities between men and women.
 - When babies and infants are sick, do women continue to breastfeed them?
- Are children badly affected by leishmaniasis? Are there other groups (specific ages, occupations, geographic areas, etc.) that are badly affected?
- Is a social mobilization or health promotion programme in place?
- Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about leishmaniasis? What are the rumours?

Other resources

- World Health Organization (WHO); [Leishmaniasis](#); 2023.
- Centers for Disease Control and Prevention (CDC); [About Leishmaniasis](#); 2024