

# Epidemiological aspects of American cutaneous leishmaniasis and phlebotomine sandfly population, in the municipality of Monte Negro, State of Rondônia, Brazil

Carolina Bioni Garcia Teles<sup>[1]</sup>, Sergio Almeida Basano<sup>[1]</sup>, Marcelo Zagonel-Oliveira<sup>[2]</sup>, Jimmy Joy Campos<sup>[3]</sup>, Arley Faria José de Oliveira<sup>[4]</sup>, Rui Alves de Freitas<sup>[5]</sup>, Jansen Fernandes Medeiros<sup>[6]</sup>, Felipe Arley Costa Pessoa<sup>[7]</sup>, Aldina Barra<sup>[8]</sup> and Luís Marcelo Aranha Camargo<sup>[9]</sup>

[1]. Departamento de Medicina, Faculdade São Lucas, Porto Velho, RO. [2]. Departamento de Genética, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS. [3]. Curso de Medicina, Universidade Federal do Acre, Rio Branco, AC. [4]. Programa de Pós-Graduação em Diversidade Biológica, Universidade Federal do Amazonas, Manaus, AM. [5]. Laboratório de Leishmaniose e Doença de Chagas, Instituto Nacional de Pesquisas da Amazônia, Manaus, AM. [6]. Coordenação Sociedade, Ambiente e Saúde, Instituto Nacional de Pesquisas da Amazônia, Manaus, AM. [7]. Grupo de Pesquisa em Ecologia de Doenças Transmissíveis na Amazônia, Instituto Leônidas e Maria Deane, Fundação Oswaldo Cruz, Manaus, AM. [8]. Centro de Pesquisas Gonçalo Muniz, Fundação Oswaldo Cruz, Salvador, BA. [9]. Departamento de Parasitologia, Instituto de Ciências Biomédicas, Universidade de São Paulo, Monte Negro, RO.

## ABSTRACT

**Introduction:** This work was carried out on the purpose of identifying the species of phlebotomine sandflies in the municipality of Monte Negro, state of Rondonia, Brazil, that may have been transmitting the American cutaneous leishmaniasis (ACL), and concisely describe epidemiological aspects of disease. **Methods:** The epidemiologic and socioeconomic indicators were obtained from government institutions and the local Municipal Secretary of Health. Phlebotomine sandflies were captured using CDC light traps between July 2006 to July 2008. The total of 1,240 of female sandflies were examined by PCR method directed to k-DNA. **Results:** There has been a significant decrease in the incidence of ACL of about 50% over the last ten years in the municipality. A total of 1,935 specimens of 53 sandfly species were captured, three of the genus *Brumptomyia* genus and 50 of the genus *Lutzomyia*. The predominant species was *Lutzomyia acanthopharynx*, *Lutzomyia whitmani*, *Lutzomyia geniculata* and *Lutzomyia davisii*. None were positive for *Leishmania* sp. **Conclusions:** Four sandflies species were found in the State of Rondonia for the first time: *Brumptomyia brumpti*, *Lutzomyia tarapacaensis*, *Lutzomyia melloi* and *Lutzomyia lenti*. The presence of *Lutzomyia longipalpis*, was also captured. Socioeconomic improvement of Brazilian economy and the increase of environmental surveillance in the last 15 years collaborated in the decrease of people exposed to vectors, reducing the incidence of ACL.

**Keywords:** Phlebotomine sandflies. Epidemiology. Leishmaniasis. Amazon.

## INTRODUCTION

In the Americas, *Leishmania* is transmitted by the females of some species of phlebotomine sandflies of the genus *Lutzomyia*. According to Rangel & Lainson<sup>1</sup>, over than 400 *Lutzomyia* species have been found in Brazil, 122 found in the Amazonian region, out of which 25 were found to have an anthropophilic behavior.

One-hundred and six (106) species of *Lutzomyia* and three species of *Brumptomyia* were recorded in the State of Rondônia<sup>2-4</sup>. According to Shaw et al.<sup>5</sup>, the most prevalent *Leishmania* species found in humans in the State of Rondônia are *Leishmania (Viannia) braziliensis*, *L. (V.) lainsoni* and *L. (V.) guyanensis*. In 2010, 922 occurrences of American cutaneous leishmaniasis (ACL) were recorded in the State of Rondônia<sup>6</sup>,

and such an incidence has been gradually decreasing over the last 10 years. Analysis of the ACL transmission circumstances in each area is complex due to the diversity of species of the etiologic agents, vectors and reservoirs involved in the transmission cycle, which has been a challenge for the healthcare system regarding both the diagnosis and treatment due to the broad spectrum of lesions, operational difficulties for diagnosis and chemotherapy toxicity.

One of the challenges regarding the ACL control and diagnosis is the lack of knowledge about the epidemiologic conditions, specially the study on the distribution of the phlebotomine sandflies population, the frequency and the characterization of its species, although some studies have already been carried out on the occurrence of phlebotomine sandflies and ACL in the State of Rondônia<sup>3,4,7,8</sup>.

Nevertheless, some areas remain unexplored while others have been in geo-economic transformation process, and required further study in order to identify the phlebotomine species that account for the occurrence of ACL. Such study was carried out with forest sections nearby the dwellings around the rural area of the municipality of Monte Negro in Rondônia, an ACL endemic region.

