

Medico-legal considerations of canine leishmaniosis in Italy: an overview of an emerging disease with reference to the buying and selling of dogs

A. Passantino

Department of Veterinary Medical Science, Faculty of Veterinary Medicine, University of Messina, Polo Universitario Annunziata, 98168 Messina, Italy

Submitted for publication: 5 April 2005

Accepted for publication: 8 February 2006

Summary

Leishmaniosis is a common infection in the canine population. Domestic dogs are the main reservoir hosts for zoonotic human visceral leishmaniosis in both the Old and New Worlds. In fact, canine leishmaniosis is not just a veterinary problem.

In the light of some recent advances in the field of diagnosis, the author evaluated the medico-legal aspects of buying and selling dogs that are potentially affected by leishmaniosis.

This paper clarifies why it is impossible to attribute redhibitory vice (an essential defect in a product which renders it useless or so diminishes its usefulness or value that it must be presumed that, if he had been aware of it, the buyer would not have bought it, or would have paid a lesser price) to this disease and highlights the necessity to improve Sicilian regional law no. 15 of 3 July 2000 concerning the creation of a dog register by giving every animal a health book. With this aim in mind, the author suggests that leishmaniosis be included in the list of notifiable diseases that appears in article 1 of the Italian Veterinary Police Regulations so as to reduce the possibilities of fraudulent trade in dogs known to be infected before purchase.

Keywords

Dog – Leishmaniosis – Public health problem – Purchase.

Introduction

Canine leishmaniosis is an infection caused by the protozoan parasite *Leishmania infantum*. Symptomatic animals may be divided into different symptomatologic classes on the basis of their clinical signs. This clinical disease does not occur in all infected animals, but after the transmission season a variable population of subjects develops a humoral response in endemic areas (for example in Italy).

Domestic dogs are the main reservoir hosts (92) for zoonotic human visceral leishmaniosis (VL) in both the Old and New Worlds. In fact, canine leishmaniosis is a disease of great veterinary importance and a serious public health problem (33) (for example, in southern Europe, leishmaniosis in human immunodeficiency virus positive patients [27, 28, 29, 30, 34, 120] is currently a cause of great public health concern).

Leishmaniosis is included within the World Organisation for Animal Health (OIE) list of notifiable diseases (see

chapter 2.1.1 of the OIE *Terrestrial Animal Health Code* for the criteria for listing a disease [123]).

Several mammals are implicated as host reservoirs of the protozoa in the *Leishmania* spp. cycle, including wild and domestic animals. Among domestic animals, dogs are incriminated in the domestic transmission to human beings, mainly in cases of VL caused by *L. infantum* (62). The role of the dog as a reservoir host of human VL has been recognised since Nobel Prizewinner Charles Nicole discovered the disease in dogs in Tunisia in 1908.

The fact that canine leishmaniosis can be significantly controlled with deltamethrin collars (22, 23, 47, 59, 74, 75) could mean that other domestic species (e.g. cats) are involved in the epidemiology of the disease in endemic foci (47, 89, 111). However, the cat is generally considered an unusual host for *Leishmania* infection and case reports of feline leishmaniosis (FL) are only sporadic, originating mostly from places where the organism and different species of sand fly vectors are endemic (Brazil, Venezuela, Argentina, Algeria, Egypt, Ile de la Réunion, Jordan, Iraq, Vietnam, Italy, France, Spain, Portugal, Switzerland) (2, 8, 10, 13, 14, 15, 16, 21, 25, 31, 43, 46, 53, 54, 58, 64, 67, 68, 69, 76, 81, 82, 87, 88, 90, 91, 108, 112).

Very few aspects of FL have been studied; little is known about its prevalence and clinical manifestations, and it is not known which protozoan species are involved or how the parasite is transmitted to the vector. In addition, there is little information about the actual susceptibility and importance of cats in the transmission of *Leishmania* spp. (113, 114). All of these factors may contribute to the idea that FL is uncommon. In addition, it is important to emphasise that previous studies have shown that some species of biting phlebotomine sandflies are more attracted to cats than to dogs (46) and use them more frequently as blood-meal sources (72).

In humans, *L. infantum* causes VL and cutaneous leishmaniosis (CL). Desjeux and Alvar have described the two epidemiological forms of the visceral disease (which is generally more severe than CL) as follows: 'In the zoonotic form, as found in the Mediterranean basin (119), the parasites infecting humans have generally come, via a sandfly, from dogs. In the anthroponotic form *L. donovani* which occurs, sometimes in severe and deadly epidemics, in East Africa, Bangladesh, India and Nepal, there is human to human transmission via the sandfly vector. In immunocompetent people, infection by the *Leishmania* parasites that can cause VL is not always followed by disease – some remain completely asymptomatic, many others have oligosymptomatic infections that resolve on their own, and perhaps only one in every five to ten develops clinical VL. Patients who develop the clinical disease, after an incubation period varying from a few weeks to several months, usually have fever, severe loss of

weight, hepato- and/or spleno-megaly (splenomegaly being more frequent) and pancytopenia. If clinically evident and untreated, VL can be fatal, especially in developing countries, where associated diseases often occur' (30).

Molina *et al.* (66) identify three main forms of VL:

a) the zoonotic form of VL, caused by *L. infantum*, with infection predominantly in wild and domestic canids and occasionally in humans. This form, which is mainly endemic, extends from the Mediterranean through Central Asia into the People's Republic of China and also exists in Latin America;

b) the anthroponotic form, caused by *L. donovani* or *L. infantum*. It occurs in East Africa and the south-west of the Arabian peninsula. It is normally endemic but can cause extensive epidemics in humans. Transmission of the parasites that cause this form of VL is predominantly human to human via non-synanthropic vectors such as *Phlebotomus martini* and *P. orientalis*, although there may also be other mammals acting as reservoir hosts;

c) the anthroponotic form, caused by *L. donovani*, occurs on the Indian sub-continent. It is normally endemic but severe epidemics can develop among humans.

Currently, VL is considered by the World Health Organization to be an emerging zoonosis in southern Europe (121).

In Italy, VL is an endemic disease (38, 48), with higher incidence rates in the central-southern Tyrrhenian regions of continental Italy and in the islands. Traditional endemic territories also include central-northern (Tuscany and part of Emilia Romagna) and northern regions (Liguria) (124). Since the early 1990s, VL cases have been increasing throughout the country, with about 200 cases recorded in 2001 (36).

The dog is considered the domestic reservoir of the infection and phlebotomine sandflies are the only proven vectors of leishmaniosis for dogs and humans. Canine leishmaniosis is widespread in the Mediterranean sub-region (37, 116). In Italy, canine leishmaniosis is highly endemic along the Mediterranean coasts and the islands (55, 121, 124); however, several autochthonous cases are also being reported in northern regions of the country, probably due to climatic changes (35).

The first case of leishmaniosis in dogs was discovered in Sicily by Basile (1910) almost a century ago (9). Since then, on the basis of some epidemiological studies (whose results have been repeated over time) and on the acquisition of recent epidemiological data, this parasite has proved to be 'endemically constant' in Sicily (19, 20, 70, 77, 84, 95). This suggests that it is opportune to consider

some legal aspects inherent to the purchase and sale of dogs coming from this territory and which are therefore potentially infected. In particular, in the case of absence of symptomatology, the author thinks it would be useful to evaluate when recent parasitological, serological or biological-molecular techniques should be employed to discover a latent disease, latency of a former infection or an asymptomatic carrier.

The paper concludes by considering the value attributable to the results of various diagnostic studies in the question of 'legal vice' with regard to this disease.

