



Kala Azar

[Source: IE](#)

Why in News?

India achieved significant progress in eliminating [Kala Azar \(KA\)](#), reporting **less than one case per 10,000 population in 2023**, compared to previous years.

- Data from the [National Vector Borne Disease Control Programme](#) revealed a decline in Kala Azar cases, with 595 cases and four deaths reported in 2023 compared to 891 cases and three deaths in 2022.

Note:

- India has not yet eliminated KA but has made substantial progress towards its elimination goal.
 - India's initial target year for Kala Azar elimination was 2010, which was later extended to 2015, 2017, and then 2020.
- The [WHO](#) defines elimination for KA as having **fewer than one case per 10,000 people at the sub-district (block Primary Health Centres) level** in India. Once achieved, the elimination is to be sustained for 3 years for KA elimination certification.
 - India will need to sustain this momentum over the **next three years to receive WHO certification**, considering that India has missed at least four deadlines for Kala Azar elimination.
- In Oct 2023, **Bangladesh became the first country, globally**, to be officially validated by the WHO for eliminating Kala Azar as a public health problem.

What are the Key Facts About Kala Azar?

- **About:**
 - Kala-azar (**visceral leishmaniasis**), also known as **Black Fever** is a fatal disease caused by a protozoan parasite **Leishmania donovani**.
- **Symptoms:**
 - It is characterised by irregular bouts of fever, weight loss, enlargement of the spleen and liver, and anaemia.
- **Prevalence:**
 - Most cases occur in Brazil, east Africa and India. An estimated 50,000 to 90 000 new cases of VL occur worldwide annually, with only 25-45% reported to WHO. It has an outbreak and mortality potential.
- **Transmission:**
 - Leishmania parasites spread through bites of infected female sandflies, feeding on blood for egg production. Over 70 animal species, **including humans, can carry these parasites**.
- **Major Risk Factors:**
 - Poverty, poor housing, and sanitation.

- Diets lacking essential nutrients.
- Movement into high-transmission areas.
- Urbanisation, deforestation, climate change.
- **Diagnosis and Treatment:**
 - Suspected visceral leishmaniasis cases require immediate medical attention. Diagnosis involves clinical signs combined with parasitological or serological tests.
 - Left untreated, it can be **fatal in 95% of cases**.
- **Prevention and Control:**
 - **Early diagnosis and prompt treatment** are crucial in reducing disease prevalence, and preventing disabilities, and death.
 - **Vector control, such as insecticide spray** and the use of insecticide-treated nets, helps reduce transmission by decreasing the number of sandflies.
 - **Effective disease surveillance** is important for monitoring and acting during epidemics and high case fatality rates.
 - **Social mobilization and strengthening partnerships**, including community education and collaboration with stakeholders, are critical for effective control.
- **India's Efforts to Control Kala Azar:**
 - The Government of India launched a **centrally sponsored Kala-azar control program in 1990-91**, which was later revised in 2015.
 - The program aimed to eliminate **Kala-azar by 2023**, aligning with the WHO [neglected tropical diseases \(NTDs\) Roadmap goal of 2030](#).
 - The **National Vector Borne Disease Control Programme (NVBDCP), 2003** is an umbrella programme for prevention and **control of vector borne diseases** viz., malaria, lymphatic filariasis, **kala azar**, and chikungunya.
 - **Recent Efforts:**
 - Rigorous indoor residual spraying effort aimed at curtailing sandfly breeding sites; application of a **special soil to seal crevices in mud walls**, preventing sandflies from nesting.
 - Pucca houses in KA-affected villages have been constructed under PMAY-G - A total of 25,955 houses in 2017-18 (1371 houses in Bihar & 24584 in Jharkhand).
 - Mobilisation of the [ASHA \(Accredited Social Health Activist\) network](#) to ensure completion of treatment for PKDL patients, who require a 12-week course of Miltefosine (an antileishmanial agent).

Post-kala-azar Dermal Leishmaniasis (PKDL)

- PKDL is a skin condition that **follows visceral leishmaniasis**, causing rashes on the face, arms, and trunk.
- It affects mainly Sudan and the Indian subcontinent, with 5-10% of kala-azar patients developing it.
- PKDL may occur 6 months to a year after kala-azar treatment, potentially spreading Leishmania.

UPSC Civil Services Examination, Previous Year Questions (PYQs)

Prelims:

Q. Consider the following diseases: (2014)

1. Diphtheria
2. Chickenpox
3. Smallpox

Which of the above diseases has/have been eradicated in India?

- (a) 1 and 2 only
(b) 3 only

- (c) 1, 2 and 3
(d) None

Ans: (b)

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