# **Paragonimiasis** in Kasy District Vientiane Province, Lao PDR



**Present by:** 

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# <u>Paragonimiasis in Laos</u>

- \* In 1947, the first paragonimiasis case of Laos (Kirkley *et al.*, 1973).
  - from hill tribesmen in Sam Neua District, Houaphan Province
  - along the North Vietnamese border
- **\*** In 1968, 8 cases of paragonimiasis (Sackpraseuth *et al.*, 1969).
  - from Mahosoth and Military Hospitals in Vientiane Capital
- In 1969, 54 cases from a total of 1600 patients admitted, Mahosoth Hospital, Vientiane Capital (Coudert *et al.*, 1971)
  - The patients came from 6 provinces: Luangprabang, L-Namtha, Xiengkhuang, Khammuan, Pakse, Vientiane province.
  - *Paragonimus heterotremus* adult worm was identified from autopsy
- In 1973, the first nation wide of epidemiological investigation on Paragonimus infection in Laos was conducted (Soh C.T et al., 1973).
  - skin test of *Paragonimus westermani* antigen.
  - with 1,531 people from 15 provinces
  - **151** people (**9.8%**) gave positive reactors
  - Only 22 active cases were found in the following provinces: Savannakhet, Vientiane, Xiengkhouang, Phong Saly, Saravanh (Sedone), LuangPhrabang and Houa Phanh

#### Paragonimiasis in Laos (con't)

- \* In 2001 and 2002, Institut de la Francophonie pour la Médecine Tropicale (IFMT), Vientiane Capital, Laos
  - 3 and 24 cases from Nambak District, Luangprabang Province (L.P)
- \* In 2003 the *IFMT* team conducted the Epidemiology on Paragonimiasis in Hinheub District, Vientiane Province
  - 118 sputa in 3 villages
  - **17** people (14%) were positive with eggs of *Paragonimus* sp.
- In 2003, Parasitology Unit at Faculty of Medical Sciences, National University of Laos conducted a survey on Paragonimiasis in Nambak District, L.P (Vongsouvan et al., unpublished)
  - 335 sputa in 6 villages
  - 6 cases (1.79%) were positive with eggs of *Paragonimus* sp.

# **This Research**

- Epidemiological Study on Paragonimiasis in Kasy District, Vientiane Province
- \* Stool, sputum and crabs examination
  - *January 2006* in 4 villages (Namken, Phonsyda, Chieng and Phouhinlecfay villages) *and* Ban Chieng Primary and Secondary Schools

## Serum collection

- *August 2006* in 2 villages (Namken and Phouhinlecfay villages) *and* Patients from Kasy hospital (Kasy District)
- \* Vientiane Province and Phon Hong hospitals
   (Phon Hong District)

# **Objectives**

The *aim* of this study was to *investigate*:

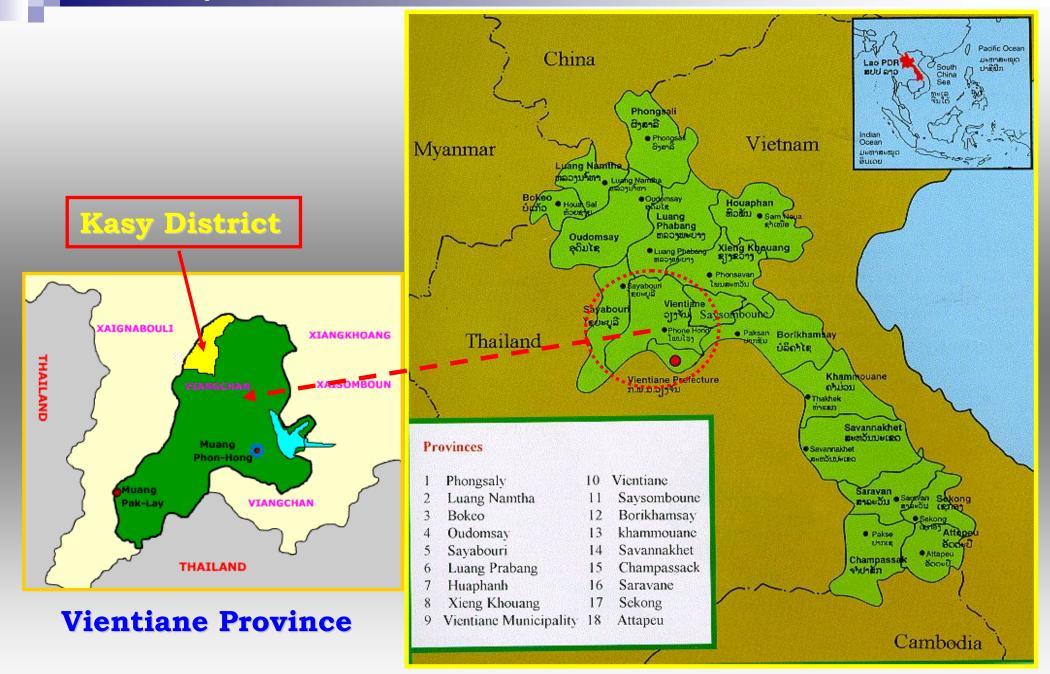
- Paragonimiasis in Kasy District, Vientiane
   Province
- Prevalence of *Paragonimus* spp. metacercariae in mountainous crabs
- Sero-prevalence survey in potential endemic areas from village and patients in Hospitals, Vientiane Province