Diagnostic techniques

Accurate and rapid diagnosis of canine leishmaniosis is of great importance in order to start early treatment and to prevent transmission, but this remains problematic. The demonstration of *Leishmania* amastigotes in Giemsa-stained smears of lymph node or bone marrow aspirates or in blood, or the detection of promastigotes in cultures from these materials, are the traditional and simplest methods of diagnosis (86). Moreover, the detection by culture is the only undisputable test.

Detection of anti-*Leishmania* circulating antibodies (mainly IgG, especially IgG1, IgG3 and IgG4) (44, 98) using serodiagnostic techniques constitutes an essential tool in the diagnosis of canine leishmaniosis (26).

In general, the most satisfactory techniques are (122):

- immunofluorescent antibody test (IFAT) (which is considered the gold standard)
- enzyme-linked immunosorbent assay (ELISA) (5)
- direct agglutination test (DAT) (42).

Part 2, Section 2.2, Chapter 2.2.11 of the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* 2004, says: 'Serology is the preferred method for diagnosis of canine leishmaniosis and VL, even during the early stages of the disease. In subclinical forms, seropositive cases are confirmed by parasitological diagnosis or polymerase chain reaction (PCR). Serology is of less value for CL and MCL [mucocutaneous leishmaniosis]. Of the several serological techniques available, the indirect fluorescent antibody test and the ELISA are the most suitable. Serodiagnostic antigens need to be prepared in the laboratory, though some commercial products are now under evaluation' (123).

Although IFAT is the most widespread diagnostic method it does have limitations, the main ones being cross-reactions reported in individuals infected with

Trypanosoma cruzi (122) and low sensitivity in detecting asymptomatic dogs. Cross-reactivity with other canine parasites and bacterial pathogens has also been reported for ELISA (57, 103).

Immunochromatographic dipstick tests for *Leishmania* diagnosis have recently been developed and are all based on recombinant K39 (rK39), a protein predominant in *L. infantum* and *L. donovani* tissue amastigotes (17). These dipstick tests have been shown to be quite sensitive (reported sensitivities, 67% to 100%) and very specific (reported specificities, 97% to 100%) when tested on Kala-azar patients (11, 24, 45, 117, 127), with results similar to those of rK39-ELISAs (1, 7, 17, 49, 80, 96, 115, 125, 126). Preliminary studies have shown that this test was also suitable for the serodiagnosis of canine leishmaniosis (63, 65, 79, 80, 104, 105, 125).

Several molecular biological techniques have been developed for the sensitive detection and identification of pathogens (6, 12, 37, 40, 41, 50, 51, 52, 60, 93, 94, 99, 118). The main approaches to nucleic-acid-based detection are hybridisation using DNA probes and amplification techniques, including reverse transcription (RT)-PCR for the detection of RNA and PCR for the detection of DNA (39). This technique is based on the amplification of a known, specific sequence using oligonucleotide primers that bind specifically to DNA flanking the region of interest. The target sequence is then amplified using a heat-stable DNA polymerase. The PCR products can be visualised with standard molecular biological methods, such as gel electrophoresis and Southern blotting. A number of different PCR assays have been developed for the detection of *Leishmania* DNA in clinical specimens, using several targets (61, 70, 71, 78, 101, 106, 107).

Illness qualifying as vice in veterinary legal medicine

In veterinary legal medicine, illness, although it is not specifically mentioned in the Italian Civil Code, must be considered a vice in those cases where it renders an animal unsuitable for its specified use or significantly reduces its value.

An animal which is unsuitable for its specified use must be affected with a behavioural 'character defect' or an 'illness'. A behavioural 'character defect' is a defect (as opposed to a virtue) which makes the animal not only less productive or of lesser value but also, sometimes, useless and dangerous. A character defect involves senses, perceptions, affections, will, instincts and memory, while 'illness' causes a disturbance in normal organic functioning (which may be

localised or generalised) following an anatomical alteration which will inevitably cause an appreciable permanent or temporary impairment. To qualify as vice, however, illness must be 'serious' or 'chronic', 'pre-existing' and 'not easily recognised'.

Illness is 'serious' when the animal cannot be used immediately, or when it reduces the animal's value to a measurable extent. It is 'chronic' when it is not a temporary state, but rather its seriousness and non-curability persist over time. It is 'pre-existing' when it was present before the contract was made and continues to be so after sale. It is 'not easily recognised' if it cannot be observed by a diligent professional, that is, by the *bonus pater familias* (article 1176 of the Civil Code) (86).

Current law

In Italy, the purchase of animals is regulated by the Civil Code (article 1470 and following) and dates back to 1942. These articles regulate the purchase of all animals in general, and they are also adopted in the field of the purchase of dogs. In fact, in Italy, the Civil Code (article 812) considers animals as a *res*, nowadays, i.e. a thing (as property) as opposed to a person that is the subject of rights.

The guarantee against vices in the sale of animals is regulated by article 1496 of the Civil Code, which will take into consideration special laws concerning vices in different fields. However, as these laws have not as yet been drawn up the regulation of the matter is entrusted to 'local usages' (i.e. the ways in which one can justifiably expect a matter to be dealt with because that has been the practice in that community for a long time) and, if these are lacking, to article 1490 of the Civil Code and following. The latter reads as follows: 'the seller is obliged to guarantee that the object sold is immune from vices which make it unsuitable for the usage to which it is destined or that decrease the value of it in an appreciable way'.

The buyer, in his turn – only when the animal is affected by a serious or chronic vice that is pre-existing and not easily recognisable – will be able, with respect to the terms of expiry and to rules contained in article 1495 of the Civil Code, to exercise one of the two legal actions foreseen by the Code, namely, redhibitory action or estimatory action. 'Redhibitory action' (*actio redhibitoria*) means rescission of sale and 'estimatory action' (*actio estimatoria* or *quantum minoris*) means reduction of price.

Local usages in the matter of buying or selling dogs are set out in a text deposited at each Chamber of Commerce and it is to be noted that the 9th Chapter of article 935 of the

Civil Code allows these texts to provide for the possibility of sale with the exclusion of guarantee. According to this article, if the dog is 'sold on the spot' or the seller declares 'I am selling it as it is', whenever, following the sale, the buyer observes the presence of a vice in the purchased animal, he will not be able to make any claim for the restitution of the amount paid (redhibitory action). In the same text, so as to limit pointless litigation, a list of vices has been drawn up which, because they are considered serious, chronic, pre-existing and not easily recognisable, permit the purchaser to legitimately exercise a redhibitory or estimatory action; leishmaniosis is not included in this list, except in the province of Turin.

Considerations

Leishmaniosis is a sword of Damocles, constantly present hanging over the purchase and sale of dogs in Sicily. Given the widespread awareness of the disease among people who work in this field it is the cause of justified fears in the purchaser and an object of necessarily partial reassurances on the part of the seller.

The author is inclined to share the prevailing opinion which would exclude leishmaniosis from the list of diseases indicated as redhibitory vices in the dog on the basis of the following considerations:

a) Even though there are numerous possible tests for the diagnosis of canine leishmaniosis, at the present time there is not a single diagnostic test available which reaches levels of 100% for both specificity and sensitivity, therefore, it appears impossible to exclude with absolute certainty that the animal could be host to the parasite. The test that comes closest to meeting these requirements is PCR carried out on the bone marrow.

All the diagnostic techniques, even the most sophisticated ones such as PCR or immunofluorescence assay (the gold standard), are of limited use for legal purposes: they can identify infection, but this is not recognised by law as reason enough to reduce the value of an animal. In the eyes of the law only clinical disease makes an animal unsuitable for use and thus less valuable.

