

Leishmaniasis transmission vectors analysis using artificial neural networks

Khaoula BOUHARATI ¹, Mustapha BOUNECHADA ², Saddek BOUHARATI ^{2,3},
Mokhtar HAMDI-CHERIF ¹

ABSTRACT

Background: Cutaneous leishmaniasis is the most widespread form of parasitic diseases transmitted by sand flies through their bites causing localized skin lesions or nodular lesions and numerous spots on human skin. In the Setif region of Algeria, the disease has become a major concern for public health. This area is at high risk because it is located near the southern foci of leishmaniasis. Factors that promote parasite transmission are multiple and complex to analyze. The purpose is to determine and enumerate the factors that favor the transmission of leishmaniasis. Establish the parasite dynamics as a function of space and time. **Methods:** An artificial neural network is established. The input variables are factors that favor parasite transmission (Seasons, climatic conditions, defy of migratory flow of population and goods). The output variable is the degree of spread of the leshmaniosis. Since input variables are considered complex, uncertain, an artificial neural network demonstrates its ability to solve such complexity. **Result:** After the learning phase of the network from the real data, this creates a function of correspondence between the space of inputs and output. The function is corrected by adjusting the weights of each input until it is optimized.

Conclusion: The established system makes it possible to instantly read the degree of spread of the leshmaniosis from the introduction of the random values at the input with the maximum precision. The proposed system remains extensible to input variables that may have an effect on the output.

Key words: leishmaniasis, phlebotomine vectors, prevalence, artificial neural networks

Introduction

Leishmaniasis is caused by species of parasites of the genus *Leishmania* and transmitted by vectors Family psychodidae, phlebotomus or lutzomyia genera [1]. Cutaneous leishmaniasis is considered the most common form that causes localized skin lesions, mucocutaneous infections, or nodular lesions in diffuse cutaneous leishmaniasis [2]. Leishmaniasis encompasses four major eco-enzymatic entities: zoonotic and anthroptic viscotic leishmgniasis, zoonotic and anthroponotic cutaneous leishmaniasis. In anthroponotic forms, humans are the only ones affected. The case of zoonotics mainly concern animals as a reservoir [3]. Thus, leishmaniasis that affects men can be considered as cutaneous leishmaniasis, mucosal leishmaniasis, mucocutaneous leishmaniasis and visceral leishmaniasis [4-7]. To date, studies on

leishmaniasis have considered only a limited number of factors, and virtually all of these studies have been done on endemic areas. It is therefore necessary to develop studies that take into account several risk factors, including studies on the clinical aspects of the risk, environmental predictors as well as co-infections and resistance developed to leishmaniasis. This is necessary because its geographical distribution becomes wider and, despite this, it remains neglected as long as it mainly affects the poorest areas [8].

¹. Laboratory of Health and Environment, Faculty of Medicine, UFAS Setif 1 University, Algeria

². Faculty of Natural Science and Life. UFAS Setif 1 University, Algeria

³. Laboratory of Intelligent Systems. UFAS Setif 1 University, Algeria

Corresponding author: Pr. Bouharati Sadde

Email: sbouharati@univ-setif.dz

Tel: +213 771 816 302

The factors involved in the spread of leishmaniasis are diverse and complex [9]. Attempts to analyze these factors are limited. Indeed, these factors are poorly understood and imprecise. In this study, artificial neural network model is proposed to analyze these factors. The proposed network Factors favoring the spread of leishmaniasis are considered as input variables. The rate of attainment by leishmaniasis is considered as an output variable. From the real cases, a function connecting the inputs to the output is created. Once the function is optimized, it will be possible to predict the onset of leishmaniasis from the conditions prevailing in a given area.

Factors promoting leishmaniasis

In order to establish strategies for the control of the disease, it is necessary to have preventive monitoring programs. For this, it is necessary to identify the risk factors associated with leishmaniasis [10]. Factors that promote the emergence and spread of leishmaniasis are complex and include environmental factors such as climate, water supply and storage conditions, irrigation patterns, deforestation, population displacements, Socio-economic conditions, cohabitation with animals ... etc. [11].

