Schistosomiasis screening of travelers to Corsica, France
Antoine Berry, L. Paris, Jérôme Boissier, E. Caumes

To cite this version:
Antoine Berry, L. Paris, Jérôme Boissier, E. Caumes. Schistosomiasis screening of travelers to Corsica, France. Emerging Infectious Diseases, Centers for Disease Control and Prevention, 2016, 22 (1), pp.159. 10.3201/eid2201.151290. hal-01311093

HAL Id: hal-01311093
https://hal-sde.archives-ouvertes.fr/hal-01311093
Submitted on 3 May 2016

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L’archive ouverte pluridisciplinaire HAL, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d’enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.
Schistosomiasis Screening of Travelers to Corsica, France

Antoine Berry, Luc Paris, Jérôme Boissier, Eric Caumes

Author affiliations: Toulouse University Hospital, Toulouse, France (A. Berry); Public Assistance Hospitals of Paris, Paris, France (L. Paris, E. Caumes); University of Perpignan Via Domitia, Perpignan, France; National Centre of Scientific Research, Perpignan (J. Boissier)

DOI: http://dx.doi.org/10.3201/eid2201.151290

To the Editor: As members of the French Ministry of Health Working Group on autochthonous urinary schistosomiasis, we read with interest the 2 recently published articles regarding schistosomiasis screening of travelers to Corsica, France (1,2). Surprisingly, the authors of both articles lacked evidence to support the diagnosis of schistosomiasis in most of what they referred to as confirmed cases. The diagnostic standard for confirmation of urinary schistosomiasis is identification of eggs by microscopic examination of urine samples (3–5). If this criterion were applied in both reports, only 1 patient of the 7 allegedly confirmed cases would actually be confirmed.

The low sensitivity of microscopy is well known. Therefore, different serologic tests have been developed, including Western blot (WB). In the study based on travelers from Italy (1), the SCHISTO II WB IgG test (LDBIO Diagnostics, Lyon, France) was used. This test, available since 2015, is based on both Schistosoma haematobium and S. mansoni antigens and has not been evaluated by anyone other than the manufacturer. Moreover, the authors did not report any details regarding the molecular weight and number of specific bands observed on the strip.

In the study by authors from the GeoSentinel Surveillance Network (2), both cases that could have been infected after 2013, since exposure occurred only in 2014, and 4 cases which reported bathing in rivers in Corsica other than the Cavu River had just 1 weakly positive serologic screening test. Hence, irrespective of the criteria for a confirmed case of schistosomiasis described above, it appears difficult to conclude that confirmation could rely on only 1 positive serologic test, even a WB.

Altogether, these 2 studies identified only 1 patient with parasitological evidence of infection that was attributable to the already known 2013 focus in Cavu River. Therefore, these articles do not provide evidence of transmission of schistosomiasis in Corsica after 2013 or outside the Cavu River.

References


In Response:

Anna Beltrame, Lorenzo Zammarchi, Gianluca Zuglian, Federico Gobbi, Andrea Angeheben, Valentina Marchese, Monica Degani, Antonia Mantella, Leila Bianchi, Carlotta Montagnani, Luisa Galli, Matteo Bassetti, Alessandro Bartoloni, Zeno Bisoffi

Author affiliations: Sacro Cuore Hospital, Negrar, Italy (A. Beltrame, F. Gobbi, A. Angeheben, V. Marchese, M. Degani, Z. Bisoffi); Santa Maria Misericordia University Hospital of Udine, Udine, Italy (G. Zuglian, M. Bassetti); University of Florence School of Medicine, Florence, Italy (L. Zammarchi, A. Mantella, A. Bartoloni); Anna Meyer Children’s University Hospital, Florence, Italy (L. Bianchi, C. Montagnani, L. Galli)

DOI: http://dx.doi.org/10.3201/eid2201.151590