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MINISTRY OF PUBLIC HEALTH

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Weekly Updates & Reviews

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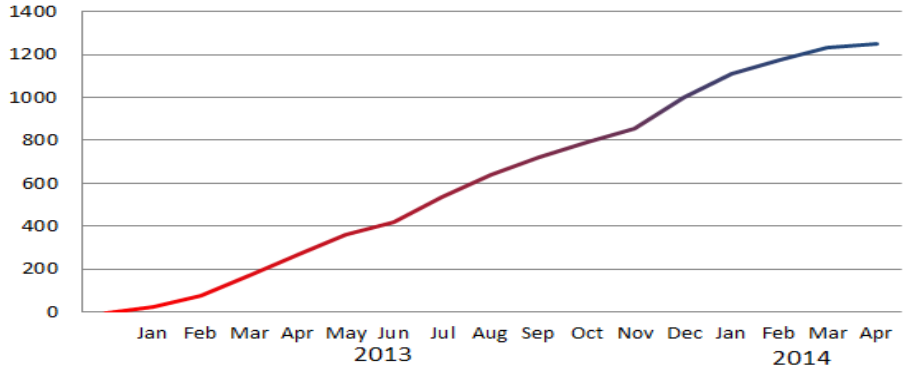
Current Health Event

Outbreak of Leishmania in Lebanon

As of June 2014, the surveillance system at the MoPH detected 1292 cases of Cutaneous Leishmaniasis (CL) in Lebanon. Cases were mostly among displaced Syrian (98%) with almost the third under 5 years of age.

Figure: Cumulative numbers of monthly reported Leishmania cases 2013-2014



Editorial note:

CL, caused by *Leishmania tropica* has long been associated with Aleppo in Syria, where it is known as the "*Aleppo Evil*", "*Aleppo ulcer*", "*Aleppo Boil*", "*Aleppo Button*" or "*Habbat Halab*". The condition can produce permanent disfiguring ugly scars that disproportionately occurs on the face, especially of young people. It typically lasts one or two years before the lesion heals spontaneously, and is often known in Syria as "one-year sore". The scar could be particularly stigmatizing.

Habbat Halab is not a life-threatening disease. It is found mainly in areas undergoing development around cities, and may be associated with poor waste disposal and heaps of construction waste. Human to human contact does not transmit the infection. It is a vector-borne disease transmitted by infected sandflies (*Phlebotomus papatasi, Phlebotomus papatasi or Phlebotomus papatasi*).

However, in many cases specific anti-parasitic chemotherapy can hasten the healing process and improve clinical and cosmetic outcomes. The drug Glucantime, which is injected directly into the sores, is usually the first-line treatment. This is not a commercially-available medicine. The rise in cases of CL could be attributed to the wartime conditions that can often compromise immune systems; and that might be why we see it more in children, whose immune systems are less-developed, and may suffer from malnutrition, which also lowers immunity. Water shortage, poor sanitation and lack of other public services combine to create ripe conditions for transmission of the disease.

The majority of CL cases were among displaced Syrians (98%). This means patients contracted the disease in Syria and they were incubating it while in Lebanon. There is need for a competent vector control program to prevent local transmission of the disease in Lebanon.
The figure shows the cumulative number of reported cases of cutaneous Leishmaniasis from January 2013 till April 2014.

CL in Lebanon:

CL is not known to be endemic in Lebanon. The visible disfiguring scars explains why the disease quickly attracted the attention of the media and people .

WHO Technical Support:

Assisted MoPH to develop a **strategic response plan**, and

- strengthen surveillance system
- develop updated national treatment protocols according to WHO guidelines
- establishing a referral system
- establish 12 treatment clinics across Lebanon
- train dermatologists and internists on biopsy techniques and leishmaniasis treatment protocol
- procure medications and biopsy equipment
- produce public awareness and health education material

Cumulative Notifiable diseases in Lebanon (Syrian)

Disease	2013 Cumul	2014 Cumul*	May	Jun
Vaccine Preventable Diseases				
Polio	0(0)	0(0)	0(0)	0(0)
Acute Flaccid Paralysis	34(7)	14(6)	1(0)	0(0)
Measles	1760(232)	194(72)	25(8)	5(2)
Mumps	14(2)	261(33)	45(5)	0(0)
Pertussis	59(9)	30(10)	1(0)	1(0)
Rabies	1(1)	0(0)	0(0)	0(0)
Rubella	27(1)	11(6)	2(0)	0(0)
Tetanus	4(0)	0(0)	0(0)	0(0)
Viral Hep B	141(8)	97(14)	25(5)	1(0)
Water/Food Borne Diseases				
Brucellosis	189(12)	79(8)	24(3)	0(0)
Hydatid cyst	13(3)	8(0)	2(0)	0(0)
Typhoid Fever	407(21)	71(4)	9(1)	0(0)
Viral Hep A	1551(220)	591(101)	50(20)	1(0)
Other Diseases				
Leishmaniasis	1033(1032)	293(290)	22(22)	0(0)
Meningitis	204(24)	75(7)	5(0)	0(0)
Viral Hep C	103(4)	35(1)	6(0)	0(0)

Source: Ministry of Public Health, Lebanon