

Tehran University of Medical Sciences Publication http://tums.ac.ir

Iran J Parasitol

Open access Journal at http://ijpa.tums.ac.ir



Iranian Society of Parasitology http://isp.tums.ac.ir

Original Article

Seroprevalence of Human Fasciolosis in Pirabad, Lorestan Province, Western Iran

*Farnaz KHEIRANDISH ¹, Mohammad Hassan KAYEDI ¹, Behrouz EZATPOUR ², Khatere ANBARI ³, Hamid Reza KARIMI ROUZBAHANI ⁴, Ali CHEGENI SHARAFI ⁵, Abolfazl ZENDEHDEL ⁶, Negar BIZHANI ⁷, Mohammad Bagher ROKNI ⁷

- 1. Dept. of Parasitology and Mycology, School of Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran
- 2. Dept. of Parasitology and Mycology, Razi Herbal Medicines Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran
 - 3. Dept. of Social Medicine, School of Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran
 4. Deputy of Treatment, Lorestan University of Medical Sciences, Khorramabad, Iran
- 5. Dept. of Communicable Disease Control and Prevention, Deputy of Health, Lorestan University of Medical Sciences, Khorramabad, Iran
 - 6. Dept. of Internal Medicine, School of Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran
 - 7. Dept. of Parasitology and Mycology, School of Health, Tehran University of Medical Sciences, Tehran, Iran

Received 09 Sep 2015 Accepted 24 Jan 2016

Keywords:

Fasciolosis, Seroprevalence, Freshwater vegetable, Iran

*Correspondence Email: kheirandish81@yahoo.com

Abstract

Background: The purpose of this study was to perform seroepidemiological investigation for determining the status of human fasciolosis in Pirabad Village, Lorestan Province, western Iran.

Methods: Blood samples were taken from residents of the village including 801 individuals. Sera were separated and stored at -20°C until used. The samples were analyzed using ELISA.

Results: Anti-Fasciola antibodies were detected in 6 (0.7%) individuals. Difference between age, sex and drinking or swimming in the surface water with seropositivity to fasciolosis was not significant. Out of 7 shepherds, 1 (14.3%) was seropositive. Due to the small number of shepherds, comprehensive statistical inference in this regard cannot be done. Significant difference was detected between seropositivity to fasciolosis and consuming local freshwater vegetables during the last 6 months (P=0.001).

Conclusion: Metacercariae carrying local freshwater plants might be the main source of contamination because consumption of these kinds of vegetables was confirmed by all participants. Awareness of local communities regarding the danger of freshwater plant consumption, through health education programs, will decrease the risk of infection.

Introduction

asciolosis is prevalent in various parts of the world, especially in areas where livestock raising is common (1-3). Fasciolosis has been recognized as one of the important problems in veterinary medicine. It has caused significant damage to the livestock industry in different regions of the world (2). WHO has included this disease in the list of the most important foodborne helminthic diseases (4). Fasciolosis has been also introduced as an emerging or re-emerging disease by International Institute of Food Technology (5).

The reservoir hosts are ruminants and herbivores. Human is infected through consuming aquatic vegetables infected with *Fasciola* metacercaria (6).

Hepatic fasciolosis affects the bile ducts of ruminants and herbivores, as well as human.

About 2.4-17 million people are infected with *F. hepatica* and *F. gigantica* and 91.1 million people are at high risk of being infected with these parasites (7). Because of current changes in climatic conditions in the world, both fasciolids will continue to infect more humans and animals (8). Iran is considered among endemic regions for this disease. Fasciolosis has caused two major epidemics in Iran: one in 1989 and the other in 1999, which have been the largest ever epidemics of fasciolosis in the history according to WHO documents (9).

Kermanshah Province, western Iran, has been introduced as an emerging focus of human fascioliasis following the report of 17 cases from a village located in Kangavar district (10, 11). Some cases of human infection have recently been reported from Yasuj City of Kohgiluyeh and Boyer-Ahmad Province, south-west of Iran (12).

Western Province of Lorestan, located at southeastern part of Kermanshah province, is an endemic region for cutaneous leishmaniasis (13, 14). During a surgery on an infected 31-year-old housewife, a mature worm was found

in her liver. She was suffering from anemia and hepatomegaly. She was living in Pirabad village of Doroud district without any history of travel during last two years (According to the report by Department Of Disease Control and Prevention affiliated to Deputy of Health at Lorestan University of Medical Science). On the other hand, consumption of raw wild grown freshwater plant (*Nasturtium officinalis*) locally named "Balmak" contaminated *with* metacercariae of *F. hepatica* is common in this area. In addition, clinical symptoms similar to those, which are seen in fascioliasis patients, have been observed among some individuals visiting health centers in study area.



