Training on VL Outbreak Assessment and Response was Conducted

Five days Training on Visceral Leishmaniasis (VL) outbreak assessment and response was held at Embilta Hotel, from March 18-22, 2019. The training was organized by the Ethiopian Public Health Institute’s (EPHI) center for Public Health Emergency Management (PHEM) and Bacterial, Parasitic and Zoonotic Research Directorate in collaboration with the Federal Ministry of Health and KalaCORE- Amigos De Silva.

After welcoming speech made by Dr. Feyisa Regassa PHEM acting director at EPHI, the introduction and objectives of the training was briefed by Dr. Cherinet Adera, Deputy country program Director of KalaCORE. Based on the drafted Manual for assessment and Response of outbreak of visceral leishmaniasis in Ethiopia, the objective of the training was to build the capacity of the officers to prevent, detect, respond to and control the VL outbreak. It was the first in its kind to provide a sensitization training on Kala azar outbreak assessment and response for PHEM focal persons and VL focal persons in VL endemic areas from Afar, Amhara, Tigray, Oromia, SNNPRs, and Somali regions. A total of 43 participants attended successfully the training.

The major topics covered during the training were:

1) Epidemiological surveillance of VL,
2) VL outbreak investigation and Response,
3) VL post outbreak assessment,
4) Neglected tropical diseases and current NTDs road map,
5) Overview of Leishmaniasis, National Overview of Leishmaniasis control program,
6) Clinical features, differential diagnosis and treatment of VL,
7) Diagnosis of Leishmaniasis,
8) Practical demonstration on VL diagnosis (particularly on rapid diagnostic test),
9) Safety precautions for laboratory diagnosis of VL,
10) Quality assurance of Laboratory diagnosis in national leishmaniasis control and prevention,
11) Documentation and recording in VL,
12) Vector control,
And finally, discussion was made on summary of gaps identified in VL control program. A pre-test examination was given before starting the training and a post test examination after the end of the training was given to evaluate the overall success of the training. The training was given by staffs from EPHI - PHEM, Malaria and NTD Research Team and Regional Laboratories Capacity Building Directorate, Federal Ministry of Health - NTD case team and KalaCORE- Amigos De Silva. The cost of the training and training materials was covered by KalaCORE- Amigos De Silva. In Ethiopia, KalaCORE works to strengthen country capacity for control of Kala azar and to support the detection and response to outbreaks of Kala azar. Visceral leishmaniasis, also known as kala-azar is a disease caused by protozoan parasites of the genus *Leishmania*, and it is the most severe form of leishmaniasis and, without proper diagnosis and treatment, is associated with high fatality. East Africa is the second largest focus for VL, contributing 15% of the estimated annual global burden of 0.2–0.4 million cases. In this region, Sudan, South Sudan, and Ethiopia are the major contributors to the kala azar burden. As estimated by the Federal Ministry of Health (FMoH), in Ethiopia alone there are about 4,500 to 5000 new VL cases annually and over 3.2 million people live at risk of VL infection. The distribution of VL in Ethiopia is mainly concentrated in the lowland areas of the Northwest, Southwest and Southeast areas of the country. The Northwestern VL foci in Ethiopia cover the semi-arid low land areas such as Metema and Humera plains in Amhara and Tigray regional states bordering Sudan. The Southwest VL foci in Ethiopia include the Omo and Aba Roba plains and Weyto River Valley in the Southern Nations and Nationalities People's Regional (SNNPR) state. The cases of VL have also been reported from further East in the Moyale area and Genale river basin near the Kenyan border, Oromia Regional state. In the Southeast of Ethiopia, on the border between Kenya, Somalia and Southeast Ethiopia, VL is known to be endemic in Afder and Liban zones in Somali Region. In Ethiopia, VL is caused by infection with *L. donovani* where *Phelbotomus(P). orientalis* and *P. martini* have been confirmed as vectors of VL.