Interactive Effects of Climatic Changes and Environmental Factors on Distribution of Cutaneous Leishmaniasis in Kashan City, Central Iran, from 2007 to 2019

Mousa Dehghani, Hossein Moradi, Alireza Soffianian

Department of Natural Resources, Isfahan University of Technology, Isfahan 84156-83111, Iran ORCID:

> Mousa Dehghani: https://orcid.org/0000-0002-7501-7291 Hossein Moradi: https://orcid.org/0000-0001-9916-8492

Abstract

Aims: Climate change and environmental factors are two factors affecting the ecosystem and life cycle of vector insects. In this study, the effects of climatic elements and environmental factors on cutaneous leishmaniasis in Kashan were studied. Materials and Methods: This study has adopted an analytical-descriptive method. Climatic data were compared with 3949 cases of cutaneous leishmaniasis from 2007 to 2019 using SPSS 22 software and Pearson correlation. Furthermore, the prevalence of cutaneous leishmaniasis cases in Kashan city was displayed on the land use maps, land cover map, rainfall map, thermal classification map, and digital elevation model and then was investigated. Results: Pearson correlation analysis showed a negative correlation between cutaneous leishmaniasis cases of cutaneous leishmaniasis in Kashan city was observed that the frequency of this disease was higher near Kashan desert belt from Abuzeidabad to Abshirin, the landfill areas, around the agricultural fields, the main roads, and the outskirts of the city. Conclusion: The frequency of cutaneous leishmaniasis has a significant negative correlation with reduction of temperature in spring to the desired level for the activity of sandflies. Rainfall has also caused a significant increase of this disease. Autumn has the most cases and spring the least ones. In the spatial distribution of the disease, a clear relationship with the desert areas, where the disease reservoir mice were living, and the agricultural fields, where sandflies reproduced and had activity, was observed.

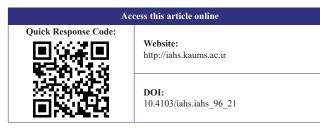
Keywords: Climate changes, cutaneous leishmaniasis, environmental factors, Kashan

INTRODUCTION

Consumption of fossil fuels and the release of large amounts of CO2 gas increase the earth's temperature. The average global temperature is expected to increase by 2°C–5°C in the coming decades. As a result of these changes, the earth will experience changes such as rising temperatures, rainfall, and drought, as well as frequent and severe storms. Climate change also affects disease cycles, arthropods, pathogenic parasites, disease vectors, and their hosts.^[1-3]

Climate change and global warming will have catastrophic effects on human, animal, and environmental ecosystems.^[4,5]

Received: 24-May-2021 Accepted: 19-Jun-2021 Revised: 19-Jun-2021 Published: 30-Dec-2021



Studies have shown that climate-sensitive diseases, that is, diseases transmitted through vectors, are dependent on diversity and climate change.^[6] Temperature changes can directly affect the growth rate, behavior, and overall dynamics of pest and parasite populations and complete their life cycle much faster.^[7] Water quality parameters such as dissolved oxygen (DO), water temperature (Tw), and dissolved organic carbon have significant effects on aquatic ecosystem species. Any

Address for correspondence: Dr. Hossein Moradi, Department of Natural Resources, Isfahan University of Technology, Isfahan, Iran. E-mail: hossein.moradi@iut.ac.ir

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Dehghani M, Moradi H, Soffianian A. Interactive effects of climatic changes and environmental factors on distribution of cutaneous leishmaniasis in Kashan City, Central Iran, from 2007 to 2019. Int Arch Health Sci 2021;8:260-6.

