



The Abdus Salam
**International Centre
for Theoretical Physics**



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School on Modelling Tools and Capacity Building in Climate and Public Health

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Environmental aspects of helminth infections

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Environmental aspects of helminth infections

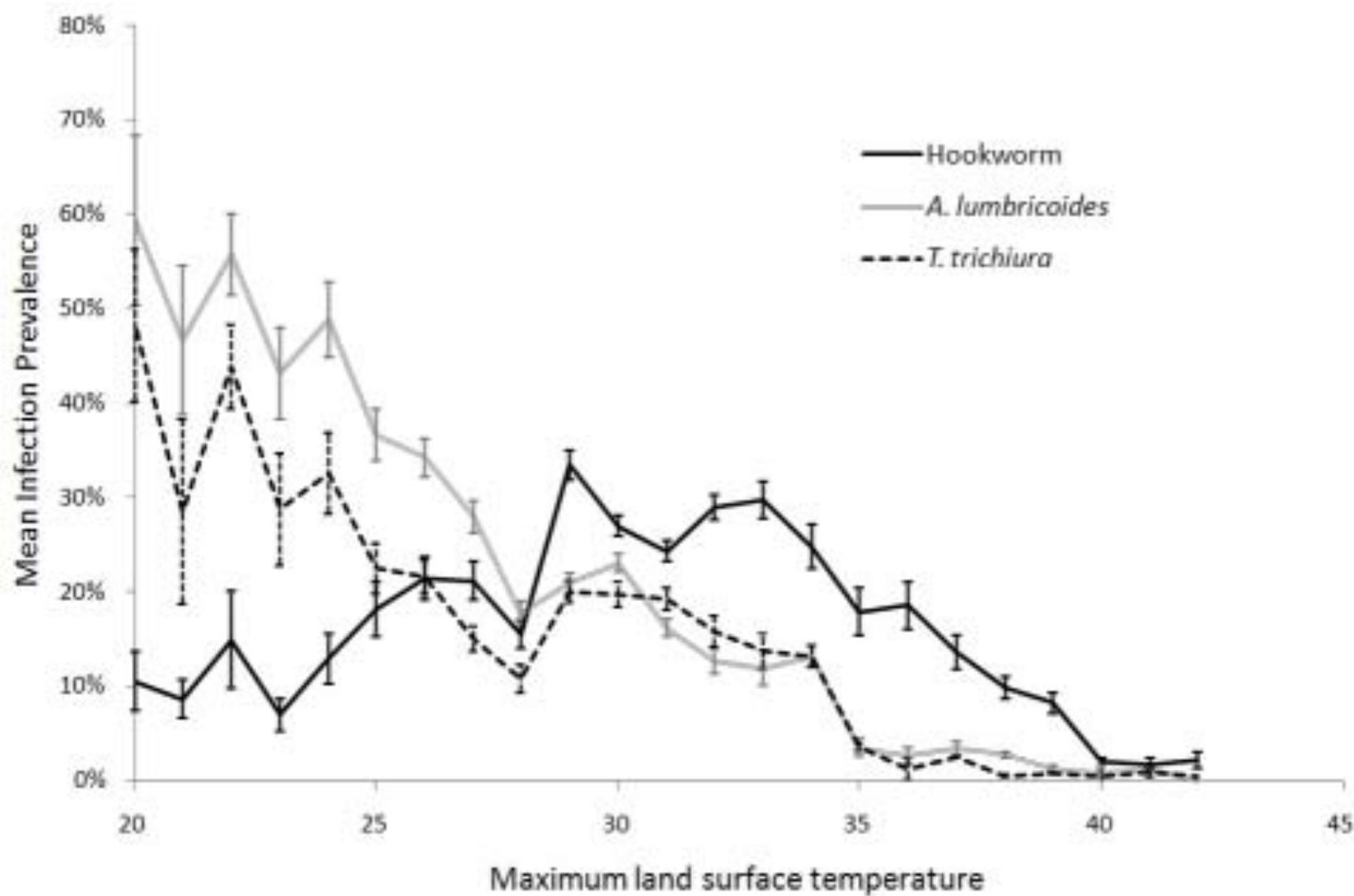
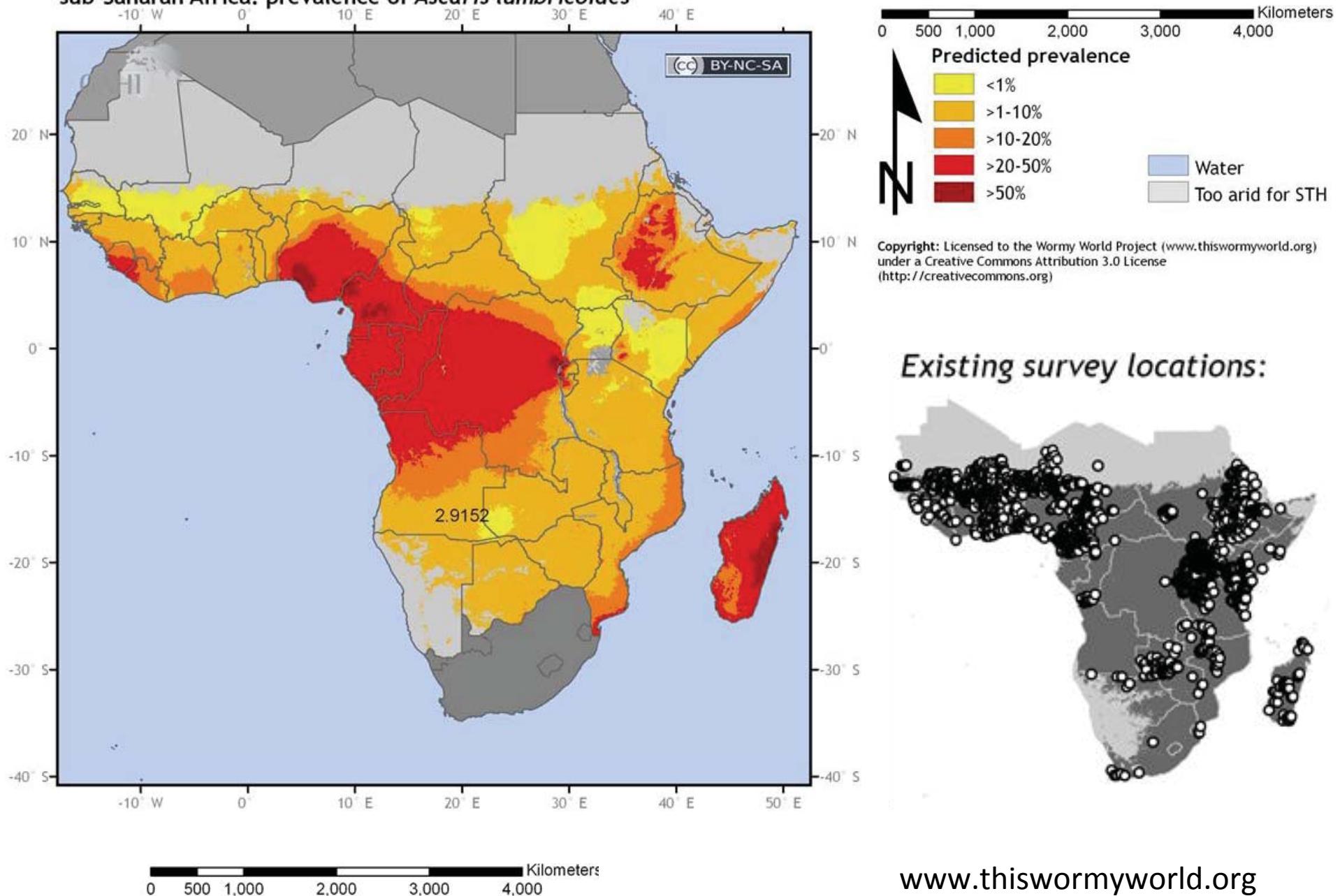


Table S1 Estimates of univariable non-spatial logistic regression models of soil-transmitted helminth infections in Kenya (1974-2009)

