

A report on Cutaneous Lishmaniasis in Northern Province

Several cases of Cutaneous Lishmaniasis have been reported¹ in Sri Lanka since 1992. The cases reported have been mainly from the North Central and Eastern Provinces. A few have been from other provinces.

Most of the affected patients have been living and or working in close proximity to jungles stretching between the Northern and Eastern Provinces. Several cases have been identified among soldiers who had been deployed in Kokkulai, Manalaru Mullaitivu etc

Studies² have shown that the parasite causing Cutaneous Lishmaniasis in Sri Lanka is *Leishmania donovani zymodeme MON-37*, which is the parasite which also causes visceral Lishmaniasis in India and East Africa. However no cases of Visceral Lishmaniasis (which is usually fatal) have been reported so far in Sri Lanka.

Recent records at the Skin clinic at the Jaffna Teaching Hospital and the Department of Parasitology of the Jaffna Faculty of medicine shows that several cases of suspected Cutaneous Lishmaniasis have been seen and referred to Colombo for treatment.

The existence of biting insects was reported by the residents of the island of Delft. The WHO consultant with the entomological team from the office of the DPDHS visited the island of Delft and identified the biting insects as sand flies. Sand flies have been reported from the island of Delft as far back as 1949.³ But no cases of Lishmaniasis have been reported from Delft.

Nine cases of suspected Cutaneous Lishmaniasis had been identified at the Jaffna teaching hospital during the past one year, and one was identified in the field during the field visit. Seven were confirmed by biopsy (at Colombo) or smear examination at the Faculty of Medicine. We were also informed of another case in Puthukudiyiruppu (Mullaitivu district). None of these cases have been notified to the Regional epidemiologist.

From the details of the addresses available it was possible only to reach one case of Lishmaniasis. She is from Karainagar and under treatment in Colombo and has defaulted treatment as she could not afford the expenses involved in travelling to Colombo. Another case was detected in Karainagar while investigating the previous one. He had been referred to Colombo from Teaching Hospital Jaffna and is now taking treatment in Colombo.

¹ Siriwardena HVYD, Udagedara CU, & Karunaweera ND. Clinical Features Risk factors and efficiency of cryotherapy in Cutaneous Lishmaniasis in Sri Lanka. Ceylon Medical Journal. ,March 2003; **48**. 1.

² Karunaweera ND, Pralong F, Siriwardene HV et al. Sri Lankan Cutaneous lishmanaiasis is caused by *Leishmania donovani zymodeme MON-37*. Trans. R .Soc. Trop. Med. Hyg 2003 Jul-Aug; 97(4): 380-1.

³ Carter HE, Anthony P. Observations on sandflies in Delft Island, North Ceylon. Annals of Tropical Medicine and Parasitology 1949; **43**: 62-73.

Both the patients in Karainagar have been in Ramanathapuram and Puthukudiyiruppu for over 10 years. The source of infection appears to be the jungles in the Wann⁴ especially the boundaries between the Northern and Eastern and North Central Provinces

Investigation facilities are poor in the Northern Province and treatment facilities are not available.

It is suggested that

1. Investigation facilities be improved in the Northern Province
2. Facilities for treatment be made available in Jaffna and Kilinochchi
3. All medical officers and Health personnel be made aware of this situation and the likelihood of an impending increase in the cases of Leshmaniasis with increase in mobility of the population to and from the Wann
4. Community Education and increased awareness be carried out in the Northern, Eastern and North Central Provinces especially those in the areas bordering the jungles should be educated on the identification of Leshmaniasis.

These measures will avoid a major calamity which is likely to befall on the population

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June 8, 2005

⁴Wanni includes: Districts of Kilinochchi, Mullaitivu and part of the Districts of Vavuniya, Mannar and jaffna