disturbance in water quality such as rising Tw and low DO concentrations can threaten the survival of aquatic ecosystems and their species.^[8] Heavy rains lead to changes in the prevalence and occurrence of diseases. Exposure to dust storms and air pollution also exacerbates respiratory diseases.^[9] Global climate change affects the consumption of resources such as water and agricultural products and increases the danger of malaria around the world.^[10] Every year thousands of people are displaced in the coastal areas of Bangladesh due to natural disasters related to climate change.^[11] Research shows that the two phenomena of temperature and relative humidity affect the number of international tourists in Indonesia. Every 1% increase in temperature and relative humidity is associated with a decrease in the number of international tourists in Indonesia by 1.37% and 0.59%, respectively.^[12] The interaction of human activities and climate change has played an important role in vegetation.^[13] The rapid global spread and health effects of COVID-19 on human society have shown humanity's vulnerability to pandemics and common diseases of humans and animals. Land-use change is known as a very important factor in the process of transmission and spread of diseases; therefore, it is necessary to know its consequences.[14] Evidence suggests that emerging infectious diseases, such as COVID-19, originate in wildlife species and that land-use change is an important route for the transmission of pathogens to humans.^[15] The transformation of an ecosystem into agricultural field, and the resulting changes in soil properties and hydrological equilibrium change ecosystem services, and these changes affect the human health.^[16,17] Flood risks may increase rapidly due to a combination of land-use change and climate change.^[18] Children living in areas covered with coniferous forests are significantly more likely to suffer from wheezing, asthma, and allergies.^[19] Urbanization, pollution, and change of natural landscapes are the characteristics of the modern society, and change in the type of human relationship with the environment and the impacts on biodiversity are environmental determinants that affect the health of society.^[20] Climate change disorders, such as severe droughts and fires, affect the albedo coefficient in the Middle East's forest region of the Zagros Mountains.^[21] The risk of endemic viral diseases in Iran is very high due to its geographical location and proximity to major disease centers.^[22] Leishmaniasis is a common zoonosis disease transmitted by sandflies that affects millions of people worldwide. Clinical signs range from self-healing skin lesions to potentially fatal visceral leishmaniasis, all of which are associated with different species of Leishmania. The transmission of these parasites is complex due to the different ecological relationships between hosts, humans and animals, parasites, and sandflies. In addition, vector-borne diseases such as leishmaniasis are complexly associated with environmental changes and socioeconomic risk factors.[23] Increased population movement from rural to urban areas could lead to the possible movement of Leishmania to urban areas.^[24] Climate change may alter the distribution of sandflies at certain altitudes and latitudes.^[25] Research has shown that the presence of visceral leishmaniasis significantly affects the distribution

of grasslands and shrubs.^[26] Rodent populations are related to the density and distribution of vegetation, and the movement and scattering of these rodents hosting the Leishmania parasite from one place to another depends entirely on food and food sources.^[27] The distribution of Leishmania vector species is related to climatic anomalies and the occurrence of El Nino and La Nina; therefore, these changes affect the frequency and distribution of Leishmania vectors.[28] Inadequate sewage system and unsanitary water sources, unsanitary landfilling of garbage, and dumping of garbage on the outskirts of cities and villages expand the habitat of sandflies.^[29,30] Three forms of leishmaniasis, including Leishmania tropica, the causative agent of urban cutaneous leishmaniasis, Leishmania *major*, the causative agent of rural cutaneous leishmaniasis, and Leishmania infantum, the causative agent of visceral leishmaniasis, have been reported in Iran.

Since climatic elements are factors affecting the ecosystem and biological cycle of living organisms, especially pathogens, this study is an investigation on the effects of climatic elements and environmental factors on cutaneous leishmaniasis in Kashan city.

MATERIALS AND METHODS

Kashan's climate has two mountainous and desert parts. The desert areas are located in the north and east and mountainous areas in the south and west of Kashan.

This study is conducted by an analytical-descriptive method. The data related to cutaneous leishmaniasis during the statistical period of 2007–2019 were obtained from 32 health centers in Kashan which include 3949 cases of cutaneous leishmaniasis, and also the meteorological data related to temperature and precipitation variables were collected from the General Meteorological Department of Isfahan Province. All statistical calculations of this study were performed using IBM SPSS Products. U.S.A (SPSS 22) software including Pearson correlation and ANOVA to show the relationship between research variables, and ArcGIS 10.5 software was used to show the areas infected with cutaneous leishmaniasis.

First, the meteorological data were summarized to match the up-to-date disease information and extracted on a monthly, annual, and seasonal basis in each of the elements. After that, the statistical indices of each element in the mentioned period were examined.

