

Special Correspondence

Kala azar — A neglected Notifiable Disease

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Kala azar a slowly progressive yet fatal parasitic disease infects annually 50,000 to 90,000 cases globally. India reported 2033 Visceral leishmaniasis cases in 2020. Uttar Pradesh, Bihar, Jharkhand and West Bengal are known to be endemic for Kala azar. In West Bengal 120 blocks in 11 districts are endemic for Kala azar. Dakshin Dinajpur is one of the districts which is affected by Kala azar.

Kala azar elimination is targeted by bringing down the annual incidence rate of Visceral leishmaniasis to less than 1 case per 10,000 population at block level. All blocks of West Bengal has achieved this elimination target in 2017 and sustaining elimination status.

Poverty, malnutrition, migration and poor socio-economic status are determinants for Kala azar, hence this disease mainly affects poor and marginalized portion of community. Kala azar is spread by bites of infected phlebotomine sandflies and disease manifestation are mainly irregular bouts of fever, weight loss, enlargement of the spleen and liver and anemia. VL is fatal in 95% of cases if not treated.

Rapid diagnostic test (rk 39) are antibody based test used for diagnosis of Kala azar in laboratory setting, where as relapse diagnosis is based on tissue biopsy at tertiary facility.

Apart from visceral leishmaniasis Post Kala azar dermal leishmaniasis is sequelae of kala azar in nearly 30% of treated kala azar cases, which play an important role in disease transmission as reservoir for infection. PKDL is presented with hypopigmented macular, papular or nodular skin lesion.

Treatment for kala azar is available at Block primary health center level with liposomal amphotericin B for kala azar & Miltefosine for post Kala azar dermal leishmaniasis.

Kala azar is a notifiable disease in west Bengal since 2015.

Vector control activity by biannual Indoor residual spray in all endemic villages have resulted decreasing in Kala azar incidence. It is supplemented with housing improvement scheme in Kala azar affected villages.

End Rabies by 2030....

Rabies a neglected tropical disease, which is nearly 100% fatal but can be averted if appropriate wound management and early post exposure prophylaxis following animal bite can be ensured. Incidence of rabies has been reported from all continents except Antarctica, in India only Lakshadweep is free from Rabies. Annually 6-7 million animal bite incidence reported throughout the country by IDSP, but many of Animal bite incidences are not reported.

99% of rabies cases are due to dog bite, WHO has taken initiative to reduce death from dog mediated rabies to zero by 2030. This approach needs a multisectoral coordination, ensuring geographical coverage of Post exposure prophylaxis and mass scale immunization of dog. Implementation of 'Zero by thirty' can avert 1 million death by 2030.

Rabies got its name from Sanskrit 'Rabhas' means violence. It is a lyssa group virus affects nervous tissue from peripheral to central. Virus enters body through transdermal bite, exposure of broken tissue, mucosa membrane by infected saliva. Virus replicates in brain tissue and produces encephalitis. Average Incubation period is 4-12 weeks but varies on factors like site of bite, severity of bite and status of infection of biting animal.

Rabies can be averted if vaccination is complete before development of clinical symptoms. Animal bite is classified into three categories on basis of severity, in category I only wound wash is sufficient, while in Category II and III post exposure prophylaxis is needed, Category III bite needs additional Rabies Immunoglobulin or Monoclonal antibody infiltration.

Human to human transmission is rare, no incidence of rabies has been notified by consumption of milk from rabid animal, Rodent bite does not cause rabies. These information need to be spread among community along with awareness on extensive wound wash after animal bite and immediate visit to health facility for proper management following animal bite.

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