Variable	Number surveys (%)	Posterior mean (95% CI)		
		A. lumbricoides	Hookworm	T. trichiura
		OR (95% CI)	OR (95% CI)	OR (95% CI)
Community based surveys (vs. school based)	27 (2.9%)	0.59 (0.32,1.09) 0.09	0.71 (0.45,1.12) 0.1	0.37 (0.23,0.57) 0.09
Other diagnostic method (vs. Kato Katz)	388 (41.1%)	2.21 (1.78,2.73) <0.001	0.38 (0.31,0.45) <0.001	0.26 (0.21,0.24) <0.001
max LST* (mean (range))	0 (-4.61,3.09)	0.64 (0.58,0.70) <0.001	1.19 (1.04,1.28) <0.001	1.32 (1.21,1.44) <0.001
Elevation*(mean (range))	0 (-1.75,2.96)	1.78 (1.58,2.01) <0.001	0.72 (0.66,0.79) <0.001	0.59 (0.53,0.66) <0.001
Precipitation*(mean (range))	0 (-2.94,2.51)	1.81 (1.63,2.01) <0.001	1.33 (1.22,1.44) <0.001	1.22 (1.11,1.34) <0.001
EVI (mean (range))	0.35 (0,0.52)	2.52 (2.09,3.05) <0.001	1.71 (1.50,1.95) <0.001	2.22 (2.01,18.6) <0.001
Distance to permanent water bodies (mean (range))	0.07 (0,0.93)	6.09 (2.30,16.15) <0.001	0.02 (0.01,0.06) <0.001	6.42 (1.39,29.6) <0.001

The predicted distribution of soil transmitted helminths in sub-Saharan Africa: prevalence of *Ascaris lumbricoides*



Schistosomiasis

Key features of human schistomiasis

- Geographic distribution is limited to areas near freshwater bodies supporting specific snail species
- Infections are chronic - the parasites live for 7 - 10 years
- Pathology is related to egg production rather than the worms themselves, and is immuno-modulated
- Most infected individuals have low-intensity infections (low egg counts)
- Low case:fatality ratio
- Strongly age-related infection and disease profiles

Global distribution of Schistosomiasis

Senegal

An epidemic of schistosomiasis along the senegal river basin caused by water-resource development schemes continues unabated.

Egypt

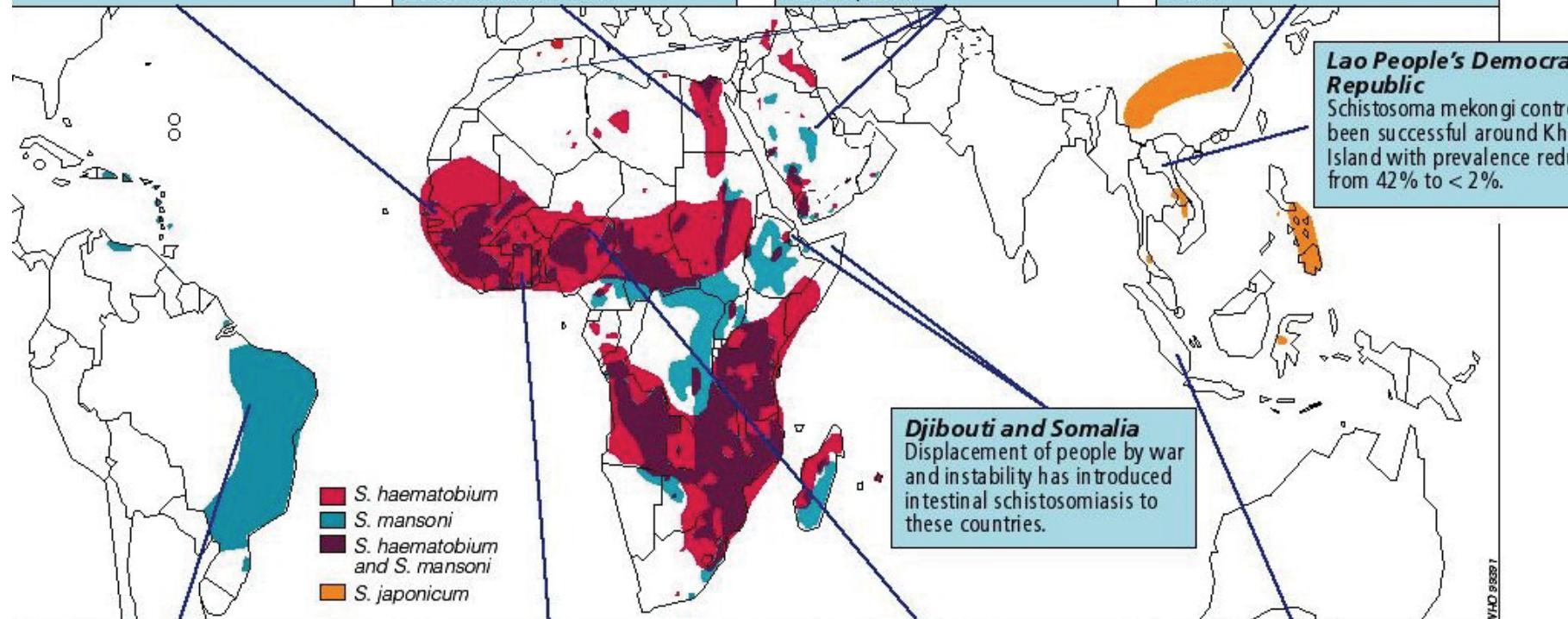
Praziquantel chemotherapy coupled to a vigorous media campaign has resulted in a significant decrease in the morbidity and prevalence of schistosomiasis infection.

Iran, Morocco, and Saudi Arabia

Schistosomiasis control has been successful in those areas with elimination of the infection contemplated.

China

Schistosoma continues to be a major public health problem in the lake and marshy regions despite successful control in other endemic areas.



North-east Brazil

Urban schistosomiasis now present in and around many major cities

Ghana

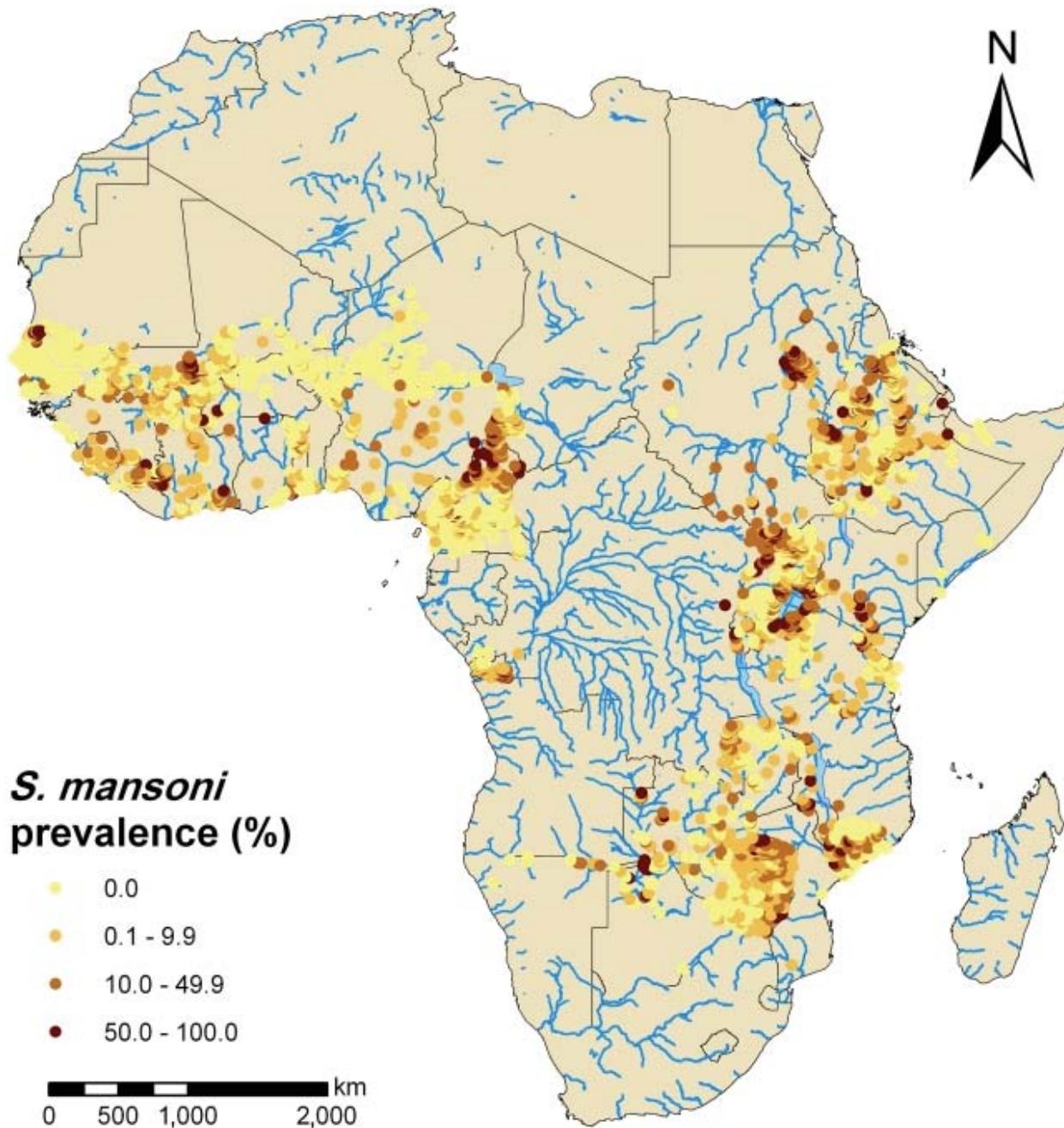
Intestinal schistosomiasis has increased due to the construction of the Akosombo Dam and other much smaller dams.

sub-Saharan Africa

More than 85% of the estimated 200 million people globally with schistosomiasis and the majority of patients with severe disease live on this continent.