**Address to:** Dra. Carolina Bioni Garcia Teles. Depto. Medicina/Faculdade São Lucas. Rua Alexandre Guimarães 1927, Bairro Areal, 78915-620 Porto Velho, RO, Brasil.

**Phone:** 55 69 3211-8000; Fax: 55 69 3211-8019

**e-mail:** carbioni2004@yahoo.com.br

**Received in** 05/04/2012

**Accepted in** 22/06/2012

## METHODS

### Study area and population

The study area is situated in the Brazilian Western Amazon, in the municipality of Monte Negro (**Figure 1**), located at 250km southwest of the City of Porto Velho (capitol), central region of the State of Rondônia, between 10°15'S and 63°17'W. The weather is characterized by two well marked seasons, one dry and the other humid, with a mean annual precipitation up to 2,020mm, and mean temperature of 25.8°C<sup>9</sup>. A population of 14,204 inhabitants occupying an area of 1,413.4km<sup>2</sup> has been estimated out of which 60% live in the rural area. Its economy is based on agriculture (coffee, corn, and rice), cattle farming (beef and dairy cattle), and wood harvest exploitation and processing<sup>10</sup>.

### Epidemiologic data collection

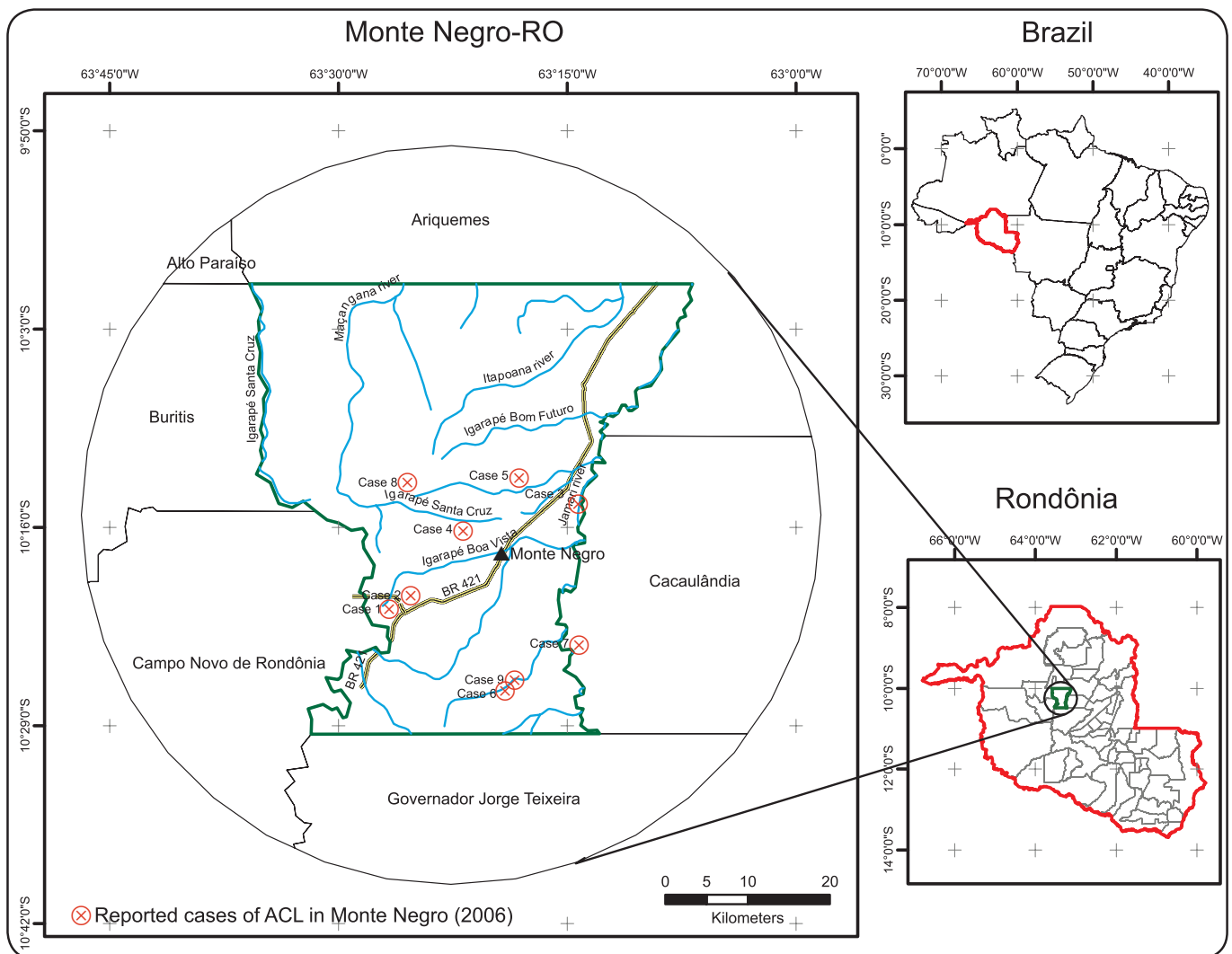
The data were obtained from the Ministry of Health of Brazil<sup>11</sup> for the period between 1990 and 2010 for Brazil,

Rondônia and Monte Negro, and the data regarding the nine autochthonous cases in Monte Negro were reported by the Secretary of Health of Monte Negro in 2006.

