



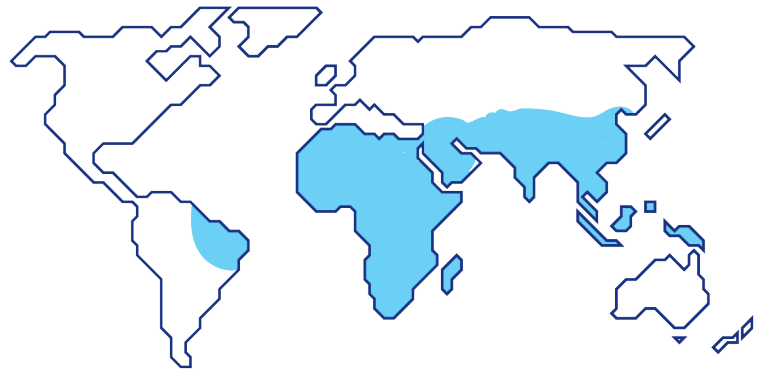
What

Schistosomiasis is caused by small larvae (flukes) that emerge from certain freshwater snails, penetrate the skin, and spread through the human body via the bloodstream. There are several types of parasites, and they mature into their adult form in the liver. From there, they migrate to their final destination, such as the urinary tract, intestines, or blood vessels, depending on the specific type of parasite involved.



Who

Schistosomiasis parasites live in certain freshwater snails and are found in various countries, particularly in regions of Africa, Asia, and South America. Anyone exposed to contaminated freshwater in areas where schistosomiasis is prevalent is at risk, and infection can occur after just a single exposure.



Where and when

The prevalence of schistosomiasis is highest in sub-Saharan Africa, although the disease can also be found in other parts of the world. Five different species of the parasite have been identified, each with its own geographic distribution. Infection is more common in rural areas, as urban areas typically lack the freshwater environments required for the snails that host the parasite to thrive.

Prevention

There is no effective vaccine available for schistosomiasis. The best way to prevent infection is by avoiding swimming, wading, or washing in freshwater in countries where schistosomiasis is endemic. Mass drug administration programs are implemented in some endemic areas, but they typically do not include travelers or visitors.



Treatment

Diagnosis in travelers is typically made by detecting antibodies in the blood, usually 4-7 weeks after infection. While detecting the parasite is possible, it is not widely available. Treatment involves an antiparasitic drug, with a single course generally being curative. In some cases, repeat treatment may be necessary after 2 to 4 weeks to enhance effectiveness.

Symptoms

Symptoms of schistosomiasis are caused not by the worms themselves but by the body's reaction to the penetrating larvae or the eggs in later stages. Acute infection may occur, especially in travelers, and can present with swimmer's itch. After 2-6 weeks, acute schistosomiasis (Katayama fever) may develop, which is a generalized hypersensitivity reaction to the parasites. Symptoms include fever, cough, abdominal pain, diarrhea, enlargement of the liver and spleen, and eosinophilia.



In case of infection

Without treatment, schistosomiasis can persist for years. Chronic disease is generally observed in individuals with ongoing exposure in endemic regions and is caused by the patient's reaction to migrating worm eggs. Signs and symptoms of chronic schistosomiasis include abdominal pain, enlarged liver, blood in the stool or urine, and difficulty passing urine. Chronic infection can also increase the risk of liver fibrosis or bladder cancer. In rare cases, eggs may be found in the brain or spinal cord, causing seizures, paralysis, or spinal cord inflammation.