

# Hookworm infection: A silent threat to global health.

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## Description

Hookworm infection is a neglected tropical disease caused by parasitic nematodes (roundworms) belonging to the *Ancylostoma* and *Necator* species. It affects millions of people worldwide, particularly in tropical and subtropical regions with poor sanitation and limited access to clean water [1]. This article explores the causes, transmission, clinical manifestations, diagnosis, treatment and prevention strategies related to hookworm infection.

## Causes and transmission

Hookworm infection occurs when the larvae of *Ancylostoma* or *Necator* species penetrate the skin, usually through bare feet, after contact with contaminated soil or feces. The larvae then migrate through the bloodstream to the lungs and are eventually swallowed, reaching the small intestine where they mature into adult worms. The adult worms attach to the intestinal wall, feeding on blood and causing intestinal damage [2].

Transmission is facilitated by unsanitary conditions, inadequate sanitation facilities, open defecation and poor hygiene practices. The presence of human or animal feces in the environment, particularly in areas with warm and moist climates, contributes to the high prevalence of hookworm infection.

## Clinical manifestations

Hookworm infection can have various clinical manifestations, ranging from mild to severe, depending on the intensity of the infection and the individual's immune response. Common symptoms include:

**Intestinal symptoms:** Individuals may experience abdominal pain, diarrhea, nausea and loss of appetite. Chronic infection can lead to malnutrition, anemia and growth retardation, particularly in children.

**Cutaneous symptoms:** During the larval migration through the skin, individuals may develop an itchy rash known as "ground itch" at the site of entry. This is often accompanied by redness, swelling, and a burning sensation.

**Pulmonary symptoms:** As the larvae migrate through the lungs, individuals may experience coughing, wheezing, and shortness of breath. This is known as "Löffler's syndrome" and is characterized by an inflammatory response in the lungs.

## Diagnosis

Diagnosing hookworm infection involves a combination of clinical evaluation, laboratory tests, and examination of stool samples. Key diagnostic methods include:

**Microscopic examination:** Stool samples are examined under a microscope to detect the presence of hookworm eggs [3]. This is the most common method for diagnosing hookworm infection.

**Serological tests:** Serological assays, such as Enzyme Linked Immunosorbent Assay (ELISA), detect specific antibodies against hookworm antigens. These tests are useful for assessing the prevalence of infection in communities.

## Treatment

The treatment of hookworm infection involves the administration of anthelmintic drugs, such as albendazole or mebendazole. These medications effectively kill the adult worms, allowing for their expulsion from the body [4]. In cases of severe anemia or malnutrition, additional treatments, including iron supplements and nutritional support, may be required.

## Prevention strategies

Preventing hookworm infection requires a multi-faceted approach that addresses sanitation, hygiene practices and community education.

**Improved sanitation:** Access to safe and clean sanitation facilities, including latrines and toilets, helps minimize environmental contamination with hookworm larvae and eggs.

**Hygiene education:** Promoting proper hygiene practices, such as regular handwashing with soap and water, wearing shoes in areas with contaminated soil and proper disposal of human and animal waste [5].

**Deworming programs:** Mass administration of anthelmintic drugs to at-risk populations, particularly children and pregnant women, helps reduce the burden of infection and prevent complications.

**Soil transmitted helminth control:** Integrating efforts to control other soil-transmitted helminths, such as roundworms and whipworms, through regular deworming programs and improved sanitation.

## Conclusion

Hookworm infection poses a significant threat to global health, particularly in disadvantaged communities with poor sanitation infrastructure. The disease's impact extends beyond intestinal symptoms, leading to anemia, malnutrition and impaired growth, particularly in children. Effective control measures, including improved sanitation, hygiene education, deworming programs and access to healthcare, are crucial for reducing the prevalence of hookworm infection and its associated complications. By implementing comprehensive prevention strategies and raising awareness about the importance of sanitation and hygiene, we can make significant strides towards eliminating this silent threat and improving the health and well-being of affected communities worldwide.

## References

1. Boivin MJ, Giordani B, Ndanga K, et al. Effects of treatment for intestinal parasites and malaria on the cognitive abilities of schoolchildren in Zaire, Africa. *Health Psychol.* 1993;12(3):220-6.
2. Bundy DA. Population ecology of intestinal helminth infections in human communities. *Philos Trans R Soc Lond B Biol Sci.* 1988;321(1207):405-20.
3. Callender JE, Grantham-McGregor SM, Walker SP, et al. Treatment effects in Trichuris dysentery syndrome. *Acta Paediatr.* 1994;83(11):1182-7.
4. Grantham-McGregor SM, Powell CA, Walker SP, et al. Nutritional supplementation, psychosocial stimulation, and mental development of stunted children: The Jamaican Study. *Lancet.* 1991;338(8758):1-5.
5. Kvalsvig JD, Cooppan RM, Connolly KJ. The effects of parasite infections on cognitive processes in children. *Ann Trop Med Parasitol.* 1991;85(5):551-68.

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