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ZOONOTIC AND PARASITIC DISEASES

PROCEEDINGS OF THE THIRD
INTERNATIONAL AND PAN-ARAB SEMINAR
HELD IN AMMAN, JORDAN,
17-20 OCTOBER, 1989

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ZOONOTIC AND PARASITIC DISEASES

**Proceedings of the Third International and Pan-Arab Seminar
held in Amman, Jordan, 17-20 October 1989**

Edited by
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LEISHMANIASIS AND PRIMARY HEALTH CARE IN TUNISIA

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Both visceral leishmaniasis (VL) and cutaneous leishmaniasis occur in Tunisia. The pattern of VL is of **classical infantile mediterranean kala azar**. Current annual incidence (1988) is about 120 reported cases. Almost all cases come from the north of Tunisia. However, new VL foci are presently arising in mid-Tunisia in areas where large water resources development projects have been recently completed. The causative parasite of VL is **Leishmania (L.) infantum** s.st, (zymodeme Lon 49, London = Mon 1, Montpellier). Dogs are a proven reservoir host. **Phlebotomus (P) perniciosus** is the suspected vector.

There are three forms of cutaneous leishmaniasis in Tunisia.

Zporadic CL is observed in the north in the VL foci and is caused by a variant of **L. infantum** (zym. Mon 24). About 20 cases are recorded every year. The vector and the reservoir hosts of SCL are unknown.

Zoonotic CL is widespread in the centre and the south of the country. Since 1982, an epidemic has spread rapidly from the governorate of Kalrouan to cover parts of 8 other governorates. More than 25,000 cases were reported since the beginning of the outbreaks. ZCL is caused by **L. major** (zym. Mon 25 = Lon 1). **Psammomys obesus**, **Meriones (M) showi** and **M. libycus** are proven reservoir hosts of ZCL in Tunisia and **P. papatasi** has been incriminated as a factor.

A Chronic CL form caused by **L. tropica** (zym. Mon 8, Syn. **L. killici**) is observed in the south-east of Tunisia (pre-Saharan zone). Its annual incidence is about 12 reported cases. The sporadic character of this particular form suggests the presence of an animal reservoir not yet identified. **P. sergenti** is the suspected vector of CCI.

ZCL and VL are considered as major public health problems in Tunisia. **The Basic Health Care (BHC) Division** plays an important role in their control and surveillance. Since the beginning of the ZCL epidemic, a system of case detection, registering, reporting and treatment was established at a peripheric level in the BHC

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regional units. The implementation of this "sentinelle" structure that allowed follow-up of the spread of the epidemic, will be described. Field research on the transmission cycles and pilot projects are carried out by research institution workers in close collaboration with the BHC regional units' personnel. The Ministry of Agriculture is involved in the control of rodents. The contribution of these different sectors will be discussed.