# Study site

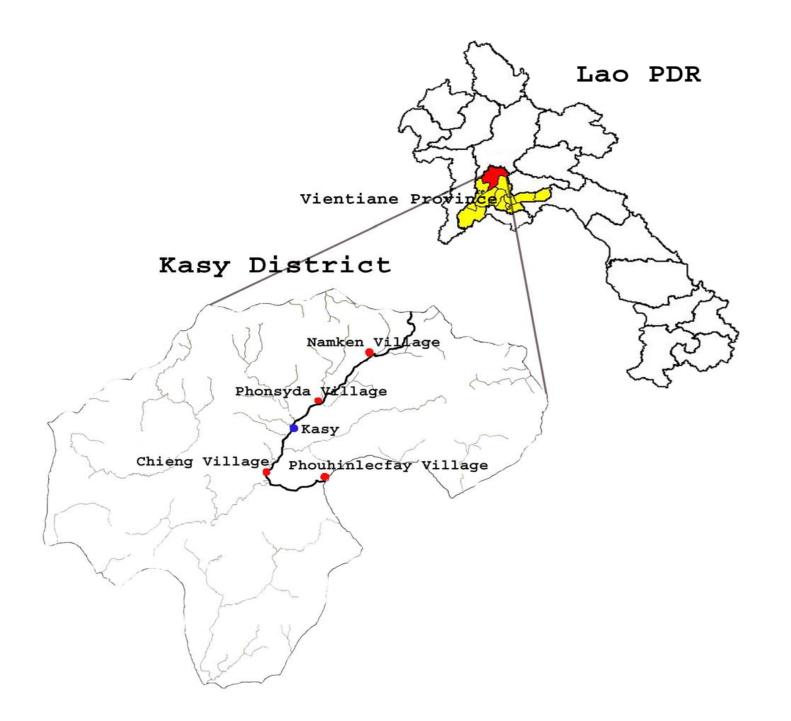
# **Kasy District, Vientiane Province**

- \* North of Lao PDR (Figure)
- \* hilly and mountainous region
- \* about 213 km North of Vientiane capital
- \* Population is 27,510 people
- \* 59 villages with 3 major ethnic groups.
- \* Lao-Theung (47,6%)
- \* Lao-Soung (**5**,**1%**)

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## **Ban Chieng's Primary and Scondary Schools**









