Leishmaniasis country profile — 2016 (Published Aug. 2018)

Tajikistan



COUNTRY GENERAL INFORMATION (World Bank, 2016)

| Total population: | 8,734,951 |
|--|--------------|
| Gender F /M (%): | 49.8 / 50.2 |
| Population, age group <15/ ≥15 years (%): | 35 / 75 |
| Life expectancy at birth (F/M, years) (2015): | 74.2 / 68.3 |
| GDP (PPP int \$): | 2,980 |
| Income status: | Lower middle |
| Number of 2 nd sub-national administrative level divisions, name: | 58, District |

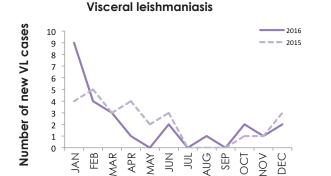
| EPIDEMIOLOGY | VL | | CL | | PKDL | MCL |
|--|-------|-------------------------|-------|-------------------------|-------------|-------------|
| Endemicity status: | Ende | mic | Ende | mic | Non endemic | Non endemic |
| Number of new cases (incidence): | 25 | | 60 | | N/A | N/A |
| Number of relapses ¹ : | 0 | 0 | | | N/A | N/A |
| Total number of cases: | 25 | | 60 | | N/A | N/A |
| Imported cases (#, %): | 0, 0% | | 0,0% | | N/A | N/A |
| Gender distribution (% F)°: | 32 | | 67 | | N/A | N/A |
| Age group distribution (%, < 5/5-14/>14): | (88/1 | 2/0) | (32/2 | 5/43) | N/A | N/A |
| Incidence rate (cases/10,000 population in endemic areas): | 0.21 | | 0.24 | | N/A | N/A |
| Number of endemic 2 nd sub-national administrative level divisions: | 10 | | 17 | | N/A | N/A |
| Population at risk ² (%, $\#$ at risk/total population): | 13% | 1,172,678/ 8,734,951 | 29% | 2,540,790/ 8,734,951 | N/A | N/A |
| Was there any outbreak? | No | | No | | N/A | N/A |
| Number of new ³ foci: | No de | ata | No de | ata | N/A | N/A |

N/A = Not applicable; ° Sociodemographic information (gender and age distribution) was provided for new cases.¹ Relapse is defined in this country as: for VL: "Recurrence of clinical signs or symptoms of VL with parasitological confirmation, after initial or clinical cure "and for CL: "Recurrence of symptoms of CL after initial cure or deterioration of the patient's condition after some improvement"; ² Defined as "Number of people living in 2nd sub-national administrative level endemic areas"; ³ Defined as "In this reporting period, an area at the 2nd sub-national administrative level reporting cases for the first time ever".

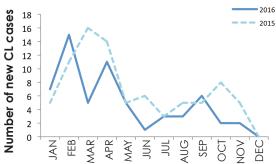
Monthly distribution of new cases (January-December)

| 2016 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| VL | 9 | 4 | 3 | 1 | 0 | 2 | 0 | 1 | 0 | 2 | 1 | 2 |
| CL | 7 | 15 | 5 | 11 | 5 | 1 | 3 | 3 | 6 | 2 | 2 | 0 |

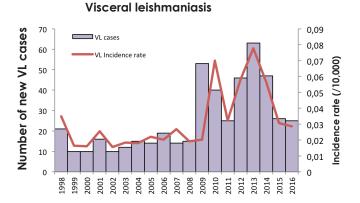
VL = visceral leishmaniasis; CL = cutaneous leishmaniasis; PKDL= post-kala-azar dermal leishmaniasis; MCL = mucocutaneous leishmaniasis

