

## A REVIEW OF DIPHYLLOBOOTHRIASIS: AN EMERGING AND RE-EMERGING PARASITIC ZONOSIS

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### Abstract

Diphyllobothriasis also called “fish tapeworm, the broad tapeworm, Jewish House wife’s disease and Scandinavian House wife’s disease” is an intestinal parasitic zoonotic infection caused by the cestode *Diphyllobothrium*. 14 species of *Diphyllobothrium* have been described but only four species *D. latum*, *D. pacificum*, *D. dendriticum*, *D. nihonkaiense* are commonly known to infect human, fish eating mammals (Dogs, Cats, Foxes, Bears) and fish eating birds. *D. latum* is the most common cause of diphyllobothriasis. It is transmitted to humans by the ingestion of fish that harbor infectious larvae of the genus *Diphyllobothrium* causing a wide-ranging spectrum of diseases and severity. More than 20 million humans are estimated to be infected worldwide. The second intermediate hosts include both freshwater and marine fish. At the beginning of the past century, diphyllobothriasis was widespread in endemic areas with lakes and Rivers, but it apparently disappeared since the early 1980s. In the early 2000, it has re-emerged. The increasing popularity of cold, smoked, marinated or raw fish products seems to be the main reason for the return of diphyllobothriasis. Although *D. latum* has long been studied, many aspect of its biology, epidemiology, distribution, clinical manifestation, diagnosis and control remain patchy and require intensive research. However, it is hoped that warning of the potential risk of re-emergence of diphyllobothriosis due to changing eating habits, globalization of the food market and climatic change will help in a more effective control of this parasitic disease on the global scale.

**Keywords:** *Diphyllobothrium*, Zoonosis, Fish, Intermediate host, Epidemiology

### Introduction

Diphyllobothriasis also called “fish tapeworm, the broad tapeworm, is an intestinal parasitic zoonotic infection caused by the cestode *Diphyllobothrium* (Yoneva et al., 2014; An et al., 2017). This infection has started gaining more attention due to a recent surge in human cases, but reports of diphyllobothriasis date as far back as the prehistoric period and *Diphyllobothrium* eggs have been identified as far back as 3917 B.C. in Germany (Colak, 2017). Freshwater fish serve as the primary epidemiological reservoir for *D. latum*, while other *Diphyllobothrium* species originate from marine fishes (Kuchta et al., 2007). Thus, the fundamental risk factor is the consumption of raw freshwater or marine fish with human disease occurring after maturation of larval stages of the tapeworm in the hosts (Durrani et al., 2020). Health authorities are aware that fish borne parasitic diseases reduce the commercial value of fish and fish products and also affect the economy of the seafood trade. In response to these issues, health authorities have enacted measures to reduce food borne illnesses (Kuchta et al., 2007). Although *D. latum* has long been studied, many aspect its biology, epidemiology and distribution remain poorly understood.

### Review

#### Epidemiology

The distribution of *Diphyllobothrium* in human and non human hosts are presented in Table 1. It shows that *D. latum* infects humans of any age group and gender and are reported all over the world with fresh water fish, marine and Anadromous fishes as definitive intermediate hosts (Table 2). Some species of *D. latum* have also been reported in some parts of Nigerian water fishes (Table 3).

**Table 1: Distribution of *Diphyllobothrium* seen in Human and other hosts**

Species	Major Final hosts	Occurrence
<i>D. latum</i>	Humans, Dogs, Cats, Foxes, Bears	Europe, North America
<i>D. dendriticum</i>	Humans, fishing, eating birds	Northern Europe, Asia
<i>D. dallinae</i>	Humans, Dogs, Foxes	North America, Europe
<i>D. alascense</i>	Humans, Dogs, Orcas	North America, Asia
<i>D. nihonkaiense</i>	Humans, Bears, Foxes	North America, Europe

<i>D. pacificum</i>	Humans, sea lion	South America, Asia
<i>D. stemnacephalum</i>	Humans, Dolphins and Whales	South America, Asia

