

**SITUATION ANALYSIS OF VISCERAL LEISHMANIASIS (KALA-AZAR):
KNOWLEDGE ATTITUDE AND PRACTICES (KAP), SYMPTOMS AND
RISK FACTORS IN SAPTARI DISTRICT**



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RECOMMENDATIONS

This is to recommend that the thesis entitled "**Situation Analysis of Visceral Leishmaniasis (Kala-azar): Knowledge Attitude and Practices(KAP), Symptoms and Risk Factors in Saptari District**" has been carried out by Dharmendra Kumar Yadav for the partial fulfilment of Master's Degree of Science in Zoology with special paper Parasitology. This is his original work and has been carried out under my supervision. To the best of my knowledge, this thesis work has not been submitted for any other degree in any institutions.

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DECLARATION

I hereby declare that the work presented in this thesis has been done by myself, and has not been submitted elsewhere for the award of any degree. All sources of information have been specifically acknowledged by reference to the author or institution.

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ABSTRACT

Visceral Leishmaniasis(VL) Kala-azar(KA)is a chronic infection of reticulo-endothelial system and is nearly always fatal, if left untreated. The present research was conducted in Sagarmatha Zonal Hospital Saptari district with an aim to analyze the situation of VL, VL related knowledge , attitude and practice, and risk factors of the disease. A total of 250 suspected cases were subjected to aldehyde test, rk39 test and bone marrow examination according to the laboratory diagnostic facilities available in District Hospital Saptari. The finding revealed that total 39 +ve KA cases out out from 88 examined sample 44.31% cases were found to be positive for Kala-azar. It has been found that males were affected more than females with the ratio of 5.75:4 in male and female. The age group most affected to be was found to be 15-19 years which constitutes 11.36% of total positive cases. Out of total KA cases, the distribution was found to be 16.8% among labour 22.72% among illiterate people, 28.8% among those earning <1000 Rs/month and 53.40% form the "hut" houses. Likewise, questionnaire survey among 263 respondents reveals that maximum cases were found among those respondents who have never used bed nets 69.23% sleep on ground floor (100%) and who keep cattle nearby the houses 61.53%. Regarding the knowledge of VL, none of the respondents was aware of the fact that KA is transmitted by sandfly.

The Present study show that poverty, age, illiteracy, occupation, type of house, lack of knowledge regarding VL, sleeping on the ground floor without using bet nets, malnutrition, keeping cattle nearby the house and sharing the same house with cattle were responsible risk factors for the spread of KA . It was, therefore, very necessary that the people in the endemic areas should be made well conversant about the disease and vector sandfly for the prospective of sustainable management of the disease

TABLE OF CONTENTS

	Page No.
Declaration	i
Recommendations	ii
Letter of Approval	iii
Certificate of Acceptance	iv
Acknowledgements	v
Table of Contents	vi
List of Table	ix
List of Abbreviations	x
Abstract	xii
1 INTRODUCTION	1
1.2 OBJECTIVES	3
) General objective:	3
) Specific objectives	3
1.3 HISTORICAL BACKGROUND ABOUT LEISHMANIASIS	4
1.3.1 Global Review	4
1.3.2 Kala-azar in Asian Region	5
1.3.3 Kala-azar in India	6
1.3.4 Status of Kala-azar in Nepal	7
) Background	7
) Situation Analysis	10
) Study of Leishmania / HIV Co-infection	10
) Indoor Residual Spraying (Vector Control Measures)	11
1.4 THE CAUSATIVE AGENT OF VISCERAL LEISHMANIASIS:	
<i>Leishmania donovani</i>	11
1.5 SANDFLY, THE CARRIER AGENT OF VISCERAL LEISHMANIASIS	17
2 LITERATURE REVIEW	20-23
3 MATERIALS AND METHODS	24

3.1 Study Area:	24
) Introduction of Saptari District	24
) Climatic Condition	25
) Selected Hospital	25
3.2 Case study	25
3.3 Duration of Study	25
3.4 Methods of Data Collection	26
3.4.1 Morbidity and mortality data collection	26
3.4.2 To determine where and why do people prefer to visit for diagnosis and treatment	26
3.4.3 To determine indigenous and imported cases of Kala-azar	26
3.4.4 Diagnosis and Case Detection	27
) Blood Sample Collection	27
) Bone marrow collection	27
) Aldehyde Test	27
) rk 39 Test	28
4 RESULTS	29
4.1 Analysis of laboratory test result of Visceral Leishmaniasis	29
4.1.1 Age and sexwise adehyde test results of VL in Sagarmatha Zonal Hospital, Saptari	29
4.1.2 Aldehyde and Bone marrow test for VL	31
4.1.3 Occupation wise prevalence of Kala-azar in Saptari District	32
4.1.4 Education wise prevalence of Kala-azar cases	33
4.1.5 Prevalence of KA in relation to the monthly income	33
4.1.6 Distribution of Kala-azar in house wise system	34
4.1.7 Prevalence of KA in relation to sanitary measures in Population	35
4.1.8 Animal husbandry practices among the study of KA pop ⁿ Kala positive cases	35
4.2 ANALYTICAL FINDING OF SURVEY RESULT OF V2 RELATED KNOWLEDGE ATTITUDE PRACTICES OF POPULATION AND STATUS OF MAN POWER BY QUESTIONNAIRE METHOD	37
4.2.1 Knowledge of Respondents towards Kala -azar	37