Climate change

Ecological factors must be taken into account [12]. Social and environmental factors can influence the cycle of the disease such as rapidly developing town planning and the fact that a concentration of the population. This is more evident in the case of migration from rural to urban areas [13]. On the one hand, global warming and precipitation and moisture influence the population size of host vectors and reservoirs. This has a direct effect on the ecological aspect of these. If the climatic conditions are extreme in the opposite where we are experiencing a drought that leads to famine, for example, this leads to migration of populations creating new endemic areas [14]. The effect of climate change is manifested by the parasite's affect in terms of reproduction, proliferation and abundance of puddles and

hence the distribution of leishmaniasis [15]. Another effect of climate change is distinguished on its impact on vegetation areas that also have a role in the outbreak of leishmaniasis [16]. In general, deforestation leads to an increase in leishmaniasis [17, 18].

Socio-economic conditions

Socioeconomic conditions play an important role in the transmission of leishmaniasis. A low level of education, insalubrity makes this population more exposed [19]. Rural and poor areas are therefore the most exposed, particularly the period following the harvest season [20]. It is therefore a disease that mainly affects marginalized people [21]. These people live primarily in houses near garbage or sewers or livestock farms [22, 23].

Endemic areas and Traveling

The occurrence of leishmaniasis, particularly in developed countries, is due mainly to the displacement of populations. There usually, this disease is misdiagnosed. This also concerns the transport of goods from endemic countries [24]. These population movements can also affect the movement of populations from rural to urban areas. Generally, once in the city, they live in low socio-economic neighborhoods where hygiene conditions are not met [25]. This explains the high prevalence observed is the population density in an inadequate life with the presence of vectors and reservoirs in their domestic environments [26, 27]. In these densely populated conditions, infected persons play a role in transmission [28].

Gender

A correlation between sex and the incidence of leishmaniasis was observed and there was a difference between men and women [29]. Men have a higher risk than women. This can be explained by the role of hormones in modulating the response to leishmaniasis [30, 31]. Epidemiological surveys have also shown that hormones play a role in other parasitic diseases [32].

Also, this appearance of a much higher prevalence in men than in women may seem logical. The nature of men's work means that

they are more exposed to infected vectors than women [33].

Other Factors

It was found that there is an association between the prevalence of leishmaniasis and cohabitation with animals [34].

It has also been reported that coding of genes associated with the immune response to leishmaniasis can be considered as a risk factor [35].

Artificial neural network

Biology has brought a lot of information about the functioning of the brain, neurons ... Mathematicians then tried to reproduce the functioning of the brain by integrating this knowledge in biology into computer programs, and giving them the possibility of 'learn'. Artificial neural networks are currently experiencing a variety of applications in the field of science and technology [36]. Artificial neural networks are mathematical models

inspired by our understanding of biological nervous systems.

However, artificial neural networks have the dynamics and the ability to read experimental data from the real environment and are therefore able to solve the complex systems of biophysical processes.

Neural networks are systems learning to perform functions of mapping between two spaces, input space and output space. The application of connectionist techniques has made it possible to deal with problems of medical analysis.

In the analysis of factors that favor the spread of leishmaniasis, an artificial neural network system is constructed. These factors are recorded in the region of Setif in Algeria during the year 2016. Usually, this region is characterized by its semi-arid climate, of average socio-economic level and bordering to areas where cutaneous leishmaniasis is reported. Different factors are recorded based on the number of reported cases (Table 1).

Table 1: Factors Promoting the Propagation of Leishmaniasis

L	T	P	H	A	G	D	M	A.A	P.D	S.D	S.M	Z	B.S	T	W	VT	N
1	1	1	3	1	1	1	1	1	3	1	1	1	1	1	1	1	646
2	1	1	3	1	1	1	1	1	1	1	1	3	1	1	0	1	646
3	1	1	2	1	1	1	0	1	1	2	1	3	1	1	1	1	213
4	1	1	2	2	1	2	1	2	1	2	2	2	1	1	1	2	154
5	1	1	2	2	1	3	0	3	3	2	2	1	1	1	1	3	74
6	2	2	2	2	1	2	1	3	2	3	1	2	1	0	0	3	42
7	2	1	2	2	1	3	0	2	3	3	3	1	2	0	0	2	35
8	3	2	1	2	2	2	1	2	2	2	3	3	2	0	0	3	19
9	2	2	1	2	2	3	1	1	2	3	3	2	2	1	1	4	12
10	3	2	1	3	2	3	1	3	3	3	1	1	2	0	0	5	8
11	3	3	2	3	3	3	1	2	1	3	1	2	3	1	1	6	7
12	3	3	2	3	2	3	1	1	1	3	1	3	3	0	0	6	4

