



ISSN: 0975-833X

RESEARCH ARTICLE

SUSCEPTIBILITY STATUS OF *PHLEBOTOMUS ARGENTIPES* TO DDT AND DELTAMENTRIN IN A FOCUS OF CUTANEOUS LEISHMANIASIS IN KANI TRIBES SETTLEMENT OF THE WESTERN GHATS IN KERALA, INDIA

Selvakumar, M. and \*Srinivasan, R.

Vector Control Research Centre (Indian Council of Medical Research), Pondicherry 605006, India

ARTICLE INFO

Article History:

Received 18<sup>th</sup> May, 2015  
Received in revised form  
24<sup>th</sup> June, 2015  
Accepted 06<sup>th</sup> July, 2015  
Published online 31<sup>st</sup> August, 2015

Key words:

Western Ghats,  
Tribal settlements,  
Sandfly,  
Susceptibility,  
DDT.

ABSTRACT

Leishmaniasis are one of the neglected tropical diseases in several countries. In India, recently, cutaneous leishmaniasis cases were recorded from the tribal settlements of Western Ghats, Thiruvananthapuram district, Kerala. To provide a rational framework for selecting an appropriate insecticide for implementing intervention measure, susceptibility of sand flies of this region to DDT and Deltamethrin was assessed. A total of 720 sandflies, comprising *Phlebotomus argentipes* (70.6%), *Sergentomyia bagdhadis* (14.4%), *Se. zeylonica* (8.2%), *P. sintoni* (3.6%) and *Se. babu* (3.2%) were exposed for susceptibility. The corrected mortality for field collected *P. argentipes* population with DDT as well as Deltamethrin at diagnostic concentrations was 100% after 24 hr of exposure. *P. argentipes* and other sand flies were found to be susceptible to both DDT and Deltamethrin. Hence, DDT, which is the cheapest insecticide, is one of the options that could be effectively used as residual spraying to prevent further transmission, in the new CL focus.

Copyright © 2015 Selvakumar and Srinivasan. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Selvakumar, M. and Srinivasan, R., 2015. "Susceptibility status of *Phlebotomus argentipes* to DDT and Deltamethrin in a focus of Cutaneous leishmaniasis in Kani tribes settlement of the western Ghats in Kerala, India", *International Journal of Current Research*, 7, (8), 19564-19566.

INTRODUCTION

The Sixtieth World Health Assembly, in its resolution, recognized leishmaniasis as a neglected tropical disease (WHO, 2000). Leishmaniasis occurs in three forms viz., visceral, cutaneous and muco-cutaneous leishmaniasis. Visceral leishmaniasis (VL), also known as kala-azar is fatal, if left untreated. It is highly endemic in the Indian subcontinent and in East Africa. An estimated 200 000 to 400 000 new cases of VL occur worldwide each year. Cutaneous leishmaniasis (CL) is the most common form of leishmaniasis and about 95% of CL cases occur in the Americas, the Mediterranean basin, and the Middle East and Central Asia. An estimated 0.7 million to 1.3 million new cases occur worldwide annually (Alvar, 2012). In India, VL is confined to Bihar (Prasad, 1987), West Bengal (Addy and Nandy, 1992), Jharkhand and Uttar Pradesh (Rao *et al.*, 1992), is scattering to adjoining states like Gujarat and Madhya Pradesh (Dey *et al.*, 2007); on the other hand, CL is restricted to hot dry north western region, Thar Desert of Rajasthan (Mohan and Suri, 1975) is emerging in Himachal Pradesh (Sharma *et al.*, 2003), and Kerala (Muhammed *et al.*, 1990; Bora *et al.*, 1996). In India, DDT is being used for the control of sandfly vectors in VL endemic areas. However, there are reports, indicating that the leishmaniasis vector,

*P. argentipes* has developed resistance to DDT in a few districts of Bihar (Kisore *et al.*, 2004; Singh *et al.*, 2001; Mukhopadhyay *et al.*, 2001). Despite, in VL endemic state in India, current vector control programme focusing on residual spraying of sand fly infested dwellings with DDT showed considerable reduction in vector density (Kumar *et al.*, 2015). Recently, CL cases were recorded from the tribal settlements of Western Ghats, Thiruvananthapuram district, Kerala (Simi *et al.*, 2010; VCRC, 2012). To provide a rational framework for selecting an appropriate insecticide for implementing intervention measure and to establish baseline information, susceptibility of sand flies to DDT and Deltamethrin was assessed, following standard WHO testing procedure.

