Leishmaniosis causes by *Leishmania infantum* is currently a well known disease in Europe, most likely in dogs rather than cats, being considered the major reservoir of the parasite for humans and other mammalian hosts.

New distribution of canine leishmaniosis in northern areas of Europe due to the great activity of re-homing pets from southern endemic countries to non endemic areas and more over travelling dogs which is actually a fact.

Prevention of canine leishmaniosis both in endemic areas or dogs travelling to them, is of major concern all over Europe and requires an integrated approach to reduce the risk of infection, disease development, transmission and geographic spread. Use of insecticides with rapid and residual activity is essential to protect dogs against sand-flies biting in order to avoid *Leishmania* transmission. Vaccination has been shown to reduce the odds of evolution of infection to clinical disease and should only be performed upon receiving negative quantitative serology results in healthy dogs. Vector control through insect repellent to avoid infectious bites; which is essential to avoid *L. infantum* transmission. Chemotherapeutic and/or immunologic control of the infection by using leishmanicide/leishmanistatic drugs, immunomodulators and vaccines, are also means of control for this important zoonosis.

The two currently licensed anti-*Leishmania* vaccines for veterinary use available in Europe provide 12 months of protection with the clear indication to reduce the risk of developing an active infection and clinical disease after contact with *L. infantum*.

Other applicable measures for the control of canine leishmaniosis includes: keeping dogs inside the home from dusk until dawn during the risk season, when female phlebotomine sand flies are most active after leaving their resting places to feed. This measure has been shown to also reduce the incidence of infection in dogs. These preventative measure includes dogs living in endemic areas or dogs moving to non endemic areas, in all clinical stages whether they are healthy, infected but clinically healthy, or sick. Not less important is to reduce the microhabitats of the arthropod vectors, though that eggs are laid in so-called "breeding sites" even this is a very difficult achievement, cleaning organic matter areas in the surrounding of homes and places where dogs are living, should be always considered.

Furthermore, dogs from non-endemic areas travelling to endemic ones should be protected with repellents before travel and should be testing for *L. infantum* infection (6 months after last travel, by quantitative serology).

Nevertheless, none of these both control measures should be considered as alone. Together they constitute a well-designed, synchronized, leishmaniosis prevention program for all dogs. Veterinarians should recommend to the owners a tailoring Leishmania prevention approaches to specific settings.

REFERENCES