



EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Addressing to the challenge of food-borne trematodiasis in East Asian and South American regions

Doğu Asya ve Güney Amerika bölgelerinde gıda kaynaklı trematodiazlarla mücadelesini ele almak

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To the Editor,

Food-borne trematodiasis are zoonoses and constitute an important type of neglected tropical diseases, not only in terms of the funding, which it attracts, but also the attention it derives from the policy makers¹. The global estimates suggest that in excess of 2 million life years are lost either to disability or death each year, while thousands of people lost their lives due to the associated complications, predominantly across the nations from East Asian and South American regions¹⁻³. However, these estimates are much lesser than the actual as information pertaining to the epidemiological distribution of the disease from the African region has not been considered¹.

These infections are acquired through the intake of raw or poorly cooked fish, crustaceans and vegetables containing the larval stages of the microorganisms². The prevalence of the disease is determined by the behavioural (food habits, methods of food production and preparation, etc.) and ecological (like distribution of intermediate hosts) patterns^{1,4}. Even though, the disease was initially restricted to economically disadvantaged population of the low-income nations, the disease has started to spread into other regions owing to the growing international markets, better transportation, and demographic alterations^{1,3}.

Moreover, the concerns attributed with the diseases

are hugely due to the associated morbidities depending on the causative organism (like malaise, abdominal pain, jaundice, anaemia, chronic cough with blood-stained sputum, cholangiocarcinoma, liver fibrosis, etc.) rather than the mortality^{1,2}. These diseases are even linked to economic impacts, owing to the losses in livestock and aquaculture sector due to decreased animal productivity & consumer demand, and even because of the restrictions imposed on export^{2,4}. Simultaneously, there is an added financial burden on the households and the health system for the management of complications^{2,4}.

Acknowledging the importance of the infection and the commitment of the World Health Organization to control the neglected tropical diseases, targeted strategies have been advocated to reduce the magnitude of the disease⁴. From the prevention perspective, it has been envisaged to strengthen the veterinary standards & effectively implement the food safety practices⁵. In addition, in order to respond to the associated morbidities, the WHO strongly recommends readily access to the anthelmintic medications (Praziquantel & Triclabendazole)¹. The nature of treatment depends on the prevalence of the infection in a specified region, namely preventive chemotherapy (high prevalence regions – everyone is treated, irrespective of infection status), or through individual case-management (low prevalence areas – only

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confirmed/suspect individuals are treated)^{1,4}. In fact, it has been estimated that almost 0.6 million people received the treatment in 2015 for the infections worldwide¹.

However, to ensure a significant improvement in the obtained results, there is an extensive need to develop strategic directions and recommendations, strengthen the surveillance activities, to extend support to implement innovative approaches in endemic regions, and provide assistance to encourage monitoring & evaluation of the existing measures^{1,2,4,5}.

To conclude, food-borne trematodiasis remains a significant public health problem in the endemic regions, and thus it is our responsibility to expand the prevention & control measures considerably to contain the disease in the near future.

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