MATERIALS AND METHODS

The study was conducted in the Kani tribe settlements (08°37'49.7" North latitude-077°11'29.7" East longitude; 08°36'51.2" North latitude 077°09'54.9" East longitude; with altitude, ranging from 267 to 2425 ft.). The settlements (n=28) were scattered on the southern part of the Western Ghats, montane rain forests, Thiruvananthapuram district, Kerala. Majority of the Kani tribes inhabited in mud walled huts (76.2%), while the remaining in houses made of brick and cement plastered walls, with re-inforced concrete cement roof (23.8%).

\*Corresponding author: Srinivasan, R.

Vector Control Research Centre (Indian Council of Medical Research), Pondicherry 605006, India

Sandflies found resting on walls in human dwellings, tree-holes and tree-buttresses, rock holes and rodent burrows were collected using oral and mechanical aspirators, during the period from November 2013 to January 2014, between 10 00 and 12 00 hr. Specimens collected were transferred to 15x15x15cm cloth cage and fed on 10% glucose solution, soaked in cotton wool and brought to the laboratory. Healthy sandfly females with mixed abdominal stages viz., unfed, full fed and half gravid were used for assessing susceptibility to DDT and Deltamethrin. Both DDT and Deltamethrin impregnated and control papers were obtained from the Vector Control Research Unit, Universiti Sains, Malaysia (WHO collaborative Centre). DDT discriminating dosage, established by the WHO, for the genus *Phlebotomus* is 4/1 (exposition to 4% DDT impregnated paper for 1 hr) (WHO, 1981). However, no standardized discriminating concentrations or time of exposure to Deltamethrin was given for sandflies by the WHO, as in the case for malaria vectors. The discriminating concentration ascertained by earlier works for Deltamethrin was 0.05/1 (exposition to 0.05% Deltamethrin impregnated paper for 1 hr) (Aboul *et al.*, 1993; Tetreault *et al.*, 2001; Alexander *et al.*, 2009). Therefore, these diagnostic dosages of DDT and Deltamethrin were used to assess insecticide susceptibility of sandflies in this study.

Standard WHO testing procedures were applied to assess the insecticide resistance/ susceptibility, using the test-kit tubes (WHO, 1981 and 1998). In each test, four replicates, with 20 sandflies (unidentified) were performed. Two sets of control tests were also performed, using the corresponding control papers. Sandflies were held in the test-kit tubes for 60 min. After one hour exposure, sandflies were transferred to the observation tube and kept for 24 hours, under ambient conditions of temperature (25±2°C) and relative humidity (65±10%) and maintained on 10% glucose solution, soaked in cotton wool. After 24 hour of observation, alive and dead sandflies, in each of the test-kit tube were counted and recorded. Tests were repeated 3 times with both DDT and Deltamethrin. Sandfly specimens exposed for the bioassay were identified to species, using the standard key (Lewis, 1978). Mortality rate for sandflies was corrected according to the result of control test using the Abbott's formula (Abbott, 1925).

## RESULTS AND DISCUSSION

A total of 720 sandflies comprising *Phlebotomus argentipes* (70.6%), *Sergentomyia bagdhadis* (14.4%), *Sergentomyia zeylonica* (8.2%), *Phlebotomus sintoni* (3.6%) and *Sergentomyia babu* (3.2%) were exposed for susceptibility.

The number of female sandflies exposed to test and control batches and mortality observed after 24 hr exposure were given in Table 1. The number of *P. argentipes* females exposed to DDT (4%) and Deltamethrin (0.05%) impregnated papers were 158 and 172 respectively, as this species was abundant in the total collection. Sandfly females (n=120) were also exposed to respective control papers. The corrected mortality for field collected *P. argentipes* population with DDT as well as Deltamethrin at diagnostic concentrations was 100% after 24 hr of exposure. The other species tested are though in small number and found to be susceptible to 4% DDT and 0.05% Deltamethrin.

Suppression of sandfly population mainly relies on adult control. Although, DDT is being used to control sandflies in kala-azar control programme in India, particularly in Bihar, there are a few reports (Mukhopadhyay *et al.*, 1992; Kumar *et al.*, 2009), which indicate that *P. argentipes* has developed resistance to this insecticide. However, there was no coordinated effort to monitor resistance to insecticides. In a recent review, Ostyn *et al.* (2008) published susceptibility status of *P. argentipes* to DDT in the Indian subcontinent. The results of this review showed that DDT resistance has been reported in India since early 1990s. Singh *et al.* (2001) reported that *P. argentipes* was resistant to DDT in villages of Vaishali dt., in Bihar, in line with findings reported from Samstipur dt. in the same state (Kumar *et al.*, 2009). Similarly, Kishore *et al.* (2004) have also reported that *P. argentipes* has developed resistance to DDT, in few districts of Bihar. Despite, in VL endemic state in India, DDT continued to be the choice of insecticide and the vector density showed considerable reduction after the spray (Dinesh *et al.*, 2010). Nevertheless, for effective control, continued effort to monitor the sandfly vector resistance is essential to achieve the desired result. The CL cases are emerging in southern parts Western Ghats of Kerala (Simi *et al.*, 2010) and Himachal Pradesh in northern region (Sharma *et al.*, 2003). Although the morbidity associated with CL is not significant, the disfigurement and resulting social stigmatization may cause or precipitate psychological disorders, along with restricting social participation of the individuals affected by the disease. Thus, CL, like other disfiguring diseases, affects the psychological, social, and economic well-being of affected individuals (Masoom Kassi *et al.*, 2008). Hence, the control of CL vector is also essential. Indigenous transmission of CL cases has been established in the Kani tribal belt, as the affected individuals have no history of movement outside the settlement area for past 2-3 years<sup>12</sup>. *P. argentipes* and other sandflies collected from in and around human dwellings of the Kani tribes were found to be susceptibility to both DDT and Deltamethrin.

