

Hookworm (ancylostomiasis) added Jan 2016

BASIC EPIDEMIOLOGY

Infectious Agent

Hookworm is a soil transmitted helminth. Human infections are caused by the nematode parasites *Necator americanus* and *Ancylostoma duodenale*.

Transmission

Transmission primarily occurs via direct contact with soil contaminated with filariform larvae. Oral transmission can sometimes occur from consuming improperly washed food grown or exposed to contaminated soil. Transmission can also occur, albeit rarely, between a mother and her fetus/infant via infected placental or mammary tissue.

Incubation Period

Within the first 10 days following penetration of the skin filariform larvae will migrate to the lungs and occasionally cause respiratory symptoms. Three to five weeks after skin penetration the larvae will migrate to the intestinal tract where they will mature into an adult worm. Adult worms may live in the intestine for 1-5 years depending on the species.

Communicability

Hookworm eggs freshly excreted in stool are not infectious and must complete their life cycle in soil, therefore human to human transmission is highly unlikely. However, vertical transmission of dormant filariform larvae can occur between a mother and neonate via contaminated breast milk. These dormant filariform larvae can remain within in a host for months to years. Soil contamination is perpetuated by fecal contamination from infected individuals who can shed eggs in feces for several years after infection.

Clinical Illness

Hookworm infection is often asymptomatic. Immediately following infection a pruritic, erythematous, papular rash commonly known as “ground itch” can develop at the penetration site, typically the feet or hands. In the first two weeks of infection, minor cough and throat irritation may occur as a result of larval migration but these symptoms are rare. Light infections produce few or no symptoms but can include abdominal discomfort, diarrhea, and/or blood in the stool. Severe infections can be characterized by more severe symptoms stemming primarily from intestinal blood loss resulting in anemia. Symptoms can include: nausea, fatigue, pale skin, and rarely congestive heart failure and death. In children, anemia resulting from infection can cause impaired growth and delayed mental development.

DEFINITIONS

Clinical Case Definition

Necator americanus and *Ancylostoma duodenale* are the cause of most hookworm infections worldwide. Most patients with hookworm are asymptomatic but severe and chronic cases are often characterized by hypochromic, microcytic anemia and hypoproteinemia. Complications due to anemia can result in severe fatigue, paleness, nausea, and diarrhea and can cause growth impairment and mental retardation in children.

Laboratory Confirmation

- Microscopic identification of *Ancylostoma* or *Necator* eggs in feces OR
- Microscopic identification of *Ancylostoma* or *Necator* species of larvae cultured from the feces OR
- Identification of adult worms expelled after treatment

Case Classifications

- **Confirmed:** A case that is laboratory confirmed

SURVEILLANCE AND CASE INVESTIGATION

Case Investigation

Local and regional health departments should promptly investigate all reports of hookworm (ancylostomiasis). Investigations should include an interview of the case or a surrogate to get a detailed exposure history. Please use the Hookworm (ancylostomiasis) Investigation Form available on the DSHS website: <http://www.dshs.state.tx.us/idcu/investigation/>.

Case Investigation Checklist

- Confirm laboratory results meet the case definition.
- Review medical records or speak to an infection preventionist or healthcare provider to verify case definition, identify possible risk factors and describe course of illness.
- Interview the case to get detailed exposure history and risk factor information.
 - Use the **Hookworm (ancylostomiasis) Investigation Form** to record information from the interview.
 - If the case is not available or is a child, conduct the interview with a surrogate who would have the most reliable information on the case, such as a parent or guardian.
 - Provide education to the case or his/her surrogate about effective hand washing, food safety practices, and avoidance of soil contamination. See Prevention and Control Measures.
- Fax completed forms to DSHS EAIDB at **512-776-7616**
 - For lost to follow-up (LTF) cases, please complete as much information as possible obtained from medical/laboratory records (e.g., demographics, symptomology, onset date, etc.) on investigation form and fax/e-mail securely to DSHS EAIDB and indicate the reason for any missing information.
- If case is part of an outbreak or cluster, see Managing Special Situations section.
- All confirmed case investigations must be entered and submitted for notification in the NEDSS Base System (NBS). Please refer to the *NBS Data Entry Guidelines* for disease specific entry rules.

Prevention and Control Measures

- Routine hand washing with soap and warm water.
- Proper disposal of human waste products such as feces is necessary to prevent contamination of soil.
- Avoid areas where human waste contamination of soil or water is likely.
- Wear shoes or other clothing to prevent contact with soil.
- Thoroughly wash fruits and vegetables to remove soil/fertilizer residue.

Exclusions

Because human-to-human transmission is rare and has only been documented from nursing mothers to neonates via breast milk, no exclusion from work, school or daycare is required for disease control purposes unless the individual has diarrhea. If the individual has diarrhea, the standard exclusion until diarrhea free for 24 hours without the use of diarrhea suppressing medications applies. Diarrhea is defined as 3 or more episodes of loose stools in a 24 hour period.