#### Water Resource of NamKen Village



#### **Meeting with villagers in Phouhinlecfay Village**









Water system from mountain stream

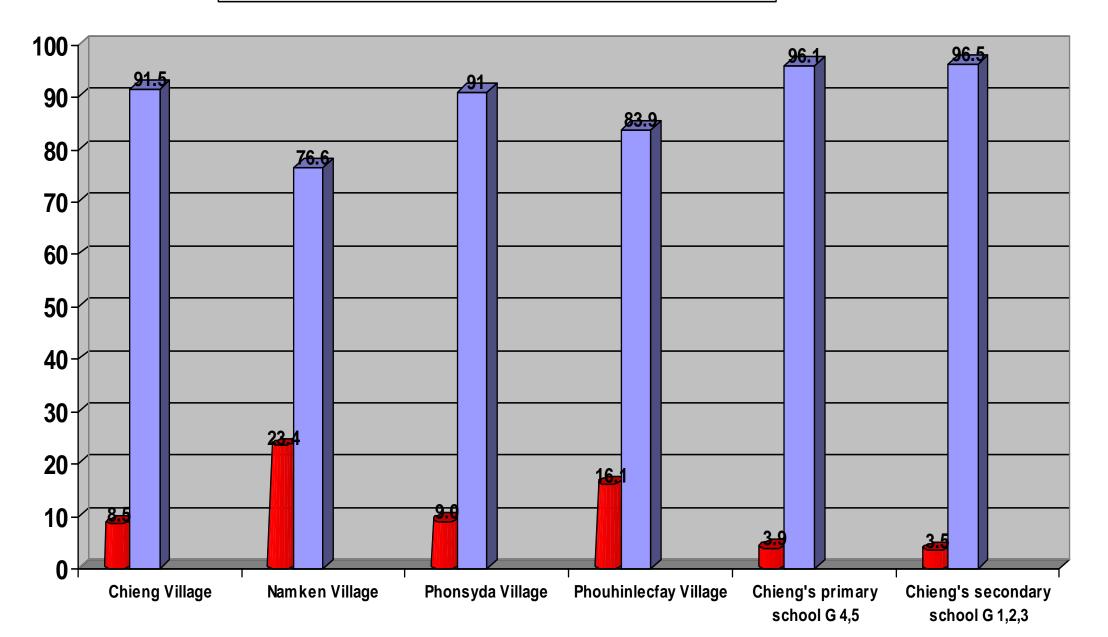
#### **Characteristics of studied population in Kasy District, (2006)**

	Male (%) ( <mark>n=271</mark> )	Female (%) ( <mark>n=276</mark> )	Total (%) (n=547)
Age (years)			
Mean (age range)			<u>22.9 (5-80)</u>
Adult	125 (22.8)	123 (22.4)	248 (45.3)
Schoolchildren	170 (31.1)	154 (28.2)	324 (59.3)
Ethnic group			
Lao-loum	182 (33.2)	195 (35.7)	377 (68.9)
Lao-theung	89 (16.2)	81 (14.9)	170 (31.1)
Educational level			
Illiterate	24 (4.4)	65 (11.9)	<mark>89 (16.3)</mark>
Can read and write a little	32 (5.9)	20 (3.7)	52 (9.5)
Primary school	22 (4.0)	29 (5.3)	51 (9.3)
Secondary school	15 (2.7)	9 (1.6)	24 (4.4)
High school	8 (1.5)	0	8 (1.5)
Profession (exclu. schoolchildren)			
Government employee	6 (1.1)	0	6 (1.1)
Farmer	81 (14.8)	106 (19.4)	187 (34.2)
Trader	0	4 (0.7)	4 (0.7)
No work	14 (2.6)	12 (2.2)	26 (4.8)

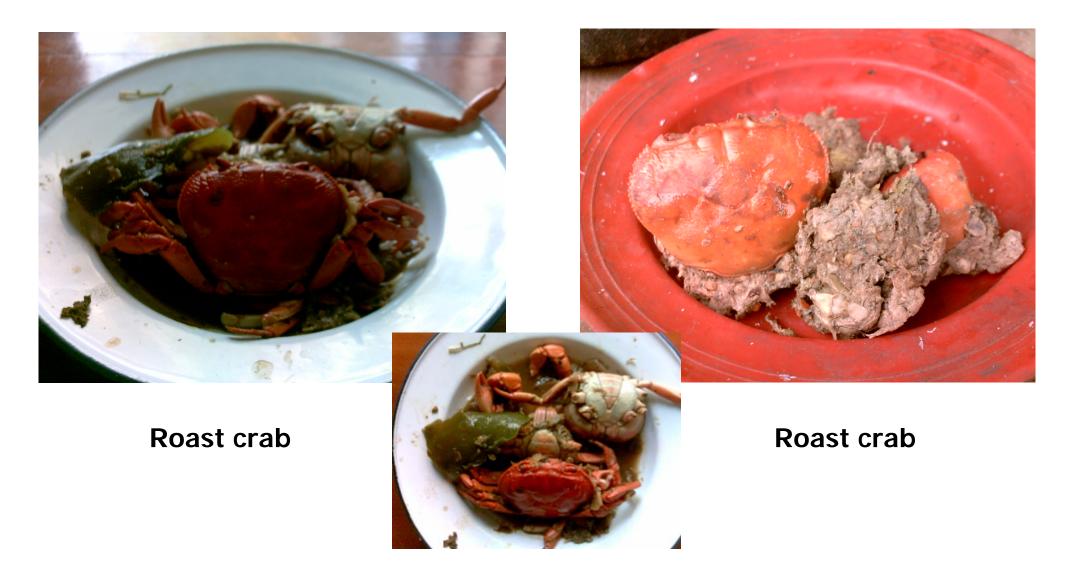
#### Crab consumption habit in surveyed areas, Kasy District (2006)