**Table 1. Susceptibility of sandflies to DDT (4%) and Deltamethrin (0.05%) impregnated papers**

Sl. No.	Species tested	Insecticide used %	No. exposed in treated replicates	No. Dead in treated replicates after 24 hr exposure	No. exposed control	No. dead in control after 24 hr exposure	% corrected mortality
1	<i>P. argentipes</i>	DDT 4%	158	158	74	2	100
2	<i>P. sintoni</i>	DDT 4%	8	8	8	0	100
3	<i>S. babu</i>	DDT 4%	3	3	4	0	100
4	<i>S. bagdhadis</i>	DDT 4%	31	31	22	1	100
5	<i>S. zeylonica</i>	DDT 4%	40	40	12	0	100
6	<i>P. argentipes</i>	Deltamethrin 0.05%	172	172	104	1	100
7	<i>P. sintoni</i>	Deltamethrin 0.05%	10	10	0	0	100
8	<i>S. babu</i>	Deltamethrin 0.05%	13	13	3	0	100
9	<i>S. bagdhadis</i>	Deltamethrin 0.05%	45	45	6	0	100
10	<i>S. zeylonica</i>	Deltamethrin 0.05%	Not done	Not done	7	0	Not done

Hence, DDT, which is the cheapest insecticide, is one of the options that could be effectively used as residual spraying to prevent further transmission, in the new CL

### Acknowledgement

Authors are grateful to Dr. P. Jambulingam, Director, Vector Control Research Centre, Pondicherry for his encouragement and critical review of the manuscript and to Dr. K. Gunasekaran, Scientist F, VCRC for providing facilities to conduct susceptibility test.