L: Locality; T: Temperature; P: Precipitation; H: Humidity; A: Altitude; G: Geomorphology; D: Density; M: Manure; A.A: Anthropologic Activity; P.D: Population Density; S.D: Sandfly Density; S.M: Soil Moisture; Z: Zone; B.S: Bioclimatic Sate; T1: Trash; W: Wadi; V.T: Vegetation Type; N: Number.

The factors favoring the propagation of leishmaniasis analyzed are: Locality, Temperature, Precipitation, Humidity, Altitude, Geomorphic density, Manure, activity antro., Population density, Sandfly density, Soil moisture, Zone, Bioclimatic state, Trash, Wadi, Vegetation type. These factors are considered as input variables according to the number of cases recorded as output variable.

Some parameters are codes in (1, 2, 3) expressing their levels. The introduction of these variables to the input of the system together with the number of cases recorded at the output makes it possible to construct an input-output correspondence function.

The learning phase of the network makes it possible to refine the function to arrive at the minimum error. The weights (W) are readjusted at each case. We note that we must not change networks in each case, but rather vary weights which are mathematical coefficients.

After the learning phase of the network, it becomes possible to predict the number of cases according to these variables.

The optimum of the learning is reached at 180 iterations with a best performance 0.77 and a learning rate 0.004 at 160 epoc. A performance of 10^{-7} is achieved with a gradient of 10^{-5} (Figure 1, 2)

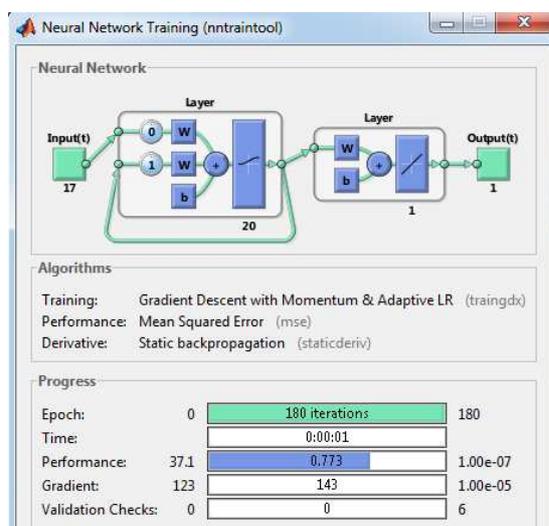


Figure 1. Block diagram of the system

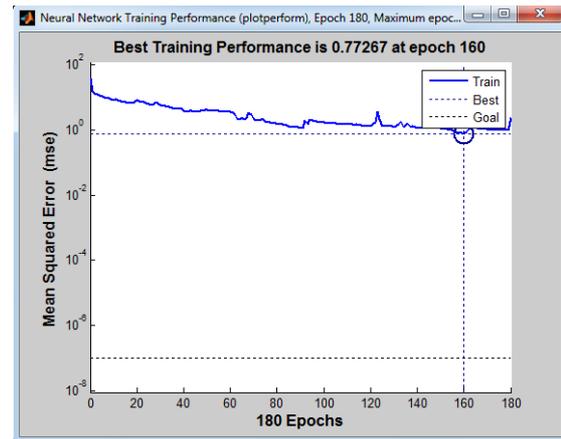


Figure 2. Adjustment of learning function

Conclusion

Since input variables are considered complex, uncertain, an artificial neural network demonstrates its ability to solve such complexity. After the learning phase of the network from the real data, this creates a function of correspondence between the space of inputs and output. The established system makes it possible to instantly read the degree of spread of the leishmaniosis from the introduction of the random values at the input with the maximum precision. The factors involved in this process are multiple and complex and it is impossible to contain all of them. The weight of influence of each factor is poorly known. Some factors are even totally ignored and have their effects. Future studies that will identify other factors or better define their effects, will find in this system a ready platform. The proposed system remains extensible to factors that are not supported in this application.