In reality, for obvious reasons, this is most problematic in the case of buying and selling asymptomatic or oligosymptomatic animals which have given positive results to a test. In such a difficult situation, it will be necessary to carry out a complete clinical check which takes into account the variform aspect of the parasite and verifies all the information needed to identify the disease in its different evolutive stages, e.g. the velocity of the erythro sedimentation, serum electrophoresis, the main

parameters of hepatic and renal functionality. If one succeeds in doing this there should be no interpretative problem. However, quite often clinically and organically healthy animals will be encountered, as has been shown by numerous recent epidemiological studies (18, 56, 57, 83, 97, 100, 102, 104, 109, 110).

b) Cases are recorded in which experimentally or naturally infected dogs, even after serum conversion, have overcome the infection spontaneously, not developing symptoms or showing any paucisymptomatic self-resolving forms.

It has been experimentally shown that the incubation and prepatent periods for this are extremely variable, ranging from a few weeks to several months or years. It is clear that it is not possible to fix a certain lapse of time as a guarantee.

As regards serological studies, given that it can take months for serum conversion to occur, it would be impossible to show whether the infection has been contracted prior to or after the sale of the animal. Besides, there is no agreement among the literature as to the titre that must be considered positive for IFA. Therefore, one of the essential requirements for the recognition of legal vice would be missing, that is, the pre-existence of the vice.

Furthermore, it must be kept in mind that there are animals that develop symptoms prior to the serum conversion or that do not produce any antibodies at all despite manifesting the disease.

As it is known that animals can overcome the infection spontaneously over different periods of time, the requirement of 'serious damage' would also be missing.

This controversial diagnostic situation, which originates from the interaction between the defence mechanisms of the parasite and the anti-*Leishmania* immunity reactions started by the host, demonstrates how complex the factors are that concur in the resistance to the disease and why all the multiple possible evolutions of this infection are not rigorously described in the literature. In fact, it has already been shown both in rats and in man that the development of the disease or the spontaneous overcoming of the infection will depend most of all on the characteristics of the lymphocytic subpopulations that are activated by the encounter with the parasite (32, 73, 85), and in such an event it seems that individual genetic factors play an important role. It is reasonable to suppose that between these two extremes a great number of intermediary forms exist.

Table I
An example of a purchase contract

Between the undersigned Mr/Ms _____, the seller, and Mr/Ms _____, the buyer, the following is stipulated.

Mr/Ms _____ will sell to Mr/Ms _____ the following animal:

Canine species _____, breed _____, age _____, gender _____, coat _____, particular signs _____, microchip no. _____, warranting dispossession and the transferring of the ownership of the animal. In addition, the seller will give the buyer a registered certificate of origin as soon as possible.

The buyer has paid _____ as a deposit and he will take possession of the animal on ____ _ ____.

Signing this contract, the seller relinquishes ownership of the animal.

The seller guarantees that the animal is healthy and will provide a veterinary certificate. This certificate reports the state of the animal's health, as confirmed by Dr. _____ on ____ _ ____.

The seller guarantees that the sold animal is without any vices, malformations or diseases which would make it unsuitable for the use it is destined for or decrease its value in a considerable way. This guarantee is valid for one year from the date of delivery of the animal. When this term has passed and in the case of acts of ownership not explicitly agreed upon or authorized by the seller, he will be deemed free from the obligations underwritten in this document.

The buyer will pledge to maintain the animal as bonus pater familias with the obligation to inform the seller at once of any sign of illness in the animal.

Any controversy which should arise between the parties, resulting from the present contract and in particular as regards interpretation, execution, fulfilment, breach, rescission of the present contract, will be resolved by a group of Arbitrators consisting of three members, two nominated by each of the parties and the third by the first two nominees, in the case of disagreement, the case will be referred to the President of the relevant local Court.

The group of Arbitrators will take a decision in accordance with the procedures of informal ^(a) arbitration and its decision will be irrevocable.

Date _____

Mr/Ms _____ (the buyer) Mr/Ms _____ (the seller)

a) In Italy there are two types of arbitration: customary and informal. Customary arbitration gives the parties the opportunity to file the arbitrators' decision before a court so that it has the same effect as the decision of a judge. Informal arbitration is not subject to regulations; it is an agreement by which the parties agree to abide by the decision of an independent arbitrator

It should be remembered that the disease can be transmitted congenitally in dogs, this is rare, but it could nevertheless cause problems when puppies are sold.

Conclusions

On the basis of all that has been mentioned above, leishmaniosis, in the opinion of the author, cannot be considered a redhibitory vice.

However, the disease is characterised by extremely variable prepatent and/or incubation periods, and because of the limitations of the available tests it is difficult to exclude a diagnosis of leishmaniosis redhibitory vice with absolute certainty or to forecast how an individual case of infection will evolve; this means that asymptomatic animals can be bought and sold and this can cause civil quarrels if the animals later develop the disease.

In areas at risk from the parasite, the author suggests that in order to increase the probability of identifying asymptomatic and paucisymptomatic animals and to warn purchasers of the potential onset or reoccurrence of the disease, a neutral veterinarian should carry out the necessary investigations on the animal in question.

The author advises the parties involved to write a purchase contract (Table I).

The author advises the buyers to ask for the assistance of a trustworthy veterinarian who will evaluate the health status of the dog before the sale takes place. In this way, disagreements between the parties are avoided.

The author proposes that leishmaniosis be included in the list of diseases contained in article 1 of the Veterinary Police Regulations (3), which refers to the obligation to report cases of infectious diseases.

Sicilian regional law no. 15 of 3 July 2000 (4), which derives from national law 281/91, recommends the introduction of a special individual health book in which it would be obligatory for veterinarians to record all cases of the disease that they treat. This innovation, besides the doubtless health advantages of controlling the parasites present in the territory, would make the fraudulent trade of infected dogs more difficult, thus giving greater protection to the purchaser.

Acknowledgements

The author thanks Dr C. Keir for her kind correction of the English language of the manuscript. She is also grateful to Professor O. Catarsini and Professor M. Passantino for their invaluable assistance. ■

Considérations médico-légales sur la leishmaniose canine en Italie : aperçu d'une maladie émergente liée à l'achat et à la vente de chiens

A. Passantino

Résumé

La leishmaniose est une maladie courante des chiens. Les chiens domestiques constituent le réservoir principal des leishmanioses viscérales zoonotiques affectant l'homme dans l'Ancien comme dans le Nouveau Monde. En réalité, la leishmaniose canine n'est pas seulement un problème vétérinaire.

À la lumière des dernières avancées dans le domaine du diagnostic, l'auteur évalue quelques aspects médico-légaux liés à l'achat et à la vente de chiens potentiellement atteints de leishmaniose.

L'article explique pourquoi cette maladie ne peut entrer dans la catégorie du « vice rédhibitoire » (défaut essentiel, rendant un produit inutilisable ou diminuant sa valeur d'usage ou vénale, et par rapport auquel on est en droit de considérer que si l'acheteur avait eu connaissance de son existence, il n'aurait

pas acheté le produit, ou l'aurait payé moins cher), tout en soulignant la nécessité d'améliorer la législation sicilienne (loi n° 15 du 3 juillet 2000 relative à la création du registre canin) en rendant obligatoire le carnet sanitaire individuel pour chaque chien.

Dans cette visée, l'auteur suggère d'inscrire la leishmaniose sur la liste des maladies à déclaration obligatoire, comme stipulé à l'article 1 du règlement italien de police vétérinaire, afin de limiter les possibilités de vendre illicitement les chiens reconnus infectés.