### REFERENCES

- Abbott, W. S. 1925. A method of computing the effectiveness of an insecticide. *J Econ Entomol.*, 18: 265-267.
- Aboul Ela, R. G., Morsy TA, El Gosamy BMR, Ragheb DA. 1993. The susceptibility of the Egyptian *Phlebotomus papatasi* to five Insecticides. *J Egypt Soc Parasitol.*, 23(1): 69-94.
- Addy, M., Nandy, A. 1992. Ten years of kala-azar in west Bengal, Part I. Did post-kala-azar dermal leishmaniasis initiate the outbreak in 24-Parganas? *Bull World Health Organ.*, 70(3): 341-346.
- Alexander, B., Barros, V. C., De Souza, S. F., Barros, S. S., Teodoro, L. P., Soares, Z. R., Gontijo, N. F., Reithinger, R. 2009. Susceptibility to chemical insecticides of two Brazilian populations of the visceral leishmaniasis vector *Lutzomyia longipalpis* (Diptera: Psychodidae). *Trop Med Int Health.*, 14: 1272-1277.
- Alvar, J., Ve'lez, I. D., Bern, C., Herrero, M., Desjeux, P. 2012. Leishmaniasis Worldwide and Global Estimates of Its Incidence. *PLoS ONE*; 7(5): e35671. doi:10.1371/journal.pone.0035671.
- Bora, D., Khera, A. K., Mittal, V., Kaul, S. M., Sharma, R. S., Veena Mittal, 1996. New focus of cutaneous leishmaniasis in India: preliminary report. *Indian J Dermatol Venereol Leprol.*, 62(1): 19-21.
- Dey, A., Sharma, U., Singh, S. 2007. First case of visceral leishmaniasis from Central India. *Am. J Trop Med Hyg.*, 77(1): 95-98
- Dinesh, D. S., Das, L. M., Albert Picado, Lalita Roy, Suman Rijal, Singh, S. P., Pradeep Das, Marieen Boelaert, Marc Coosemans. 2010. Insecticide susceptibility of *Phlebotomus argentipes* in visceral leishmaniasis endemic district in Indai and Nepal. *Negl Trop Dis.*, 4(10): e859.
- Kishore, K., Kumar, V., Kesari, S., Bhattacharya, S. K., Das, P. 2004. Susceptibility of *Phlebotomus argentipes* against DDT in endemic Districts of north Bihar, India. *J Commun Dis.*, 36(1): 41-44.
- Kumar, V., Kesar, S., Dinesh, D. S., Tiwari, A. K., Kumar, A. J., Kumar, R., Singh, V. P., Das, P. 2009. A report on the indoor residual spraying (IRS) in the control of *Phlebotomus argentipes*, the vector of visceral leishmaniasis in Bihar (India): an initiative towards total elimination targeting 2015 (series-1). *J Vector-Bore Dis.*, 46(3): 225-229.
- Lewis, D. J. 1978. *Phlebotomine sandflies* (Diptera. Psychodidae) of the Oriental Region. *Bull Br Mus (Nat Hist) Entomol Ser.*, 37(6): 217-343.
- Masoom Kassi, Mahwash Kassi, Abaseen Khan Afghan, Rabeea Rehman, and Pashtoon Murtaza Kasi. 2008. Marring Leishmaniasis: The Stigmatization and the Impact of Cutaneous Leishmaniasis in Pakistan and Afghanistan. *Negl Trop Dis.*, 2(10): e259. Published online Oct 29, 2008. doi: 10.1371/journal.pntd.0000259
- Mohan, K., Suri, J. C. 1975. Studies on cutaneous leishmaniasis in India V. Isolation of *Leishmania tropica* from gerbils, sandflies and human. *J Commun Dis.*, 7: 353 - 357.
- Muhammed, K., Narayani, K., Aravindan, K. P. 1990. Indigenous cutaneous leishmaniasis. *Indian J Dermatol Venereol Leprol.*, 56:228 -229.
- Mukhopadhyay, A. K., Sexena, N. B. L. K., Narasimhan, M. V. V. L. 1992. Susceptibility status of *Phlebotomus argentipes* to DDT in some Kala-azar endemic districts of Bihar, India. Geneva, World Health Organization (unpublished document WHO/CTD/VBC/ 92.995).
- Ostyn, B., Vanlerberghe, V., Picado, A., Dinesh, D. S., Sundar, S., Chappuis, F. 2008. Vector control by insecticide-treated nets in the fight against visceral leishmaniasis in the Indian subcontinent, what is the evidence? *Trop Med Int Health.*, 13: 1073-1085.
- Prasad LSN. 1987. Kala azar in Bihar. *Indian J Pediatric.*, 54: 103-110.
- Rao, J. S., Rahman, S. J., Singh, J., Singh, S. K. 1992. Kala-azar in Ballia district, Uttar Pradesh. *J Commun Dis.*, 24(2): 16-20.
- Sharma, R. C., Mahajan, V. K., Sharma, N. L., Sharma, A. 2003. A new focus of cutaneous leishmaniasis in Himachal Pradesh (India). *Indian J Dermatol Venereol Leprol.*, 69: 170-172.
- Simi, S. M., Anish, T. S., Jyothi, R., Vijayakumar, K., Rekha Rachel Philip and Nimmy Paul. 2010. Searching for cutaneous leishmaniasis in tribal from Kerala India. *J Global Infec Dis.*, 2(2): 95-100.
- Singh, R., Das, R. K., Sharma, S. K. 2001. Resistance of sandflies to DDT in Kala-azar endemic districts of Bihar, India. *Bull World Health Org.*, 79(8): 793.
- Tetreault, G. E., Zayed, A. E., Hanafi, H. A., Beavers, G. M., Zeichner, B. C. D. J. 2001. Susceptibility of sandflies to selected insecticides in North Africa and the Middle East. *J Am Mosq Control Assoc.*, 17(1): 23-27.
- VCRC (Vector Control Research Centre). 2012. Annual report, pp 67.
- WHO (World Health Organization) 1981. Instructions for determining the susceptibility or resistance of adult blackflies, sandflies and biting midges to insecticides: WHO/VBC/81.810.
- WHO (World Health Organization). 1998. Test procedures for insecticide resistance monitoring in malaria vectors, bio-efficacy and persistence of insecticides on treated surfaces. WHO/CDS/CPC/MAL/98.12.
- WHO (World Health Organization). 2000. Report on Global Surveillance of Epidemic-prone Infectious Diseases – Leishmaniasis. *Epidemic and Pandemic Alert and Response (EPR)* Available from: [http://www.who.int/entity/csr/resources/publications/CSR\\_ISR\\_2000\\_1leish/en/index.html](http://www.who.int/entity/csr/resources/publications/CSR_ISR_2000_1leish/en/index.html).