Fig. 1: Nasturtium officinalis L (Locally nam Balmak) which commonly consumed in study area

Several methods are used for the diagnosis of fasciolosis. Serological methods, which detect anti-Fasciola antibodies in blood serum of infected individuals, are important for the diagnosis of human and animal fascioliasis (15).

The several studies on frequency of different parasites in Lorestan province were conducted but there is no data about seroprevalence of fasciolosis (16- 19).

The aim of the present study was to conduct seroepidemiological investigation for determining the status of human fasciolosis in

Available at: http://ijpa.tums.ac.ir

Pirabad village, Doroud city, Lorestan province, Iran.

Materials and Methods

Samples collection

In this cross-sectional study, the blood samples were taken from all residents of Pirabad village including 801 individuals in 2014. The questionnaire used in this study was designed based on the variables including sex, age, education, occupation, consumption of local freshwater vegetables, and clinical symptoms. Well-trained individuals filled out the questionnaires and collected the samples.

The study was approved by the Medical Research Ethics Committee of Lorestan University of Medical Sciences, letter No. 200/82204. In addition, consent was obtained from participants or their guardians.

After blood sampling, sera were obtained and stored at -20 °C until use. The collected serum samples were analyzed using ELISA method that was conducted already (20). Finally, absorbance was measured by an ELISA reader at 490 nm and Ref. wave of 650 nm.

Statistical Analysis

Data analysis was performed using descriptive statistical indicators. Chi-spuare statistic and Fisher's exact test were employed to investigate the possible statistical difference between categorical variables. *P*<0.05 was considered as significant.

Results

The mean age of participants was 28.3±17.7 yr old. The youngest and oldest people were 1 and 90 yr old, respectively.

Using ELISA method, anti-Fasciola antibodies were detected in 6 (0.7%) cases. Cut-off point was calculated as 0.32 using X+3SD formula. All seropositive individuals showed no clinical symptoms.

Difference between age and drinking or swimming in the surface water during the last 6 months with seropositivity to fasciolosis was not significant (P>0.05) (Table 1). Seropositivity to fasciolosis between the female and male subjects was 0.8% and 0.6%, respectively, which was not statistically significant (P=0.075) (Table 1).

Seropositivity according to occupation and level of education is reported in Table 1.

Significant difference was reported between seropositivity to fasciolosis and consuming local freshwater vegetables during the last 6 months (P=0.001). All people who had consumed local freshwater vegetables were seropositive (Table 1).

Snails collected from the lakes were different genera including *Lymnaea* but there was no *L. truncatula* and *L. gedrosiana*.

Discussion

Although the prevalence of animal fascioliasis has been decreased during the past decades, human fascioliasis appeared as a public health problem in Iran. The credibility of new foci of human fascioliasis requires to do further standard studies (21).

Out of 801 studied subjects, 6 samples (0.7%) had a positive serological test result. In this study, no significant relation was observed between seroepidemiology of fasciolosis and age (P=0.11). Results of several related studies have indicated higher seroprevalence in a specific age group. In Anzali City, most subjects with positive test were younger than 35 yr old (22). In the north of Iran, the prevalence among people less than 20 yr old was significantly higher than other age groups (23). In Meshkinshahr City, Iran, the majority of the infected subjects were within the age range of 40-49 years old (24). In the present research, there was no significant relation between sex and seroprevalence (P = 0.75). This result was in agreement with the results of several studies (10, 12), while a number of other studies have reported the seroprevalence of a specific sex to be higher (11, 25).

Table 1: Seroprevalence of anti-Fasciola antibodies according to epidemiological factors observed in Pirabad village, Lorestan Province, West of Iran, in 2014

Variable	No. of samples	Frequency of anti-Fasciola antibodies n(%)	P value
Gender			
Male	317	2(0.63)	0.75
Female	484	4 (0.83)	
Level of education			
Low literate	701	6(0.86)	0.01
Diploma	75	0(0.00)	
Academic degree	25	0(0.00)	
Age group (years)			
1-19	308	2(0.65)	0.11
20-39	283	0(0.00)	
40-59	156	3(1.92)	
>=60	54	1(1.85)	
Occupation			
Ranchman	7	1(14.3)	< 0.001
Farmer	28	0(0.00)	
Employee	14	1(7.14)	
Self-employment	58	1(1.72)	
Student	284	2(0.70)	
Housewife	208	1(0.5)	
Unemployed	202	0(0.00)	
Use of local freshwater	$\sim V_1$		
vegetables	259	6(2.32)	0.001
Yes	542	0(0.00)	
No	. 1.7		
History of travel to the			
South province			
Yes	121	0(0.00)	0.59
No	680	6(0.88)	

For example, according to Asmar et al. on Iranian residents in the northern Iran, sero-prevalence among women was reported to be 1.16 times of that among men (23). On the other hand, in Meshkinshahr City, the prevalence was reported to be higher among men than women (24).