Mots-clés

Achat – Chien – Leishmaniose – Problème de santé publique.



Aspectos médico-legales de la leishmaniosis canina en Italia: panorámica de una enfermedad emergente, con referencia a la compra-venta de perros

A. Passantino

Resumen

La leishmaniosis es una infección común en la población canina. Los perros domésticos son el principal reservorio de la leishmaniosis visceral humana, afección zoonótica presente tanto en el Viejo como en el Nuevo Mundo. De hecho, la leishmaniosis canina es más que un mero problema veterinario.

Teniendo en cuenta una serie de recientes avances en el terreno del diagnóstico, el autor estudió los aspectos médico-legales que se plantean en la compra-venta de perros que pudieran estar infectados.

La autora aclara los motivos por los que es imposible achacar a esta enfermedad un vicio redhibitorio (defecto esencial que inutiliza un producto o le resta utilidad o valor hasta el punto de que el comprador no lo habría adquirido o habría pagado un precio inferior de haber conocido su existencia), e insiste en la necesidad de mejorar la ley regional siciliana n° 15 del 3 de julio de 2000, relativa a la creación de un registro de perros con la entrega de un carné sanitario a cada animal.

Con tal objetivo en mente, la autora propone que se inscriba la leishmaniosis en la lista de enfermedades de notificación obligatoria que figura en el primer artículo del Reglamento de Política Veterinaria italiano, lo que reduciría las posibilidades de comercio fraudulento con perros cuya condición de infectados fuera conocida en el momento de la transacción.

Palabras clave

Adquisición – Leishmaniosis – Perro – Problema de salud pública.



References

1. Altintas N., Yolasigmaz A., Sakru N., Yazar S., Ertug S. & Ozbel Y. (1998). – A sero-epidemiological study of visceral leishmaniosis in Izmir District, Turkey. *J. Egypt. Soc. Parasitol.*, **28**, 389-394.
2. Anjili C.O. & Githure J.I. (1993). – Refractoriness of domestic cats to infection with a Kenyan strain of *Leishmania donovani*. *East Afr. med. J.*, **70** (5), 322.
3. Anon. (1954). – Decreto del Presidente della Repubblica n. 320, 8 February. Regolamento di Polizia Veterinaria. *Gazzetta Ufficiale*, n. **142**, Suppl. ordinario, 24 June 1954.
4. Anon. (2000). – Regional Law no. 15 of 3 July. Istituzione dell'anagrafe canina e norme per la tutela degli animali da affezione e la prevenzione del randagismo. *Gazzetta Ufficiale della Regione Sicilia*, **32**, 14-20.
5. Ashford D.A., Badaro R., Eulalio C., Freire M., Miranda C., Zalis M.G. & David J.R. (1993). – Studies on the control of visceral leishmaniasis: validation of the Falcon assay screening test-enzyme linked immunosorbent assay (FAST-ELISA) for field diagnosis of canine visceral leishmaniasis. *Am. J. trop. Med. Hyg.*, **48**, 1-8.
6. Ashford D.A., Bozza M., Freire M., Miranda J.C., Sherlock I., Eulalio C., Lopes U., Fernandes O., Degraeve W., Barker R.H., Badaró R. Jr & David J.R. (1995). – Comparison of the polymerase chain reaction and serology for the detection of canine visceral leishmaniasis. *Am. J. trop. Med. Hyg.*, **53**, 251-255.
7. Badaró R., Benson D., Eulálio M.C., Freire M., Cunha S., Netto E.M., Pedral-Sampaio D., Madureira C., Burns J.M., Houghton R.L., David J.R. & Reed S.G. (1996). – rK39: a cloned antigen of *Leishmania chagasi* that predicts active visceral leishmaniasis. *J. infect. Dis.*, **173**, 758-761.
8. Barnes J.C., Stanley O. & Craig T.M. (1993). – Diffuse cutaneous leishmaniasis in a cat. *J. Am. med. Assoc.*, **202**, 416-418.
9. Basile C. (1910). – Alcune osservazioni sulla presenza di leishmanie nei cani. *Rendiconti della Reale Accademia dei Lincei, Roma*, **19**, 158-160.
10. Bergeron M.P. (1927). – Un cas de leishmaniose chez le chat. *Bull. Soc. Sci. vet. Lyon*, **30**, 92-93.
11. Bern C., Jha S.N., Joshi A.B., Thakur G.D. & Bista M.B. (2000). – Use of the recombinant K39 dipstick test and the direct agglutination test in a setting endemic for visceral leishmaniasis in Nepal. *Am. J. trop. Med. Hyg.*, **63**, 153-157.
12. Berrahal F., Mary C., Roze M., Berenguer A., Escoffier K., Lamouroux D. & Dunan S. (1996). – Canine leishmaniasis: identification of asymptomatic carriers by polymerase chain reaction and immunoblotting. *Am. J. trop. Med. Hyg.*, **55**, 273-277.
13. Bonfante-Garrido R., Urdaneta I., Urdaneta R. & Alvarado J. (1991). – Natural infection of cats with *Leishmania* in Barquisimeto, Venezuela. *Trans. roy. Soc. trop. Med. Hyg.*, **85** (1), 53.
14. Bonfante-Garrido R., Valdilvia O., Torrealba J., Garcia M.T., Garofa M.M., Urdaneta I., Urdaneta R., Alvarado J., Copulillo E., Momen H. & Grimaldi G. (1996). – Cutaneous leishmaniasis in cats (*Felis domesticus*) caused by *Leishmania venezuelensis*. *Rev. cient. Fac. Cienc. vet.*, **6** (3), 187-190.
15. Bonfante-Garrido R., Meléndez E. & Barroeta S. (2001). – Cutaneous leishmaniasis in Barquisimeto, Lara State, Venezuela. In *Worldleish 2 Congress*, 20-24 May, Crete. Abstract book of the 2nd World Congress on Leishmaniosis, 21.
16. Bosselut H. (1948). – Un cas de leishmaniose générale du chat. *Arch. Inst. Pasteur (Algérie)*, **26**, 14.
17. Burns J.M., Shreffler W.G., Benson D.R., Ghalib H.W., Badaró R. & Reed S.G. (1993). – Molecular characterisation of a kinesin-related antigen of *Leishmania chagasi* that detects specific antibody in African and American visceral leishmaniasis. *Proc. natl Acad. Sci. USA*, **90**, 775-779.
18. Campino L., Santos-Gomes G., Riça Capela M.J., Cortes S., Abranches P. (2000). – Infectivity of promastigotes and amastigotes of *Leishmania infantum* in a canine model for leishmaniosis. *Vet. Parasitol.*, **92**, 269-275.
19. Catarsini O. (1971). – La leishmaniosi nel cane a Messina dal 1959 al 1971. *Veterinaria*, **21**, 211-219.
20. Catarsini O., Niutta P.P., Giudice E. & Pugliese A. (1996). – La leishmaniosi del cane nell'attività ambulatoriale della clinica medica veterinaria di Messina dal 1981 al 1995. Nota I: Comune di Messina. *Atti Soc. ital. Sci. vet.*, **L**, 407-410.
21. Costa Durão J.F., Rebelo E., Peleteiro M.C., Correia J.J. & Simões G. (1994). – Primeiro caso de leishmaniose em gato doméstico (*Felis catus*) detectado em Portugal (Concelho de Sesimbra). Nota preliminar. *Rev. port. Ciênc. vet.*, **89**, 140-144.
22. David J.R., Stamm L.M., Bezerra H.S., de Sousa R.N., Killick-Kendrick R. & Oliveira-Lima J.W. (2001). – Deltamethrin impregnated dog collars have a potent antifeeding and insecticidal effect on *Lutzomyia longipalpis* and *Lutzomyia migonei*. *Mem. Inst. Oswaldo Cruz*, **96**, 839-847.
23. Davies C.R., Mazloumi Gavvani A.S., Hodjati M.H. & Mohite H. (2002). – Impact of insecticide impregnated dog collars on the incidence of zoonotic visceral leishmaniasis in dogs and children. In *Canine leishmaniasis: moving towards a solution*. Proc. 2nd International Canine Leishmaniasis Forum, Sevilla, 87-90. Available at: http://pets.intervet.it/binaries/96_73252.pdf.