MANAGING SPECIAL SITUATIONS

Outbreaks/Clusters

If an outbreak or cluster is suspected, notify the DSHS Emerging and Acute Infectious Disease Branch (EAIDB) at **(800) 252-8239** or **(512) 776-7676**.

The local/regional health department should:

- Interview all cases suspected as being part of the outbreak or cluster.
- Request medical records for any case in your jurisdiction that died, was too ill to be interviewed, or for whom there are no appropriate surrogates to interview.
- Prepare a line list of cases in your jurisdiction. Minimal information needed for the line list might include patient name or other identifier, DSHS or laboratory specimen identification number, specimen source, date of specimen collection, date of birth, county of residence, date of onset (if known), symptoms, underlying conditions, treatments and outcome of case, and risky exposures, such as inadequate waste disposal near the home or work, recreational activities in areas with inadequate waste disposal, or travel to an endemic country reported by the case or surrogate.

Line list example:

ID	Name	Age	Sex	Ethn.	Onset	Symptoms	Risks	Notes
1	NT	34	F	White/non-hispanic	12/4/16	Diarrhea, Anemia	Lived in Vietnam last 5 years, currently lives in same neighborhood as ID 2	Brother ill
2	PR	4	M	Unk	11/30/16	Anemia, bloody stool	Poor sanitation near home, lives in same neighborhood as ID 1.	Lost to follow up (LTF)

- If the outbreak was reported in association with an apparent common risk factor (e.g., work or live near a possible site of soil contaminations, members of the same household with similar travel), recommend that anyone displaying symptoms seek medical attention from a healthcare provider.

- If several cases in the same family or geographic area are identified and there is a possibility for similar exposures (e.g., travel to the same country, poor sanitation), confirmatory testing or de-worming treatment may be warranted.

REPORTING AND DATA ENTRY REQUIREMENTS

Provider, School, Child-Care Facility, and General Public Reporting Requirements

Confirmed, probable and clinically suspected cases are required to be reported **within 1 week** to the local or regional health department or the Texas Department of State Health Services (DSHS), Emerging and Acute Infectious Disease Branch (EAIDB) at **(800) 252-8239 or (512) 776-7676**.

Local and Regional Reporting and Follow-up Responsibilities

Local and regional health departments should:

- Enter the case into NBS and submit an NBS notification on all **confirmed** cases.
 - Please refer to the *NBS Data Entry Guidelines* for disease-specific entry rules.
 - A notification can be sent as soon as the case criteria have been met. Additional information from the investigation may be entered upon completing the investigation.
- Fax completed forms to DSHS EAIDB at **512-776-7616** or email securely to an EAIDB neglected tropical disease epidemiologist.

When an outbreak is being investigated, local and regional health departments should:

- Report outbreaks within 24 hours of identification to the regional DSHS office or to EAIDB at **512-776-7676**.

LABORATORY PROCEDURES

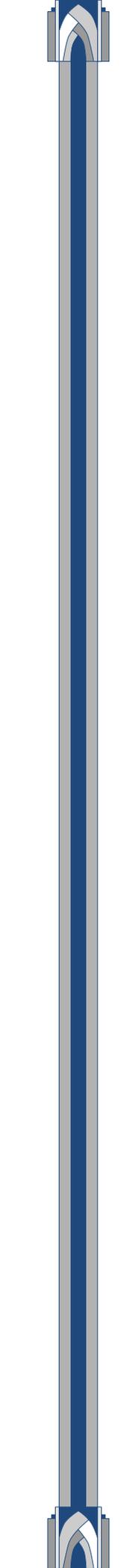
Fecal Ova and Parasite testing for hookworm is widely available from most private laboratories however, specimen submission to DSHS laboratory is advised. Adult worm specimen identification may not be available at private laboratories therefore, submission to the DSHS laboratory is available and highly recommended. Contact an EAIDB neglected tropical disease epidemiologist to discuss further.

Specimen Collection

- Submit a stool specimen in a sterile, leak-proof container.
 - Required volume: Stool 15 g solid or 15 mL liquid.
- Specimens that cannot be received by the lab in less than 5 hours should be placed in formalin and PVA immediately.
- Adult worms should be submitted in either 5-10% formalin or 70% ethanol.

Submission Form

- Use DSHS Laboratory G-2B form for specimen submission.
- Make sure the patient's name and date of birth or social security number match exactly what is written on the transport tubes.
- Fill in the date of collection, date of onset, and diagnosis/symptoms.



Specimen Shipping

- Transport temperature: May be shipped at ambient temperature.
- Ship specimens via overnight delivery.
- DO NOT mail on a Friday unless special arrangements have been pre-arranged with DSHS Laboratory.
- Ship specimens to:

Laboratory Services Section, MC-1947
Texas Department of State Health Services
Attn. Walter Douglass (512) 776-7569
1100 West 49th Street
Austin, TX 78756-3199

Possible Causes for Rejection:

- Specimen not in correct transport medium.
- Missing or discrepant information on form/specimen.
- Unpreserved specimen received greater than 5 hours after collection– specimen should still be submitted as an attempt will be made to complete testing.
- Transport media was expired.