Environmental, economic and demographic indicators were obtained from government institutions, namely Brazil's National Institute for Space Research (INPE), Institute for Applied Economic Research (IPEA) and Brazilian Institute of Geography and Statistics (IBGE).

### Phlebotomine sandfly capture

The phlebotomine sandflies were captured between July 2006 to July 2008 in residual woods located nearly 30 to 50m from the dwellings in nine human cases of ACL out of a total of 20 cases reported within the period to the Secretary of Health of Monte Negro (**Figure 1**). Three visits were made at each site (27 visits in the total). As there were used 2 or 3 Centers for Disease Control (CDC) light traps from 6AM to 6PM per capture, a total of 81 captures were realized. The phlebotomine sandflies were identified according to the entomologic keys of Young & Duncan<sup>12</sup>.



**FIGURE 1** - Map of Brazil highlighting the State of Rondônia, Brazil, and the localization of the municipality of Monte Negro, in the West Amazon and the nine cases of American cutaneous leishmaniasis (ACL) registered during the study in 2006.

RO: State of Rondônia.

### Extraction of DNA from captured females of phlebotomine sandflies

Female sandflies were initially sorted by species, and date and place of capture, and were then grouped into 2 to 20 specimens in micro test tubes for deoxyribonucleic acid (DNA) extraction based on the method adapted by Mukhopadhyay et al.<sup>13</sup>. Twenty microliters of buffer was added in the micro test tubes containing groups up to 10 specimens, and 35µL of buffer in the tubes containing over 10 specimens. They were heated for 10min up to 95°C in water bath (bain-marie), and then the insects were macerated by using a homogenizer, added with buffer STE (NaCl 0.1M, Tris-HCl 10mM pH 8.0 e EDTA. 1mM) until completing a volume of 50µL. Next, they were again heated in water bath (37°C) up to 95°C for 10min, and then centrifuged at 12,000rpm for 2min. About 20µL of supernatant (DNA) was then transferred to another tube. After the extraction they were stored at 20°C for polymerized chain reaction (PCR).

### Detection of natural infection phlebotomine sandfly by *Leishmania* sp.

The amplification for the genus *Leishmania* was based on the PCR method directed to the conserved region of the *kinetoplast* DNA (*kDNA*) minicircles among all the species of *Leishmania* sp., and performed with primers 5'-GGG(GT)AGGGGCGTTCT(G/C)CGAA-3' and 5'-(G/C)(G/C)(G/C)(A/T)CTAT(A/T)TTACACCAACCCC<sup>3'</sup><sup>14</sup>; the product obtained was 120pb. The total volume was 50µL divided into 4µL of the DNA of the samples and 46µL of a mixture compounded by 37.25µL of sterile milli-Q water, 5µL of 10X taq buffer, 1.5µL of MgCl<sub>2</sub>, 1µL of dNTPs (10 mM), 0.75µL of primer 1 (10µM), 0.75µL of primer 2 (10µM) and 0.5 of Taq polymerase (5U)<sup>15</sup>.

The amplification was processed by an automatic thermal cycler using the following cycle: initial denaturation at 95°C for 5min, followed by 40 repetitions of denaturation at 94°C for 30 seconds, annealing at 55°C for 30sec, and extension at 72°C for 1min and 30sec. The final extension was at 72°C for 10min.

The products amplified by PCR were analyzed by agarose gel electrophoresis 2% stained in ethidium bromide solution and examined by exposure to ultraviolet light (UV). For negative control, male phlebotomine sandfly DNA was used, while for positive control the sandfly DNA was used added to 200µL of a culture of *Leishmania amazonensis* strain IFLA/BR/67/PH8.

## RESULTS

One thousand nine hundred and thirty five phlebotomine sandflies were captured: 695 males (36%) and 1,240 females (64%) (Table 1 and Table 2). A total of 53 species were identified: three of the genus *Brumptomyia* (32 samples - 1.6%) and 50 of the genus *Lutzomyia* (1,903 samples - 98.4%). The specimens of the genus *Lutzomyia* were sorted into the following subgenus: *L. (Evandromyia)* (15), *L. (Lutzomyia)* (23), *L. (Micropygomyia)* (5), *L. (Nyssomyia)* (321), *L. (Pressatia)* (8), *Psathyromyia* (60), *L. (Psychodopygus)* (379), *L. (Sciopemyia)* (68), *L. (Trichophoromyia)* (76), *L. (Viannamyia)* (14); and into the

following groups (Table 2): Aragoi Group (9), Migonei Group (98), Oswaldoi Group (103), Saulensis Group (44), Verrucarum Group (29) and more 651 samples of a ungrouped species (*L. acanthopharynx*).

