

## ANCYLOSTOMIASIS (HOOKWORM DISEASE)

ANIMAL GROUP AFFECTED	TRANSMISSION	CLINICAL SIGNS	FATAL DISEASE ?	TREATMENT	PREVENTION & CONTROL
Pongidae, Cercopithecidae, Cebidae.	Percutaneous-ly (in man also perorally via breast milk).	Larva migrans symptoms, dyspnea, diarrhea.	rarely	Mebendazol	<i>In houses</i>  <i>in zoos</i>

<b>Fact sheet compiled by</b> Manfred Brack, formerly German Primate Center, Göttingen/Germany.	<b>Last update</b> 22.11..2008
<b>Susceptible animal groups</b> <i>Gorilla gorilla, Pan troglodytes, Hylobates sp., Papio sp., Macaca mulatta, Cercopithecus mona : A. duodenale ; Cebus capucinus, Ateles sp., Erythrocebus patas, Cercopithecus mona : Necator americanus.</i>	
<b>Causative organism</b> <i>Ancylostoma duodenale, Necator americanus</i> (Nematoda, Strongylina: Ancylostomatidae).	
<b>Zoonotic potential</b> Yes.	
<b>Distribution</b> <i>A. duodenale</i> : world-wide, predominantly in tropical/subtropical S.E. Asia and America; <i>N. americanus</i> : tropical and subtropical rain forests.	
<b>Transmission</b> Percutaneously by filariform ( 3 rd stage) larvae.	
<b>Incubation period</b>	
<b>Clinical symptoms</b> Pot belly syndrome, apnea, cutaneous larva migrans, persistent diarrhea, in man also anemia.	
<b>Post mortem findings</b> Not reported in nonhuman primates.	
<b>Diagnosis</b> Ovodiagnosis ( cave: ancylostomatid eggs may be confused with the very similar oesophagostomid eggs!), followed by fecoculture of filariform larvae (Harada-Mori technique).	
<b>Material required for laboratory analysis</b>	
<b>Relevant diagnostic laboratories</b>	
<b>Treatment</b> Mebendazole (2 x 15 mg / kg or 10 x 3 mg / kg). Ivermectin is almost useless against adult ancylostomes, but very effective against migrating larva nigrans. Albendazole (400 mg for 1 – 5 days).	
<b>Prevention and control in zoos</b>	
<b>Suggested disinfectant for housing facilities</b>	
<b>Notification</b>	
<b>Guarantees required under EU Legislation</b>	
<b>Guarantees required by EAZA Zoos</b>	
<b>Measures required under the Animal Disease Surveillance Plan</b>	



<b>Measures required for introducing animals from non-approved sources</b>
<b>Measures to be taken in case of disease outbreak or positive laboratory findings</b>
<b>Conditions for restoring disease-free status after an outbreak</b>
<b>Experts who may be consulted</b>
<b>References</b> <ol style="list-style-type: none"><li>1. Brack, M. 1987. Agents Transmissible from Simians to Man. Springer Verlag, Berlin, pp 333 – 339.</li><li>2. Caumes, E., J. Carriere, A. Datry, P. Gaxotte, M. Danis, and M. Gentilini. 1993. A randomized trial of ivermectin versus albendazole for the treatment of cutaneous larva migrans. Am. J. Trop. Med. Hyg. 49 : 641 – 644.</li><li>3. Eulenberger, K., C. Bachmann, A. Bernhard, R. Scheller, und R. Schmaeschke. 2001. Quarantäne von illegal aus Nigeria eingeführten Monameerkatzen (<i>Cercopithecus mona</i> ). Proc. Arb. Tag. Zootierärzte dtsch.spr. Raum 21 : 42 – 48.</li><li>4. Harada, Y., and O. Mori. 1955. A method for culturing hookworm. Yonago Acta Med. 1955 : 177 – 179.</li><li>5. Jozefzoon, L. M. E., and B. F. Oostburg. 1994. Detection of hookworm and hookworm – like larvae in human fecocultures in Suriname. Am. J. Trop. Med. Hyg. 51 : 501 – 505.</li><li>6. Naqira, C., G. Jimenez, J. G. Guerra, R. Bernal, D. R. Nalin, D. Neu, and M. Aziz. 1989. Ivermectin for human strongyloidiasis and other intestinal helminths. Am. J. Trop. Med. Hyg. 40 : 304 – 309.</li></ol>