Used to eat raw crab

■ Never eat raw crab



# **Common crab dish**



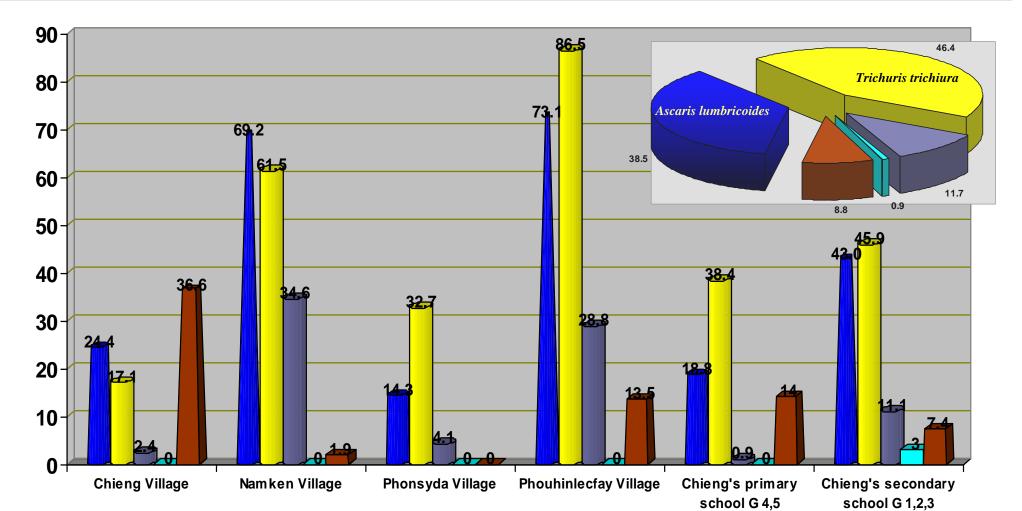
### Cooked crab food

### **Stool examination** \* KATO technique.

Prevalence of helminth and Paragonimus sp. infection rates in Kasy District (2006)

\* No egg-positive of *Paragonimus* sp. in 441 stool samples

Ascaris lumbricoides 🗆 Trichuris trichiura 🔳 Hookworm 🗖 Enterobius vermicularis 🔳 Small trematode egg



## ℁ In January 2006,

#### **%547** sputum samples were examined

- **\***Could not found egg of *Paragonimus* sp. in sputum
- **Bloody sputum** <u>was not observed</u> from the residents

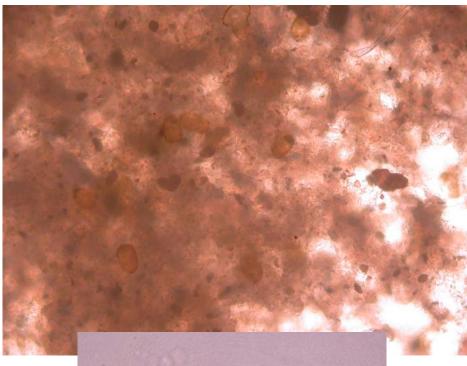
#### Sputum \* Concentration method examination

## ℁ In August 2006,

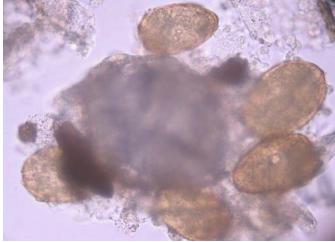
\* 1 hemoptysis patient had *sputum positive* with eggs of *Paragonimus* sp. *in* Namkane Village, <u>Kasy District</u>, Vientiane Province.

Another 1 hemoptysis patient admitted in Vientiane
 Province hospital had sputum positive with eggs of
 Paragonimus sp. in Phon Mouang Village,
 Hinheub District, Vientiane Province.