In the villages of Iran, women and men in all age groups participate in outdoor activities such as grazing livestock, and spend most of their daily time outside the house. Therefore, women and men have the same conditions in terms of exposure to environmental disease factors, which could be the reason for the insignificant relationship between the seropreva-

Available at: http://ijpa.tums.ac.ir

lence of fasciolosis and sex as well as age groups.

Results of the present research showed that in low literate people seropositivity to *F. hepatica* was more than other groups but due to the difference in the number of people at different levels, comprehensive statistical inference in this regard cannot be done.

Animal husbandry is one of the most common and important occupations in rural area in Lorestan Province, Iran. Ranchmen spend most of their daily time in nature away from their home for grazing animals. Livestock is taken for grazing to specific areas, which are both green and contain lake. If the animal is

www₂₇ID.ir

infected with *Fasciola*, then it can also infect water and vegetables; after, parasites' life cycle has passed, people could be infected via the consumption of local freshwater vegetables in the region.

In this study, out of 7 shepherds, 1 (14.3%) was seropositive. However, because of the small number of shepherds, ccomprehensive statistical inference in this regard cannot be done.

In present research, out of 801 people, 259 (32.33%) consumed freshwater vegetable watercress that local name is Balmak. All seropositive people had a record of eating this vegetable and there was a significant relationship between the consumption of Balmak and seropositivity to *F. hepatica* (*P*=0.001). In an epidemic disease in 1988 in Gilan Province, 91% of the infected people had used a local vegetable *Mentha piperita* called "khalvash" in Iran (26).

Two types of fresh water snails, namely *L. truncatula* and *L. gedrosiana*, have been introduced as intermediate hosts sensitive to *F. hepatica* and *F. gigantica* in Iran, respectively (2, 27). Studies have indicated the widespread presence of *L. truncatula* in almost all regions of Iran, except Bushehr Province, and presence of *L. gedrosiana* in all regions of Iran, which confirms high potential of Iran for the transmission of this disease (23, 28). It is recommended to use molecular methods to identify exactly types of snail species as well as *Fasciola* infections in the snails of this region.

Conclusion

Because all of seropositive persons used the local freshwater vegetables, it seems that the contamination occurred through the consumption of these vegetable. Health education to residents in order to increase awareness about not using of local freshwater vegetables to control and prevention is necessary.

Acknowledgements

Hereby the authors would like to thank the Deputy of Research and Technology of Lorestan University of Medical Sciences. Furthermore, all the people who helped us in this research are sincerely appreciated. This study received financial support from Lorestan University of Medical Sciences (30/06/2012, No. 13/91). The authors declare that there is no conflict of interests.

References

- 1. Mas-Coma S, Bargues MD, Valero MA. Fascioliasis and other plant-borne trematode zoonoses. Int J Parasitol. 2005; 35(11): 1255-1278.
- 2. Dalton JP. 1999. Fasciolosis. CAB International Publishing, Wallingford, Oxon, UK
- 3. Mandell GL, Bennet GE, Dolin R. Principles and practice of infectious diseases. 7th ed. New York, Churchill Livingstone; 2010, p. 2954-2955.
- 4. WHO Study group (1993: Manila, Philippines). Control of foodborne trematode infections. Geneva, WHO. 849, 1995.
- 5. Orlandi PA, Chu DT, Bier JW, Jackson GJ. Parasites and the food supply. Food Technol. 2002.56(4): 72-81.
- Arambulo L, Schultz P, Hillyer M, Hopla G, Jacobs C. CRC Handbook Series in zoonoses: Section C: parasitic zoonoses, volume III. part 1. Trematode Zoonoses. CRC press; 1982.
- 7. Keiser J, Utzinger J, Food-borne trematodiasis. Clin Microbiol Rev. 2009; 22(3): 466-483.
- 8. Lotfy WM. Climate change and epidemiology of human parasitosis in Egypt: A review. J Adv Res. 2014; 5(6): 607–613.
- 9. Moghaddam AS, Massoud J, Mahmoodi M, Mahvi AH, Periago MV, Artigas P, Fuentes MV, Bargues MD, Mas-Coma S. Human and animal fascioliasis in Mazandaran province, northern Iran. Parasitol Res. 2004; 94(1) 61-69.
- Mansouri F, Fatemi M, Shahrezaii A, Rezaii R, Namdari Tabar H. The first report of human fascioliasis outbreak in Kermanshah province. J Modaress Med Sci. 2000; 2 (2): 79-87.
- Rokni MB. The present status of human helminthic diseases in Iran. Annal Trop Med Parasitol. 2008;102 (4) 283-295.
- 12. Sarkari B, Ghobakhloo N, Moshfea AA, Eilami O. Seroprevalence of human fasciolosis in a new-emerging focus of fasciolosis in Yasuj district, southwest of Iran. Iran J Parasitol, 2012; 7(2): 15-20.