References

1. **Revez L, Maia-Elkhoury AN, Nicholls RS, Romero GA, Yadon ZE.** Interventions for American cutaneous and mucocutaneous leishmaniasis: a systematic review update. *PLoS One* 2013; 8: e61843.
2. **Amalia M.O. and Gustavo S.T.** Survey of Cutaneous Leishmaniasis in Mexico: Leishmania Species, Clinical Expressions and Risk Factors Chapter from the book *The Epidemiology and Ecology of Leishmaniasis InTech*, Chapters published March 01, 2017 under CC BY 3.0 license
3. **Desjeux P.** The increase in risk factors for leishmaniasis worldwide. *Transactions of the royal society of tropical medicine and hygiene.* 2001; 95,239-243
4. **Oryan A, Mehrabani D, Owji SM, Motazedian MH, Asgari Q.** Histopathologic and electron microscopic characterization of cutaneous leishmaniasis in *Tateraindica* and *Gerbillus* spp. infected with *Leishmania major*. *Comp Clin Pathol.* 2007; 16: 275-279.
5. **Daneshbod Y, Oryan A, Davarmanesh M, Shirian S, Negahban S, et al.** Clinical, histopathologic, and cytologic diagnosis of mucosal leishmaniasis and literature review. *Arch Pathol Lab Med.* 2011; 135: 478-482.
6. **Shirian S, Oryan A, Hatam GR, Daneshbod Y.** Mixed mucosal leishmaniasis infection caused by *Leishmania tropica* and *Leishmania major*. *J Clin Microbiol.* 2012; 50: 3805-3808.
7. **Oryan A, Shirian S, Tabandeh MR, Hatam GR, Kalantari M, et al.** Molecular, cytological, and immunocytochemical study and kDNA sequencing of laryngeal *Leishmania infantum* infection. *Parasitol Res.* 2013; 112: 1799-1804.
8. **Oryan, M., Akbari.M.** Worldwide risk factors in leishmaniasis *Asian Pacific Journal of Tropical Medicine* 2016; 9(10): 925–932
9. **Herwaldt BL.** Leishmaniasis. *Lancet* 1999; 354: 1191-1199.
10. **Oryan A, Alidadi S and Akbari M.** Risk Factors Associated With Leishmaniasis *Trop Med Surg* 2014, 2:3
11. **Votýpka J, Kasap OE, Volf P, Kodym P, Alten B.** Risk factors for cutaneous leishmaniasis in Cukurova region, Turkey. *Trans R Soc Trop Med Hyg* 2012; 106: 186-190.
12. **Yazdanpanah HA, Rostamianpur M.** Analysis of spatial distribution of leishmaniasis and its relationship with climatic parameters (case study: Ilam province). *Bull Env Pharmacol Life Sci* 2013; 2: 80-86.
13. **Alberon R.A., Nairoberg C.P., Ana Paula S.F., Otamires A da Silva, Ricardo A., Arraes X., Luiz C.A. & Fábio A.B.** risk factors associated with american cutaneous leishmaniasis in an endemic area of brazil *Rev. Inst. Med. Trop. Sao Paulo* 2016; 58:86
14. **Dawit G, Girma Z, Simenew K.** A Review on Biology, Epidemiology and Public Health Significance of Leishmaniasis. *J Bacteriol Parasitol* 2013; 4: 166
15. **Bates PA.** Transmission of *Leishmania* metacyclic promastigotes by phlebotomine sand flies. *Int J Parasitol* 2007; 37: 1097-1106.
16. **Mozafari Y, Bakhshizade Koloche F.** The review relationship between vegetation and the prevalence of skin disease, cutaneous leishmaniasis using GIS in Yazd – Ardakan. *J Geo Environ Plan* 2011; 4: 186.
17. **Dawit G, Shishay K.** Epidemiology, public health impact and control methods of the most neglected parasite diseases in Ethiopia: a review. *World J Med Sci* 2014; 10: 94-102.
18. **Revez L, Maia-Elkhoury AN, Nicholls RS, Romero GA, Yadon ZE.** Interventions for American cutaneous and mucocutaneous leishmaniasis: a systematic review update. *PLoS One* 2013; 8: e61843.
19. **Ghatee MA1, GhDrifi I, Haghdoost AA, Kanannejad Z, Taabody Z, et al.** Spatial correlations of population and ecological factors with distribution of visceral leishmaniasis cases in southwestern Iran. *J Vector Borne Dis* 2013; 50: 179-187
20. **Bashaye S, Nombela N, Argaw D, Mulugeta A, Herrero M, Nieto J, et al.** Risk factors for visceral leishmaniasis in a new epidemic site in Amhara region, Ethiopia. *Am J Trop Med Hyg* 2009; 81: 34-39.
21. **Boelaert M, Meheus F, Sanchez A, Singh SP, Vanlerberghe V, Picado A, et al.** The poorest of the poor: a poverty appraisal of households affected by visceral leishmaniasis in Bihar, India. *Trop Med Int Health* 2009; 14: 639-644.