4.2.2 Attitude of Respondents towards Kala-Azar	39
4.2.3 Practices of Respondents towards Kala-Azar	40
4.3 SITUATION ANALYSIS OF KALA-AZAR IN SAPTRARI DISTRICT BASED ON SECONDARY DATA	41
4.3.1 Health institution wise Kala-azar cases Reported form 2001-2008	42
4.3.2 Health institution and month wise KA cases recorded in SZH in Saptari.	43
4.3.3 Age and Sex Wise KA Cases Recorded in SZH in Sptari in 2065/066	44
4.3.4 Month and Sex wise KA cases recorded in SZH Saptari in 064-065 Saptari district 2001-2008	44
4.3.5 Year wise KA cases, incidence, death and case fatality rate (CFR %) in Saptari District 2001-2008	45
4.3.6 Month wise KA cases recorded in Sagarmatha Zonal Hospital	46
4.3.7 Age and Sex wise kala-azar Cases in 2008	47
5 DISCUSSION	48-51
6 CONCLUSION AND RECOMMENDATIONS	52-53
REFERENCES	54-56
ANNEX	57-58

LIST OF TABLES

	Page
Table 1: Profile of visceral leishmaniasis in Nepal 1980-2008	9
Table 2: Age and sexwise adehyde test results of VL in Sagarmatha Zonal Hospital Saptari	29
Table 3 Aldehyde and bone marrow test for VL	31
Table 4 Occupation wise prevalence of Kala-azar in Saptari District	32
Table 5: Education wise prevalence of Kala-azar cases	33
Table 6 Prevalence of KA in relation to the monthly income	33
Table 7 Distribution of Kala-azar in house wise system	34
Table 8 Prevalence of KA in relation to sanitary measures in Population	35
Table 9 Animal husbandry practices among the KA positive cases	36
Table 10: Knowledge of Respondents towards Kala -azar	37
Table 11: Attitude of Respondents towards Kala-azar	39
Table 12: Practice of Respondents towards Kala-azar	40
Table 13 Health institution wise KA cases Reported form 2001-2008	42
Table 14 Health institution and month wise KA cases recorded in SZH in Saptari.	43
Table: 15 Age and Sex Wise KA Cases Recorded in SZH in Sptari in 2065/066	44
Table 16 Month and Sex wise KA cases recorded in SZH Saptari in 064-065	44
Table 17: Year wise KA cases, incidence, death and case fatality rate (CFR %) in Saptari district 2001-2008	45
Table 18: Month wise KA cases recorded in Sagarmatha Zonal Hospital	46
Table 19: Age and Sex wise kala-azar Cases in 2008	47

ABBREVIATION AND ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
CFR	-	Case Fatality Rate
CIR	-	Case Incidence Rate
CL	-	Cutaneous Leishmaniasis
CR	-	Central Region
DDT	-	Dichlorodiphenyltrichloroethane
DHO	-	District Health Office
EDCD/DoHS	-	Epidemiology and Disease Control Division/ Department of Health Services
ELISA	-	Enzyme-linked Immunosorbent
ER	-	Estern Region
HIV	-	Human Immunodeficiency Virus
HPs	-	Health Posts
IgG	-	Immunoglobulin G
IgM	-	Immunoglobulin M
IM	-	Intramuscular
IRS	-	Indoor Residual Spraying
IV	-	Intravenous
KA	-	Kala-azar

KAP	-	Knowledge, Attitude and Practice
MoH	-	Ministry of Health
NNN	-	Novy, MacNeal and Nicolle
PHC/ORCs	-	Primary Health Centres/ Health Centres
PKDL	-	Post Kala-azar Dermal Leishmaniasis
RE	-	Reticuloendothelial
SAG	-	Sodium Antimony Gluconate
SHPs	-	Sub-Health Posts
SZH	-	Sagarmatha Zonal Hospital
VDC	-	Village Development Committee
VL	-	Visceral Leishmaniasis
WHO	-	World Health Organization