#### **Elimination of Cysticercosis**

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# **Taenia solium Cysticercosis**

- Main cause of acquired epilepsy in developing countries, likely in the world
- Produces important economical losses to pigraising peasants
- Endemic (hyperendemic?) in most Non-Muslim developing countries



#### Taenia solium



#### The Neurocysticercoses



#### **The Basics**

- Complex, smart parasite
- Zoonotic
- Two hosts (two parasite populations)
- Enormous biotic potential
- Animal exposure derives from free or cheap feeding, which in survival economies is crucial to poor (all) families

#### **Diagnosis of Taeniasis and NCC**

#### **Taeniasis**

- Stool microscopy Quite available and cheap, poor diagnostic yield.
- <u>Coproantigen ELISA detection</u> -Much more sensitive.





#### **Cysticercosis**

- Primarily Imaging (CT/MRI)
- Supported by specific serology in western blot



#### ZOONOTIC LARVAL CESTODE INFECTIONS: NEGLECTED, NEGLECTED TROPICAL DISEASES? Christine M. Budke<sup>1</sup>, A. Clinton White Jr.<sup>2</sup>, Hector H. Garcia<sup>3, 4\*</sup> (PLoS NTDs, 2008)

Despite gross underreporting and underestimation ... available burden estimations indicate that that these infections represent **at least** a similar socio-economic impact to many of the conditions officially listed as neglected tropical diseases (NTDs) by various organizations and sites.

...this is especially true given their impact on both human health and livestock production, their difficulty in diagnosis, their chronic nature, and the complexity of

treatment and control.



### **Cysticercosis Control**



- Key is separation of pigs from (infected) feces.
   Control has been achieved in developed countries through sanitation and good pig husbandry.
- In the majority of developing countries – due to population increase, decrease in finances and failures of management – sanitation and good pig husbandry are unlikely to occur.



#### Taeniasis / Cysticercosis, Eradicable Disease

- 1 Humans as sole definitive host.
- 2 Main reservoir (pig) is a domestic animal.
- 3 No wild reservoirs nor vectors.
- 4 Effective treatments available for tapeworm infections

# **Changes in the Landscape**



Advances in the past two decades made it more likely that we can speed up eradication using means other than sanitation and good pig husbandry.



- Tools for detecting tapeworms effectively.
- We can also treat pigs and people effectively.
- We now have an effective pig vaccine.



#### Stool antigen detection



#### **Tapeworm stage**specific immunodiagnosis





#### **Antigen-detection assays** $\diamond$



#### **Pig vaccines**





#### The Remaining of This Talk Part II of II

- Our program in Tumbes Base thinking
- Initial round
- Changes to interventions
- Second round
- Evidences of efficacy
- Region (Tumbes) wide scaling
- Monitoring of scaling
- Current scenario

### **Base Thinking**



Unlke CHD, we have the tools but don't know how to use them most effectively.

We need systematic studies of control that compare one method with the other.

Once we find an optimum method we then need to determine its feasibility and long term sustainability. Including finding donors to fund control.

#### Control, the ultimate goal

A demonstration project to

#### Eliminate Cysticercosis in Peru

and thus develop a model by which the disease may be eradicated in other parts of the world

Prepared for

The Bill & Melinda Gates Foundation

### **Project Organization**

The project leadership, comprised of researchers from the Centers for Disease **Control and Prevention, Johns Hopkins** University, the Peruvian Ministry of Health, Universidad Peruana Cayetano Heredia, and the Universidad Nacional Mayor de San Marcos, is confident that the disease can be eliminated from a major disease-endemic area of Peru within seven years.

#### Tumbes





### **Initial Round**



- These control strategies include the following (initially tested in 42 villages for a total population of 12,000 humans and 6,000 pigs)
  - Mass treatment of humans and pigs (2 regimes)
  - Targeted treatment of humans and pigs
  - Treatment of 3-month old pigs
  - Education
  - Pig culling and replacement

#### **Initial Round**





#### **Baseline Infection Levels**

- Population 389 pigs
- Bought & culled 326 pigs
- Seronegative 139
  Weak seropositive 108
  Moderate 73
  Strong 6

### **Baseline Infection Levels**

- Population 389 pigs; bought & culled 326 pigs <u>w/live cysts</u>
   Seronegative 139 0 (0%)
   Weak seropositive 108 2 (2%)
   Moderate 73 12 (20%)
   Strong 6 4 (67%)
  - Extrapolated to total porcine population: 6% pigs with cysts.
  - Numbers of cysts 1 to 2,698; mean 177

### **Initial Round**



- Serological monitoring of incidence showed a decrease of ~20-30% of incidence in two interventions but elimination was apparently not achieved
- We decided to:
  - Increase pressure
  - Add vaccine (already available)
  - Monitor with necropsy of seropositive pigs

# **Cysticercosis Control**



- The following phase examined only two interventions, selected mostly by efficacy but also on compliance and feasibility: mass versus targeted treatment of human taeniasis with niclosamide – both included mass treatment of pigs.
  - In each of the above, half of the villages had their pigs vaccinated with TSOL18 (factorial design)

#### **Second Round**



### What Happened

- At the end of the second round, we sampled all pigs and bought 658 including all pigs with strong serological responses and most of those with weak serology, plus some negatives
- In a population like this we would expect 10-20% of pigs with viable cysts, some with thousands of cysts.