To investigate the relationship between climatic elements and up-to-date cutaneous leishmaniasis, the cases were classified into five categories, including annual cutaneous leishmaniasis and cutaneous leishmaniasis in spring, summer, autumn, and winter. Then, the climatic variables including total precipitation, total maximum temperature, total minimum temperature, precipitation, maximum temperature, and minimum temperature were classified into four seasons. Thus, each category of cutaneous leishmaniasis with 15 different variables was examined and the relationship and correlation between climatic elements were analyzed through Pearson correlation in SPSS 22 software. Due to the incubation period after sandfly bites until the onset of symptoms, a delay of 3–6 months between the variables and disease was considered. The spring disease data were also evaluated with the climatic elements of the previous year. Then, to investigate the spatial relationship of the disease and its spatial distribution in Kashan city and county, shapefiles of land use information layers, road maps, digital elevation model (DEM), thermal classification, rainfall map, and land cover were prepared with the help of ArcGIS 10.5 software.

RESULTS

From 2007 to 2019, a total of 3949 cases of cutaneous leishmaniasis were reported from health centers in Kashan. The highest number of cases was reported in autumn with 1470 cases, while spring with 474 cases had the lowest number of cases. As it can be seen in Figure 1, the highest number of cases was in November with 538 cases, while June with 127 cases was the lowest month of the year [Figure 1]. Pearson correlation analysis is shown between the frequency of cutaneous leishmaniasis and climatic variables including the means of total minimum temperature, total maximum temperature, total precipitation, minimum and maximum temperatures of the four seasons, and precipitation of the four seasons of the year [Table 1].

Out of the 32 health centers that have reported cases of cutaneous leishmaniasis, 8 centers with more than 70% of all cases in the city have been the main centers of the

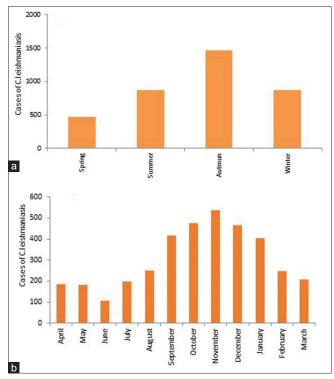


Figure 1: (a) Seasonal frequency distribution of cutaneous leishmaniasis from 2007 to 2017. (b) Monthly frequency distribution of cutaneous leishmaniasis from 2007 to 2019

Table 1: Pearson correlation between climate data and	elation between cl		cutaneous leishmaniasis	aniasis				
Number of cases of cutaneous leishmaniasis	Annual maximum temperature	Annual minimum temperature	Annual precipitation	Spring maximum temperature	Spring minimum temperature	Spring precipitation	Summer maximum temperature	Summer minimum temperature
Annual	-0.11	-0.18	0.42	-0.67*	-0.68*	0.25	0.16	-0.14
Spring	-0.16	-0.37	0.65*	0.05	-0.22	-0.08	0.21	-0.19
Summer	0.19	0.06	0.17	0.07	-0.05	-0.08	-0.03	-0.26
Autumn	-0.39	-0.51	0.26	-0.35	-0.59*	-0.05	-0.23	-0.49
Winter	0.14	0.22	0.70*	-0.25	-0.08	0.52	0.53	0.22
Number of cases of cutaneous leishmaniasis	Summer precipitation	Autumn maximum temperature		Autumn minimum temperature	Autumn precipitation	Winter maximum temperature	Winter minimum temperature	Winter precipitation
Annual	0.18	0.16		0.02	0.14	0.05	-0.02	0.40
Spring	0.12	-0.07		-0.06	0.05	-0.23	-0.39	0.59*
Summer	-0.14	0.30		0.26	-0.08	0.06	0.04	0.32
Autumn	0.31	0.10		-0.06	0.02	-0.25	-0.35	0.40
Winter	-0.01	-0.16		0.35	0.33	0.21	0.11	0.3
*Correlation is significant at the 0.05 level (two-tailed)	t the 0.05 level (two-tai	iled)						

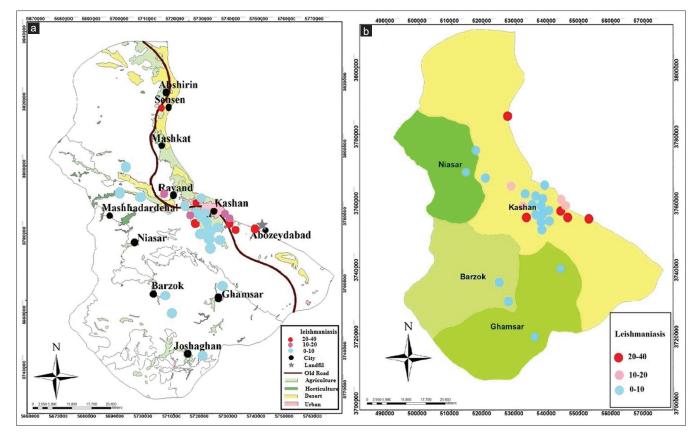


Figure 2: (a) Distribution of the centers of cutaneous leishmaniasis in the land use map of Kashan. (b) Distribution of the centers of cutaneous leishmaniasis in cities of Kashan county in terms of number per year

