First report on the presence of morphospecies A and B of *Phlebotomus argentipes sensu lato* (Diptera: Psychodidae) in Sri Lanka – implications for leishmaniasis transmission

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Phlebotomus argentipes Annandale and Brunetti (Diptera: Psychodidae) is the major Indian vector of visceral leishmaniasis (VL), caused by Leishmania donovani. However, whilst the geographic range of P. argentipes extends from Iran and Afghanistan in the west to Malaysia and Indonesia in the southeast¹, VL is confined to northeastern and southern India, and neighbouring Nepal and Bangladesh^{2,3}. Despite being located 32 km from the Indian state of Tamil Nadu, where VL is endemic, autochthonous cases of leishmaniasis were not reported in Sri Lanka until 1992. Prior to this leishmaniasis was detected only in persons who had contracted the disease while working in the middle east⁴. However, since 1992 the incidence has been rising steadily, with 65 cases documented by Siriwardena et al⁵ in 2003. The parasite was identified in several Sri Lankan patients as L. donovani zymodeme MON-37⁶. However, this typically causes VL in India, in Sri Lanka the clinical manifestations are characteristic of cutaneous leishmaniasis.

Variations in feeding preference have been proposed as an explanation of the restricted range of VL transmission relative to vector distribution. VL is considered an anthroponosis and independent of a nonhuman reservoir; thus only anthropophagus *P. argentipes* are susceptible to *L. donovani*. Lewis and Kil-

lick-Kendrick⁷ reported that *P. argentipes* was almost entirely zoophilic in its feeding behaviour in the southern part of its range (including Sri Lanka), explaining the lack of endemic VL transmission. Subsequently, however, prompted by unpublished reports of human biting⁸, Lane *et al*⁹ found anthropophagy in *P. argentipes* in central Sri Lanka, with human-biting rates similar to those reported from VL-endemic regions of India; and Surendran *et al* ¹⁰ collected flies using human-baited traps in the northern Sri Lanka.

P. argentipes shows geographic variation in several morphological characteristics⁸. The best-described of these is a difference in the length of the Sensilla chaetica (previously known as the antennal ascoids on antennal flagellomere II^{2,3,7,8}. Sensilla chaetica have previously been used to differentiate between sand-fly species 11. The length of the s. chaetica appears to correlate with VL distribution; sand-flies from VL-endemic areas in India have short s. chaetica (less than half the length of the flagellomere to which they are attached) whereas sand-flies from non-endemic areas have longer s. chaetica. Sympatric populations have also been recorded in India^{2,12}. As a result of these and other studies (e.g. variation in cuticular hydrocarbons 13) it has been suggested that *P. argentipes* exists as a species complex, with two morphological species of different vectorial capacity. s. chaetica are likely to function in detecting mechanical and/or chemical stimuli³, triggers that are probably integral to mating. Different sensitivities to such stimuli could very well result in mate-recognition preferences.

Leishmaniasis is considered an emerging vector-borne disease in Sri Lanka and of public health significance. Hence, it is very likely that vector control measures will soon be implemented to reduce transmission. For optimal control it is crucial to understand the distribution of vector species and their contribution to transmission, particularly when the taxon exists as a species complex comprising two or more species with differential vector capacity. Therefore, a pilot study was initiated to investigate the *P. argentipes* population in Sri Lanka.

Sand-fly specimens were collected from a western area of Delft Island (9:32N 79:41E, 35 km off the northern coast of mainland Sri Lanka and 37 km from the coast of Tamil Nadu. Delft is located within the Palk Strait and in the dry zone of Sri Lanka. Pelawatta (6° 45' N 81° 10' E), a locality in the district of Moneragala in the intermediate rainfall zone of southern Sri Lanka (Fig. 1). Collections were made in May 2005. Human landing catches (HLC) and cattle-baited net collections (CBNC) were performed. In Delft both HLC and CBNC, and in Pelawatta only CBNC techniques were employed. The collected sand-flies

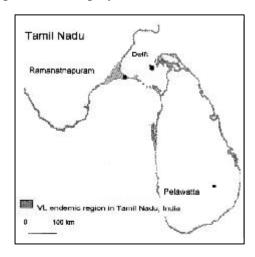
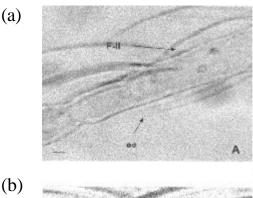


Fig. 1: Geographic closeness between VL endemic region in Tamil Nadu and sample collected localities in Sri Lanka

were identifed using light microscopy (Olympus B \times 51, Tokyo) in the laboratory using a standard key¹. The length of labrum, flagellomere-I, *s. chaeticum* of flagellomere-II (proportion of flagellomere II length) and wing were measured. If the *s. chaeticum* of flagellomere-II was less than half (< 0.5) of the length of flagellomere-II then the species was recorded as morphospecies B and if it was greater than half (> 0.5) the species was recorded as morphospecies A, as mentioned in earlier reports^{2,3}.