Indonesia

Schistosomiasis has been controlled in the Lindu region of Sulawesi such that the prevalence of infection is lower than 2%.

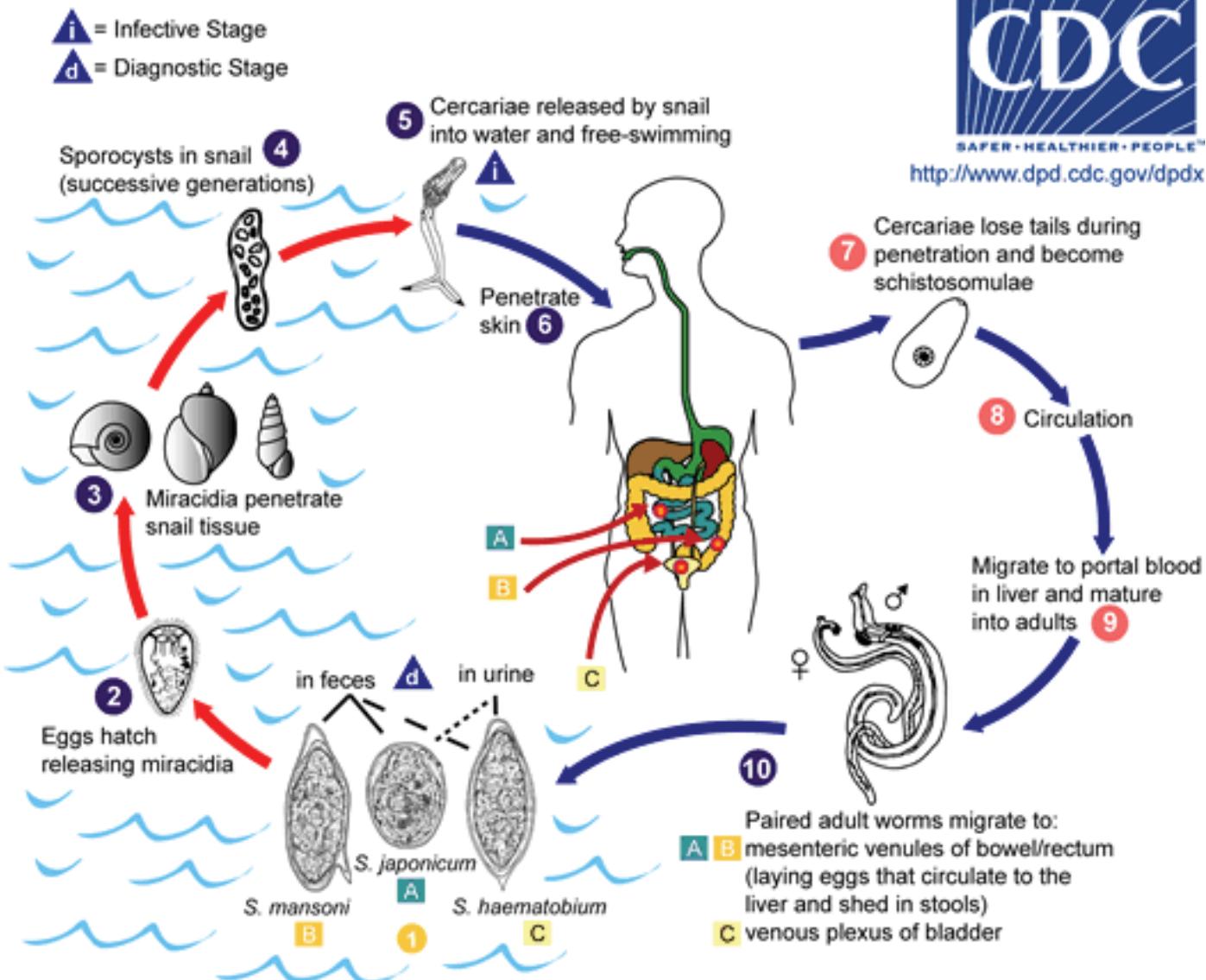


Schistosomes affecting humans

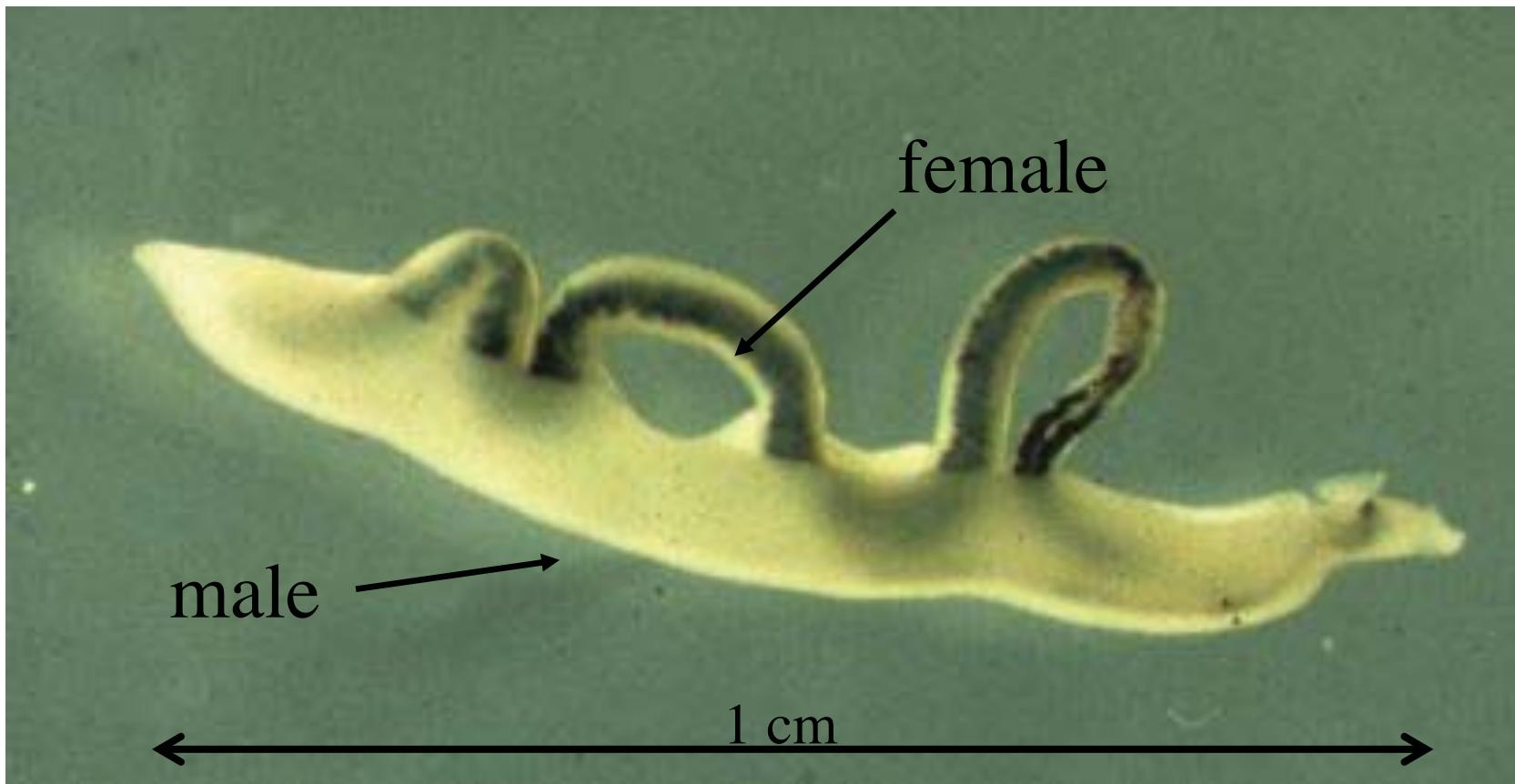
Species	Distribution	Intermediate hosts
<i>S. mansoni</i>	Sub-Saharan Africa, Nile Valley, S.W. Asia, South America	Biomphalaria spp
<i>S. haematobium</i>	Most African countries, S.W. Asia	Bulinus spp
<i>S. japonicum</i>	S.E. Asia, China	Oncomelania spp, mammals
<i>S. mekongi</i>	Kampuchea, Mekong river	Neotrichula spp
<i>S. intercalatum</i>	Central Africa	Bulinus spp