24. Delgado O., Feliciangeli M.D., Coraspe V., Silva S., Perez A. & Arias J. (2001). – Value of a dipstick based on recombinant RK39 antigen for differential diagnosis of American visceral leishmaniasis from other sympatric endemic diseases in Venezuela. *Parasite*, **8**, 355-357.
25. Denuzière C. (1976). – Du nouveau dans l'épidémiologie de la leishmaniose. Un chat 'leishmanien'. *Sem. vet.*, **32**, 1-2.
26. Deplazes P., Smith N.C., Arnold P., Lutz H. & Eckert J. (1995). – Specific IgG1 and IgG2 antibody responses of dogs to *Leishmania infantum* and other parasites. *Parasite Immunol.*, **17**, 451-458.
27. Desjeux P. (1992). – Human leishmaniasis: epidemiology and public health aspects. *World Hlth Stat. Q.*, **45**, 267-275.
28. Desjeux P., Alvar J., Gradoni L., Gramiccia M., Medrano F.J., Deniau M., Portus M., Laguna F., Farault-Gambarelli F., Montalban C., Marty P., Rosenthal E., Gemetchu T., Russo R., Dedet J.P., Matheron S. & Antunes F. (1996). – Epidemiological analysis of 692 retrospective cases of *Leishmania/HIV* co-infection. Document WHO/LEISH/96.39. World Health Organization, Geneva.
29. Desjeux P., Meert J.P., Piot B., Alvar J., Mediano F.J., Portus M., Muñoz C., Laguna F., Lopez-Velez R., Salas A., Sirera G., Cisterna R., Montalban C., Quero H., Gradoni L., Gramocchia M., Russo R., Dedet J.P., Pratlong F., Dereure J., Deniau M., Izri A., Matheron S., Farault F., Marty P., Rosenthal E., Antunes P., Abranches P. & Pradinaud R. (2000). – *Leishmania/HIV* co-infection, south-western Europe 1990-1998. Document WHO/LEISH/2000.42. World Health Organization, Geneva.
30. Desjeux P. & Alvar J. (2003). – *Leishmania/HIV* co-infections: epidemiology in Europe. *Ann. trop. Med. Parasitol.*, **97** (Suppl. 1), S3-S15.
31. Dunan S., Mary C., Garbe L., Breton Y., Olivon B., Ferrey P. & Cabassu J.P. (1989). – A propos d'un cas de leishmaniose chez un chat de la région marseillaise. *Bull. Soc. fr. Parasitol.*, **7**, 17-20.
32. Fasanella A. (1998). – Principali aspetti immunopatogenetici in corso di leishmaniosi. Leishmaniosi canina: nuove prospettive in tema di immunologia, diagnostica e terapia. *Veterinaria*, **4** (Suppl.), 14-19.
33. Gállego M. (2004). – Emerging parasitic zoonoses: leishmaniosis. In Emerging zoonoses and pathogens of public health concern. *Rev. sci. tech. Off. int. Epiz.*, **23** (2), 661-676.
34. Garrote J.I., Gutiérrez M.P., López Izquierdo R., Duenas M.A., Zarzosa P., Canavate C., El Bali M., Almaraz A., Bratos M.A., Berbel C., Rodrigues-Torres A. & Domingo O. (2004). – Seroepidemiologic study of *Leishmania infantum* infection in Castilla-Leon, Spain. *Am. J. trop. Med. Hyg.*, **71** (4), 403-406.
35. Gradoni L. (1999). – Epizootiology of canine leishmaniasis in southern Europe. In Canine leishmaniasis: an update. Proc. International Canine Leishmaniasis Forum, Barcelona, 32-39. Available at: http://pets.intervet.it/binaries/96_73253.pdf.
36. Gradoni L., Gramocchia M. & Scalone A. (2003). – Visceral leishmaniasis treatment, Italy. *Emerg. infect. Dis.*, **9**, 1617-1620.
37. Gradoni L., Gramocchia M., Khoury C. & Maroli M. (2004). – Linee guida per il controllo del serbatoio canino della leishmaniosi viscerale zoonotica in Italia. Rapporti Istituto Superiore di Sanità ISTISAN 04/12, 1-20. Available at: <http://www.iss.it/binary/publ/publi/0412.1106218875.pdf>.
38. Gramiccia M. (2003). – The identification and variability of the parasites causing leishmaniasis in HIV-positive patients in Italy. *Ann. trop. Med. Parasitol.*, **97** (1), S65-S73.
39. Gramiccia M., Smith D.F., Angelici M.C., Ready P.D. & Gradoni L. (1992). – A kinetoplast DNA probe diagnostic for *Leishmania infantum*. *Parasitology*, **105**, 29-34.
40. Gramiccia M., Ludovisi A., Nardoni S., Di Muccio T. & Mancianti F. (2003). – PCR and nested PCR for diagnosis of canine leishmaniasis in peripheral blood from dogs living in endemic areas of Italy. *J. eukar. Microbiol.*, **50**, 36A.
41. Gramiccia M., Di Muccio T. & Marinucci M. (2004). – Parasite identification in the surveillance of imported leishmaniasis cases in Italy. *Parassitologia (Rome)*, **46** (1-2), 207-210.
42. Hariith A.E., Slappendel R.J., Reiter I., Van Knapen F., Korte P.D., Huigen E. & Kolk A.H.J. (1989). – Application of a direct agglutination test for detection of specific anti-*Leishmania* antibodies in the canine reservoir. *J. clin. Microbiol.*, **27**, 2252-2257.
43. Hervas J., Chacon-M. De Lara F., Sanchez-Isarria M.A., Pellicer S., Carrasco L., Castillo J.A. & Gomez-Villamandos J.C. (1999). – Two cases of feline visceral and cutaneous leishmaniasis in Spain. *J. feline Med. Surg.*, **1**, 101-105.
44. Iniesta L., Gallego M. & Portus M. (2005). – Immunoglobulin G and E responses in various stages of canine leishmaniosis. *Vet. Immunol. Immunopathol.*, **103** (1-2), 77-81.
45. Jelinek T., Eichenlaub S. & Löscher T. (1999). – Sensitivity and specificity of a rapid immunochromatographic test for diagnosis of visceral leishmaniasis. *Eur. J. clin. Microbiol. infect. Dis.*, **18**, 669-670.
46. Johnson R.N., Ngumbi P.M., Mwanyumba J.P. & Roberts C.R. (1993). – Host feeding preference of *Phlebotomus guggisbergi*, a vector of *Leishmania tropica* in Kenya. *Med. vet. Entomol.*, **7**, 213-218.
47. Killick-Kendrick R., Killick-Kendrick M., Focheux C., Dereure J., Puech M.P. & Cadiergues M.C. (1997). – Protection of dogs from bites of phlebotomine sandflies by deltamethrin collars for control of canine leishmaniasis. *Med. vet. Entomol.*, **11**, 105-111.

