



## KALA-AZAR ELIMINATION PROGRAM IN BANGLADESH

### Vision

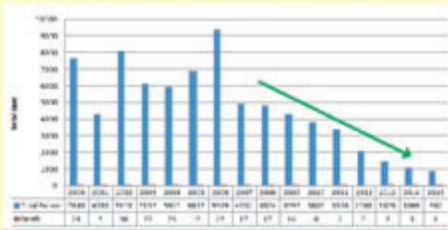
Kala-azar free Bangladesh by 2020.

### Target

The target of the Kala-azar elimination program in Bangladesh is to reduce the incidence of the disease less than 1 case per 10,000 populations at the upazila level by 2017.

### Current situation

Among the 100 endemic upazila in Bangladesh, only Fulbaria and Trishal upazilas of Mymensingh district could not achieve the target by 2015.



Trend of kala-azar in Bangladesh (2000-2015)

### Diagnosis

#### New Kala-azar

- \* Fever for more than 2 weeks
- \* Residing/ travel history in Kala-azar endemic areas
- \* Splenomegaly
- \* 'rk39' test positive.
- \* With or without symptoms
- Weight loss
- Anemia
- Darkening of skin

#### PKDL

- \* Residing / travel history in the endemic areas or history of treatment for Kala-azar any time in the past
- \* Suggestive skin lesion without loss of sensation, which may be macular, papular, nodular or mixed
- \* Exclusion of other causes of skin disease like Leprosy, Vitiligo, Pityriasis, Ring worm, Arsenicosis etc.
- \* 'rk39' test positive
- \* Skin specimen positive for Leishmania donovani by microscopy / PCR

### CURRENT TREATMENT CENTRE



Sl No.	Treatment Center	Contact No.
1	Fulbaria UHC	01730324521
2	Trishal UHC	01730324529
3	SKKRC	09165582
4	Muktagaccha UHC	01730324527
5	Bhaluka UHC	01730324519
6	Gafforgaon UHC	01730324523
7	Modhupur UHC	01730324567
8	Sakhipur UHC	01730324569
9	Kalihatli UHC	01730324565
10	Nagarpur UHC	01730324568
11	Ghatail UHC	01730324563
12	Madargonj UHC	01730324490
13	Bera UHC	01730324690
14	Chatmohor UHC	01730324691
15	Mohadebpur UHC	01730324672
16	Pirgonj UHC	01730324714
17	Ghoraghat UHC	01730324640
18	Parbatipur UHC	01730324645
19	Godagari UHC	01730324704
20	Tanore UHC	01730324708
21	Terokhada UHC	01730324601
22	Daulatpur UHC	01730324603
23	Pangsha UHC	01730324550

### Elimination Strategies

A regional strategy for elimination of Kala-azar has been endorsed by the Regional Technical Advisory Group (RTAG). It comprises of the following components:

- \* Early diagnosis and complete treatment:
- \* All suspected cases of Kala-azar and Post Kala-azar Dermal Leishmaniasis would have access to recommended diagnosis and treatment.
- \* Effective disease surveillance:
- \* A revamped surveillance system should strengthen diagnosis, treatment and reporting both in the public and the private sector.
- \* Integrated vector management
- \* Social mobilization and partnerships
- \* Operational research



Upazila Health Complex

### DRUGS AND TREATMENT:

#### Drugs

- \* Inj. Liposomal Amphotericin B [AmBisome]
- \* Cap. Miltefosine
- \* Inj. Paromomycin
- \* Inj. Amphotericin B deoxycholate
- \* Sodium Stibogluconate (SSG) [Stage of phasing out]

#### First line treatment for New Kala-azar

- \* Liposomal Amphotericin B (AmBisome) (10 mg/kg i.v. single dose) [Before starting treatment, patient's Hb level must be ? 5mg/dl]

#### First line treatment for PKDL

Miltefosine: Oral Miltefosine for 12 weeks.

#### Dose:

- \* Age more than 12 years and weight ? 25kg: 100 mg. (cap 50 mg in morning and 50 mg in evening with meal),
- \* Age more than 12 years but weight <25kg: 50 mg. (Cap 50 mg in the morning with meal),
- \* 2-12 years: 2.5 mg/kg body weight in two divided doses with meal, not exceeding 50 mg/day)

Surya Kanta Kala-azar  
Research Centre (SKKRC) is  
the Only specialized centre  
in Bangladesh for treatment  
of complicated and relapse  
Kala-azar cases  
**09165582**



Surya Kanta Kala-azar Research Centre (SKKRC)

**Hot line**  
Kala-azar elimination  
program  
**01787691372**