Among the 53 species captured, some were reported in the State of Rondônia for the first time: *B. brumpti* (0.4%), *L. tarapacaensis* (0.7%), *L. melloi* (0.05%) and *L. lenti* (0.05%). The most abundant species found in this survey were *L. acanthopharynx* (651 samples - 33.6% out of the total collected), *L. whitmani* (180 samples - 9.3%), *L. geniculata* (155 samples - 8%) and *L. davisii* (151 samples - 7.8%), which represent 58.7% of the total.

Other phlebotomine sandfly species, of ACL vectors were captured in Monte Negro such as *L. flaviscutellata*, *L. umbiquitalis*, *L. complexa* and *L. carrerai*. *L. longipalpis*, the visceral leishmaniasis (VL) vector in Brazil, was also captured.

For natural infection analysis, a PCR was performed with all females phlebotomine sandflies collected. However, no sample has been found to be positive for *Leishmania* sp.

Since 1990, SINAN<sup>6</sup> has been reporting a gradual decrease by 53% in the ACL incidence in Monte Negro, a decrease of 43% in Rondônia, while, in Brazil, it has been noticed a decrease rate of about 31%. The reduction of the number of cases after 1990, as shown in Figure 2, reported by the Brazilian Ministry of Health sets a consistent decrement pattern.

Nine human cases were followed up in this study, all them from the rural zone, and the most affected group was represented by men (98%) between 15 and 50 years old, who lived in little settlements around the urban area of Monte Negro.

According to National Institute for Space Research (INPE)<sup>16</sup>, between 2004 and 2010 there was a reduction in deforestation, from 27,772km<sup>2</sup>/year to 7,646km<sup>2</sup>/year.

The economic results also must be looked upon. Between 2004 and 2009 there was an increase by 18% in the number of families benefitted

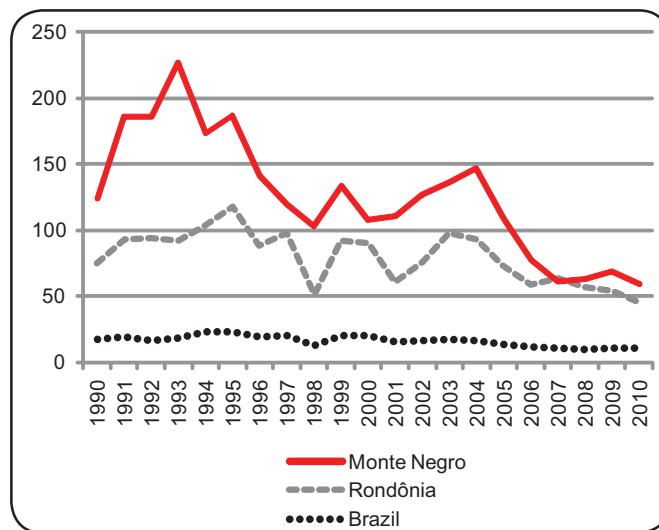


FIGURE 2 - Incidence of American cutaneous leishmaniasis in the municipality of Monte Negro, State of Rondônia, Brazil, between 1990 and 2010 (occurrences per 100 thousand inhabitants). Source: Sistema de Informação de Agravos de Notificação (SINAN), 2011.

TABLE 1 - Phlebotomine sandfly population of the genus *Brumptomyia* and subgenera *Lutzomyia* was captured using CDC light traps in Monte Negro, State of Rondônia, Brazil, between July 2006 to July 2008.

Genus	Subgenera	Species	Males	Females	Total	Percentage	
<i>Brumptomyia</i>		<i>B. brumpti</i> *	9	-	9	0.46	
		<i>B. pentacantha</i>	3	-	3	0.15	
		<i>B. sp.</i>	-	20	20	1.03	
<i>Lutzomyia</i>	(Evandromyia)	<i>L. tarapacaensis</i> *	2	11	13	0.70	
		<i>L. monstrosa</i>	0	2	2	0.10	
	(Lutzomyia)	<i>L. evangelistai</i>	-	3	3	0.15	
		<i>L. longipalpis</i>	6	-	6	0.31	
	(Micropygomyia)	<i>L. sherlocki</i>	2	12	14	0.72	
		<i>L. micropyga</i>	3	2	5	0.25	
	(Nyssomyia)	<i>L. antunesi</i>	24	71	95	4.90	
		<i>L. flaviscutellata</i>	16	26	42	2.20	
	(Pressatia)	<i>L. shawi</i>	-	3	3	0.15	
		<i>L. umbratilis</i>	1	-	1	0.05	
		<i>L. whitmani</i>	60	120	180	9.30	
		<i>L. triacantha</i>	4	4	8	0.41	
		(Psathyromyia)	<i>L. campbelli</i>	1	1	2	0.10
			<i>L. dendrophyla</i>	8	13	21	1.08
		(Psychodopygus)	<i>L. lutziana</i>	16	16	32	1.65
			<i>L. punctigeniculata</i>	1	-	1	0.05
			<i>L. shannoni</i>	3	1	4	0.21
			<i>L. amazonensis</i>	-	5	5	0.26
	<i>L. carrerai</i> **		1	1	2	0.10	
	<i>L. clautrei</i>		2	9	11	0.60	
	<i>L. complexa</i>		2	3	5	0.25	
	<i>L. davisi</i>		51	100	151	7.78	
	<i>L. geniculata</i>		26	129	155	8.01	
	<i>L. hirsuta</i> **		16	26	42	2.20	
	(Sciopemyia)	<i>L. lainsoni</i>	1	7	8	0.41	
		<i>L. servulolimai</i>	8	20	28	1.44	
	(Trichophoromyia)	<i>L. sordellii</i>	13	27	40	2.06	
		<i>L. auraensis</i>	22	-	22	1.13	
		<i>L. clitella</i>	9	-	9	0.46	
		<i>L. melloi</i> *	1	-	1	0.05	
		<i>L. octavioi</i>	5	-	5	0.25	
		<i>L. ubiquitous</i>	8	3	11	0.60	
		<i>L. sp.</i>	-	28	28	1.44	
(Viannamyia)	<i>L. furcata</i>	6	8	14	0.72		
<b>Total</b>			<b>334</b>	<b>709</b>	<b>1,043</b>	<b>54.0</b>	

