



FASCIOLIASIS

What is Fascioliasis?

- Fascioliasis is a parasitic infection contracted by consuming raw aquatic plants that are contaminated with the parasite, especially watercress, alfalfa, lettuce, and spinach. The infection is caused by two species of trematodes: *Fasciola hepatica* and *F. gigantica*.
- Fascioliasis is predominantly an animal disease, but it can infect human beings in some cases. The process by which the infection is transmitted is complex, beginning with the excretion of the parasite's eggs in the feces of infected humans or animals, subsequently contaminating rivers and streams.
- The eggs mature in fresh water where they penetrate freshwater snails where they mature and develop into different larvae that adhere to aquatic plants. Transmission occurs when animals or humans ingest plants to which the larvae (metacercariae) is adhered in the form of cysts.
- Cows, sheep, donkeys, pigs, llamas, and alpacas are the mostly commonly infected animals.
- Symptoms of fascioliasis can appear weeks or even months after ingestion of the larvae. Two phases of infection can be distinguished. The acute phase is characterized by fever, nausea, hepatomegaly (increase in liver size), abdominal pain, urticaria (hives), and eosinophilia. The chronic phase begins when the worms reach the bile ducts, and often involves colicky pain, jaundice, and anemia. Pancreatitis, bile duct stones, and bacterial infections are also frequent. The chronic phase can last for several years. Children tend to present a more serious clinical manifestations, sometimes with internal hemorrhage.

Key Data

- In the American hemisphere, only one of these two trematode species is transmitted (*F. hepatica*). However, there is limited information on the burden of fascioliasis in humans and its geographical distribution.
- In 1995, WHO calculated that approximately half of the 2.39 million people infected worldwide lived in Bolivia, Ecuador, and Peru. The world's principal endemic areas are in the Andean altiplano, with high prevalence rates of infection in indigenous communities.
- Triclabendazole is the only medicine recommended by WHO for the treatment of human fascioliasis.
- Bolivia has the largest program in the world for distribution of triclabendazole and its experience is paving the way for other affected areas to implement the lessons learned in recent years.

PAHO/WHO Response

- In 2007, PAHO/WHO initiated distribution of triclabendazole to control human fascioliasis in the altiplano areas of Bolivia and Peru, where entire communities are treated free of charge at regular intervals.
- PAHO Resolution [CD55.R9](#) (2016), *Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022*, calls for preventing, controlling, and reducing the burden of disease associated with fascioliasis.
- PAHO/WHO also supports the countries of the Region in strengthening diagnosis, treatment, and education to prevent the disease in the communities where it is endemic.