Overall - 200+ million infections in 90+ countries

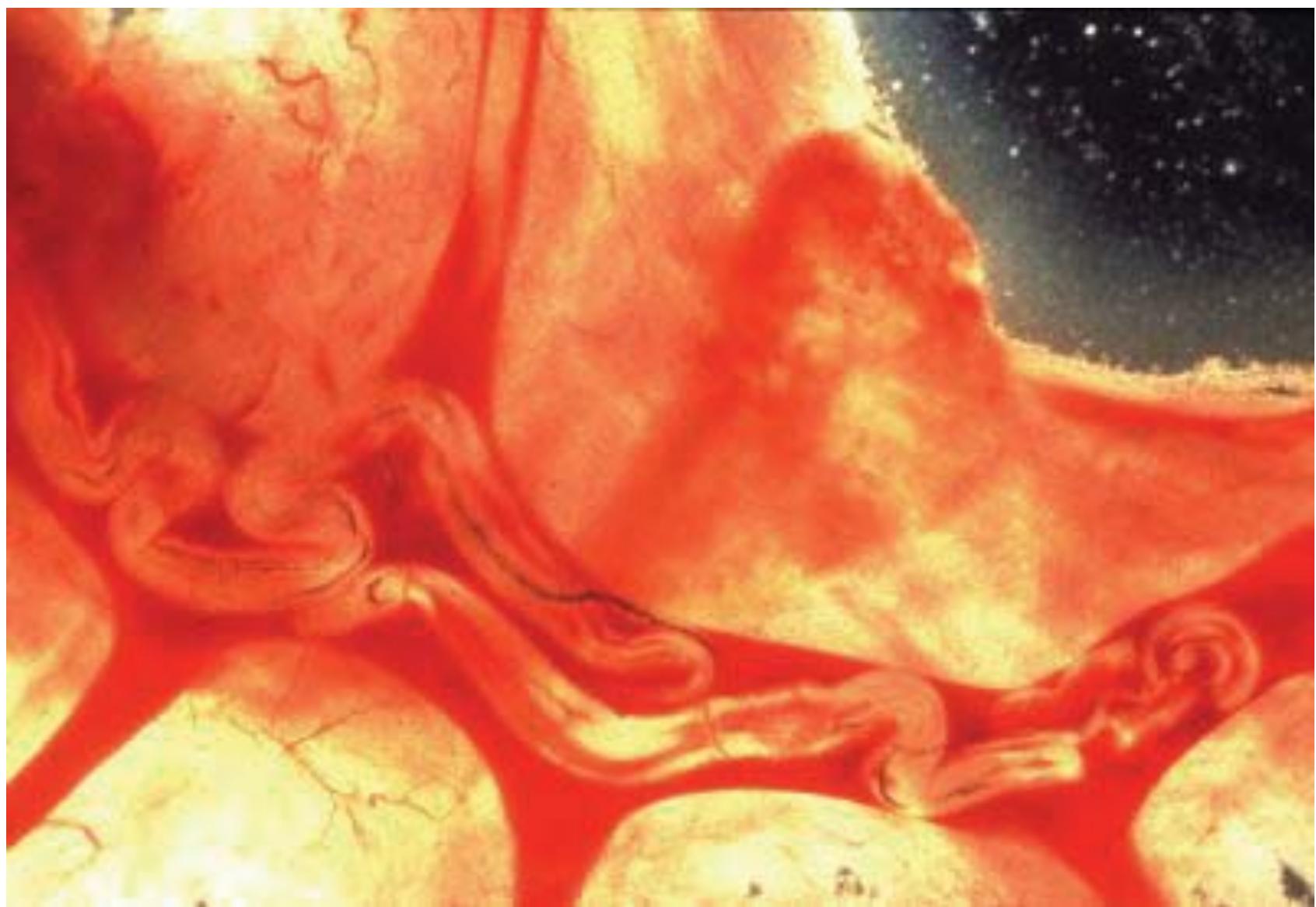
Life cycle of schistosomes



Schistosome worm (Bilharzia)



- Transmitted by SNAILS living in freshwater!
- Lives in the blood for many years
- Occasionally fatal



Signs and symptoms associated with intestinal schistosomiasis

Acute

- fever
- chills
- weakness
- headache
- nausea
- vomiting
- dry cough
- organomegaly
- eosinophilia

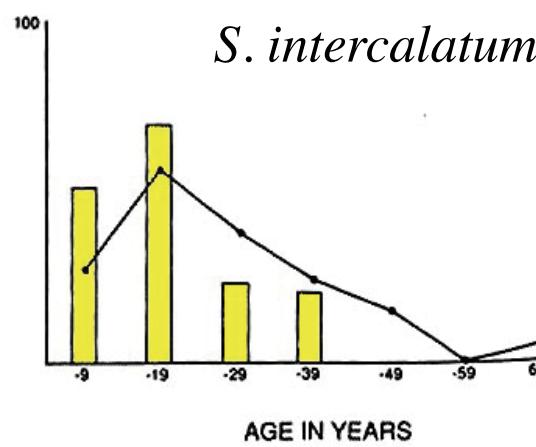
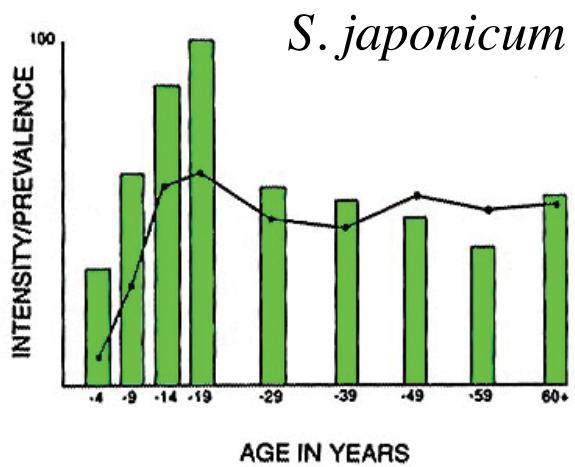
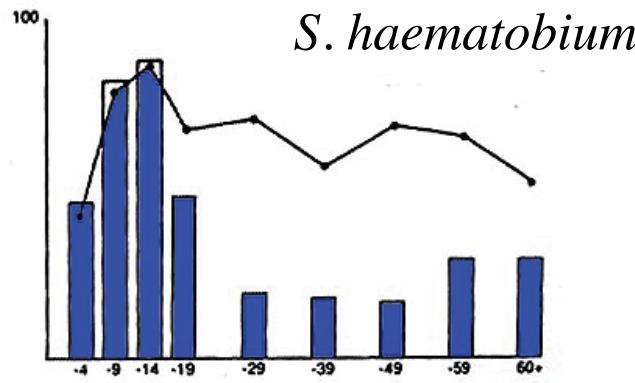
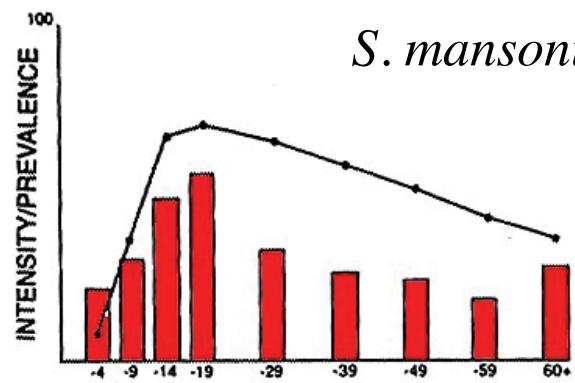
Chronic

- diarrhoea
- bloody diarrhoea
- pallor
- emaciation
- abdominal pain
- weakness
- fatigue
- hepatosplenomegaly