*B*: *Brumptomyia*; *L*: *Lutzomyia*; CDC: Centers for Disease Control. \*The first time for Rondônia; \*\*Taxons renamed as species by Carvalho GML et al. Mem Inst Oswaldo Cruz 2006; 10:129-136. The relative abundance of each species collected in the study area expressed as a percentage of the total of 1935 of sandflies collected.



TABLE 2 - Sand flies groups of *Lutzomyia* captured in Monte Negro, State of Rondônia, Brazil, from July 2006 to July 2008 with CDC light traps.

Genus	Group	Species	Males	Females	Total	Percentage
<i>Lutzomyia</i>	Aragaoi	<i>L. abunaensis</i>	2	-	2	0.10
		<i>L. aragaoi</i>	3	1	4	0.20
		<i>L. barretoii barretoii</i>	2	-	2	0.10
		<i>L. coutinhoi</i>	1	-	1	0.05
	Migonei	<i>L. bacula</i>	23	52	75	3.87
		<i>L. lenti*</i>	1	-	1	0.05
		<i>L. termitophila</i>	0	5	5	0.25
		<i>L. walkeri</i>	6	10	16	0.82
		<i>L. williamsi</i>	1	-	1	0.05
	Oswaldoi	<i>L. goiana</i>	60	43	103	5.32
		<i>L. wilsoni</i>	2	-	2	0.10
	Verrucarum	<i>L. nevesi</i>	6	12	18	0.93
		<i>L. serrana</i>	6	5	11	0.60
	Ungrouped species	<i>L. acanthopharynx</i>	248	403	651	33.64
	<b>Total</b>			<b>361</b>	<b>531</b>	<b>892</b>

*L.*: *Lutzomyia*; **CDC**: Centers for Disease Control. \*The first time for Rondônia; \*\*Taxons renamed as species by Carvalho GML et al. Mem Inst Oswaldo Cruz 2006; 10:129-136. The relative abundance of each species collected in the study area expressed as a percentage of the total of 1935 of sandflies collected.

by the “Family Allowance Program” (*Bolsa-Família*) in the North Region, and the increase in the formal employment rate in the main Brazilian metropolitan areas by 24.4% between 2002 and 2010 (Source: www.ipeadata.gov.br on Dec 28, 2011)<sup>17</sup>. On the other hand, the migratory tendency to the North Region, resulted in a negative balance of less 35,159 people between 2004 and 2009<sup>10,17</sup>.

## DISCUSSION

From all 53 species captured, four were new records for the State of Rondônia: *B. brumpti*, *L. tarapacaensis*, *L. melloi* and *L. lenti*. The surveys carried out in the State of Rondônia<sup>2-4</sup>, and the new reports of phlebotomine species made by this work totalize 110 species of *Lutzomyia* and 4 *Brumptomyia* for Rondônia. In the present study *L. acanthopharynx*, *L. whitmani*, *L. geniculata* and *L. davisii* together represented 58.7% of all the sandflies caught. According to Gil et al.<sup>3,4</sup>, the species *L. davisii* and *L. whitmani* were the most abundant, and were the vectors closely associated with ACL transmission around the region, along with other predominant species such as *L. umbratilii*, *L. llanosmartinsi*, *L. dendrophyla*, *L. nevesi*, *P. carrerai* and *P. hirsutus*.

The species *L. whitmani* and *L. davisii* have proved to be significant vectors of *Leishmania* that cause ACL either in the enzootic cycle and in the peridomestic cycle<sup>3,18</sup>. The prevalence of these vectors suggests the possibility of transmission in the peridomestic environment. The confirmation of the previous studies has associated *L. davisii* with the transmission of *Leishmania (Viannia) naiffi*<sup>3</sup> and *Leishmania (Viannia) braziliensis*<sup>18</sup> in the State of Rondônia. Gil et al.<sup>3</sup> complement

that the high number of *L. davisii* captured in Shannon-type traps reflects its anthropophilic habit, while Azevedo et al.<sup>19</sup> reports that the high *L. whitmani* density may be associated with the changes in the original vegetation and the better adaptation to new environmental conditions.

Many studies have shown the vectorial potential of *L. whitmani* in the natural anthropic environments regarding the transmission of *Leishmania (Viannia) braziliensis*, *L. (V.) shawi* and *L. (V.) guyanensis* in some states of Northeast, Southeast, South, West Central and Amazonian region<sup>1,20-23</sup>.