Available at: http://ijpa.tums.ac.ir

- Kheirandish F, Chegeni Sharafi A, Kazemi B, Mohebali M, Sarlak A, Tarahi MJ, Holakouee K, Hajaran H. Identification of *Leishmania* species using PCR assay on giernsa-stained slides prepared from cutaneous leishmaniasis patients. Iran J Parasitol. 2013; 8(3): 382-388.
- Kheirandish F, Chegeni Sharafi A, Kazemi B, Bandehpour M, Tarahi MJ, Khamesipour A. First molecular identification of *Leishmania* species in a new endemic area of cutaneous leishmaniasis in Lorestan, Iran. Asian Pac J Trop Med. 2013; 6(9): 713-717.
- 15. Hadighi R, Mirhadi F, Rokni MB. Evaluation of a dot-ELISA for the serodiagnosis of human hydatid diseases. Pak J Med Sci. 2003; 19(4): 268-271.
- Kheirandish F,Tarahi MJ, Ezatpour B. Prevalence of intestinal parasites among food handlers in West of Iran. Rev Inst Med Trop Sao Paulo. 2014; 56: 111-114.
- 17. Badparva E, Kheirandish F, Ebrahimzade F. Prevalence of intestinal parasites in Lorestan Province, West of Iran. Asian Pac J Trop Dis. 2014; 4: 930- 934.
- Kheirandish F, Tarahi MJ, Haghighi A, Nazemalhosseini- Mojarad E, Kheirandish M. Prevalence of intestinal parasites in bakery workers in Khorramabad, Lorestan Iran. Iran J Parasitol. 2011; 6: 76-83.
- Kheirandish F, Badparva E, Haghighi A, Nazemalhosseini Mojarad E, Kazemi B. Differential diagnosis of *Entamoeba* spp. in gastrointestinal disorder patients in Khorramabad, Iran. Afr J Microbiol Res. 2011; 5(18), 2863-2866.
- 20. Rokni MB, Massoud J, O'Neill SM, Parkinson M, Dalton JP. Diagnosis of human fasciolosis

- in the Gilan province of Northern Iran: application of cathepsin L-ELISA. Diagn Microbiol Infect Dis. 2002; 44 (2): 175–179.
- 21. Ashrafi K. The Status of Human and Animal Fascioliasis in Iran: A Narrative Review Article. Iran J Parasitol. 2015; 10 (3): 306-328.
- 22. Salahi-Moghaddam A, Arfaa F. Epidemiology of human fascioliasis outbreaks in Iran. J Arch Mil Med. 2013; 1(1): 6-12.
- Assmar M, Milaninia A, Amir-Khani A, Yadegari D, Forghan-Parast K, Nahravanian H, Piazak N, Esmayli A, Hovanesian A, Valadkhani Z. Seroepidemiological investigation of fascioliasis in northern Iran. Med J Islamic Rep Iran. 1991; 5(1-2): 23-27.
- 24. Asadian S, Mohebali M, Moudi M, Kia E, Heidari Z, Asgari M, Aryaeipour M, Moradi S, Rokni MB. Seroprevalence of human fascioliasis in Meshkin-Shahr district, Ardabil province, northwestern Iran in 2012. Iran J Parasitol. 2013; 8(4): 516-521.
- 25. Forghan-Parast K, Yadegari D, Asmar M. Study of clinical epidemiology of fascioliasis in Guilan. J Guilan Univ Med Sci. 1994; 2(6-7): 4-11.
- 26. Salahimoghaddam A, Pedram M, Fathi A. Epidemiology of human fascioliasis in Iran. J Kerman Univ Med Sci. 2009; 16(4): 358-398.
- Massoud J, Sadgadi S. Susceptibility of different species of *Lymnaea* snails to miracidia of *Fasciola* gigantica and *Fasciola hepatica* in Iran. J Helminthol. 1980; 54(3): 201-202.
- Mansoorian A.B, Rokni M.B. Medical Malacology. Tehran, Tabesh Andisheh Press; 2004. p. 57-68. (In Persians).

Available at: http://ijpa.tums.ac.ir