Late stage

- hepatic fibrosis
- portal hypertension
- ascites
- Variceal bleeding

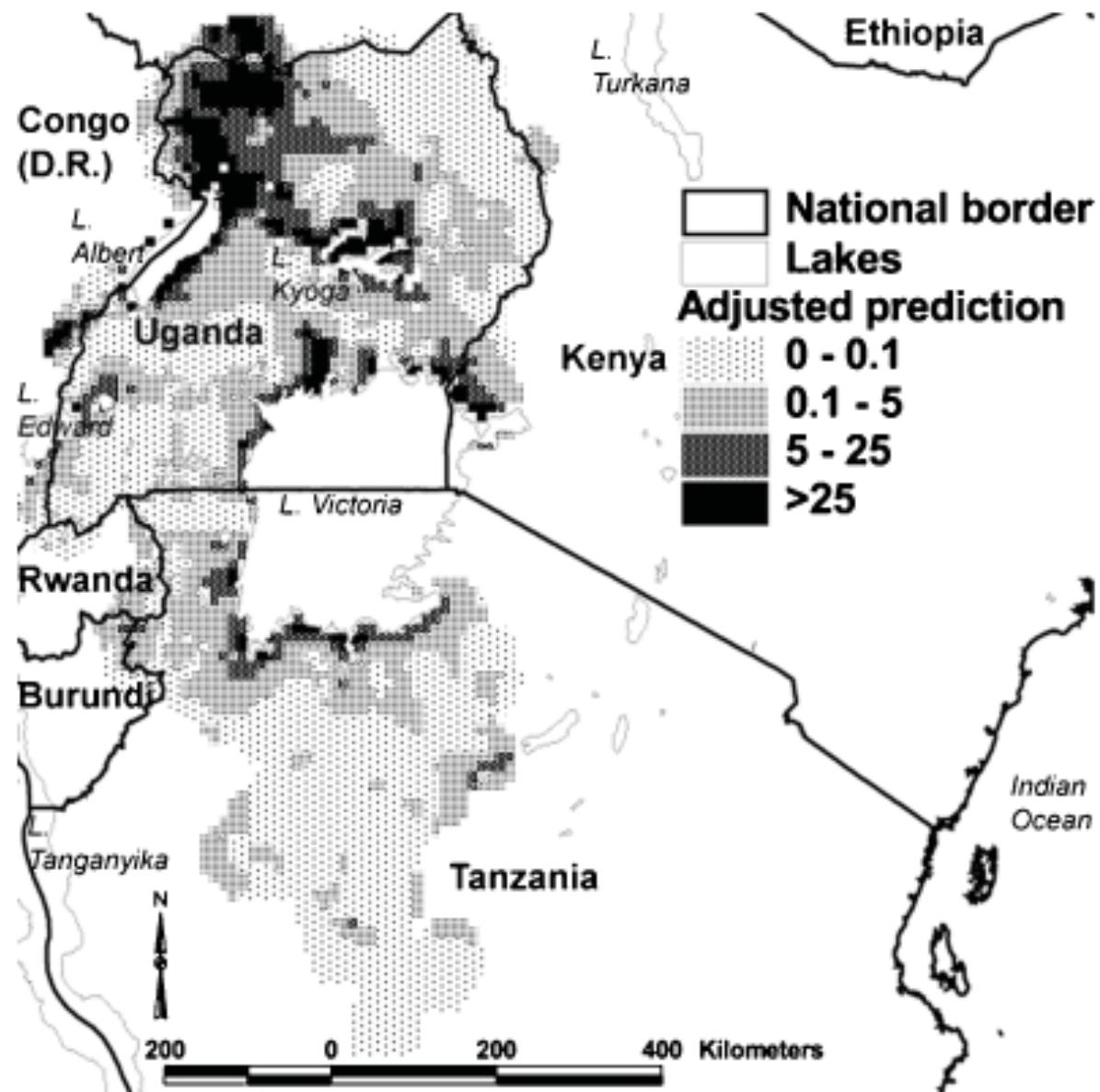
Prevalence and Infection Intensity by age



Adapted from Jordan & Webbe in 'Human Schistosomiasis' 1993, eds Jordan, Webbe, Sturrock

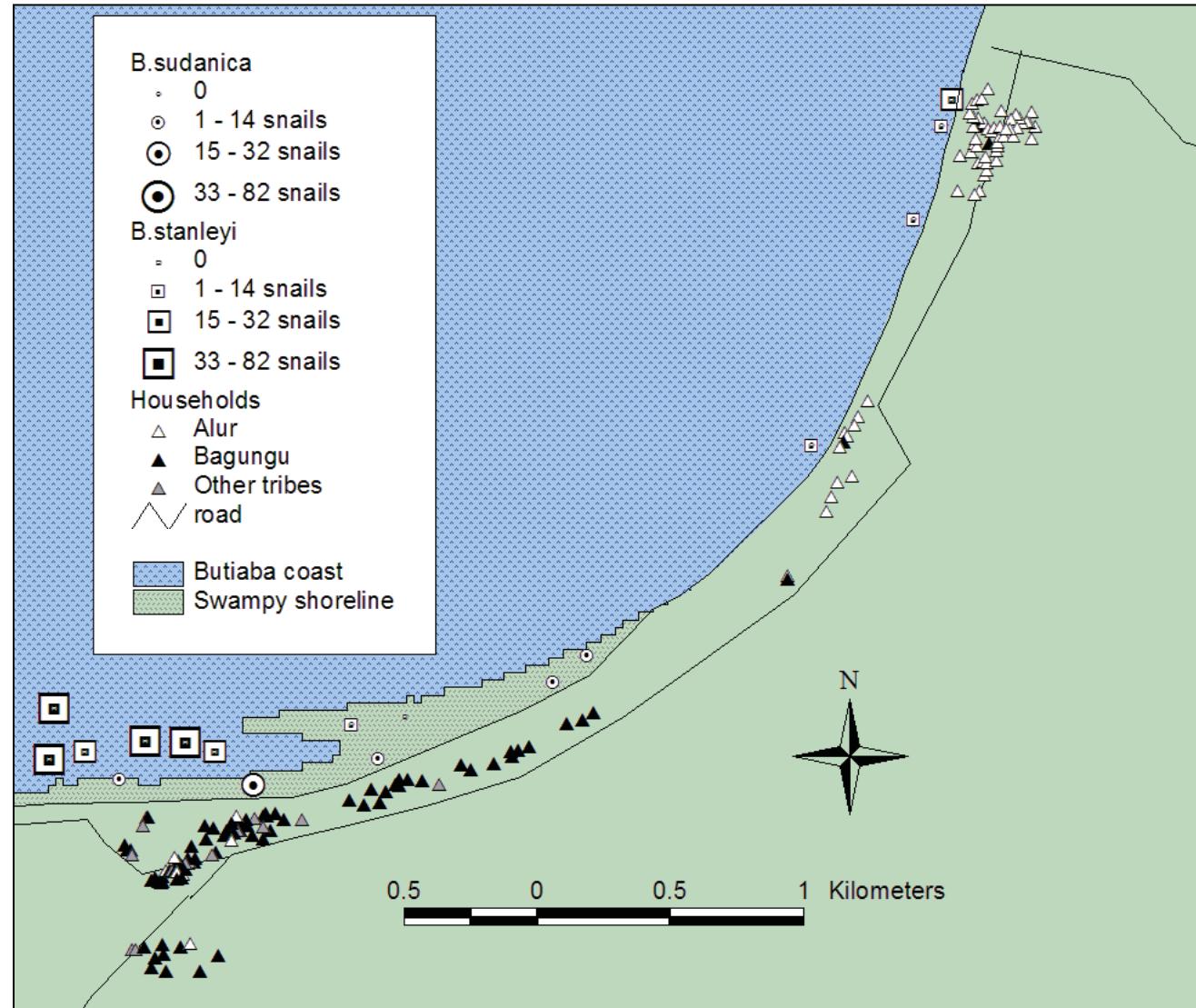
Note: similar profiles in established and recent foci (e.g. Senegal)