48. Kuhn K.G. (1999). – Global warming and leishmaniasis in Italy. *Trop. Med. int. Hlth*, **7**, 1-2.
49. Kumar R., Pai K., Pathak K. & Sundar S. (2001). – Enzyme-linked immunosorbent assay for recombinant K39 antigen in diagnosis and prognosis of Indian visceral leishmaniasis. *Clin. diagn. Lab. Immunol.*, **8**, 1220-1224.
50. Lachaud L., Marchergui-Hammami S., Chabbert E., Dereure J., Dedet J.P. & Bastien P. (2002). – Comparison of six PCR methods using peripheral blood for detection of canine visceral leishmaniasis. *J. clin. Microbiol.*, **40**, 210-215.
51. Lachaud L., Chabbert E., Dubessay P., Lamothe J., Dedet J.P. & Bastien P. (2002). – Value of two PCR methods for the diagnosis of canine visceral leishmaniasis and the detection of asymptomatic carriers. *Parasitology*, **125**, 197-207.
52. Leontides L.S., Saridomichelakis M.N., Billinis C., Kontos V., Koutinas A.F., Galatos A.D. & Mylonakis M.E. (2002). – A cross-sectional study of *Leishmania* spp. infection in clinically healthy dogs with polymerase chain reaction and serology in Greece. *Vet. Parasitol.*, **109** (1-2), 19-27.
53. Machattie C., Mills E.A. & Chadwick M.C.R. (1931). – Naturally occurring oriental sore of the domestic cat in Iraq. *Trans. roy. Soc. trop. Med. Hyg.*, **25**, 103-106.
54. Mancianti F. (2004). – Feline leishmaniasis: what's the epidemiological role of the cat? *Parassitologia (Rome)*, **46** (1-2), 203-206.
55. Mancianti F., Gradoni L., Gramiccia M., Pieri S. & Marconcini A. (1986). – Canine leishmaniasis in the Isle of Elba, Italy. *Ann. trop. Med. Parasitol.*, **37**, 110-112.
56. Mancianti F., Falcone M.L., Giannelli C. & Poli A. (1995). – Comparison between an enzyme-linked immunosorbent assay using a detergent-soluble *Leishmania infantum* antigen and indirect immunofluorescence for the diagnosis of canine leishmaniasis. *Vet. Parasitol.*, **59**, 13-21.
57. Mancianti F., Pedonese F. & Poli A. (1996). – Evaluation of dot enzyme-linked immunosorbent assay (dot-ELISA) for the serodiagnosis of canine leishmaniasis as compared with indirect immunofluorescence assay. *Vet. Parasitol.*, **65**, 1-9.
58. Marechal M. (1993). – La leishmaniose féline : cas sporadique ou réalité encore ignorée ? (étude dans la région marseillaise). Thèse Docteur Vétérinaire. Université Claude Bernard, Lyons.
59. Maroli M., Mizzoni V., Baldi L., Oliva G. & Gradoni L. (2002). – The control of canine leishmaniasis of Scalibor® protectorbands in southern Italy: pilot field studies. Canine leishmaniasis: moving towards a solution. In Proc. 2nd International Canine Leishmaniasis Forum, Sevilla, 81-86. Available at: http://pets.intervet.it/binaries/96_73252.pdf.
60. Martin-Sanchez J., Lopez-Lopez M.C., Acedo-Sanchez C., Castro-Fajardo J.J., Pineda J.A. & Morillas-Marquez F. (2001). – Diagnosis of infections with *Leishmania infantum* using PCR-ELISA. *Parasitology*, **122**, 607-615.
61. Mathis A. & Deplazes P. (1995). – PCR and *in vitro* cultivation for detection of *Leishmania* spp. in diagnostic samples from humans and dogs. *J. clin. Microbiol.*, **5**, 1145-1149.
62. Mauricio I.L., Howard M.K., Stothard J.R. & Miles M.A. (1999). – Genomic diversity in the *Leishmania donovani* complex. *Parasitology*, **119**, 237-246.
63. Mettler M., Grimm F., Capelli G., Camp H. & Deplazes P. (2005). – Evaluation of enzyme-linked immunosorbent assays, an immunofluorescent-antibody test, and two rapid tests (immunochromatographic-dipstick and gel tests) for serological diagnosis of symptomatic and asymptomatic *Leishmania* infections in dogs. *J. clin. Microbiol.*, **43**, 5515-5519.
64. Michael S.A., Morsy T.A., Abou El-Seoud S.F. & Saleh M.S.A. (1982). – Leishmaniasis antibodies in stray cats in Ismailiyya governorate, Egypt. *J. Egypt. Soc. Parasitol.*, **12**, 283-286.
65. Mohebbi M., Taran M. & Zarei Z. (2004). – Rapid detection of *Leishmania infantum* infection in dogs: comparative study using an immunochromatographic dipstick rk39 test and direct agglutination. *Vet. Parasitol.*, **121**, 239-245.
66. Molina R., Gradoni L. & Alvar J. (2003). – HIV and the transmission of *Leishmania*. *Ann. trop. Med. Parasitol.*, **97** (1), S29-S45.
67. Morsy T.A., Michael S.A. & El Disi A.M. (1980). – Cats as reservoir hosts of human parasites in Amman, Jordan. *J. Egypt. Soc. Parasitol.*, **10**, 5-18.
68. Morsy T.A., Michael S.A., Makhoul L.M. & El Sibai M.M. (1988). – *Leishmania* infection sought in non-human hosts in Suez governorate, Egypt. *J. Egypt. Soc. Parasitol.*, **18**, 539-545.
69. Morsy T.A. & El Seoud S.M.F. (1994). – Natural infection in two pet cats in a house of a zoonotic cutaneous leishmaniasis patient in Imbaba area, Giza governorate, Egypt. *J. Egypt. Soc. Parasitol.*, **24**, 199-204.
70. Mortarino M., Franceschi A., Mancianti F., Bazzocchi C., Genchi C. & Bandi C. (2004). – Quantitative PCR in the diagnosis of *Leishmania*. *Parassitologia (Rome)*, **46** (1-2), 163-167.
71. Nuzum E., White F 3rd, Thakur C., Dietze R., Wages J., Groggl M. & Berman J. (1995). – Diagnosis of symptomatic visceral leishmaniasis by use of the polymerase chain reaction on patient blood. *J. infect. Dis.*, **171** (3), 751-754.
72. Ogosuku E., Perez J.E., Paz L., Nieto E., Monje J. & Guerra H. (1994). – Identification of bloodmeal sources of *Lutzomyia* spp. in Peru. *Ann. trop. Med. Parasitol.*, **88**, 329-335.
73. Oliva G. (1998). – Aspetti clinico-terapeutici della leishmaniosi del cane. Leishmaniosi canina: nuove prospettive in tema di immunologia, diagnostica e terapia. *Veterinaria*, **4** (Suppl.), 5-13.

