

References

- (1) WHO (2016). Weekly epidemiological record Relevé épidémiologique hebdomadaire. Wkly Epidemiol Rec.;91(22):285-296. www.who.int/wer
- (2) Harhay MO, Olliaro PL, Vaillant M, et al. (2011) Who is a typical patient with visceral leishmaniasis? Characterizing the demographic and nutritional profile of patients in Brazil, East Africa, and South Asia. Am J Trop Med Hyg.;84(4):543-550. doi:[10.4269/ajtmh.2011.10-0321](https://doi.org/10.4269/ajtmh.2011.10-0321)
- (3) WHO (2016). Leishmaniasis Fact Sheet. <http://www.who.int/mediacentre/factsheets/fs375/en/>
- (4) WHO (2010). Technical Report Series 949: Control of the Leishmaniases - Report of a meeting of the WHO Expert Committee on the Control of Leishmaniases, Geneva, 22–26 March 2010. http://whqlibdoc.who.int/trs/WHO_TRS_949_eng.pdf
- (5) WHO (2007). Report of the Fifth Consultative Meeting On Leishmania/HIV Coinfection. Addis Ababa, Ethiopia, 20–22 March 2007. http://www.who.int/leishmaniasis/resources/Leishmaniasis_hiv_coinfection5.pdf <http://www.who.int/mediacentre/factsheets/fs375/en/>
- (6) Abubakar A, Ruiz-Postigo JA, Pita J, et al. (2014) Visceral Leishmaniasis Outbreak in South Sudan 2009-2012: Epidemiological Assessment and Impact of a Multisectoral Response. PLoS Negl Trop Dis.;8(3):2012-2015. doi:10.1371/journal.pntd.0002720.
- (7) Harhay MO, Olliaro PL, Vaillant M, et al. (2011) Who is a typical patient with visceral leishmaniasis? Characterizing the demographic and nutritional profile of patients in Brazil, East Africa, and South Asia. Am J Trop Med Hyg.;84(4):543-550. doi:[10.4269/ajtmh.2011.10-0321](https://doi.org/10.4269/ajtmh.2011.10-0321)
- (8) Molina R, Gradoni L, Alvar J. (2003) HIV and the transmission of Leishmania. Ann Trop Med Parasitol. Oct;97 Suppl 1:29-45. doi: 10.1179/000349803225002516
- (9) Lira R, Sundar S, Makharla A, et al. (1999) Evidence that the High Incidence of Treatment Failures in Indian Kala-azar is due to the Emergence of Antimony-resistant Strains of Leishmania donovani. J. Infect. Dis.; 180(2): 564–567. doi: [10.1086/314896](https://doi.org/10.1086/314896)
- (10) Boelaert M, Meheus F, Sanchez A, et al. (2009) The poorest of the poor: a poverty appraisal of households affected by visceral leishmaniasis in Bihar, India in Trop Med Int Health 14 :639-644 (June). doi:10.1111/j.1365-3156.2009.02279.x
- (11) Boelaert M, Meheus F, Robays J and Lutumba P. (2010). Socio-economic aspects of neglected diseases: Sleeping sickness and visceral leishmaniasis. Pathogens and Global Health, October; doi: 10.1179/136485910X12786389891641
- (12) Musa A, Khalil E, Hailu A, et al. (2012) Sodium stibogluconate (SSG) & paromomycin combination compared to SSG for visceral leishmaniasis in East Africa: a randomised controlled trial. PLoS Negl Trop Dis. ;6(6):e1674. doi:10.1371/journal.pntd.0001674.
- (13) Kimutai R, Musa AM, Njoroge S, et al. (2017). Safety and Effectiveness of Sodium Stibogluconate and Paromomycin Combination for the Treatment of Visceral Leishmaniasis in Eastern Africa: Results from a Pharmacovigilance Programme. Clinical Drug Investigation. ;37(3):259-272. doi:10.1007/s40261-016-0481-0

(14) Cota GF, de Sousa MR, Rabello A. (2011) Predictors of Visceral Leishmaniasis Relapse in HIV-Infected Patients: A Systematic Review. PLoS Negl Trop Dis 5(6): e1153. doi:10.1371/journal.pntd.0001153

(15) The CD4 count literally counts the number of CD4 T-cells in a blood sample and tracks whether a person's immune strength is going up or going down, with higher values indicating a stronger, more robust response. Along with the HIV viral load, a CD4 count is considered an invaluable diagnostic tool in the care and treatment of people living with HIV. (Source: <https://www.verywell.com/what-is-a-cd4-count-and-why-is-it-important-49548>).