Predicted schistosome infection intensity in East Africa



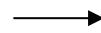
Map of Booma village

- Spatial distribution of tribes and snail species vary across Booma village



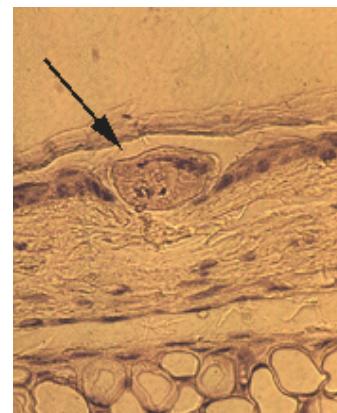


Biomphalaria spp

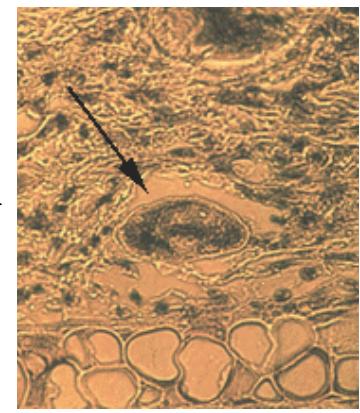


cercariae

skin



schistosomula

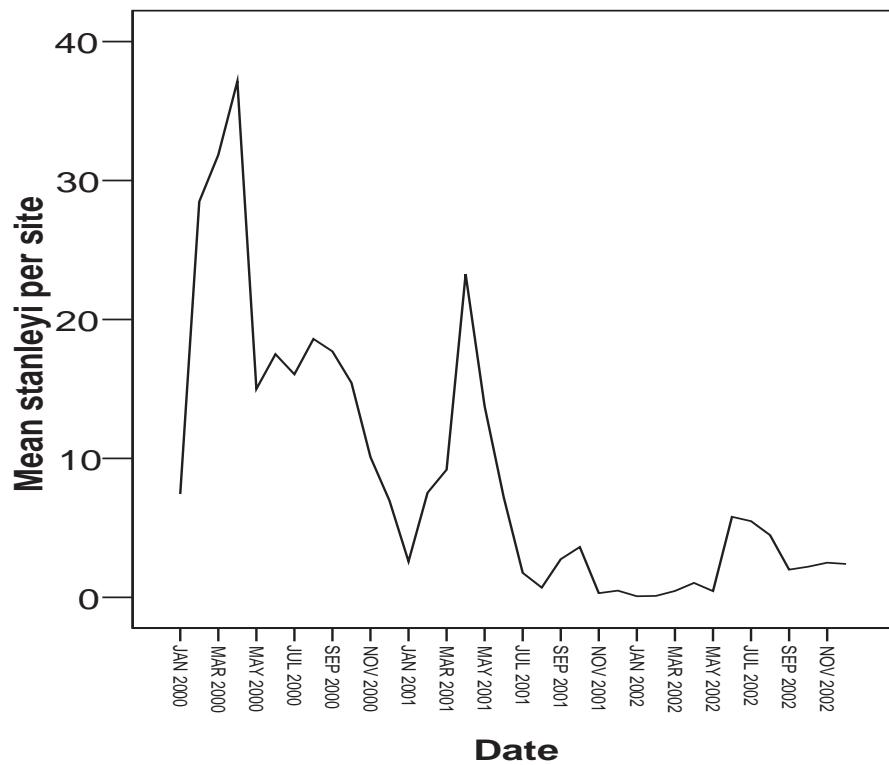


Booma fishermen

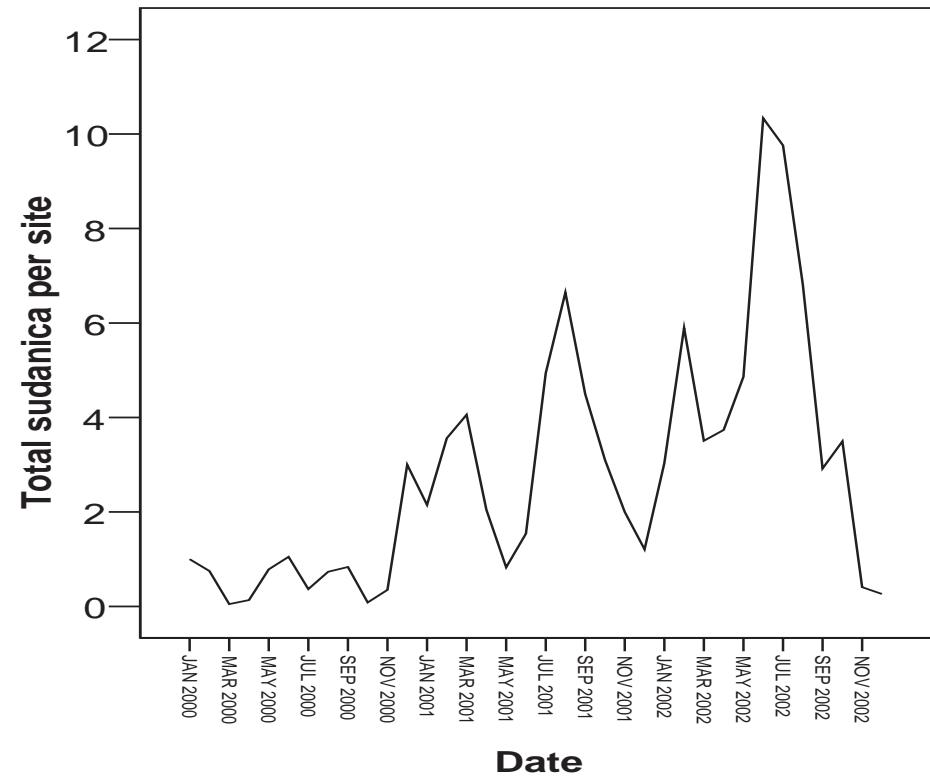


Variation in *Biomphalaria* spp abundance Jan '00 – Dec '02 in Lake Albert, Uganda

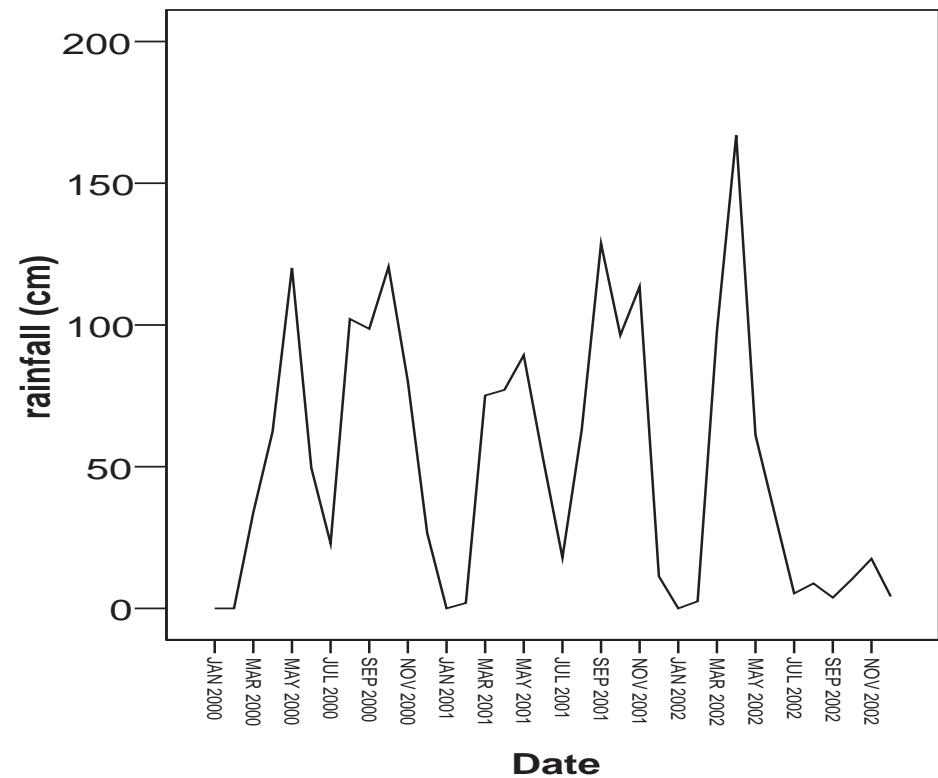
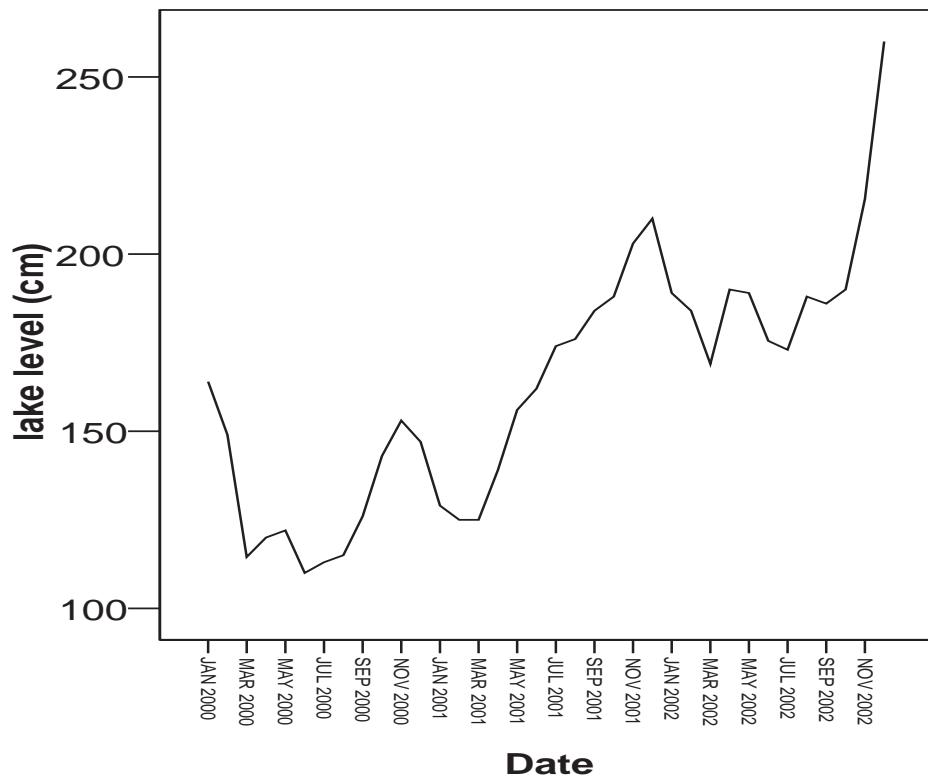
B. stanleyi



