INTRODUCTION

The aetiological agents for the human parasitic disease leishmaniasis, protozoan of the genus *Leishmania*, are obligate parasites of mammalian macrophages (1). Upon transmission to the human body by the bite of infected sand flies, the parasites invade the macrophage cells by receptor-mediated process and take shelter inside phagolysosomes (2). *Leishmaniae* have been shown to be acidophilic organisms (3) and to be resistant to the cytolytic factors of macrophages (4, 5). Without being killed inside the macrophage...
phagolysosome, the parasite cell is transformed into non-motile ovoid form called the amastigote and multiplies inside the phagolysosome (2).

While the life cycle of Leishmania parasites within their Phlebotomine vectors varies depending on the parasite/vector pairs involved, some general conclusions can be made regarding the development of suprapylarian species within their invertebrate hosts (6–8). Amastigotes are ingested by the sand fly vector with a blood meal taken from an infected host. This is followed by their differentiation into metacyclic promastigotes which are selectively released and permitted to migrate interiorly so as to make them available for transmission by bite.

Although infections to sand flies have been documented both in the laboratory and in the field, the actual number of amastigotes ingested by the sand fly during a blood meal is not known. It is however known that parasitaemia differs among patients (9) and it is possible that patients with few circulating parasites and not showing any symptoms such as hepatosplenomegally could serve as a source of parasites to sand flies. In the present study, we sought to estimate the minimum number of amastigotes capable of causing an infection in sand flies using L. major the aetiologic agent of ‘Old World’ cutaneous leishmaniasis (OWCL) in it’s natural vector Phlebotomus duboscqi Neveu- Lemaire (Diptera: Psychodidae). To the best of our knowledge, similar work has not been done elsewhere.

MATERIALS AND METHODS

Parasites. Isolation, cultivation and purification of L. major amastigotes from infected BALB/c footpads was carried out as previously described (10). Considering that a sand fly imbibes 0.3-0.5 µl blood (11), an infective inoculum consisting of either one or ten amastigotes per 0.3 or 0.5µl of blood was tested to determine whether or not it could lead to infection of all, or at least over 50% of P. duboscqi sand flies.

Sand fly feeding: Sand flies used during the experiments were obtained from an established colony at the Kenya Medical Research Institute (KEMRI) and reared as previously described (12). In this experiment, female P. duboscqi were divided into four groups of 120 each. One group was membrane-fed on defibrinated rabbit blood containing one amastigote/0.3µl and the other group on blood containing ten amastigotes/ 0.3µl in 0.5ml total volume of blood. The remaining two groups of P. duboscqi were fed on blood containing one amastigote/0.5µl or ten amastigotes per 0.5µl respectively. Sand flies were left to feed ad libitum for one hour. Engorged females were separated from unfed ones after 12 hours. They were maintained on sterile sugar solution for six days. On day six, all surviving sand flies were dissected and examined for the presence or absence of parasites and their forms (9, 13).

RESULTS

Sand fly infection rates: Dissection of all fed sand flies at six days post-infective blood meal revealed that blood containing one amastigote in 0.30µl and in 0.5µl was able to cause an infection in the sand fly, but very few sand flies get infected (7.6% and 9.6% respectively). Concentrations of ten amastigotes in 0.3µl and in 0.5µl gave infection rates of 35.4% and 26.3% respectively suggesting that even when the concentration of amastigotes in a blood meal was high, not all sand flies feeding on it were able to pick up the parasites. Results of the dissections are summarised in Table 1.

<table>
<thead>
<tr>
<th>No. of amastigotes in blood</th>
<th>No. of sand flies used</th>
<th>No. of sand flies engorged &amp; infected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 0.3µl in 0.5ml</td>
<td>120</td>
<td>52</td>
</tr>
<tr>
<td>10 / 0.3µl in 0.5ml</td>
<td>120</td>
<td>48</td>
</tr>
<tr>
<td>1 / 0.5µl in 0.5ml</td>
<td>120</td>
<td>62</td>
</tr>
<tr>
<td>10/0.5µl in 0.5ml</td>
<td>120</td>
<td>57</td>
</tr>
</tbody>
</table>
DISCUSSION

In this study, it was shown that blood containing one amastigote in 0.3µl or 0.5µl of blood were able to cause an infection in sand flies but with a very low infection rate (2.08 and 8.1%). Increasing amastigote numbers tenfold in the same volume of blood led to increased rate of infection in sand flies. Failure of any potentially infective blood meal to infect sand flies feeding on it can be attributed to the fact that amastigotes are never uniformly distributed in blood. Low infectivity rates in P. duboscqi have also been observed in the field and under laboratory conditions (14). These workers were able to show that sand fly collections over a 12 month period in Baringo District, Kenya, two of the 278 P. duboscqi females collected were infected with L. major. Furthermore, a single sand fly transferred from one mouse to the next while repeated attempting to take blood, infected five mice under laboratory conditions. In a field-based study to find the vector for visceral leishmaniasis caused by L. donovani, it was shown that only a few P. martini are usually infected, indicating that despite high endemicity in Baringo District, only a small number of sand flies transmit the disease (15). Similar results have also been observed in Machakos District (16). These results together with our observations suggest that the infection rates in sand flies under laboratory or field situations are generally low. Thus the existence of a mechanism to increase the number of infective bites delivered by a female sand fly may explain the low L. major infection rates of P. duboscqi in the laboratory or in the field (14). In cases where patients from the field are found to be antibody positive through the Leishmanin skin test without detectable parasites, it may be necessary to carry out xenodiagnosis using laboratory-bred sand flies to pick up parasites as an alternative to splenic aspiration.

ACKNOWLEDGEMENTS

To the late Shadrack Odongo and UNDP/WORLD BANK/WHO, Special Programme for Research and Training in Tropical Diseases, and the Kenya Medical Research Institute (KEMRI) for financial support. This paper has been published with the approval of the Director, KEMRI.

REFERENCES


