

On Bugs, Children, Zombies and Globalisation

Victor Lage de Araujo*

Department of Clinical Laboratory/Infection Control Unit, The Sarah Hospital of Rehabilitation

***Corresponding author:** Victor Lage de Araujo, Department of Clinical Laboratory/Infection Control Unit, The Sarah Hospital of Rehabilitation, Brazil. Tel: + 55 71 98818 7665; E-mail: victor.araujo.15@ucl.ac.uk

Citation: Araujo Victor LD (2019) On Bugs, Children, Zombies and Globalisation. Front J Infect Dis Vol.1 No.1:01.

Copyright: © 2020 Araujo Victor LD. This is an open-access article distributed under the terms of the creative commons attribution license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received Date: 13 August 2019; **Accepted Date:** 16 August 2019; **Published Date:** 23 August 2019.

EDITORIAL

Schistosomiasis was brought to Brazil by Portuguese slavers, from 1550 to 1646 [1]. The adult form of this fluke is capable of a remarkable survival inside human mesenteric arteries, where they feed and thrive. The male envelops the female, and they continuously copulate, thus releasing their typical spiked ova through the stools (CDC, 2019) [2]. As soon as African people came to America, and natural water sources got polluted with faeces, the ova reached the local *Biomphalaria* spp. mollusc species, which work as effective intermediary hosts. Their life cycle closed again-never to stop. Nowadays, the molluscs thrive, whenever the amount of organic matter in the soil is abundant [3]. They carry the intermediate miracidia forms, and later liberate the infective cercaria (CDC, 2019) That is, any place that is struck with human faeces, and where there are leaves and wood- derived organic matter from deforestation-or of any source-may become a novel niche.

Furthermore, being hermaphroditic, the mollusc's population is challenging to control. As a result, whenever and wherever stool contamination hits the wet sources, the cycle closes itself. Systematic attempts to control of Schistosomiasis did not start before 1975 [1]. More than 20 years since the first documented autochthonous cases, the worm has spread all over the nation [4-6]. Moreover, it is a monitored national notifiable disease.

By 2013, over one million children (and counting) had to be treated for Schistosomiasis [1].

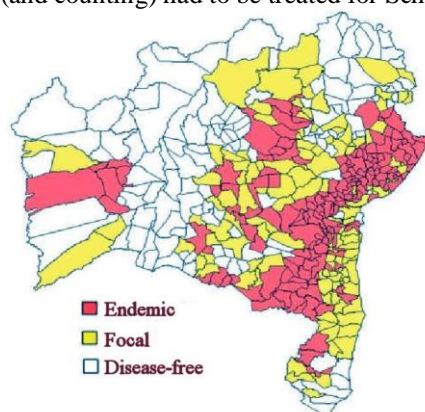


Figure 1: Distribution of cases of Schistosomiasis, source: February 2018 epidemiologic bulletin of the state of BA, ministry of health (Brazil, 2018).

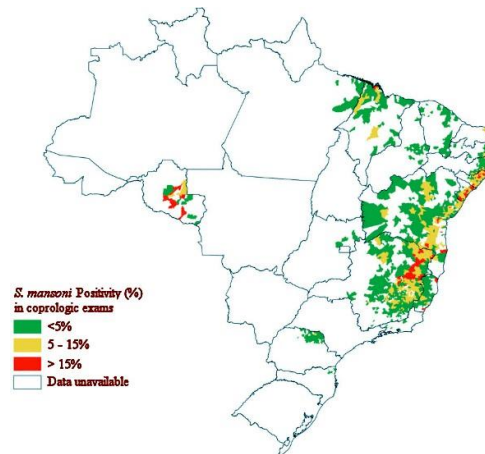


Figure 2: Epidemiological inquiry about positivity of *S. Mansoni* in Brazil, 2012. Source: Ministry of Health (Brazil, 2014).

Anopheles gambiae (one of the vectors of malaria fever) was considered eradicated from Brazil in 1965 [7]. Global eradication was never successful [8].

At 1958, PAHO declared Brazil free of the *Aedes aegypti*. By 1970, the insect was back [9].

Yellow fever, Dengue fever, Chikungunya, and Zika virus are now significant health problems [10]. Furthermore: the Brazil epidemics of Zika suddenly displayed an earlier undocumented trend to produce microcephaly in the children who were born from Zika- infected mothers [11].

Tropical diseases are a global problem. Globalization and climate changes mean the increased risk of dissemination of vectors, bacteria and protozoa throughout the world [12].

When will the people understand that an extensive effort is needed to contain those diseases and that it is necessary to consider ecological factors must be? After a global Zombie Apocalypse (IMDB, 2019) [13]?

REFERENCES

1. <https://schisto.stanford.edu/pdf/Brazil.pdf>
2. <https://www.cdc.gov/dpdx/schistosomiasis/index.html>
3. Barbosa FS, Barbosa CS (1994) The bioecology of snail vectors for schistosomiasis in Brazil. *Cadernos de saúde Pública* 10: 200-209.
4. Martins DD, Xavier MF, Masiero FD, Cordeiro J, Thyssen PJ (2015) Schistosomiasis in Southern Brazil 17 years after the confirmation of the first autochthonous case. *Revista da Sociedade Brasileira de Medicina Tropical* 48: 354-357.
5. http://bvsmms.saude.gov.br/bvs/publicacoes/vigilancia_esquistossomose_mansoni_diretrizes_tecnicas.pdf
6. <http://www.saude.ba.gov.br/wp-content/uploads/2017/11/2018-Boletim-%20epidemiol%C3%B3gico-esquistossomose-n.-01.pdf>
7. Silva RD, Paiva CH (2015) The Juscelino Kubitschek government and the Brazilian Malaria Control and Eradication Working Group: collaboration and conflicts in Brazilian and international health agenda, 1958-1961. *História, Ciências, Saúde-Manguinhos* 22: 95-114.
8. Sinka ME (2013) Global distribution of the dominant vector species of malaria. In: *Anopheles mosquitoes- New insights into malaria vectors*. IntechOpen.
9. Kotsakiozi P, Gloria-Soria A, Caccone A, Evans B, Schama R, et al. (2017) Tracking the return of *Aedes aegypti* to Brazil, the major vector of the dengue, chikungunya and Zika viruses. *PLoS* 11: e0005653.
10. Löwy I (2017) Leaking containers: Success and failure in controlling the mosquito *Aedes aegypti* in Brazil. *Am J Public Health* 107: 517-524.

11. <https://ecdc.europa.eu/en/zika-epidemics-2014-2017>
12. Saker L, Lee K, Cannito B, Gilmore A, Campbell-Lendrum DH (2004) Globalization and infectious diseases: a review of the linkages. World Health Organization.
13. <https://www.imdb.com/list/ls055027705/>