

## A Note on Neglected Tropical Diseases

Nina Mendoza\*

Department of Laboratory Medicine, University of Science and Technology of Iran, Tehran, Iran

### EDITORIAL NOTE

Neglected Tropical Diseases (NTDs) are a varied set of tropical illnesses that affect low-income people in Africa, Asia, and the Americas. Pathogens such as viruses, bacteria, protozoa, and parasitic worms cause them (helminthes). These diseases are contrasted with the main three infectious diseases (HIV/AIDS, TB, and malaria), which receive more treatment and research money in general. In Sub-Saharan Africa, the combined impact of these illnesses is equivalent to that of malaria and TB. Co-infection with an NTD can also make HIV/AIDS and TB more fatal. In certain circumstances, the therapies are reasonably priced. Schistosomiasis therapy, for example, costs US\$0.20 per child per year. Nonetheless, it was anticipated in 2010 that controlling neglected illnesses would need investment of between US\$2 billion and US\$3 billion over the next five to seven years.

Some pharmaceutical companies have pledged to donate all necessary pharmacological therapy, and mass drug administration (for example, mass deworming) has been achieved effectively in various nations. Preventive interventions, on the other hand, are frequently more accessible in the industrialized world but are not uniformly available in impoverished countries.

Neglected tropical illnesses disproportionately afflict the poorest members of society in industrialised countries. In the United States, up to 1.46 million households, including 2.8 million children, live on less than \$2 a day. The consequences of neglected tropical illnesses are frequently obscured by other public health challenges in nations like these. However, many of the same challenges endanger populations in both developed and under developed countries. Other issues that might arise as a result of poverty, such as a lack of proper shelter, can expose people to the vectors of these diseases. The World Health Organization (WHO) prioritizes twenty neglected tropical diseases (NTDs), however other organizations define NTDs differently. In 2017, the list was expanded to include chromoblastomycosis and other deep mycoses, scabies and other

ectoparasites, and snakebite envenomation. These illnesses are widespread in 149 countries, impacting about 1.4 billion people (including over 500 million children) and costing emerging economies billions of dollars each year. They caused 142,000 fatalities in 2013, compared to 204,000 deaths in 1990. Two of these 20 were planned for eradication (dracunculiasis (guinea-worm disease) by 2015 and yaws by 2020), and four were targeted for elimination (blinding trachoma, human African trypanosomiasis, leprosy, and lymphatic filariasis) by 2020.

Because many neglected tropical illnesses are asymptomatic and have extensive incubation periods, their significance has been underestimated. The link between a death and a neglected tropical illness that has been dormant for a long time is not always apparent. High endemicity locations are frequently geographically isolated, making treatment and prevention considerably more challenging.

These illnesses have gone unnoticed because they mostly afflict the poorest nations in the developing world, and because there has been a recent focus on reducing the prevalence of HIV/AIDS, TB, and malaria. Because of their greater mortality and public awareness rates, the "big three" illnesses (HIV/AIDS, TB, and malaria) receive far more funding. There is no notable cultural figure championing the cause of neglected tropical illnesses.

Furthermore, neglected tropical illnesses are frequently associated with some form of societal stigma, making treatment more difficult. Only lately has public health research begun to concentrate on stigma as a component of the issue. Since the 1960s, roughly one citation every year has been tied to societal stigma. There were 458 in 2006. This stigma has a significant impact on disease management because it reduces help-seeking and treatment adherence. Beginning in the 1980s, disease management programmers began to incorporate stigma reduction into their offers. In India, the leprosy campaign highlighted the message that "leprosy is treatable, not inherited" to provide hope in severely affected populations. The idea was to remove stigma by making leprosy a sickness "like any other." Simultaneously, medical resources in the area were maximized in order to achieve.

**Correspondence to:** Nina Mendoza, Department of Laboratory Medicine, University of Science and Technology of Iran, Tehran, Iran, E-mail: Mendoza.nina@yahoo.de

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