# Paragonimus eggs in sputum









# Crab \* Digestion method examination

#### Paragonimus metacercariae from crabs in Kasy District, (2006)

Collection site No. of crab examined	Crab with Paragonimus sp. metacercariae			
	examined	P. westermani	P. heterotremus	<ul> <li>Total Positive (%)</li> </ul>
Ban Chieng:				
NamKouy stream	54	9	1	10 (18.5%)
Ban Namken:				
Namphou stream	32	2	1	3 (9.4%)
PhaBen stream	7	0	0	0
Ban Phonsyda:				
Yek stream	33	0	0	0
Ban Phouhinlecfay	37	0	0	0
Kasy market	42	2	0	2 (4.8%)
PhaHom market*	25	0	0	0
Total	230	13	2	15(6.5%)

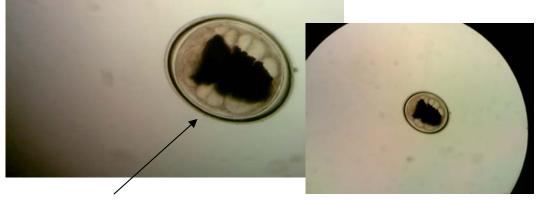
#### Paragonimus metacercariae



**P.westermani** metacercariae from Namkouy stream, Chieng Village.

Namphou stream, Namkane Village. Kasy market (Unknown origin).





**P. heterotremus** metacercariae from Namkouy stream, Chieng Village.

Namphou stream, Namkane Village.

# Sero-prevalence survey

# **\* Kasy District**

- \* Namkane and Phouhinkecfay villages
- \* patients admitted in Kasy District Hospital

 Phon Hong and Vientiane Province Hospitals
 patients with respiratory symptoms admitted at PhonHong and Vientiane Province Hospitals

# Sera analysis

#### Immunoblot technique

**Paragonimus** sp. infection rate using Immunoblot by village/hospital, (2006)

Village/hospital	No. of examined -	<b>Paragonimus sp. infection (%)</b>	
Ban Namken	149	16 (10.7)	
Ban Phouhinlecfay	100	3 (3)	
Kasy District hospital	66	2 (3)	
PhonHong hospital	1	0	
Vientiane Province hospital	8	1	
Total	324	22 (6.7)	



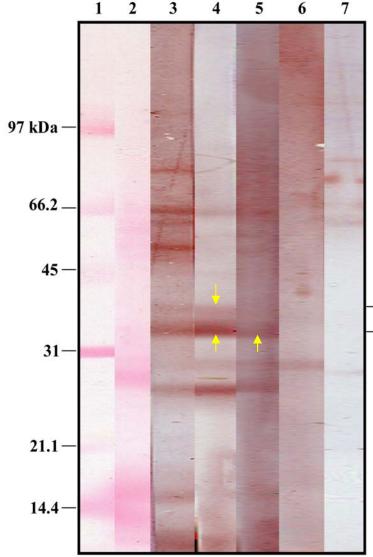
Prevalence of *Paragonimus* sp. infection rate using Immunoblot technique in Kasy District, (2006)

Village/hospital	No. of examined	Paragonimus sp. infection (%)
Ban Namken	149	16 (10.7)
Ban Phouhinlecfay	100	3 (3)
Kasy District hospital	66	2 (3)
Total	315	21 (6.6)

# **Sera analysis** \* Immunoblot technique

Reactive bands (32.5, 33, and 35 kDa) for Paragonimus antigens from

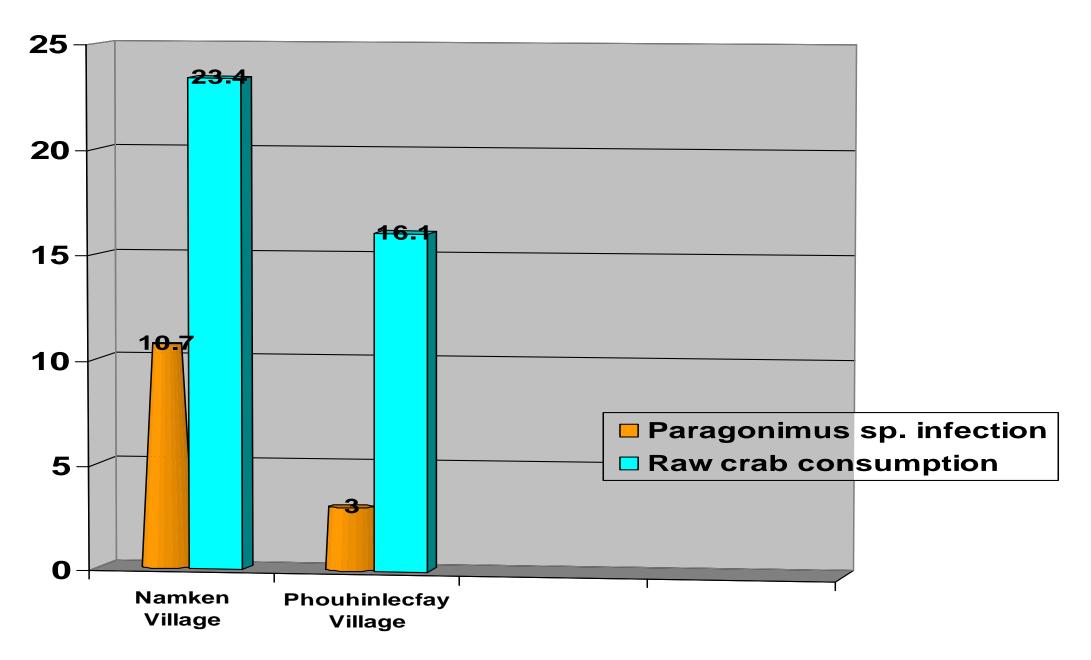
paragonimiasis sera from people in Kasy District



