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Prevention and control of intestinal parasitic infections

Report of a WHO
Expert Committee

World Health Organization
Technical Report Series
749

World Health Organization, Geneva 1987

ISBN 92 4 120749 3

ISSN 0512-3054

PRINTED IN SWITZERLAND

86/7115 – Schüler SA – 6800

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Geneva, 3–7 March 1986

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PREVENTION AND CONTROL OF INTESTINAL PARASITIC INFECTIONS

Report of a WHO Expert Committee

A WHO Expert Committee on Prevention and Control of Intestinal Parasitic Infections met in Geneva from 3 to 7 March 1986. The meeting was opened by Dr A. Davis, Director, Parasitic Diseases Programme, on behalf of the Director-General.

1. INTRODUCTION

Intestinal parasitic infections are distributed virtually throughout the world, with high prevalence rates in many regions. Amoebiasis, ascariasis, hookworm infection, and trichuriasis are among the ten most common infections in the world (*1*). Although mortality from these infections is relatively low, complications are not uncommon and many cases need hospital care. In many countries, malabsorption, diarrhoea, blood loss, impaired work capacity, and reduced growth rate due to intestinal parasitic infections constitute important health and social problems. Furthermore, other parasitic infections such as abdominal angiostrongyliasis, intestinal capillariasis, and strongyloidiasis are of local or regional public health concern (*1, 2*).

The prevention and control of intestinal parasitic infections are now more feasible than ever before owing to the discovery of safe and efficacious drugs, the improvement and simplification of some diagnostic procedures, and advances in parasite population biology. In recent years, general health care strategies have emphasized preventive medicine and community cooperation in the control of endemic disease and have created a favourable climate for the design and implementation of control measures against intestinal parasitic infections (*3, 4, 5*).

In many countries, endemic intestinal parasitic infections are closely related to economic and social developmental processes and therefore their control may be a sensitive issue, both socially and politically. In others, the control of intestinal parasitic infections has proved a useful entry point for other primary health care activities, e.g., in family planning, child care, health education, and nutrition.

The present report includes some of the scientific information reviewed by the WHO Scientific Group on Intestinal Protozoan and Helminthic Infections in 1980 (*2*). However, in this report a special effort has been made to present practical information on the control of intestinal parasitic infections that can be readily used by those authorities wishing to take action against these major health problems. Thus, it is directed mainly towards the following five groups:

—those who are expected to endorse it and support it (UNICEF, WHO, and other international agencies);
—those who will implement its recommendations (national health authorities, staff of national health services);
—those responsible for the training of health workers (teaching staff of medical and nursing schools, university staff, trainers of community health workers);
—those who will develop its scientific base further (scientific community, funding agencies, pharmaceutical industry); and
—those who influence the opinion of the affected population at large (health educators, journalists, local leaders).

2. PUBLIC HEALTH SIGNIFICANCE OF INTESTINAL PARASITIC INFECTIONS

2.1 Methods of assessment

The amount of harm caused by intestinal parasitic infections to the health and welfare of individuals and communities depends on: (*a*) the parasite species; (*b*) the intensity and course of the infection; (*c*) the nature of the interactions between the parasite species and concurrent infections; (*d*) the nutritional and immunological status of the population; and (*e*) numerous socioeconomic factors. All the above factors may in turn be modulated by seasonal and climatic conditions. Thus, while it is generally extremely difficult to measure the suffering caused by infectious diseases, in the case of intestinal parasitic infections this is even more true because so many cases of the diseases are asymptomatic and therefore remain undetected.

The public health significance of intestinal parasitic disease would be best assessed if the available quantitative techniques could be adopted to evaluate morbidity (*6*). The willingness of societies to pay for the elimination or the control of disease might be readily