74. Oliveira-Lima J.W., Sousa R.N., Teixeira M.J., Pompeu M.M.L., Killick-Kendrick R. & David J.R. (2002). – Preliminary results of a field trial to evaluate the value of deltamethrin-impregnated collars for the control of canine leishmaniasis in northeast Brazil. Canine leishmaniasis: moving towards a solution. *In Proc. 2nd International Canine Leishmaniasis Forum*, Sevilla, 92-95. Available at: http://pets.intervet.it/binaries/96_73252.pdf.
75. Oliveira-Lima J.W., David J.R., Stamm L.M., Bezerra H.S., Sousa R.N. & Killick-Kendrick R. (2002). – Scalibor® protectorbands protect dogs from bites of two species of Neotropical sand flies. Canine leishmaniasis: moving towards a solution. *In Proc. 2nd International Canine Leishmaniasis Forum*, Sevilla, 77-80. Available at: http://pets.intervet.it/binaries/96_73252.pdf.
76. Ondovilla A.G. (1933). – Un chat infecté par *Leishmania* en Espagne. *Trab. Lab. Invest. biol. Univ. Madrid*, **2**, 26-27.
77. Orndorff G.R., Cooper B.A., Smith W. & Ryan J.R. (2000). – Canine visceral leishmaniasis in Sicily. *Mil. Med.*, **165** (1), 29-32.
78. Osman O.F., Oskam L., Zijlstra E.E., Kroon N.C.M., Schoone G.J., Khalil E.T.A.G., El-Hassan A. & Kager P.A. (1997). – Evaluation of PCR for diagnosis of visceral leishmaniasis. *J. clin. Microbiol.*, **10**, 2454-2457.
79. Otranto D., Paradies P., Sasanelli M., Leone N., de Caprariis D., Chirico J., Spinelli R., Capelli G. & Brandonisio O. (2005). – Recombinant K39 dipstick immunochromatographic test: a new tool for the serodiagnosis of canine leishmaniasis. *J. vet. diagn. Invest.*, **17** (1), 32-37.
80. Ozensoy S., Ozbel Y., Turgay N., Alkan M.Z., Gul K., Gilman-Sachs A., Chang K.P., Reed S.G. & Ozcel M.A. (1998). – Serodiagnosis and epidemiology of visceral leishmaniasis in Turkey. *Am. J. trop. Med. Hyg.*, **59**, 363-369.
81. Ozon C., Marty P., Pratlong F., Breton C., Blein M., Lelièvre A. & Haas P. (1998). – Disseminated feline leishmaniosis due to *Leishmania infantum* in Southern France. *Vet. Parasitol.*, **75**, 273-277.
82. Ozon C., Marty P., Lelievre A., Biorgalli J., Corniglion A., Giacomo A. & Lamothe J. (1999). – Le chat réservoir de *Leishmania infantum* dans le sud de la France? *In CD of the Proc. 24th World Small Animal Veterinary Congress*, 23-26 September, Lyons. World Small Animal Veterinary Association, Lyons.
83. Palatnik de Sousa C.B., dos Santos W.R., Franca-Silva J.C., da Costa R., Reis A.B., Palatnik M., Mayrink W. & Genaro O. (2001). – Impact of canine control on the epidemiology of canine and human visceral leishmaniasis in Brazil. *Am. J. trop. Med. Hyg.*, **65**, 510-517.
84. Panto V. (1912). – La leishmaniosi spontanea del cane a Catania. *Gaz. int. Medico-Chir. Interessi prof.*, **15**, 324-325.
85. Passantino A., Venza M., Britti D. & Domina F. (1999). – Unusual findings of parasites in circulating cells from dogs with Leishmaniasis. *In CD of the Proc. 24th World Small Animal Veterinary Congress*, 23-26 September, Lyons. World Small Animal Veterinary Association, Lyons.
86. Passantino M. (1963). – Il significato di malattia identificata nel vizio ed i suoi riflessi in Medicina Veterinaria. *Grafiche La Sicilia*, Messina, 3-8.
87. Passos V.M.A., Lasmar E.B., Gontijo C.M.F., Fernandes O. & Degraive W. (1996). – Natural infection of a domestic cat (*Felis domesticus*) with *Leishmania (Viannia)* in the metropolitan region of Belo Horizonte, state of Minas Gerais, Brazil. *Mem. Inst. Oswaldo Cruz*, **91**, 19-20.
88. Pennisi M.G. (1999). – Case report of *Leishmania* spp. infection in two cats from the Aeolian archipelago (Italy). *In CD of the Proc. 24th World Small Animal Veterinary Congress*, 23-26 September, Lyons. World Small Animal Veterinary Association, Lyons.
89. Pennisi M.G. (2002). – A high prevalence of feline leishmaniasis in southern Italy. Canine leishmaniasis: moving towards a solution. *In Proc. 2nd International Canine Leishmaniasis Forum*, Sevilla, 39-48. Available at: http://pets.intervet.it/binaries/96_73252.pdf.
90. Pennisi M.G., Masucci M. & Catarsini O. (1998). – Presenza di anticorpi anti-*Leishmania* in gatti FIV+ che vivono in zona endemica. *Atti Soc. ital. Sci. vet.*, **52**, 265-266.
91. Pennisi M.G., Maxia L., Vitale F., Masucci M., Borruto G. & Caracappa S. (2000). – Studio dell'infezione da *Leishmania* mediante PCR in gatti che vivono in zona endemica. *Atti Soc. ital. Sci. vet.*, **54**, 215-216.
92. Peters W. & Killick-Kendrick R. (1987). – *Leishmaniasis in biology and medicine*. Academic Press, New York.
93. Piarroux R., Azaiez R., Lossi A.M., Reynier P., Muscatelli F., Gambarelli F., Fontes M., Dumon H. & Quilici M. (1993). – Isolation and characterization of a repetitive DNA sequence from *Leishmania infantum*: development of a visceral leishmaniasis polymerase chain reaction. *Am. J. trop. Med. Hyg.*, **49** (3), 364-369.
94. Piarroux R., Fontes M., Perasso R., Gambarelli F., Joblet C., Dumon H. & Quilici M. (1995). – Phylogenetic relationships between Old World *Leishmania* strains revealed by analysis of a repetitive DNA sequence. *Molec. biochem. Parasitol.*, **73** (1-2), 249-252.
95. Previtiera A. (1934). – La leishmaniosi canina in Catania. *Boll. Soc. Med. Chir., Catania*, **2**, 10.
96. Qu J.Q., Zhong L., Masoom-Yaszinzi M., Rab M., Aksu H.S.Z., Reed S.G., Chang K.-P. & Gilman-Sachs A. (1994). – Serodiagnosis of Asian leishmaniasis with recombinant antigen from repetitive domain of a *Leishmania kinesin*. *Trans. roy. Soc. trop. Med. Hyg.*, **88**, 543-545.