#### Pig Necropsies After Intervention IL

Population varied from 5000 to 6000 pigs'

Bought & culled 658 pigs, 411 of them seropositive.

Apparently live cysts in 6 animals, total 8 cysts, 4 in brain

# **Pigs with Cysts**







#### **One Year Later**



Intervention II



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Intervention I

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April 2003	2004	2005	2006	2007	2008	2009	April 2010

#### Pig Necropsies One Year After Intervention II

- Bought & culled 310 pigs, 273 seropositive
- 7 pigs with viable cysts, 2 heavily infected
- Vaccine areas: Only 2 pigs in a cluster non compliant families





#### The successful strategy was applied in 104 villages

Same monitoring one year after – 300+ seropositive pigs

# **Pig Necropsies During Scaling**

Bought & culled 322 pigs from 107 villages

	<u>w/viable cysts</u>		
Seronegative	0	-	
Weak seropositive	46	0 (0%)	
Moderate	209	4 (2%)	
Strong	67	0 (0%)	

#### Pig Necropsies at the End of Scaling

Bought & culled 330 pigs from 104 villages

	<u>w/viable cysts</u>		
Seronegative	0	-	
Weak seropositive	51	0 (0%)	
Moderate	227	1 (0.5%)	
Strong	52	2 (4%)	



101villages clear

1 with one pig with one brain cyst

2 heavily infected pigs in a family who refuse to participate

#### So What?

- Well, we demonstrated that transmission can be interrupted and the interruption can be sustained
- A few infective pigs survived
   Confirm that not enough to re-establish
   Emphasis in monitoring
- Problem is not yet solved

#### **The Final Scheme**

- Oxfendazole in pigs, 5 times (0,2,4,6,8 months)
- Niclosamide in humans, 3 times (1, 5 and 9 months)
- Stool coproantigen after initial NSM treatment
- Pig vaccine at months 4 and 8

#### What To Do Now?

- We may chose from several different view points
- We may claim to have ended the war. People may then jump to do control interventions
- What is wrong with it?

#### What is Wrong on Jumping Too Fast?

Recipy is not yet ready

Tools are somewhat expensive and not that available, treatment efficacy is suboptimal, required coverages are high

Still, what is wrong with trying?

### What is Wrong with Trying?

Potential waste of effort and resources

Worse, if programs fail, discouragement will seriously affect the future of control

#### Hydatidosis Control Reasons for Failure

A programme...had little effect over the first 20 years...too much reliance on rural owners to dose their own dogs, use of a purgative rather than a cestocidal drug, lack of local staff, insufficient funds, lack of baseline data, and political upheaval. Other control programmes failed for: (1) premature withdrawal of government funding (mid-Wales); (2) small and under-funded control authority (Turkana), with virtually no facilities; (3) poor management of stray dogs (Sardinia); and (4) political upheaval or security issues, or both (terrorism in Peru, social changes in the former Soviet Union) (Craig et al, Lancet Inf Dis 2007)

#### What To Do Then?

- Focused interventions, aimed to:
  - Improve existing tools
  - Make them handier and cheaper
  - Adapt them to local scenarios

Identify potential weaknesses to avoid future failures

Comprehensive elimination programs by now only in places with high likelihood of success

#### Oxfendazole in pigs

- Locally produced
- 22.5%
- Withdrawal time and pharmacokinetics in pigs already determined





#### Niclosamide in humans

- Safe
- Efficacy under 70%
- Testing of low dose PZQ already ongoing



 If PZQ causes neurological side effects we may need to try 3 g niclosamide (Phase I)

#### **Coproantigen detection**

- Robust, field applicable version already developed
- Reagent storage at -20, bottled water, milk powder, visual reading





#### Pig vaccine

- TSOL18, developed at the University of Melbourne, already produced at large scale under GMP
- Field trials to begin soon



#### What more could be added?

- Point of care diagnostic assay for taeniasis. Cheap. Field-applicable. Useful for monitoring
- Alternative pig vaccines. Single dose if possible
- Practical monitoring systems for control areas

### Muchas gracias