disease [Figure 2b]. The results showed that the prevalence of the disease has been observed in agricultural lands on the outskirts of the urban areas as well as in the desert areas. The prevalence of the disease was higher near Kashan desert belt from Abuzeidabad to Abshirin and around the agricultural fields, landfills, main roads, and the outskirts of the city [Figure 2a].

Figure 3b shows the distribution of the main health centers of cutaneous leishmaniasis in the DEM of Kashan city in five classifications: 800–1200 m, 1200–1600 m, 1600–2000 m, 2000–2500 m, and 2500–3500 m. Figure 3a also shows these centers in the land cover map. Figure 4a and b shows the distribution of the main centers of cutaneous leishmaniasis in the rainfall map and Kashan thermal classification map, respectively.

DISCUSSION

According to the research findings, out of 3949 cases of cutaneous leishmaniasis from 2007 to 2019, the highest number of cases was reported in autumn with 1470 cases, in November with 538 cases, and the lowest number was reported in spring with 474 cases, in June with 127 cases, which are consistent with previous studies.^[31] The results showed that there is a relationship between the frequency of cutaneous leishmaniasis and temperature in the region. The incidence

of cutaneous leishmaniasis with a delay of 3–6 months is positively correlated with the amount of rainfall, and negatively correlated with the mean temperature of spring. The annual correlations between cutaneous leishmaniasis and minimum and maximum spring temperatures were -0.67 and -0.68, respectively, with a reliability coefficient of 0.95. Furthermore, for cutaneous leishmaniasis in autumn with the minimum spring temperature, a negative correlation of -0.59, with a reliability coefficient of 0.95, was observed. The correlations between spring cutaneous leishmaniasis and total rainfall and winter rainfall were +0.59 and +0.65, respectively.^[32]

Although the activity of sandflies starts with the commencement of spring and heat, considering that the most suitable temperature for the activity of sandflies is 18°C–28°C^[33] and that the average minimum and maximum temperatures of spring in Kashan are about 17°C and 31°C, respectively, the results obtained about the negative correlation of spring temperature with the frequency of cutaneous leishmaniasis in Kashan can be justified and confirmed that matches the results of other studies.^[32-35] In fact, a set of climatic, environmental, natural disasters and seasonal parameters affect the vector of cutaneous leishmaniasis.^[36] The study of the spatial distribution of the disease shows that the main foci of cases of cutaneous leishmaniasis are located in the east of Kashan city [Figure 2a]. Furthermore, the predominant type of cutaneous leishmaniasis in this

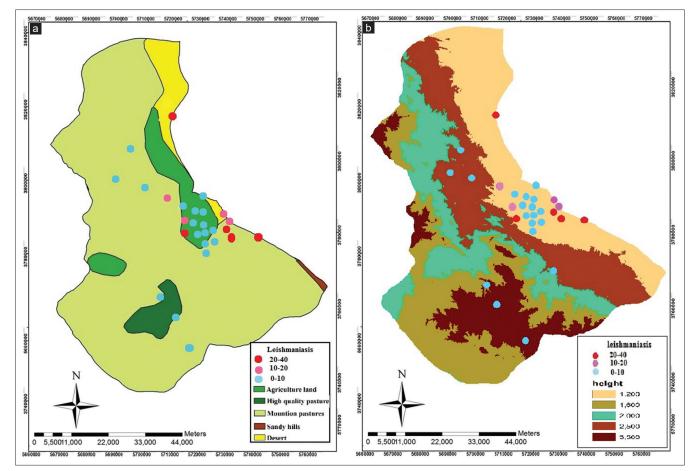


Figure 3: (a) Distribution of the centers of cutaneous leishmaniasis in the land cover of Kashan. (b) Distribution of the centers of cutaneous leishmaniasis in the digit elevation model (DEM) of Kashan