In the areas studied other vectors of ACL were identified, such as *L. flaviscutellata*, the main vector of *Leishmania (Leishmania) amazonensis*, which has been also found to be parasitized by *Leishmania (Viannia) guyanensis* in the French Guiana<sup>24</sup>; *L. umbiquitalis*, the vector of *Leishmania (Viannia) lainsoni* in Brazil<sup>25</sup>; *L. complexa*, species considered to be a *Leishmania (Viannia) braziliensis* vector<sup>26</sup>; *Leishmania carrerai* is considered to be a *Leishmania (Viannia) braziliensis* vector according to Grimaldi et al.<sup>27</sup>, who has characterized the parasite in phlebotomine sandflies as naturally infected in the Brazilian Amazon.

In addition to the ACL vectors, *L. longipalpis*, the VL vector in Brazil, was collected in the region. Although the incidence of VL in Rondônia has been exclusively associated with allochthonous cases (0.07 per 100 thousand inhabitants)<sup>28</sup>, the presence of *L. longipalpis* should be a factor of concern as, in the Amazon region, VL is already autochthonous in the States of Pará, Roraima, and Tocantins<sup>22,29,30</sup> and areas of the Southeast of Brazil, that were not traditional endemic areas of VL, had registered several autochthonous cases over the last ten years<sup>22,30,31</sup>. On the other hand, according to serologic studies

performed in Monte Negro<sup>8</sup>, infected dogs and phlebotomine sandflies are in contact as dogs were found to be serologically positive for *Leishmania*.

The knowledge of the phlebotomine sandfly fauna in Rondônia remains still insufficient, while the last surveys regarding the phlebotomine sandfly population has reported new occurrences of its species<sup>3,4</sup>.

Although 64% of the phlebotomine sandflies collected were females, the natural infection analysis for PCR was negative for *Leishmania* sp. In endemic leishmaniasis areas, the rates of natural infection by *Leishmania* in phlebotomine sandflies have been historically low<sup>32,33</sup>. Soares et al.<sup>34</sup> explain the low infection rate due to ecologic relations such as the habitat pattern, the intraspecific behavior, the vector feeding cycle, the genetic endowment and immunity of the population of reservoirs of each locality.

The epidemiologic data points to a significant decrease in the incidence a ACL of about 53% and 43% over the last ten years in Monte Negro and Rondônia and 31% in Brazil. The municipality of Monte Negro is an historical area of transmission of ACL that accounted for a incidence of 59 cases/100,000 inhabitants in 2010. The nine humans cases followed up in this study was represented for mens between 15 and 50 years old, which is the most susceptible age group, reported by some authors<sup>35-37</sup>. The nature of the zoonotic transmission becomes evident when it is noticed that 80% of the patients were engaged in activities associated with the permanence in the forest (hunting, fishing, lumbering), although 20% had not such activities, suggesting peridomestic transmission. Murback et al.<sup>38</sup>, which suggested that the ACL transmission in man in the productive age bracket are likely to be higher due to the fact that they leave their domiciliary environment for work or leisure, and are then more exposed to the timberland areas.

The economical and environmental surveillance improvement in Brazil in the last 15 years imply in a reduction of the self-employed labor availability for risky activities connected to the likeliness of ACL occurrences such as lumbering, gold digging and clandestine land occupation. Such background may have led to a decrease in the insertion of collectors and hunters inside the woods that has reduced the likeliness of contamination by the ACL vectors, and had a positive impact in the incidence of the disease.

Nevertheless, in spite of the economic advancements, the social development, and better environmental surveillance, ACL appears as a permanent residual focal point in the region.

### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

### ACKNOWLEDGMENTS

We are in debt to Prof. Marisis Camargo and Prof. Ricardo Ferreira for the English review and critical suggestions for the paper.