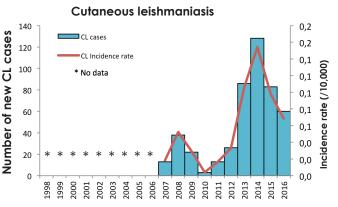


Cutaneous leishmaniasis

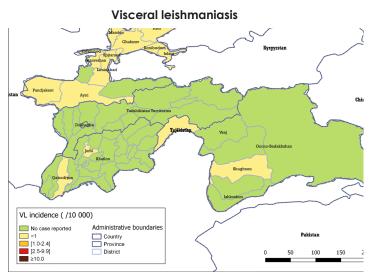


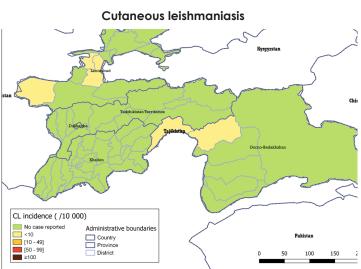
Incidence rate/10,000 (at the national level) and number of new cases from 1998 to 2016





Disease distribution of new VL and CL cases at district level per 10,000 population (2016)





www.who.int/leishmaniasis/Map-CL-TAJI-2016.png

www.who.int/leishmaniasis/Map-VL-TAJI-2016.png

The boundaries and names shown and the designations used on these maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Map production: WHO/HTM/NTD/IDM

CONTROL AND SURVEILLANCE

| Year Leishmaniasis National Control Programme (LNCP) was established: | 1997 |
|---|--------------------------|
| Type of surveillance: | Integrated |
| Is there a vector control programme? | Yes |
| Type of insecticide used for Indoor residual Spraying (IRS): | No insecticide available |
| Year latest national guidelines: | 2014 |
| Is leishmaniasis notifiable (mandatory report)? | Yes |
| Is there a reservoir host control programme? | No |
| Number of leishmaniasis health facilities: | 24 |

| DIAGNOSIS | VL | CL | PKDL | MCL |
|---|---------------|----------------|------|-----|
| Number of people screened actively for: | 0 | 12 | N/A | N/A |
| Number of people screened passively for: | 25 | 48 | N/A | N/A |
| Cases diagnosed by RDT* (%, # RDT+/ total VL cases): | 100% (25/25) | N/A | N/A | N/A |
| Proportion of positive RDT* (%, # RDT+/total RDT): | 2% (25/1,527) | N/A | N/A | N/A |
| Cases diagnosed by direct exam* (parasitology) (%, # slides + / total cases): | 0% (0/25) | 100% (60/60) | N/A | N/A |
| Proportion of positive slides* (%, # slides + / total slides): | N/A | 23.3% (60/258) | N/A | N/A |
| Cases diagnosed clinically* (%, # clinical cases/ total cases): | 0% (0/25) | 0% (0/60) | N/A | N/A |
| Proportion of CL cases with lesions equal to or greater than 4cm*: | N/A | 0% (0/60) | N/A | N/A |
| Proportion of CL cases with 4 or more lesions* (%, # CL cases/ total CL cases): | N/A | 10% (6/60) | N/A | N/A |
| Percentage of cases with HIV coinfection*: | 0% (0/25) | N/A | N/A | N/A |

N/A = Not applicable; RDT = rapid diagnostic test; HIV = human immunodeficiency virus.

TREATMENT AND MEDICINES

Is treatment provided for free in the public sector? Yes

Antileishmanial medicines included in the National Medicine List:

Amphotericin B deoxycholate, Liposomal amphotericin B, Meglumine antimoniate, Miltefosine, Sodium stibogluconate (SSG)

| TREATMENT OUTCOME | VL | CL |
|---|--------------|--------------|
| Proportion of cases treated* (%, # treated cases/ total cases): | 100% (25/25) | 100% (60/60) |
| Initial cure rate* (%, # cases initially cured /total cases): | 100% (25/25) | 100% (60/60) |
| Failure rate4* (%, # patients with treatment failure /total cases): | 0% (0/25) | 0% (0/60) |
| Case fatality rate* (%, # patients who died/ total cases): | 0% (0/25) | 0% (0/60) |

VL = visceral leishmaniasis; CL = cutaneous leishmaniasis; PKDL= post-kala-azar dermal leishmaniasis; MCL = mucocutaneous leishmaniasis ⁴ Failure for VL in this country is defined as: "The symptoms of the disease persist after full treatment course by specific medicines". * These indicators only apply to new cases



Data source: Ministry of Health, Tajikistan © WHO, 2018. All rights reserved