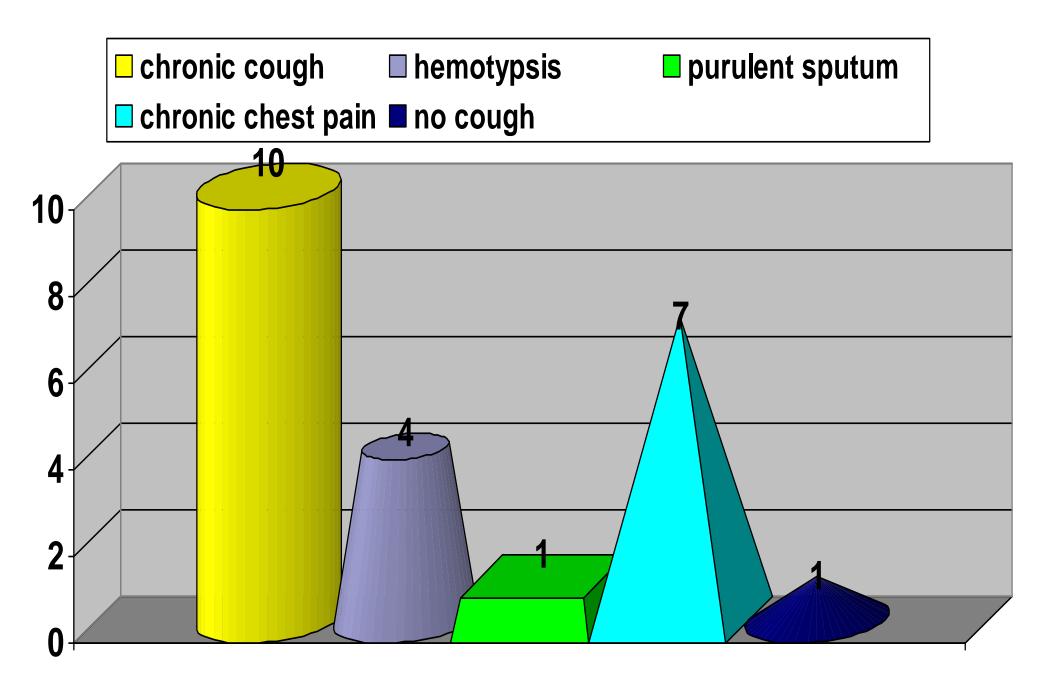
1 = low molecular weight markers

- 2 = *P. heterotremus* antigen stained with Ponceau S-200
- 3 = egg-detected Thai case by sputum examination (positive control)
- 4-5 = eggs-positives in sputum and negative in fecal samples, villagers from Lao P.D.R
- 6-7 = eggs-negatives in sputum and fecal samples, villagers from Lao P.D.R

– 35 kDa – (32.5–33 kDa) Comparison of prevalence between <u>Paragonimus sp. infection</u> and <u>raw</u> <u>crab consumption</u> rate from Immunoblots by village, Kasy District (2006)



#### **Clinical symptom in 22 positive cases.**





- Prevalence for paragonimiasis in Kasy District is relatively low,
   (6.6%)
- Kasy District is one of endemic area, 1 active case from a patient had sputum positive in Namken Village
- Crab intermediate hosts in four surveyed villages are also low infested (6.5%) with metacercariae of *Paragonimus*
- \* This parasitic infection is really one of the health problems in this region.
- Paragonimus infection should be suspected in any patients with chronic cough, hemoptysis, and chronic chest pain.
- \* For these reasons, sputum examination for paragonimiasis should be done with tuberculosis detection in endemic areas.



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