

WHO/CDS/CPE/SIP/2001.1

Distr.: General

Original: English

**REPORT OF THE WHO INFORMAL CONSULTATION
ON SCHISTOSOMIASIS IN LOW TRANSMISSION AREAS:
CONTROL STRATEGIES AND CRITERIA FOR ELIMINATION**

LONDON

10-13 April 2000



Strategy Development and Monitoring for Parasitic Diseases and Vector Control
(PVC)

Control, Prevention and Eradication (CPE)

Communicable Diseases (CDS)

<http://www.who.int/ctd>

This Consultation was organized in collaboration with and was hosted by the
London School of Hygiene & Tropical Medicine

This Consultation was financially supported by:
Ministry of Health and Welfare
Government of Japan

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List of participants

Professor El Mutamad El Amin, Bilharzia Department, Health Service -
Gizan Province, Ministry of Health, P.O. Box 120, Gizan, Saudi Arabia -
email: mutamadamin@hotmail.com

Dr Quentin Bickle, Department of Medical Parasitology, London School of
Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, United
Kingdom - email: Quentin.Bickle@lshtm.ac.uk

Dr I. Cesari, Laboratorio de Inmunoparasitología, Centro de Microbiología y
Biología Celular, Instituto Venezolano de Investigaciones, Apdo. 21827,
Caracas 1020A, Venezuela - email: icesari@pasteur.ivic.ve

Professor J.Y Chai, Department of Parasitology, Seoul National University,
College of Medicine, Seoul 110 -799, Korea - email: cjy@plaza.snu.ac.kr

Dr Minggang Chen, Chief, Department of Scientific Information, Institute of
Parasitic Diseases, Chinese Academy of Preventive Medicine, 207, Rui Jin
Er Lu, Shanghai 200025, China -email: mgchen@fudan.ac.cn

Professor A. Deelder, Laboratory of Parasitology, Medical Faculty,
University of Leiden, P.O. Box 9605, 2300 RC Leiden, Netherlands -
email: parasito@rullf2.medfac.leidenuniv.nl

Dr Alan Fenwick, Resident Project Manager, Medical Service Corporation
International, Schistosomiasis Research Project, Ministry of Health
(VACSERA) (E-RDC), USAID Project No. 263-0140.2, 51, Wezarat El
Zeraa St., Agouza, Giza, Egypt - email: afenwick@menanet.net

Dr George V. Hillyer, Chancellor, University of Puerto Rico, Rio Piedras
Campus, P.O. Box 23300, San Juan, PR 00931-3300, United States of
America - email: g_hillyer@rcmaca.upr.clu.edu

Dr Jaouad Mahjour, Directeur de l'Epidémiologie et de Lutte contre les
Maladies, Ministère de la Santé, 14, rue Alkalsadi, Agdal, Rabat, Morocco -
email: jmahjour@sante.gov.ma

Professor J. Massoud, Department of Medical Parasitology, School of Public
Health, P.O. Box 6446, Teheran 14155, Islamic Republic of Iran

Dr Hiroshi Ohmae, Department of Parasitology, Institute of Basic Medical Sciences, University of Tsukuba, Tsukuba City, Ibaraki-ken 305-8575, Japan

Dr J.P. Pointier, Laboratoire de Biologie Marine et Malacologie, Ecole Pratique des Hautes Etudes, UMR 5555 du CNRS, Centre de Biologie et d'Ecologie, Tropicale et Méditerranéenne, 52, av. de Villeneuve, 66860 Perpignan, Cedex, France - email: pointier@univ-perp.fr

Dr L. Rey, Departamento de Medicina Tropical, IOC/FIOCRUZ, Av. Brasil 4365, 21045-900 Manguinhos, Rio de Janeiro, Brazil - email: dandrea@gene.dbbm.fiocruz.br

Dr Joachim Richter, Specialist, Medizinische Einrichtungen, Heinrich-Heine-Universität, Medizinische Klinik und Poliklinik, Klinik für Gastroenterologie, Hepatologie und Infektionsmedizin, Moorenstr. 5, 40225 Düsseldorf, Germany - email: richter1@uni-duesseldorf.de