region is rural cutaneous leishmaniasis, and the main hosts of this cutaneous leishmaniasis, i.e., rodents, live in the desert and Haloxvlon areas.^[37] The study shows that there is a relationship between the spread of the disease and agricultural fields [Figure 3a]. In fact, farms and places for keeping domestic animals, livestock, and poultry are suitable for the activity and reproduction of sandflies.^[38,39] Furthermore, the location of the landfill in Abuzeidabad region has provided the resources for reproduction and activity of vectors and hosts of cutaneous leishmaniasis that has caused an increase of the disease.^[40] In fact, the location of agricultural fields in the desert belt of Kashan and landfills in the same area can be mentioned as aggravating factors of cutaneous leishmaniasis in this area. Due to the low flying power and distribution of sandflies, leishmaniasis occurs near these areas. All active foci of the disease are located at an altitude of 800-1200 m, i.e., in the lowest altitude of the city, which indicates the inverse relationship between the spread and frequency of cutaneous leishmaniasis with altitude [22; Figure 3b]. Furthermore, the main centers of this disease in the thermal map of Kashan are located in the classification of 16°C-18°C and in the rainfall map of the region in the classification of 50-200 mm [Figure 4]. The main focus of cutaneous leishmaniasis is where agricultural

fields are located next to the desert areas. All the main centers of the disease are located near the main intercity roads and the city border, most of which are located on the side of the old Kashan road and an active center near the new Amirkabir highway. These areas appear to be at the center of the disease due to the connection of the host, vectors, and human cycles to each other.

CONCLUSION

The results showed that a combination of climatic and environmental factors affects cutaneous leishmaniasis. Climate changes and environmental factors mutually affect each other. Due to the correlation of climatic factors with cutaneous leishmaniasis, the necessary measures can be taken to get prepared for and deal with the spread of this disease by using climate forecasting models, but in the case of environmental factors, human's role in controlling and reducing cutaneous leishmaniasis is more evident. The most logical way to prevent this is either breaking the cycle of the disease or eliminating it. Collecting construction garbage, monitoring and improving landfills, controlling and eliminating the pollution along the main roads near cities to a suitable distance, and controlling the main reservoirs by using methods compatible with nature

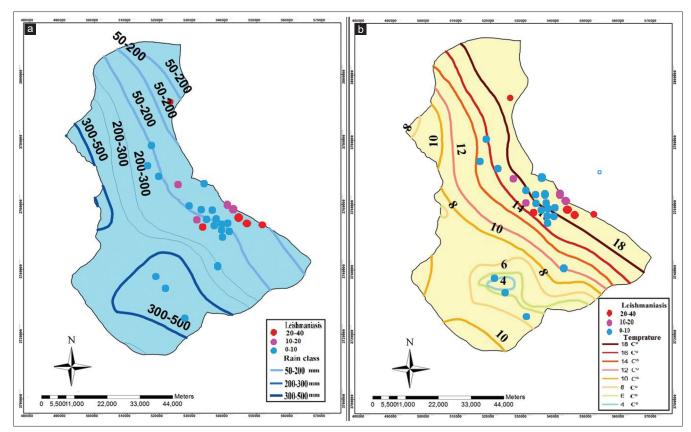


Figure 4: (a) Distribution of the centers of cutaneous leishmaniasis in the rainfall map of Kashan. (b) Distribution of the centers of cutaneous leishmaniasis in the thermal classification map of Kashan

and keeping them away from food resources and agricultural fields can be effective in reducing and controlling this disease. The results of this study have been obtained according to the climatic and environmental conditions of Kashan and may not be generalizable to areas with different conditions.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Dehghani R, Kassiri H. A brief review on the possible role of houseflies and cockroaches in the mechanical transmission of coronavirus disease 2019 (COVID-19). Arch Clin Infect Dis 2020;15.
- Dehghani R, Kassiri H, Mohammadzadeh N. Comparison of various methods of collecting scorpions (*Arachnida, scorpiones*) in Khuzestan Province, Southwestern Iran. Arch Clin Infect Dis 2019;14:4.
- Dehghani R, Kassiri H, Dehghani M. A brief review on biting/stinging of animals and its risk of infection. Arch Clin Infect Dis 2020;15:1.
- 4. El-Sayed A, Kamel M. Climatic changes and their role in emergence and re-emergence of diseases. Environ Sci Pollut Res 2020;27:22336-52.
- Labaude S, Cézilly F, De Marco L, Rigaud T. Increased temperature has no consequence for behavioral manipulation despite effects on both partners in the interaction between a crustacean host and a manipulative parasite. Sci Rep 2020;10:1-13.
- Bhandari D, Bi P, Sherchand JB, Dhimal M, Hanson-Easey S. Climate change and infectious disease research in Nepal: Are the available prerequisites supportive enough to researchers? Acta Trop

2020;204:105337.

