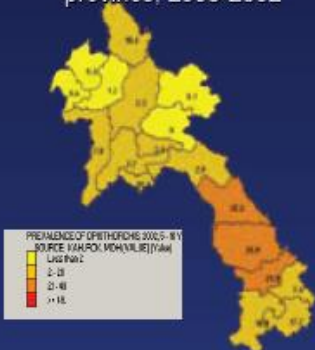


Opisthorchiasis and Schistosomiasis Control and Prevention



Opisthorchis viverrini infections among school children by province, 2000-2002



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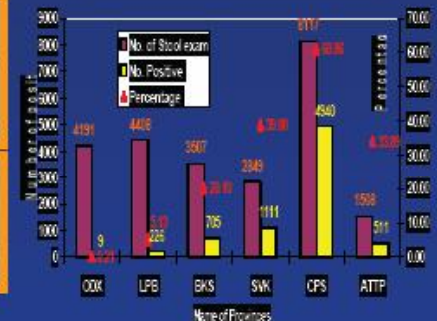
Background: Lao. PDR is a relative small landlocked country in tropical Indochina peninsula with a small population about 5,700,000 people. Various kinds of trematode infections have been reported among residents along the Mekong River, which is long-continued from north to south. People are infected with Opisthorchis viverrini and Schistosomiasis, which are important cause of river diseases. The result of parasitological examination of some people in Laos reported at the WHO conference in 1995 showed a high infection rate with heavy worm burdens in residents in Champasak province. The percentage of OV positive case up to 43.8 % Parasite infection rate are serous problem in health and medical sector in Lao. PDR

In this connection CMPE with the cooperation of provincial and district level have been carried out OV and Schistosomiasis control up to date under the recommendation of department of Hygiene, MOH with the support from WHO, NGO and Korea Association of Health Promotion. Since the end of 2006, Lao government have received the grant from CDC / ADB to carry out the communicable disease control including parasitic diseases control in 6 target provinces.

Stool examination campaign : The stool examination campaigns for OV detection were performed in 6 provinces). In Champasak province, the stool examination was performed in Khong and Mounalpamok districts where is Schistosomiasis endemic area. The result of parasitological examination showed the percentage of OV positive up to 60 % (sample size 8,117/Positive 4,893 cases) and schistosomiasis positive cases up to 39 % in three selected villages (Sample size 473 cases / positive 184 cases).



Opisthorchiasis infection rate in 6 provinces



MDA campaign : Based on the result of parasitological examination we observed that OV and Schistosomiasis infection rate in Champasak province are higher than other provinces. Therefore under CDC/ADB support, CMPE have been selected Champasak province to be the MDA pilot area for OV and Schistosomiasis control. In Champasak province there are consisted of 10 districts, 8 districts were performed MDA for OV control and other 2 districts (Khong and Mounlapamok districts were performed MDA for Schistosomiasis as well as OV control). The support from CDC/ADB for OV control can cover only 6 districts. The total of target population in 6 districts will be taken drug there are 273,071 persons, the average of target population were taken drug 243,599 (89 %). The total of target population in 2 districts (Khong and Mounlapamok districts) will be taken drug there are 71,117 persons, the average of target population were taken drug 56,625 (81 %).

Discussion : The MAD for OV and Schistosomiasis control in Champasak provinces is the large scale combined with IEC campaign. In order to achieve MDA at end of 2009, CMPE must be distributing OV and Schistosomiasis information materials to provincial, district and villages level at the same time with MDA. Set up the MDA team and develop the task for each level and monitoring and supervision from central, provincial and district level to MDA sites during the implementation time have to be performed. In order to cover all villages which provincial level proposed to implement MDA in the first year, second year and third year and plan to maintain MDA, the budget should be planed sufficiently for the MDA implementation. Even the number of people have taken drug for OV high up to 89 % and for Schistosomiasis control but up to 81 % , but still have many issues have to be improved eg. The training workshop on MDA, set up MDA team work at each level, development of MDA guideline and IEC campaign.