## REFERENCES

- Rangel EF, Lainson R. Flebotomíneos do Brasil. Rio de Janeiro: FIOCRUZ; 2003.
- Aguiar GM, Medeiros WM. Distribuição regional e habitats das espécies de flebotomíneos do Brasil. In: Rangel EF, Lainson R, editors. Flebotomíneos do Brasil. Rio de Janeiro: FIOCRUZ; 2003. p. 207-255.
- Gil LHS, Basano SA, Souza AA, Silva MGS, Barata I, Ishikawa ED, et al. Recent observations on the sandfly (Diptera: Psychodidae) fauna of the State of Rondônia, western Amazônia, Brazil: the importance of *Psychodopygus davisii* as a vector of zoonotic cutaneous leishmaniasis. Mem Inst Oswaldo Cruz 2003; 98:751-755.
- Gil LHS, Araújo MS, Villalobos JM, Camargo LMA, Ozaki LS, Fontes CJF, et al. Species structure of sandfly (Diptera: Psychodidae) fauna in the Brazilian western. Rio de Janeiro: Mem Inst Oswaldo Cruz 2009; 104:955-959.
- Shaw JJ, Faria DL, Basano SA, Corbett CE, Rodrigues CJ, Ishikawa EA, et al. The aetiological agents of American cutaneous leishmaniasis in the municipality of Monte Negro, Rondônia State, western Amazonia, Brazil. Ann Trop Med Parasitol 2007; 101: 681-688.
- Sistema de Informação de Agravos de Notificação (SINAN). Portal Saúde: O que é o SINAN [Internet]. Brasília: Ministério da Saúde; [Cited 2011 May 24] Available from: <http://dtr2004.saude.gov.br/sinanweb/index.php?saude=http%3A%2F%2Fdtr2004.saude.gov.br%2Fsinanweb%2Findex.php&botao=OK&obj=http%3A%2F%2Fdtr2004.saude.gov.br%2Fsinanweb%2Findex.php>.
- Freitas RA, Barrett TV, Naiff RD. *Lutzomyia reducta* Feliciangeli et al., 1988 a host of *Leishmania amazonensis*, sympatric with two other members of the *Flaviscutellata complex* in southern Amazonas and Rondônia, Brazil (Diptera: Psychodidae). Mem Inst Oswaldo Cruz 1989; 84:363-369.
- Aguiar DM, Oliveira TMFS, Cavalcante GT, Labruna MB, Camargo LMA, Machado RZ, et al. Seroprevalence of anti-*Leishmania* spp. antibodies in rural dogs from the City of Monte Negro, State of Rondônia, Brazil. Rev Bras Parasitol Vet 2010; 19:73-74.
- Camargo LMA, Moura MM, Engracia V, Pagotto RC, Basano AS, Silva LHP, et al. A rural community in a Brazilian Western Amazonian region: some demographic and epidemiological patterns. Mem Inst Oswaldo Cruz 2002; 97:193-195.
- Instituto Brasileiro de Geografia e Estatística (IBGE). Censo 2011 [Internet]. Brasília: IBGE; [Cited 2011 December 28]. Available from: <http://www.ibge.gov.br/home/estatistica/populacao/censo2011/default.shtm/>.
- Ministério da Saúde. Coeficiente de detecção de casos de Leishmaniose Tegumentar Americana por 100.000 habitantes. Brasil, Grandes Regiões e Unidades Federadas. 1990 a 2010 [Internet]. Brasília: Ministério da Saúde; [Cited 2011 November 28]. Available from: [http://portal.saude.gov.br/portal/arquivos/pdf/ta\\_deteccao\\_08\\_09\\_11.pdf/](http://portal.saude.gov.br/portal/arquivos/pdf/ta_deteccao_08_09_11.pdf/).
- Young DG, Duncan MA. Guide to the identification and geographic distribution of *Lutzomyia* sandflies in Mexico, the West Indies, Central and South America (Diptera: Psychodidae). Mem Amer Entomol Inst 1994; 54:1-881.
- Mukhopadhyay J, Ghosh K, Braig HR. Identification of cutaneous leishmaniasis vectors, *Phlebotomus papatasi* e *P. duboscqi* using random amplified polymorphic DNA. Acta Tropica 2000; 76:277-283.
- Oliveira JGS, Novais FO, Oliveira CI, Cruz-Junior AC, Campos LF, Rocha AV, et al. Polymerase chain reaction (PCR) is highly sensitive for diagnosis of mucosal leishmaniasis. Acta Tropica 2005; 94:55-59.
- Marques MJ, Volpini AC, Genaro O, Mayrink W, Romanha AJ. Simple form preservation and *Leishmania* DNA extraction from human lesions for diagnosis of American Cutaneous Leishmaniasis via polymerase chain reaction. Am J Trop Med Hyg 2001; 65:902-906.
- Instituto Nacional de Pesquisas Espaciais (INPE). Amazônia Brasileira Por Satélite: Projeto Prodes [Internet]. Brasília: Ministério da Ciência e Tecnologia; [Cited 2011 January 17]. Available from: <http://www.obt.inpe.br/prodes/index.html/>.
- Instituto de Pesquisa Econômica Aplicada (IPEADData). Dados macroeconômicos e regionais [Internet]. Brasília: Presidência da República; [Cited 2011 January 28]. Available from: [www.ipeadata.gov.br](http://www.ipeadata.gov.br)
- Grimaldi Jr G, Momen H, Naiff RD, McMahon-Pratt D, Barrett TV. Characterization and classification of leishmanial parasites from humans, wild mammals, and sandflies in the Amazon region of Brazil. Amer J Trop Med Hyg 1991; 44:645-661.