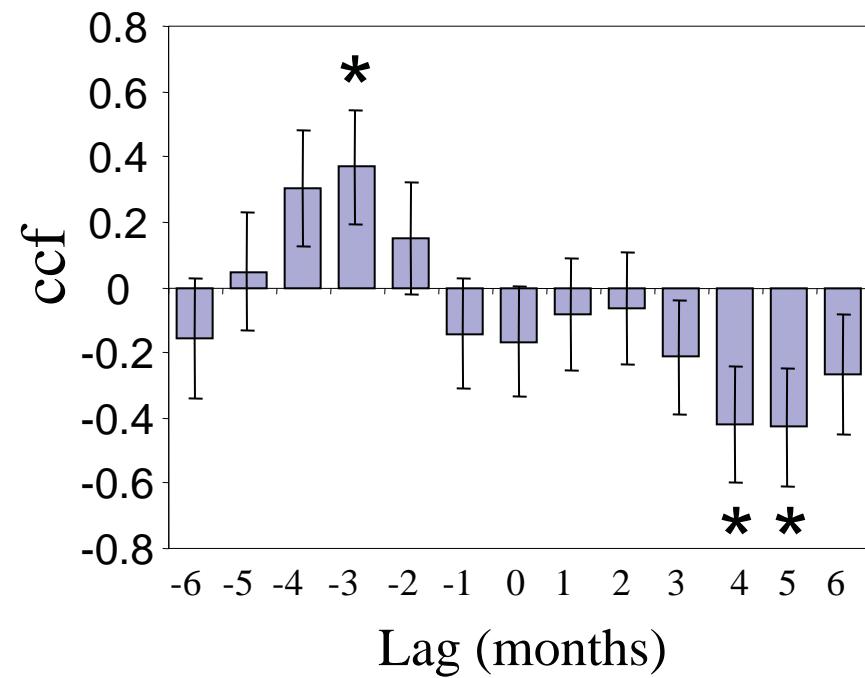
B. sudanica



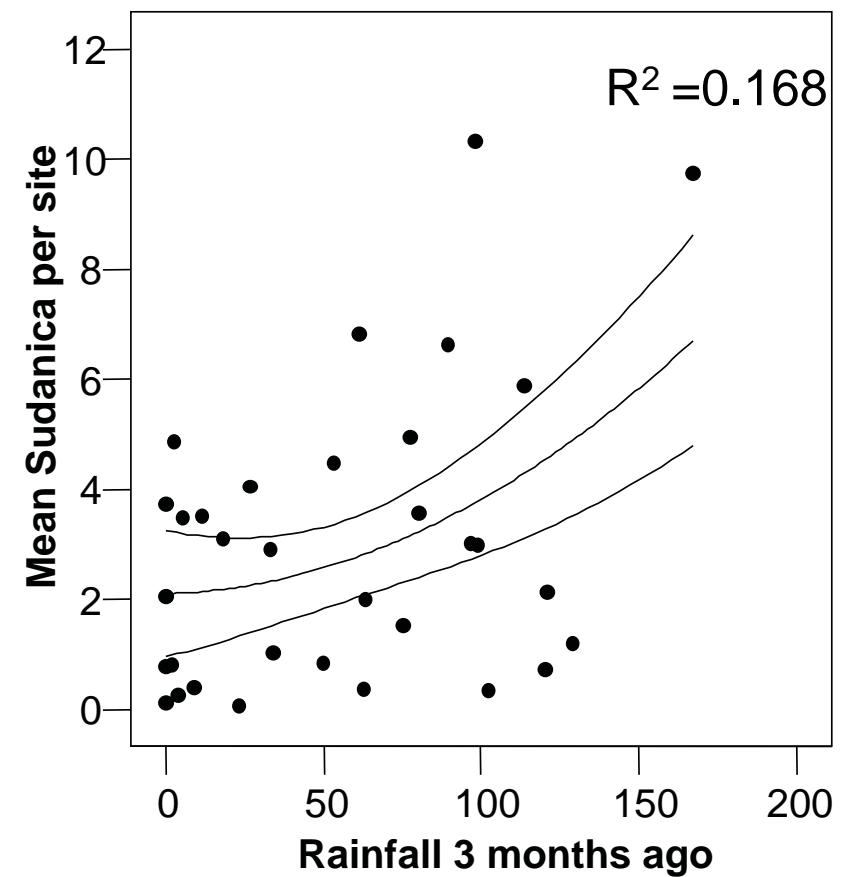
Variation in lake level and rainfall



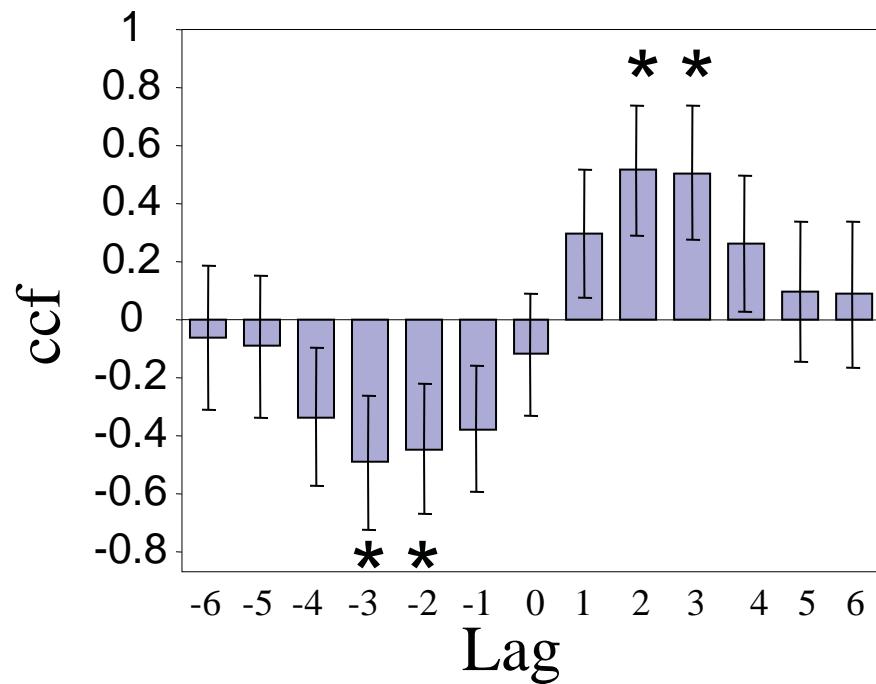
B. sudanica abundance and total rainfall per month