97. Quinnell R.J., Courtenay O., Davidson S., Garcez L., Lambson B., Ramos P., Shaw J.J., Shaw M.A. & Dye C. (2001). – Detection of *Leishmania infantum* by PCR, serology and immune response in a cohort study of Brazilian dogs. *Parasitology*, **122**, 253-261.
98. Quinnell R.J., Courtenay O., Garcez L.M., Kaye P.M., Shaw M.A., Dye C. & Day M.J. (2003). – IgG subclass responses in a longitudinal study of canine visceral leishmaniasis. *Vet. Immunol. Immunopathol.*, **1** (3-4), 161-168.
99. Reale S., Maxia L., Vitale F., Glorioso N.S., Caracappa S. & Vesco G. (1999). – Detection of *Leishmania infantum* in dogs by PCR with lymph node aspirates and blood. *J. clin. Microbiol.*, **37**, 2931-2935.
100. Reithinger R. & Davies C.R. (1999). – Is the domestic dog (*Canis familiaris*) a reservoir host of American cutaneous leishmaniasis? A critical review of the current evidence. *Am. J. trop. Med. Hyg.*, **61**, 530-541.
101. Reithinger R., Lambson B.E., Barker D.C. & Davies C.R. (2000). – Use of PCR to detect *Leishmania (Viannia)* spp. in dog blood and bone marrow. *J. clin. Microbiol.*, **38** (2), 748-751.
102. Reithinger R., Quinnell R.J., Alexander B. & Davies C.R. (2002). – Rapid detection of *Leishmania infantum* infection in dogs: comparative study using an immunochromatographic dipstick test, enzyme-linked immunosorbent assay, and PCR. *J. clin. Microbiol.*, **40**, 2352-2356.
103. Roffi J., Dedet J.P., Desjeux P. & Garré M.T. (1980). – Detection of circulating antibodies in cutaneous leishmaniasis by enzyme-linked immunosorbent assay (ELISA). *Am. J. trop. Med. Hyg.*, **29**, 183-189.
104. Rosario E.Y., Genaro O., Franca-Silva J.C., da Costa R.T., Mayrink W., Reis A.B. & Carneiro M. (2005). – Evaluation of enzyme-linked immunosorbent assay using crude *Leishmania* and recombinant antigens as a diagnostic marker for canine visceral leishmaniasis. *Mem. inst. Oswaldo Cruz*, **100** (2), 197-203.
105. Rosypal A.C., Troy G.C., Duncan R.B., Zajac A.M. & Lindsay D.S. (2005). – Utility of diagnostic tests used in diagnosis of infection in dogs experimentally inoculated with a North American isolate of *Leishmania infantum*. *J. vet. internal Med.*, **19** (6), 802-809.
106. Roura X., Sanchez A. & Ferrer L. (1999). – Diagnosis of canine leishmaniasis by a polymerase chain reaction technique. *Vet. Rec.*, **144**, 261-264.
107. Roze M. (1995). – Polymerase chain reaction: a revolution in diagnosis of ocular leishmaniasis? *Vet. Q.*, **17**, 29-34.
108. Rufenacht S., Sager H., Muller N., Schaerer V., Heier A., Welle M.M. & Roosje P.J. (2005). – Two cases of feline leishmaniasis in Switzerland. *Vet. Rec.*, **156** (17), 542-545.
109. Scalone A., De Luna R., Oliva G., Baldi L., Satta G., Vesco G. *et al.* (2002). – Evaluation of the *Leishmania* recombinant K39 antigen as a diagnostic marker for canine leishmaniasis and validation of a standardized enzyme-linked immunosorbent assay. *Vet. Parasitol.*, **104** (4), 275-285.
110. Schallig H. D., Cardoso L., Hommers M., Kroon N., Belling G., Rodrigues M., Semião-Santos S.J. & Vetter H. (2004). – Development of a dipstick assay for detection of *Leishmania*-specific canine antibodies. *J. clin. Microbiol.*, **42**, 193-197.
111. Simões-Mattos L. (2002). – Estudo da infecção natural por *Leishmania chagasi* pela técnica de ELISA em gatos domésticos (*Felis catus*) da região de Fortaleza, Ceará. Monografia. Escola de Saúde Pública do Ceará.
112. Simões-Mattos L., Mattos M.R.F., Rodrigues T.P., Prata-Junior J.R.C., Teixeira M.J., Silva T.F.P., Holanda C.M., Pereira B.S., Lopes C.A.P. & Pompeu M.M.L. (2001). – Survey of anti-*Leishmania chagasi* antibodies in stray cats (*Felis catus*) in the city of Fortaleza (Ceará, Brazil). *Ciência Animal*, **11** (2), 79-81.
113. Simões-Mattos L., Bevilaqua C.M.L., Franzosi Mattos M.R. & de Lima Pompeu M.M. (2004). – Feline leishmaniasis: uncommon or unknown? *Rev. port. Ciênc. vet.*, **99** (550), 79-87.
114. Simões-Mattos L., Mattos M.R.F., Teixeira M.J., Oliveira-Lima J.W., Bevilaqua C.M.L., Prata-Junior R.C., Holanda C.M., Rondon F.C.M., Bastos K.M.S., Coêlho Z.C.B., Coêlho I.C.B., Barral A. & Pompeu M.M.L. (2005). – The susceptibility of domestic cats (*Felis catus*) to experimental infection with *Leishmania braziliensis*. *Vet. Parasitol.*, **127**, 199-208.
115. Singh S., Gilman-Sachs A., Chang K.-P. & Reed S.G. (1995). – Diagnostic and prognostic value of K39 recombinant antigen in Indian leishmaniasis. *J. Parasitol.*, **81**, 1000-1003.
116. Solano-Gallego L., Morell P., Arboix M., Alberola J. & Ferrer L. (2001). – Prevalence of *Leishmania infantum* infection in dogs living in an area of canine leishmaniasis endemicity using PCR on several tissues and serology. *J. clin. Microbiol.*, **39**, 560-563.
117. Sundar S., Reed S.G., Singh V.P., Kumar P.S.K. & Murray H.W. (1998). – Rapid accurate field diagnosis of Indian visceral leishmaniasis. *Lancet*, **351**, 563-565.
118. Van Eys G.J.J.M., Schoone G.J., Kroon N.C.M. & Ebeling S.B. (1992). – Sequence analysis of small subunit ribosomal RNA genes and its use for detection and identification of *Leishmania parasites*. *Mol. Biochem. Parasitol.*, **51**, 133-142.
119. World Health Organization (WHO) (1990). – Control of the leishmaniasis. Technical Report Series No. 793. WHO, Geneva.

120. World Health Organization (WHO) (1995). – Report on the Consultative Meeting on *Leishmania*/HIV co-infection, 6-7 September 1994, Rome, document WHO/LEISH/95.35. WHO, Geneva.
121. World Health Organization (WHO) (1999). – *Leishmania*/HIV co-infection, south-western Europe, 1990-1998: retrospective analysis of 965 cases. *Weekly epidemiol. Rec.*, **74**, 365-376. Available at: <http://www.who.int/wer>.
122. World Organisation for Animal Health (OIE) (2004). – Leishmaniosis. Chapter 2.2.1.1. In *Manual of Standards for Diagnostic Tests and Vaccines*, 4th Ed. OIE, Paris, 399-408. Also available at: <http://www.oie.int>.
123. World Organisation for Animal Health (OIE) (2005). – Chapter 2.1.1.: Criteria for listing diseases. In *Terrestrial Animal Health Code*, 14th Ed, 83-87. Also available at: <http://www.oie.int>.
124. Zaffaroni E., Rubaudo L., Lanfranchi P. & Mignone W. (1999). – Epidemiological patterns of canine leishmaniasis in Western Liguria (Italy). *Vet. Parasitol.*, **81**, 11-19.
125. Zerpa O., Ulrich M., Negrón E., Rodríguez N., Centeno M., Rodríguez V., Barrios R.M., Belizario D., Reed S. & Convit J. (2000). – Canine visceral leishmaniasis on Margarita island (Nueva Esparta, Venezuela). *Trans. roy. Soc. trop. Med. Hyg.*, **5**, 484-487.
126. Zijlstra E.E., Daifalla N.S., Kager P.A., Khalil E.A.G., El-Hassan A.M., Reed S.G. & Ghalib H.W. (1998). – rK39 enzyme-linked immunosorbent assay for diagnosis of *Leishmania donovani* infection. *Clin. diagn. Lab. Immunol.*, **5**, 717-720.
127. Zijlstra E.E., Nur Y., Desjeux P., Khalil E.A.G., El-Hassan A.M. & Groen J. (2001). – Diagnosing visceral leishmaniasis with the recombinant K39 strip tests: experience from the Sudan. *Trop. Med. int. Hlth*, **6**, 108-113.
-