19. Azevedo ACR, Souza NA, Meneses CR, Costa WA, Costa SM, Lima JB, et al. Ecology of sandflies (Diptera: Psychodidae: Phlebotominae) in the North of the state of Mato Grosso, Brazil. Mem Inst Oswaldo Cruz 2002; 97:459-464.
20. Mayrink P, Williams MV, Coelho M, Dias A, Vianna Martins, PA, Magalhães CA, et al. Epidemiology of dermal leishmaniasis in the Rio Doce Valley, State of Minas Gerais, Brazil. Ann Trop Med Parasitol 1997; 73:123-137.
21. Freitas RA, Naiff RD, Barrett TV. Species diversity and flagellate infections in the sandfly fauna near Porto Grande, State of Amapá, Brazil (Diptera: Psychodidae. Kinetoplastida: Trypanosomatidae) Mem Inst Oswaldo Cruz 2002; 97:53-59.
22. Rangel EF, Vilela ML. *Lutzomyia longipalpis* (Diptera, Psychodidae, Phlebotominae) and urbanization of visceral leishmaniasis in Brazil. Cad Saude Publica 2008; 24:2948-2952.
23. Costa SM, Cechinel M, Bandeira V, Zannuncio JC, Lainson R, Rangel EF. *Lutzomyia* (*Nyssomyia*) *whitmani* s.l. (Antunes & Coutinho 1939) (Diptera: Psychodidae: Phlebotominae): geographical distribution and the epidemiology of American Cutaneous Leishmaniasis in Brazil. Mem Inst Oswaldo Cruz 2007; 102:149-153.
24. Fouque F, Gaborit P, Issaly J, Carinci R, Gantier JC, Ravel C, et al. Phlebotomine sandflies (Diptera, Psychodidae) associated with changing patterns in the transmission of the human cutaneous leishmaniasis in French Guiana. Mem Inst Oswaldo Cruz 2007; 102:35-40.
25. Silveira FT, Shaw JJ, Braga RR, Ishikawa E. Dermal leishmaniasis in the Amazon region of Brazil: *Leishmania* (*Viannia*) *lainsoni* sp.n., a new parasite from the state of Pará. Mem Inst Oswaldo Cruz 1987; 82:289-292.
26. Souza AA, Ishikawa E, Braga R, Silveira F, Lainson R, Shaw J. *Psychodopygus complexus*, a new vector of *Leishmania braziliensis* to humans in Pará State, Brazil. Trans R Soc Trop Med Hyg 1996; 90:112-113.
27. Grimaldi Jr G, Tesh RB, McMahon-Pratt D. A review of the geographic distribution and epidemiology of Leishmaniasis in the New World. Am J Trop Med Hyg 1989; 41:687-725.
28. DATASUS. Taxa de incidência da leishmaniose visceral. [Internet]. Brasília: Ministério da Saúde; [Cited 2011 November 28]. Available from: <http://tabnet.datasus.gov.br/cgi/tabegi.exe?idb2010/d0205.def/>.
29. Ryan L, Brazil RP. *Leishmania* infections in *Lutzomyia longipalpis* (Diptera: Psychodidae) on the island of São Luis, Maranhão State, Brazil. Mem Inst Oswaldo Cruz 1984; 79:383-384.
30. Gontijo CM, Melo MN. Visceral leishmaniasis in Brazil: current status, challenges and prospects. Rev Bras Epidemiol 2004; 7:338-349.
31. Michalsky EM, Guedes KS, Silva FOL, França-Silva JC, Dias CLF, Barata RA, et al. Infecção natural de *Lutzomyia* (*Lutzomyia*) *longipalpis* (Diptera: Psychodidae) por *Leishmania infantum chagasi* em flebotomíneos capturados no município de Janaúba, Estado de Minas Gerais, Brasil. Rev Soc Bras Med Trop 2011; 44:58-62.
32. Oliveira-Pereira YN, Rebêlo JMM, Moraes JLP, Pereira SRF. Molecular diagnosis of the natural infection rate due to *Leishmania* sp in sandflies (Psychodidae, *Lutzomyia*) in the Amazon region of Maranhão, Brazil. Rev Soc Bras Med Trop 2006; 39:540-543.
33. Neitzke HC, Scodro RBL, Castro KRR, Sversutti ACD, Silveira TGV, Teodoro U. Research of natural infection of phlebotomines for *Leishmania*, in the State of Paraná. Rev Soc Bras Med Trop 2008; 41:17-22.
34. Soares MRA, Carvalho CC, Silva LA, Lima MSCS, Barral AMP, Rebêlo JMM, et al. Molecular analysis of natural infection of *Lutzomyia longipalpis* in an endemic area for visceral leishmaniasis in Brazil. Cad Saude Publica 2010; 26:2409-2413.
35. Castro EA, Soccol VT, Membrive M, Luz E. Estudo das características epidemiológicas e clínicas de 332 casos de leishmaniose tegumentar notificados na região norte do Estado do Paraná de 1993 a 1998. Rev Soc Bras Med Trop 2002; 35:445-452.
36. Name RQ, Borges KT, Nogueira LSC, Sampaio JHD, Tauil PL, Sampaio RNR. Estudo clínico, epidemiológico e terapêutico de 402 pacientes com leishmaniose tegumentar americana atendidos no Hospital Universitário de Brasília, DF, Brasil. An Bras Dermatol 2005; 80:249-254.
37. Silva LMR, Cunha PR. A urbanização da leishmaniose tegumentar americana no município de Campinas - São Paulo (SP) e região: magnitude do problema e desafios. An Bras Dermatol 2007; 82:515-519.
38. Murback NDN, Günter HF, Nascimento RAF, Nakazato KRO, Dorval MEMC. American cutaneous leishmaniasis: clinical, epidemiological and laboratory studies conducted at a university teaching hospital in Campo Grande, Mato Grosso do Sul, Brazil. An Bras Dermatol 2011; 86:55-63.