- Pathak TB, Maskey ML, Rijal JP. Impact of climate change on navel orangeworm, a major pest of tree nuts in California. Sci Total Environ 2021;755:142657.
- Meshesha TW, Wang J, Melaku ND. Modelling spatiotemporal patterns of water quality and its impacts on aquatic ecosystem in the cold climate region of Alberta, Canada. J Hydrol 2020;587:124952.
- Wright CY, Kapwata T, Du Preez DJ, Wernecke B, Garland RM, Nkosi V, *et al*. Major climate change-induced risks to human health in South Africa. Environ Res 2021;196:110973.
- Kulmer V, Jury M, Wong S, Kortschak D. Global resource consumption effects of borderless climate change: EU's indirect vulnerability. Environ Sustain Indic 2020;8:100071.
- Chowdhury MA, Hasan MK, Hasan MR, Younos TB. Climate change impacts and adaptations on health of Internally Displaced People (IDP): An exploratory study on coastal areas of Bangladesh. Heliyon 2020;6:e05018.
- 12. Susanto J, Zheng X, Liu Y, Wang C. The impacts of climate variables and climate-related extreme events on island country's tourism: Evidence from Indonesia. J Clean Prod 2020;276:124204.
- Zheng K, Tan L, Sun Y, Wu Y, Duan Z, Xu Y, *et al.* Impacts of climate change and anthropogenic activities on vegetation change: Evidence from typical areas in China. Ecol Indic 2021;126:107648.
- Plowright RK, Reaser JK, Locke H, Woodley SJ, Patz JA, Becker DJ, et al. Land use-induced spillover: A call to action to safeguard environmental, animal, and human health. Lancet Planet Health 2021;5:e237-45.
- Barbier EB. Habitat loss and the risk of disease outbreak. J Environ Econ Manage 2021;108:102451.
- Hasan SS, Zhen L, Miah MG, Ahamed T, Samie A. Impact of land use change on ecosystem services: A review. Environ Dev 2020;34:100527.
- 17. Halim ND, Latif MT, Mohamed AF, Maulud KN, Idrus S, Azhari A, *et al.* Spatial assessment of land use impact on air quality in mega urban

265

regions, Malaysia. Sustain Cities Soc 2020;63:102436.

- Hung CL, James LA, Carbone GJ, Williams JM. Impacts of combined land-use and climate change on streamflow in two nested catchments in the Southeastern United States. Ecol Eng 2020;143:105665.
- Parmes E, Pesce G, Sabel CE, Baldacci S, Bono R, Brescianini S, *et al.* Influence of residential land cover on childhood allergic and respiratory symptoms and diseases: Evidence from 9 European cohorts. Environ Res 2020;183:108953.
- Junior VH, Mendes AL, Talhari CC, Miot HA. Impact of environmental changes on dermatology. An Bras Dermatol 2021;96:210-23.
- Alibakhshi S, Hovi A, Rautiainen M. Temporal dynamics of albedo and climate in the sparse forests of Zagros. Sci Total Environ 2019;663:596-609.
- 22. Kassiri H, Dehghani R, Kasiri M, Dehghani M. Neglected tropical disease of rift valley fever and its impact on human, and animal health with emphasis on Iran: A review article. Page 1. Entomology and Applied Science Letters 2020;7:68-75.
- Hong A, Zampieri RA, Shaw JJ, Floeter-Winter LM, Laranjeira-Silva MF. One health approach to leishmaniases: Understanding the disease dynamics through diagnostic tools. Pathogens 2020;9:809.
- 24. Baghad B, Razanapinaritra R, Maksouri H, El Bouri H, Outlioua A, Fellah H, et al. Possible introduction of *Leishmania tropica* to urban areas determined by epidemiological and clinical profiles of patients with Cutaneous leishmaniasis in Casablanca (Morocco). Parasite Epidemiol Control 2020;9:e00129.
- Díaz-Sáez V, Corpas-López V, Merino-Espinosa G, Morillas-Mancilla MJ, Abattouy N, Martín-Sánchez J. Seasonal dynamics of phlebotomine sand flies and autochthonous transmission of *Leishmania infantum* in high-altitude ecosystems in southern Spain. Acta Trop 2021;213:105749.
- Gao X, Cao Z. Meteorological conditions, elevation and land cover as predictors for the distribution analysis of visceral leishmaniasis in Sinkiang province, Mainland China. Sci Total Environ 2019;646:1111-6.
- Zaatour W, Marilleau N, Giraudoux P, Martiny N, Amara AB, Miled SB. An agent-based model of a Cutaneous leishmaniasis reservoir host, *Meriones shawi*. Ecol Modell 2021;443:109455.
- Avila-Jimenez J, Gutiérrez JD, Altamiranda-Saavedra M. Potential distribution of four vectors of American Cutaneous leishmaniasis: The effect of El Niño and La Niña episodes from the perspective of the ecological niche. Acta Trop 2021;223:105894.
- 29. Veloso EC, da Silva Negreiros A, da Silva JP, de Moura LD,