(16) Ter Horst R, Collin SM, Ritmeijer K, et al (2008) Concordant HIV Infection and Visceral Leishmaniasis in Ethiopia: The Influence of Antiretroviral Treatment and Other Factors on Outcome. Clin Infect Dis; 46: 1702.

(17) Ritmeijer K, Dejenie A, Assefa Y, et al. (2006) A Comparison of Miltefosine and Sodium Stibogluconate for Treatment of Visceral Leishmaniasis in an Ethiopian Population with High Prevalence of HIV Infection. Clin Infect Dis; 43: 357-364.

(18) Alvar J, Aparicio P, Aseffa A, et al. (2008) The Relationship between Leishmaniasis and AIDS: the Second 10 Years in Clinical Microbiology Reviews; 21: 334-359. doi: 10.1128/CMR.00061-07

(19) Perez-Molina JA, Lopez-Velez R, Montilla P, and Guerrero A. (1996) Pentamidine isethionate as secondary prophylaxis against visceral leishmaniasis in HIV-positive patients in AIDS 10: 237–238.

(20) Patel TA, Lockwood DN. (2009) Pentamidine as secondary prophylaxis for visceral leishmaniasis in the immunocompromised host: report of four cases. Trop Med Int Health; 14: 1064-1070.

(21) Wasunna M, Njenga S, Balasegaram M, et al. (2016) Efficacy and Safety of AmBisome in Combination with Sodium Stibogluconate or Miltefosine and Miltefosine Monotherapy for African Visceral Leishmaniasis: Phase II Randomized Trial. PLoS Negl Trop Dis 10(9): e0004880. doi:10.1371/journal.pntd.0004880

(22) Dorlo, T, Rijal, S, Ostyn, B., et al. (2014) Failure of miltefosine in visceral leishmaniasis is associated with low drug exposure. Journal of Infectious Diseases, 210(1), 146–153. <https://doi.org/10.1093/infdis/jiu039>

(23) Ostyn, B, Hasker, E, Dorlo, T, et al. (2014) Failure of miltefosine treatment for visceral leishmaniasis in children and men in South-East Asia. PLoS ONE, 9(6). <https://doi.org/10.1371/journal.pone.0100220>

(24) Dorlo, T., Huitema, A. , Beijnen, J., & De Vries, P. (2012) Optimal dosing of miltefosine in children and adults with visceral leishmaniasis. Antimicrobial Agents and Chemotherapy, 56(7), 3864–3872. <https://doi.org/10.1128/AAC.00292-12>

(25) As a prerequisite to building the strategy, the target product (treatment) profile (TPP) has been established. It is based on discussions with various VL experts, consultation with VL national control programmes in endemic countries, and specifically with leading physicians and health workers who deal with this disease on a daily basis. The priority is to develop a safe, effective, oral, short-course (11 days maximum) VL drug to replace current treatments. This will improve and simplify current case management. The aim is to develop combinations of drugs that are effective against VL in all foci of the disease.

26 Diro E, Ritmeijer K, Boelaert M, et al. (2015) Use of Pentamidine As Secondary Prophylaxis to Prevent Visceral Leishmaniasis Relapse in HIV Infected Patients, the First Twelve Months of a Prospective Cohort Study. PLoS Negl Trop Dis 9(10): e0004087. doi:10.1371/journal.pntd.0004087

27 For further information, refer to

<https://www.clinicaltrials.gov/ct2/show/NCT01360762?term=HIV+AND+VL>

28 Ritmeijer K, Ter Horst R, Chane S, et al. (2011) Limited Effectiveness of High-Dose Liposomal Amphotericin B (AmBisome) for Treatment of Visceral Leishmaniasis in an Ethiopian Population with High HIV Prevalence. Clin Infect Dis; 53 (12): e152-e158. doi: 10.1093/cid/cir674

29 SDG 3: “Ensure healthy lives and contribute to well-being for all at all stages”

30 “Guideline for diagnosis, treatment, prevention of Leishmaniasis in Ethiopia, 2nd edition, June 2013, page 30-31.

31 See also www.africoleish.org

32 Adhikari, S. R., Maskay, N. M. & Sharma, B. P. (2009). Paying for hospital-based care of kala-azar in Nepal: assessing catastrophic, impoverishment and economic consequences. Health Policy and Planning, 24, 129–139.

33 Bolo S, Omae H, Wasunna M (2012) The Economic Impact of Visceral Leishmaniasis in Baringo, Kenya. <https://su-plus.strathmore.edu/handle/11071/2023>

34 Kasili S, Okindo ES, Kutima HL, Mutai JM (2016). Socioeconomic Impacts of Leishmaniasis on Households of Marigat Sub County, Baringo County of Kenya. J Trop Dis 4: 226. doi:10.4172/2329-891X.1000226