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individuals who spent more time in the farm fields were at increased risk of vl. the results from our study were in agreement with a study conducted in the district of mirab herat in afghanistan [32]. this could be due to the presence of animal reservoirs of vl in the farm fields which could be a potential source of infection to humans. however, in a study conducted in northwest ethiopia, l. donovani infection was not significantly associated with the number of days spent in the farm fields [17]. it was also found that individuals who slept outside the house with a bed net were at reduced risk of vl, but sleeping outside the house without a bed net was associated with increased risk of vl. this was in agreement with a study conducted in the district of mirab herat, afghanistan [32]. this may be due to the fact that a bed net does not repel sand flies. furthermore, a bed net is not able to stop sand flies from entering the house [32]. in conclusion, our study provides evidence that vl is endemic in the study area. socio-economic, demographic, cultural, environmental and biological factors are responsible for the risk of vl infection. the results suggest that sleeping outside a house with a bed net, avoiding night time activities around the house and livestock keeping are important to reduce vl risk. in order to decrease the risk of vl, we recommend improving the building material of houses and communal sleeping areas and adopting appropriate controls against the vectors. we also suggest that awareness campaigns about vl must be strengthened especially in the endemic regions. adequate control measures should be implemented to reduce the burden of vl in the study area.



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it is a serious concern about the correct use of morphine as a treatment for vI in bihar, india. we conducted a prospective study to estimate the prevalence of any morphine use among patients presenting with vI at the stch, bihar, india. five hundred patients were evaluated. among those, 28% of the patients were on morphine

treatment, 78% were on other drugs, and 10% had no history of drug treatment for vl. two important findings emerged from our study. (1) over 25% of the vl cases in bihar, india, receive morphine. most often, patients do not have a medical history of vl and most often had started treatment with morphine within seven days of developing symptoms.

(2) patients had been exposed to the increased risk of toxicity by receiving incorrect dosages of morphine. these results suggest the need for increased provider awareness of adverse effects of these drugs, and for increased education of patients and providers about appropriate vI treatment. these results also call into question the standard practice of using morphine as first-line treatment for vI [13]. in this study, we use a cohort of patients treated for vI at the stch, ambedkar nagar, bihar, india and we measured the time for patients to complete the treatment course and the occurrence of relapse. thirtytwo patients were treated for vI in 2004 and 2005. the average time to complete treatment was 135.5 days. fifteen out of 32 patients (47%) experienced relapse, with a median of 97.5 days after the initial evaluation. of those 15 who relapsed, there were no significant differences in clinical variables (including age, sex, white blood cell count, platelet count, serum total protein, bilirubin, alkaline phosphatase, ast, alt, and c-reactive protein). the average length of stay in the hospital was 4 days, with no deaths resulting from vl. the main cause of vI relapse was inadequate treatment, including lack of adherence to treatment and lack of reporting to the clinic. this study confirms that vI relapse may be common in vI endemic areas. attention to the side effects of antileishmanial drugs, including morphine use, is

necessary. this highlights the importance of using highly effective firstline antileishmanial drugs, with appropriate counseling and follow-up of patients. stch should be a center where clinical trials of vl drugs should be done to ensure safe and effective treatment of vl. 5ec8ef588b

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