The sand-flies identified as *P. argentipes* were used for sibling species identification. Selected morphometric characteristics of these two species are given in Table 1. There were no significant differences noted other than in the *s. chaetica*/flagellomere-II ratio. Forty-one flies from Delft Island and 4 flies from Pelawatta were analysed for the relative length of the *s. chaetica* compared with flagellomere-II. All 4 specimens from Pelawatta had long *s. chaetica* (Fig. 2a) resembling morphospecies A of Ilango^{2,3} and all specimens from Delft



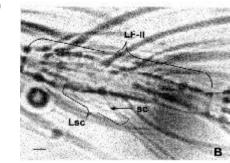


Fig. 2: Relative length of s. chaeticum (SC) on flagellomere II (F-II) of P. argentipes collected from Pelawatta (a) and Delft (b). (Bar = 0.01 mm). Lsc – length of S. chaeticum; LF-II —length of flagellomere II

 2.18 ± 0.09

Local	Collection technique	Morpho- species	No. of specimen	Ratio of s. chaeticum and F-II length	Labrum length	F-I length (mm)	Wing length (mm)
Delft	Human landing catches	В	10	0.42 ± 0.04	0.24 ± 0.04	0.219 ± 0.01	2.12 ± 0.18
	Cattle-baited net collection	В	31	0.42 ± 0.10	0.24 ± 0.01	0.211 ± 0.06	2.15 ± 0.07

 $0.66 \pm 0.12*$

Table 1. Morphometric characteristics of P. argentipes from Delft and Pelawatta in Sri Lanka

F — Flagellomere; *Fisher's exact test p = 0.00000671 between all Delft and Pelawatta samples.

Island had short *s. chaetica* (Fig. 2b) resembling morphospecies B. This distribution was highly significant, Fisher's exact test p=0.00000671 between the Delft and Pelawatta collections, and remained significant when the human-biting collection was excluded, p=0.0000191.

Α

- do-

Pelawatta

P. argentipes, throughout its geographic range, exhibits morphological variation in the relative length of s. chaetica on the antennal flagellomere-II. This was first described by Lewis and Killick-Kendrick⁷ and in greater detail by Lane⁸, who found the relative length of s. chaeticum to be shorter in the population of VLendemic regions whilst those elsewhere are longer. In Tamil Nadu, Ilango et al² reported two morphologically distinct species—morphospecies A with longer s. chaetica and morphospecies B with shorter s. chaetica. The morphological variation in s. chaetica² and the variations in cuticular-wax hydrocarbons¹³ supported the existence of two genetically distinct populations—P. argentipes exists as a species complex. Ilango et al^2 further suggested that morphological variation in s. chaetica could be used to identify vector species of VL in the *P. argentipes* complex.

In Sri Lanka only specimens with long s. chaetica (morphospecies A) have previously been reported^{7,8}. This study reports for the first time the identification of both morphospecies in Sri Lanka, with apparent allopatric distribution. However, definitive conclusions on allopatric distribution cannot be drawn from the small

sample size from Pelawatta in southern Sri Lanka. More collections with greater geographical distribution need to be examined.

 0.25 ± 0.01

 0.203 ± 0.01

Morphospecies B with shorter s. chaetica was the only sibling species identified from Delft Island which lies in Palk Bay in the north of Sri Lanka, close to the southern state of India. It has a resident population of only 5700, but is used by many returning refugee Tamils in transit from India to mainland in northern Sri Lanka. Of the 65 identified cutaneous leishmaniasis cases in Sri Lanka majority are from the northeast (20) and north-central (34) provinces⁵; only 8 cases originated from southern Sri Lanka. Carter and Antonipulle¹⁴ identified *P. argentipes* as the main species (97% of a large collection) on Delft Island in 1949, and its continued prevalence was reported by Surendran et al^{10} . Although no case of leishmaniasis had been reported from permanent Delft Island residents, the potential for infection of the vector population on Delft Island with L. donovani arriving from India, and transmission from there to Sri Lanka mainland, is relatively high. Morphospecies B is linked with VL-endemicity, although whether this is due to innate differences in vectorial capacity is unknown. It is feasible to speculate that the higher incidence of leishmaniasis in northern Sri Lanka is at least partly due to the prevalence of morphospecies B, whether alone or in sympatry with morphospecies A.

In Delft Island morphospecies B were successfully

collected from both CBNC and from HLC. This indicates that morphospecies B is at least partially anthropophilic, supporting a link with leishmaniasis transmission. Human biting in southern Sri Lanka was not tested in this study, but Lane *et al* ⁹ found anthropophagy near Kandy, 90 km further northwest of Pelawatta. Leishmaniasis transmission has been documented in the vicinity of Kandy¹⁵. It will be of interest to determine the incidence of anthropophily in the sibling species.

It is clear that larger and more detailed studies on the prevalence of the two morphospecies of *P. argentipes* throughout Sri Lanka are warranted, including the development of a simpler tool than light microscopy to distinguish between them. This will facilitate the development of an optimal public health measure to control the spread of leishmaniasis before it becomes a major public health problem in Sri Lanka.

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