Bauerfeind *et al.* 2016**Table 2: Global distribution of *Diphyllobothrium***

Continent	Countries	Species	2 <sup>nd</sup> Intermediate hosts	References
Europe	France	<i>D. latum</i>	Fresh water fish	Marginoet <i>et al.</i> 2007.
	Germany	<i>D. latum</i>	Fresh water fish	Wichtet <i>et al.</i> 2008.
	Italy	<i>D. latum</i>	Fresh water fish	Nakao <i>et al.</i> 2007.
	Portugal	<i>D. nihonkaiense</i>	Anadromous fish	Nawaet <i>et al.</i> 2005.
	Spain	<i>D. latum</i>	Fresh water fish	Esteban <i>et al.</i> 2014.
	Switzerland	<i>D. pacificum</i>	Marine fish	Panganet <i>et al.</i> 2009.
	Finland	<i>D. latum</i>	Fresh water fish	Kyronpaet <i>et al.</i> 2003.
	Belgium	<i>D. allomae</i>	Fresh water fish	JogisteBaratov, 2001.
	Cyprus	<i>D. latum</i>	Fresh water fish	Reperantet <i>et al.</i> 2007.
Asia	Japan	<i>D. nihonkaiense</i>	Anadromous fish	Yamasaki <i>et al.</i> 2001.
	China	<i>D. nihonkaiense</i>	Anadromous fish	Chen <i>et al.</i> 2014.
	Indonesia	<i>D. latum</i>	Fresh water fish	Fuchizakiet <i>et al.</i> 2003.
	India	<i>D. nihonkaiense</i>	Anadromous fish	Devi <i>et al.</i> 2007.
	Korea	<i>D. pacificum</i>	Marine fish	Park <i>et al.</i> 2015.
	Russia	<i>D. nihonkaiense</i>	Anadromous fish	Caiet <i>et al.</i> 2017.
	Taiwan	<i>D. nihonkaiense</i>	Anadromous fish	Rohelaet <i>et al.</i> 2006.
	Mongolia	<i>D. nihonkaiense</i>	Anadromous fish	Myadagreet <i>et al.</i> 2007.
	Okinawa	<i>D. nihonkaiense</i>	Anadromous fish	Arizona <i>et al.</i> 2009.
North America	Bahamas	<i>D. latum</i>	Fresh water fish	Scholz and Kutcha, 2016.
	Columbia	<i>D. latum</i>	Fresh water fish	Fang <i>et al.</i> 2015.
	Canada	<i>D. dendriticum</i>	Fresh water fish	Raus and Adams, 2000.
	Greek	<i>D. dallinae</i>	Fresh water fish	Rauch, 1956
	Dominica	<i>D. alascense</i>	Marine fish	Rauch & Adams, 2000
	Jamaica	<i>D. latum</i>	Fresh water fish	Dick, 2008
	Mexico	<i>D. nihonkaiense</i>	Anadromous fish	Chou <i>et al.</i> 2006
	Alaska	<i>D. latum</i>	Fresh water fish	Donoso, 1986
	Costa Rica	<i>D. latum</i>	Fresh water fish	Kutcha <i>et al.</i> 2013.
South America	Argentina	<i>D. latum</i>	Fresh water fish	Semenas, 2014.
	Peru	<i>D. dendriticum</i>	Fresh water fish	Reinhard and Urban, 2003.
	Brazil	<i>D. pacificum</i>	Marine fish	Knoffet <i>et al.</i> 2011.
	Bolivia	<i>D. pacificum</i>	Marine fish	Park <i>et al.</i> 2007.
	Nicaragua	<i>D. pacificum.</i>	Marine fish	Chai <i>et al.</i> 2005.
	Ecuador	<i>D. pacificum</i>	Marine fish	Saguaet <i>et al.</i> 2001.
	Chile	<i>D. latum</i>	Marine fish	Marcadoet <i>et al.</i> 2010.
	Venezuela	<i>D. pacificum</i>	Fresh water fish	Reaguaet <i>et al.</i> 2002.
	Uruguay	<i>D. pacificum</i>	Marine fish	Nicolandet <i>et al.</i> 2003
Oceania	Australia	<i>D. pacificum</i>	Marine fish	Yamasaki <i>et al.</i> 2000.
	N. Zealand	Unknown	Unknown	Not reported
	New Guinea	Unknown	Unknown	Not reported
	Fiji	Unknown	Unknown	Not reported
	Marshal Islands	Unknown	Unknown	Not reported
	Samao	Unknown	Unknown	Not reported
Africa	South Africa	Unknown	Unknown	Not reported