do Nascimento LF, da Silva TS, *et al.* Socio-economic and environmental factors associated with the occurrence of canine infection by *Leishmania infantum* in Teresina, Brazil. Vet Parasitol Reg Stud Rep 2021;24:100561.

- Chelbi I, Mathlouthi O, Zhioua S, Fares W, Boujaama A, Cherni S, et al. The impact of illegal waste sites on the transmission of zoonotic cutaneous leishmaniasis in central Tunisia. Int J Environ Res Public Health 2021;18:66.
- Panahi S, Abbasi M, Sayehmiri K, Safaripour S, Abdi J. Prevalence of cutaneous leishmaniasis in Iran (2000-2016): A systematic review and meta-analysis study. Infect Disord Drug Targets 2021;21:173-9.
- 32. Shirzadi MR, Javanbakht M, Vatandoost H, Jesri N, Saghafipour A, Fouladi-Fard R, *et al.* Impact of environmental and climate factors on spatial distribution of cutaneous leishmaniasis in northeastern Iran: Utilizing remote sensing. J Arthropod Borne Dis 2020;14:56.
- Rassi Y, Hanafi-Bojd AA. Phlebotominae Sand Flies, Vector of Leishmaniases. 1st ed. Tehran: Noavaran Elm Publications; 2008. p. 39-58.
- Mozaffari GH, Bakhshizadeh F, Gheibi M. Analysis relationship between vegetation cover and salak skin disease in Yazd-Ardakan plain. Geography and Environmental Planning Journal 2012;44:47-50.
- Al-Warid HS, Al-Saqur IM, Al-Tuwaijari SB, Zadawi KA. The distribution of Cutaneous leishmaniasis in Iraq: Demographic and climate aspects. Asian Biomed 2017;11:255-60.
- 36. Ghias M, Moradpour S, Karimi S. The comparison of the effects of climatic elements in cutaneous leishmaniosis incidence in two gilan-e-gharb and Kermanshah counties, between 2006-2016. Spat Plan 2019;9:45-60.
- Arfaatabar M. Acute allergic reaction following cutaneous leishmaniosis (CL) transmission in Kashan, central Iran: A case report. Ann Parasitol 2020;66:415-8.
- Wijerathna T, Gunathilaka N. Diurnal adult resting sites and breeding habitats of phlebotomine sand flies in cutaneous leishmaniasis endemic areas of Kurunegala District, Sri Lanka. Parasit Vectors 2020;13;1-10.
- Gebresilassie A, Yared S, Aklilu E. Sandfly fauna and ecological analysis of *Phlebotomus orientalis* and *Phlebotomus martini* in the lowland foci of visceral leishmaniasis in Somali Regional State, southeast Ethiopia. Asian Pac J Trop Med 2020;13:31.
- Quintana MG, Santini MS, Cavia R, Martínez MF, Liotta DJ, Fernández MS, *et al*. Multiscale environmental determinants of leishmania vectors in the urban-rural context. Parasit Vectors 2020;13:1-15.