22. **Bern C, Courtenay O, Alvar J.** A systematic review of risk factor analyses for South Asian visceral leishmaniasis and implications for elimination. *PLoS Negl Trop Dis* 2010; 4: e599.
23. **Hasker E, Singh SP, Malaviya P, Picado A, Gidwani K, Singh RP, et al.** Visceral leishmaniasis in rural Bihar, India. *Emerg Infect Dis* 2012; 18: 1662-1664.
24. **Rosbotham JL, Corbett EL, Grant HR, Hay RJ, Bryceson AD.** Imported mucocutaneous leishmaniasis. *Clin Exp Dermatol* 1996; 21: 288-290.
25. **Reithinger R1, Mohsen M, Leslie T.** Risk factors for anthroponotic cutaneous Leishmaniasis at the household level in Kabul, Afghanistan. *PLoS Negl Trop Dis* 2010; 4: e639.
26. **Coura-Vital W, Reis AB, Reis LE, Braga SL, Roatt BM, et al.** Canine visceral leishmaniasis: incidence and risk factors for infection in a cohort study in Brazil. *Vet Parasitol* 2013; 197: 411-417.
27. **Galioto P, Fornaro V.** A case of mucocutaneous leishmaniasis. *Ear Nose Throat J* 2002; 81: 46-48
28. **Stauch A, Sarkar RR, Picado A, Ostyn B, Sundar S, Rijal S, et al.** Visceral leishmaniasis in the Indian subcontinent: modelling epidemiology and control. *PLoS Negl Trop Dis* 2011; 5: e1405
29. **Kassiri H, Shemshad Kh, Lotfi M, Shemshad M.** Relationship trend analysis of cutaneous leishmaniasis prevalence and climatological variables in Shush County, South-West Iran (2003–2007). *Acad J Entomol* 2013; 6: 79-84.
30. **Mengesha B, Endris M1, Takele Y, Mekonnen K, Tadesse T, et al.** Prevalence of malnutrition and associated risk factors among adult visceral leishmaniasis patients in Northwest Ethiopia: a cross sectional study. *BMC Res Notes* 2014; 7: 75.
31. **Picado A, Ostyn B, Singh SP, Uranw S, Hasker E, et al.** Risk factors for visceral leishmaniasis and asymptomatic Leishmaniadonovani infection in India and Nepal. *PLoS One* 2014; 9: e87641.
32. **Bailey MS, Diana NJ.** Cutaneous leishmaniasis. *Clin Dermatol* 2007; 25: 203-211.
33. **Moosa-Kazemi SH, Yaghoobi-Ershadir MR, Akhavan AA, Abdoli H, Zahraei-Ramazani AR, Jafari R, et al.** Deltamethrinimpregnated bed nets and curtains in an anthroponotic cutaneous leishmaniasis control program in northeastern Iran. *Ann Saudi Med* 2007; 27: 6-12.
34. **Belo VS, Struchiner CJ, Werneck GL, Barbosa DS, de Oliveira RB, et al.** A systematic review and meta-analysis of the factors associated with *Leishmania infantum* infection in dogs in Brazil. *Vet Parasitol.* 2013; 195: 1-13
35. **Blackwell JM1, Fakiola M, Ibrahim ME, Jamieson SE, Jeronimo SB, et al.** Genetics and visceral leishmaniasis: of mice and man. *Parasite Immunol* 2009; 31: 254-266.
36. **Brion GM, Neelakantan TR, Lingireddy S.** A neural-network-based classification scheme for sorting sources and ages of fecal contamination in water. *Water Res.* 2002; 36(15):3765-74.