

# New treatment for kala azar, the most deadly parasitic disease after malaria

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East Africa is fighting the worst kala azar outbreak in a decade. Collaboration across the region through the Leishmaniasis East Africa Platform (LEAP) has resulted in the development of a new combination therapy (SSG&PM) which is cheaper and nearly halves the length of treatment from a 30 day course of injections to 17 days. East African endemic countries are taking the necessary regulatory measures to use it in their programmes, but experts warn that without international funding or interest in supporting governments in the roll out, too few patients will benefit.

"The poorest of the poor, in the most remote villages are the ones who are wasting away from kala azar and who could benefit the most from a shorter more affordable treatment" said Dr. Monique Wasunna, Assistant Director, KEMRI, and Head, DNDi Africa. "Neglected diseases and patients mean that even when there are new treatments and hope, they are too far from the headlines and donor priorities to get support to governments. This is why we are calling for urgent action."

This week in Nairobi, over 100 clinical researchers and regional experts from Ministries of Health and drug regulatory authorities are meeting for the bi-annual LEAP – Leishmaniasis [East Africa](#) Platform – to see what is and is not working in the field and to find better ways to control the disease.

After 70 years of little improvement or change in the treatment of kala azar in Africa, LEAP and its partners have developed a new treatment:

Sodium Stibogluconate & Paromomycin (SSG&PM) combination treatment. This is cheaper and nearly halves the length of treatment from the current 30 day course of injections to 17 days. It also cures the patient. Combination therapies help fight resistance to treatment. Countries around the region are in the process of registration and are ready to use the treatment, but need funding to control the disease.

Kala azar is another name given to visceral leishmaniasis (VL), a parasitic disease endemic in around 70 countries worldwide. South Sudan has the second highest number of cases after India. The disease is spread through the bite of a sandfly and is fatal without treatment. Approximately half a million people are infected with the disease and 50-60,000 die every year as a result of the infection. Patients suffer from irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.

"I have spent fifty years treating kala azar patients and researching this killer parasite and I know first-hand how desperately these poor patients and overburdened health workers need shorter, cheaper, and easier-to-use treatment," said Professor Ahmed Mohamed El Hassan, Emeritus Professor, Institute of Endemic Diseases University of Khartoum, Sudan. "Ideally for patients in such conditions, we need an oral treatment, such as those being tested or completely new drugs, but we are a long way from there and we need to make the most of this existing better treatment and find the funds to roll it out," he concluded.

In March 2010, the World Health Organization (WHO) Expert Committee on the Control of Leishmaniases recommended SSG&PM as first-line treatment for VL in East Africa. It is already being used to treat patients in the countries such as Sudan and South Sudan. Other affected countries are in the process of registering PM to combine it with the already registered SSG to get the treatment to patients.

"After 20 years, WHO has updated the guidelines for the control of leishmaniasis. This shows that there is greater collaboration and progress. Now countries need support to translate this into lives saved on the ground," said Dr. Mercé Herrero, Disease Prevention and Control, [Leishmaniasis](#) National Control Programme, WHO Ethiopia.

The development of SSG&PM is the result of a collaborative partnership over a period of six years between DNDi, LEAP, and other partners including the National Control Programmes of Kenya, Sudan, Ethiopia, and Uganda, as well as Médecins Sans Frontières (MSF) and the World Health Organization (WHO).

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