

Leishmaniasis is a group of parasitic diseases of global distribution transmitted to humans by the bite of approximately 30 species of sandflies infected by protozoans of the genus *Leishmania*. It is estimated that 2 million new cases occur every year throughout the world, of which 1.5 million cases are cutaneous leishmaniasis. It is estimated that the number of infected people exceeds 12 million. However, **official data underestimate the reality of the human affliction by these protozoa** due to the following:

1. most of the official data obtained are exclusively based on passive detection,
2. numerous cases are not diagnosed,
3. there exists a large number of asymptomatic people, and
4. leishmaniasis requires compulsory reporting in only 32 of the 88 endemic countries in the world.

In the Americas, cases from northern Argentina and as far as southern Texas have been reported, with the exception of Chile and Uruguay.

In accordance with data on **cutaneous leishmaniasis** (CL) reported to the PAHO Regional Program on Leishmaniasis in 2006, 6 cases of CL were registered out of approximately 62,000 leishmaniasis cases. The most affected countries were Brazil, Colombia, Paraguay, Venezuela, Panama, Ecuador, and Peru. With regard to the more lethal **visceral leishmaniasis** (VL), the countries reported more than 5,000 cases, and the most affected country is Brazil.



The **main problems** that can be observed on the topic are as follows:

- inaccessibility to patient care,
- lack of organized social involvement,
- insufficient use of information for decision-making,
- lack of treatment and
- human-vector interaction.

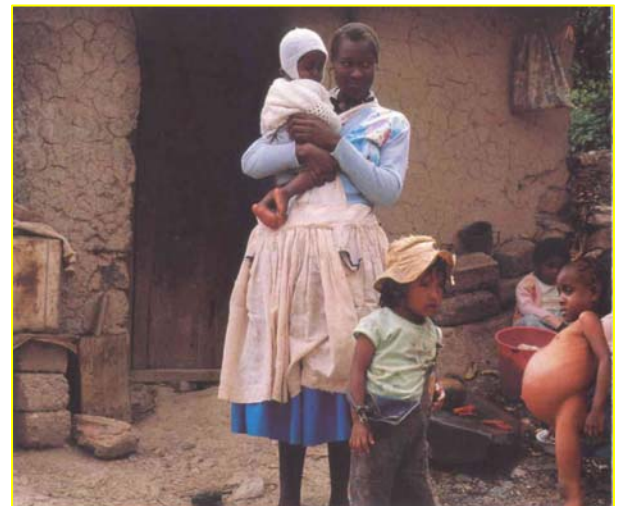
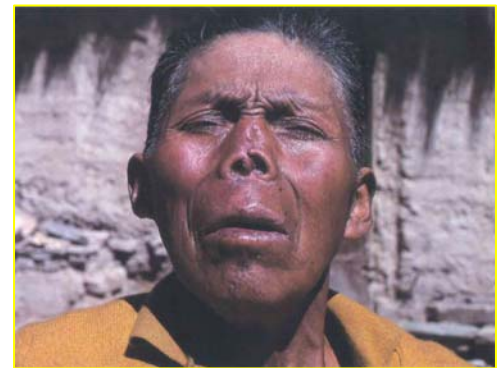
All these factors contribute to morbidity from Leishmaniasis as observed in the Region of the Americas.

### Situation in the Americas

- Leishmaniasis are diseases with an impact on the Region.
- The incidence of LV has increased in recent years.
- Surveillance systems are insufficient.
- There is a lack of human resources trained for diagnostic activities, treatment, and control measures.
- There is a lack of drugs for timely treatment.

The Regional Program, with support from the Global Program, prepared an **action plan for 2007**, which includes the following:

- Determine the burden of disease from leishmaniasis.
- Standardize diagnostic techniques.
- Strengthen human resources.
- Promote decentralization of program prevention and control activities in the countries' primary care services.
- Strengthen the surveillance system.
- Empower the community.
- Look for strategic partnerships.



Families exposed to visceral leishmaniasis in the Yungas ("hot valleys") focus in the Andean foothills. Visceral leishmaniasis in Bolivia.