Botswana	Unknown	Unknown	Not reported
Guinea	Unknown	Unknown	Not reported
Ethiopia	Unknown	Unknown	Not reported
Angola	Unknown	Unknown	Not reported
Tanzania	Unknown	Unknown	Not reported
Uganda	Unknown	Unknown	Not reported
Nigeria	<i>D. latum</i>	Unknown	Ihesiuloret <i>et al.</i> 2013.
Madagascar	Unknown	Unknown	Not reported

**Table 3: Distribution of cestodes in the geopolitical zones of Nigeria**

Zones	States	Cestodes	References
North Central	Niger	<i>Polyonchobothrium</i> spp	Owolabi, 2008.
	Abuja	<i>Monobothrium</i> spp	Dankishiya <i>et al.</i> 2013.
	Benue	<i>D. latum</i>	Omejiet <i>et al.</i> 2014.
	Kwara	<i>Monobothrium</i> spp	Urukwa and Adikwu, 2017.
	Kogi	<i>Polyonchobothrium</i> spp	Amaechi, 2014.
	Plateau	<i>Monobothrium</i> spp	Anosike <i>et al.</i> 1992.
	Nasarawa	<i>D. latum</i>	Absalom <i>et al.</i> 2018
North East	Gombe	<i>Monobothrium</i> spp	Dauda <i>et al.</i> 2016.
	Borno	<i>D. latum</i>	Biu and Akorede, 2013.
	Bauchi	<i>D. latum</i>	Udechukwu <i>et al.</i> 2018.
	Taraba	<i>D. latum</i> ,	Mathias, 2014.
North West	Kano	<i>Proteocephalus</i> spp	Bichi and Ibrahim, 2009.
	Kaduna	<i>Monobothrium</i> spp	Oniye <i>et al.</i> 2004.
	Sokoto	<i>D. latum</i>	Magamiet <i>et al.</i> 2016.
	Katsina	<i>Polyonchobothrium</i> spp	Yuguda <i>et al.</i> 2017.
	Jigawa	<i>Amonotaenia</i>	Danyaro <i>et al.</i> 2018.
South South	Cross River	<i>D. latum</i>	Ekanemet <i>et al.</i> 2011.
	Delta	<i>Monobothrium</i> spp	Vincent <i>et al.</i> 2014.
	Edo	<i>D. latum</i>	Onyedineke <i>et al.</i> 2010.
	Akwabom	<i>Amonotaenia</i>	Edema <i>et al.</i> 2008.
	Rivers	<i>Monobothrium</i> spp	Cletus <i>et al.</i> 2016.
South East	Anambra	<i>Monobothrium</i> spp	Ezenwajiet <i>et al.</i> 2005.
	Enugu	<i>D. latum</i>	Ugboret <i>et al.</i> 2014.
	Imo	<i>Polyonchobothrium</i> spp	Ugwuzor, 1987.
	Ebonyi	<i>Monobothrium</i> spp	Azubuike <i>et al.</i> 2015
South West	Abia	<i>Polyonchobothrium</i> spp	Udechukwu, 2014
	Oyo	<i>D. latum</i>	Abidemi-Iromini, 2019.
	Ogun	<i>Proteocephalus</i>	Fafioye <i>et al.</i> 2017.
	Osun	<i>Monobothrium</i> spp	Olurinet <i>et al.</i> 2012.
	Ekiti	<i>Polyonchobothrium</i>	Olofintoye, 2006.
	Lagos	<i>D. latum</i>	Hassan <i>et al.</i> 2010.

