به نام خداوند جان و خرد

PREVENTION OF FASCIOLA HEPATICA
PREVENTION OF STRONGYLOIDES

S.Fakhrieh
Gastroenterologist
Member of
GUMS,GLDRC

- Planting favorite local vegetables in suitable places under fully controlled conditions and without the access of snails and ruminants
- Thorough washing of consumed vegetables and its disinfection suggestion in a solution of 24 mg per liter of potassium permanganate for 10 minutes or a solution of 120 cc of vinegar, about one glass in one liter of water, for 10 minutes.



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- Avoid using animal manure to strengthen aquatic plants
- Fight the carrier snails as much as possible
- Not using contaminated water, i.e. surface water for irrigation or washing vegetables and kitchen utensils

- Providing hygienic drinking water for the people in endemic areas and avoiding drinking surface water such as water from open springs in summer areas.
- In the timely treatment of reservoirs of infection, namely domestic ruminants, in order to reduce the intensity of infection in livestock

- Treatment of infected people in order to remove the infection and reduce their pain, as well as pointing out the risk of defecation in the outside environment, in order to reduce the possibility of infection transmission

- Warning about drinking contaminated water
- There is no vaccine available
- Abstinence of ingestion of plants used in local dishes,appetizers,beverages,condiments and juices.

- Heat:60 c for several minutes(cooking)
- Lyophilization:kill younge fluke
- Cold:The metacercaria survive at least 4 months at 4 c and can withstand temperatures at -2c and -10c but lose their infectivity at -18c
- Ionization??/
- Vinegar:ineffective



- A person can help prevent a liver fluke infection by:
  - cooking all vegetables grown near cattle and sheep
  - cooking animal livers and not consuming them raw
  - boiling all untreated water
  - not drinking water directly from a stream near where cattle and sheep live

PREVENTION OF STRONGYLOIDES

- No vaccines or drugs are available to prevent infection.
- To protect against Strongyloides infection, travelers should wear shoes when walking in areas where humans might have defecated.
- Perform serologic testing for patients at risk for Strongyloides infection who will be placed on corticosteroids or other immunosuppressive drug regimens, or who will undergo procedures that involve immunosuppression (e.g., transplantation).
- If indicated, treat these patients for strongyloidiasis before initiating immunosuppressive therapy.
- Consider empiric treatment in people deemed at risk of strongyloidiasis who require immediate immunosuppression.

- The best way to prevent Strongyloides infection is to wear shoes when you are walking on soil, avoid contact with fecal matter or sewage, and clean up after dogs, which can also be infected with roundworm.
- It is also important to use improved sanitation facilities, if available, to ensure separation of human waste from human contact

- Prevention and control
- No public health strategy has been developed to control strongyloidiasis.
- Strongyloidiasis has almost disappeared in countries where sanitation and human waste disposal have improved.
- In areas where mass treatment with ivermectin has been used to control onchocerciasis or lymphatic filariasis, the prevalence of strongyloidiasis is probably reduced, but further investigation is needed.

• ASYMPTOMATIC INDIVIDUALS

- **Screening** — Serologic screening of asymptomatic individuals for strongyloidiasis is warranted in the following circumstances
- **Patients with relevant epidemiologic exposure** (eg, skin contact with contaminated soil in tropical and subtropical regions) who are undergoing medical interventions associated with **immunosuppression** (including solid organ transplantation, hematopoietic stem cell transplantation, or administration of corticosteroids, cytotoxic drugs, or tumor necrosis factor inhibitors).
- **Organ donors with relevant epidemiologic exposure** (eg, skin contact with contaminated soil in tropical and subtropical regions).
- ● **Military personnel with history of service in areas where strongyloidiasis is endemic** (even in the setting of remote exposure).
- ● **Immigrants and refugees**
- **For screening asymptomatic patients with suspected chronic infection, we favor serologic testing**
- **For transplant candidates and transplant recipients diagnosed with strongyloidiasis, we perform serologic screening for human T-lymphotropic virus type I infection .**