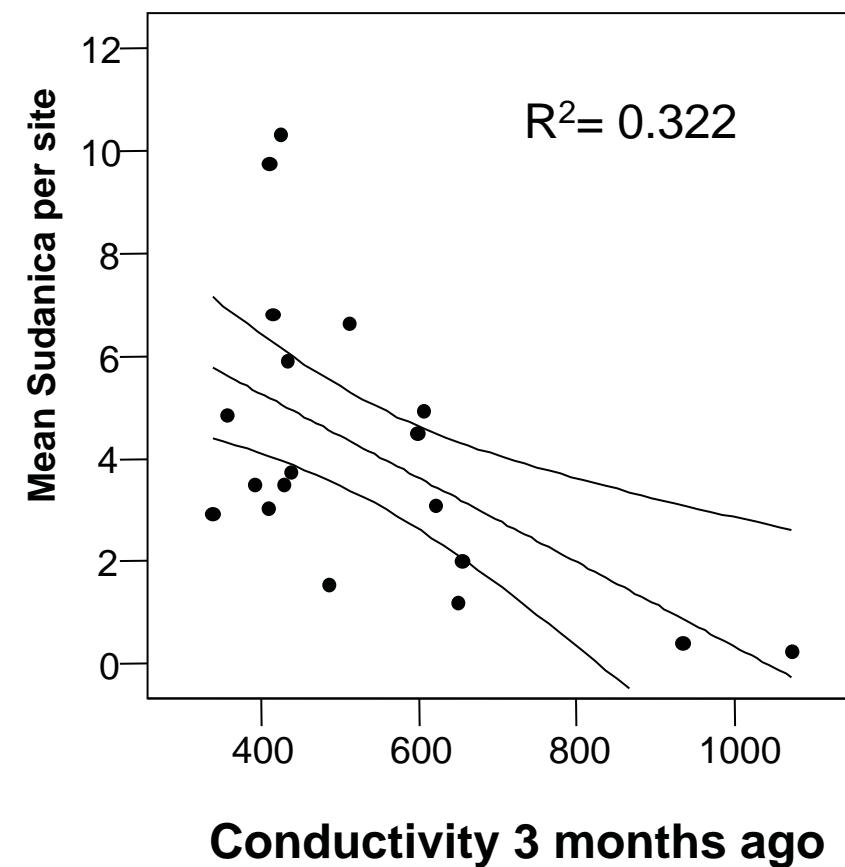
Peak correlation at -3 months



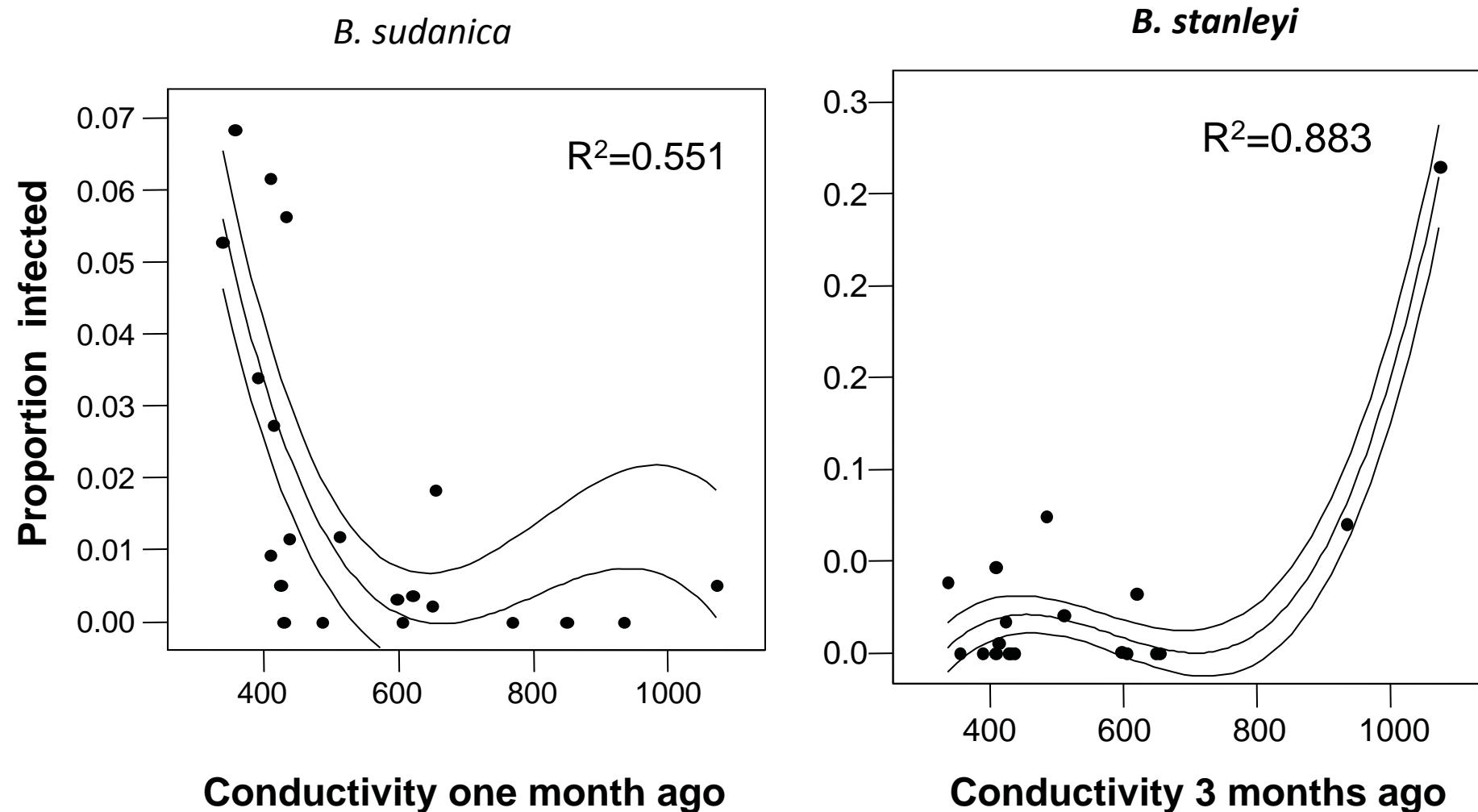
B. Sudanica abundance and lake water conductivity



Peak correlation at -3 months

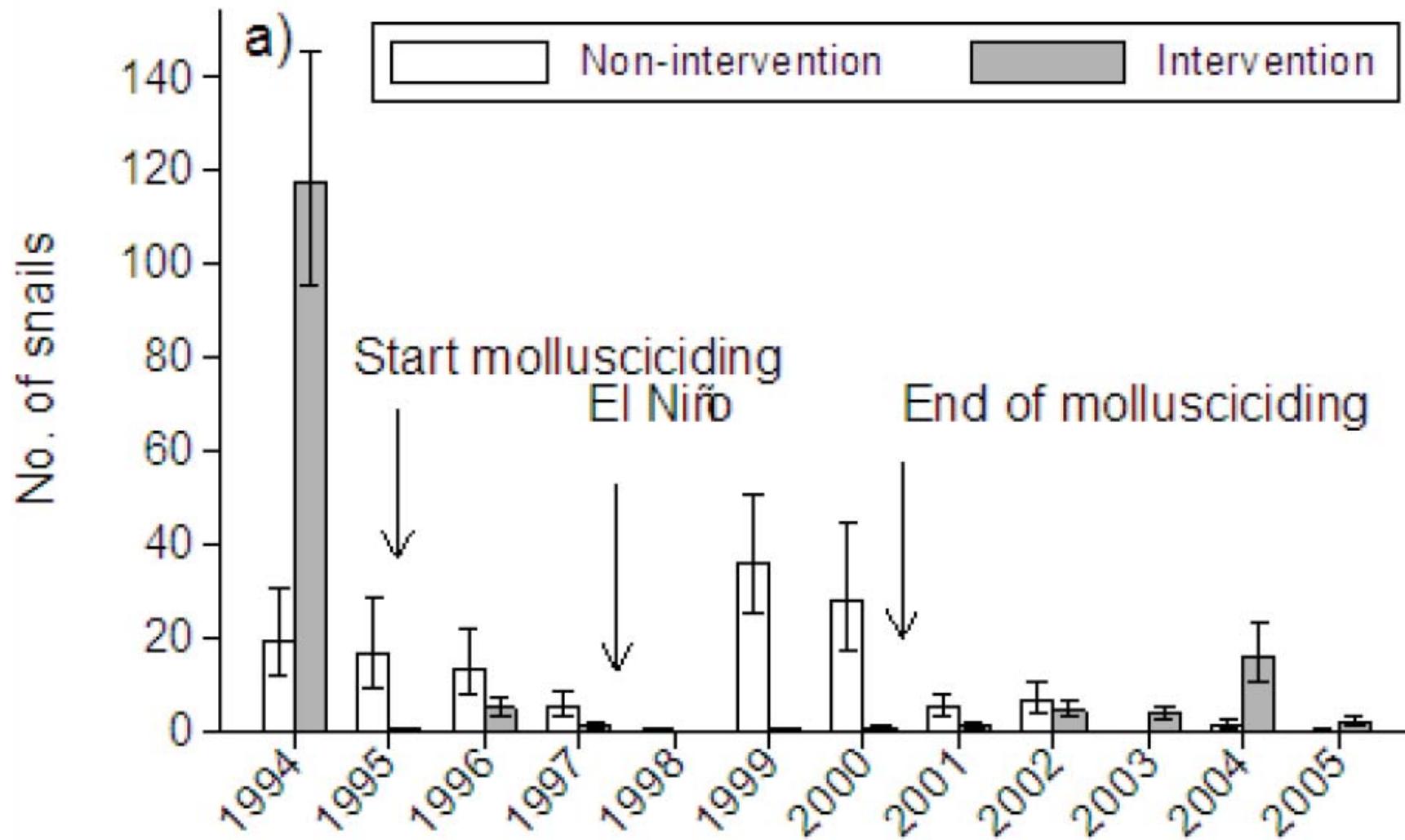


Proportion of snails infected and lake water conductivity





Impact of extreme weather events on snail abundance in a Kenyan stream system



Impact of extreme weather events on snail abundance in a Kenyan stream system