Dr D. Rollinson, Biomedical Sciences, Department of Zoology, The Natural History Museum, Cromwell Road, London SW7 5BD, United Kingdom - email: D.Rollinson@nhm.ac.uk

Dr Ronaldo Santos do Amaral, Gerente Técnico, Programa de Controle da Esquistossomose, CCDTV/DEOPE/FNS, Ministério da Saúde, Fundação Nacional de Saúde, Setor de Autarquias Sul, Quadra 4 - Bloco N - Sala 715, CEP: 79.958-902 - Brasília-DF, Brazil - email: amaral@nettur.com.br / ramaral@fns.gov.br

Dr. Maged Al Sherbiny, Director, Egyptian Reference Diagnostic Laboratory, VACSERA, 51 Wezaret El Zeraa Street, Agouza, Cairo, Egypt - email: maged123@intouch.com

Professor Peter G. Smith, Head of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom - email: psmith@lshtm.ac.uk

Dr Vaughan R. Southgate, Head, Taxonomy Unit, British Museum (Natural History), Cromwell Road, South Kensington, London SW7 5BD, United Kingdom - email: V.Southgate@nhm.ac.uk

Professor Martin G. Taylor, Department of Medical Parasitology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom - email: Martin.Taylor@lshtm.ac.uk

Dr V.C.T. Tsang, Division of Parasitic Diseases, Centers for Diseases Control and Prevention, 4770 Buford Highway, N.E., Atlanta, GA 30341, United States of America - email: vctl1@cdc.gov

Moriyasu Tsuji, M.D, Ph.D, Department of Infectious Diseases, Division of Tropical Diseases and Parasitology, Kyorin University School of Medicine, 6-20-2 Shinkawa, Mitaka, Tokyo 181-8611, Japan - e-mail: tsujimys@kyorin-u.ac.jp

WHO Secretariat

Dr L. Chitsulo, CPE/PVC - email: chitsulol@who.int

Dr D. Engels, CPE/PVC - email: engelsd@who.int

Dr L. Savioli, CPE/PVC - email: saviolil@who.int

Dr N. Zagaria, CPE/CEE - email: zagarian@who.int

Objectives and context of the meeting

While schistosomiasis remains a major public health problem in terms of numbers at risk and those infected, control has been successful in a number of endemic countries. Japan has succeeded in completely eliminating the disease. In a number of other countries, major efforts in schistosomiasis control have been sustained for years, and elimination is now regarded as a feasible option.

A WHO Informal Consultation on schistosomiasis control, held in Geneva from 2-4 December 1998, has clearly identified the current duality in the status of schistosomiasis control between countries in which there is limited or no control (mainly sub-Saharan Africa), and most countries in Asia, the Middle East, and Southern and Central America, where large-scale control programmes are ongoing, or schistosomiasis is nearly or already eliminated. In the highly endemic countries, the 1984 WHO Expert Committee's recommendation to implement a strategy of morbidity control continues to be valid. The report of the WHO Informal Consultation on schistosomiasis control, held in Geneva from 2-4 December 1998 gives clear and updated recommendations as to how this strategy can be implemented in a sustainable way in situations where funds are scarce and national health authorities have to deal with many other, more visible health problems.

The object of this Informal Consultation on schistosomiasis in low transmission areas, are the countries where the implementation of the WHO recommended strategy has been successful, and morbidity control has now been achieved. Prevalence of infection and transmission are at a low level in most of these countries. This is particularly true in semi-arid areas and small island nations. In these cases, elimination of the disease can be contemplated.

There is therefore a need to review the situation in low transmission areas to understand why and how control has been successful. There may be a need to change the emphasis in control from morbidity control to transmission control, in order to eventually achieve the elimination of schistosomiasis infection. Also, the understanding of the elements which made schistosomiasis control successful in some countries or areas will provide a basis for providing technical assistance and guidance to other, less advanced countries or areas. Countries where transmission has ceased should no longer be considered endemic. There is therefore also a need to

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