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WHO recommends a new regimen for HIV and visceral leishmaniasis co-infection

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WHO expects to increase access and improve treatment outcomes for neglected tropical diseases, HIV, tuberculosis, and vector-borne diseases



The World Health Organization (WHO) has published new treatment recommendations for visceral leishmaniasis in patients coinfected with the human immunodeficiency virus (HIV). The guideline targets visceral leishmaniasis in East Africa and South-East Asia.

The new guideline updates the 2010 recommendations which were based on limited evidence extrapolated mainly from experience in countries around the Mediterranean Basin where zoonotic *L. infantum* is the main causative species. The recommended treatment consisted of daily injections of liposomal amphotericin B (AmBisome) over a period of up to 38 days.

Infection or disease is transmissible from humans to animals under natural conditions. Up to 5-7 percent of visceral leishmaniasis patients in India are detected with HIV infection – the highest in South Asia; a significant proportion also suffers from another fatal comorbidity: tuberculosis. Coinfected patients are vulnerable not only to other comorbid conditions such as tuberculosis and cryptococcal meningitis but also to varying degrees of stigmatization and human rights issues.

The current standard treatment for HIV/visceral leishmaniasis coinfection comprises single injections of liposomal amphotericin B (LAmB). The new treatment course is a combination of the oral treatment miltefosine and LAmB.

WHO expects to increase access to treatment and improve treatment outcomes, and thereby benefit national control programs for neglected tropical diseases, HIV, tuberculosis, and vector-borne diseases.