**Pathophysiology**

Immature eggs are passed in feces, eggs mature (18 to 20 days) and yield oncospheres which develop into a coracidia. Coracidia ingested by a suitable first intermediate host (freshwater crustacean, e.g. a copepod) Coracidia develops into proceroid larvae and copepod ingested by a suitable second intermediate host, proceroid larvae migrate into the fish flesh, there they develop into a plerocercoid larvae, the infective stage for humans. Humans can acquire the disease by eating infected host fish raw or undercooked. In humans the plerocercoid develops into adults residing in the small intestine (Choi *et al.*, 2012). Once established, the tapeworm induces changes in the concentration of several

neuromodulators in the host tissue and serum (Yoneva *et al.*, 2014). Additionally, *D. latum* infection has been shown to cause structural changes leading to altered gastrointestinal tract functioning by modulating the Neuroendocrine response and causing enhanced secretion as well as changing gut motility (Arizono *et al.*, 2009). Despite the large size of most *Diphyllbothrium* species and, thus, their mechanical effect on the host, many infections with this parasite are reported to be asymptomatic (Ikuno *et al.*, 2018).

### **Clinical manifestations**

Can be a long-lasting infection (decades). Most infections are asymptomatic. However affected individual may have central nervous system manifestation, ocular manifestations, gastrointestinal manifestation, hematological manifestations, respiratory manifestations and dermatological manifestations (Scholz *et al.*, 2009).

### **Diagnosis**

Identification of eggs in the stool by microscopy. High sensitivity (95%) due to high no. of excreted eggs. Identification of proglottids passed in the stool and staining can also be of diagnostic value (Radacovska *et al.*, 2019).

### **Prevention and control**

Ingestion of raw freshwater fish should be avoided. Adequate cooking of freshwater fish at 55°C will destroy the encysted fish tapeworm larvae. Freezing at -10°C kill the larvae within for 24–48 hours (Sharma *et al.*, 2018). Public health information campaigns may be employed to educate the public about the risks of consuming improperly prepared fish. Proper disposal of sewage can reduce fish (and therefore human) infections (Scholz *et al.*, 2009). Prevention of water contamination from defecating may be achieved. Basic sanitation measures and screening and successful treatment of people infected with the parasite. Food safety control can also be of value in the control (Ito and Budke, 2014).

### **Treatment**

Praziquantel is a drug of choice. Adults: 5-10 mg/kg orally in a single dose. Children: dosage is the same as for adults. Praziquantel should be taken with liquids during a meal. Alternatively Niclosamide (Yomesan® 500mg) can be used. Adults: niclosamide 2 g orally once. Children: 50 mg/kg (max. 2 g) orally once. Niclosamide must be chewed thoroughly or crushed and swallowed with a small amount of water.

### **Conclusion**

This parasitic disease should not be regarded as neglected, because new foci and human infections with exotic species have recently appeared, even in countries with a high standard of medical care.

Better education of all population segments, such as consumers, health professionals, fishermen, and sellers, particularly in endemic areas, is necessary. A multidisciplinary approach could provide a better way to fill the current knowledge gaps. Public health education, food safety control, and consumer education on the risks of raw fish consumption are fundamental to control and prevent diphyllbothriasis.

However, it is hoped that warning of the potential risk of reemergence of diphyllbothriosis due to changing eating habits, globalization of the food market and climatic change will help in a more effective control of this parasitic disease on the global scale.

### **Recommendations**

Given the effect of globalization and the prevalent habit of consuming raw or undercooked fish, clinicians, nurse practitioners, nurses with specialty training in infectious diseases, pharmacists, and public health officials should be aware of the re-emergence of diphyllbothriasis, as part of an inter-professional healthcare team approach. There should be a periodic monitoring of the infection in man and fishes with regular prevalence surveys to study the evolutive nature of diphyllbothriasis.

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