





TESTING FOR TAENIASIS-WHY CHANGE?

- To improve diagnosis of taeniasis using a test with improved sensitivity.
- To identify possible sources of infection (tapeworm carriers) among household contacts and other close personal contacts of cysticercosis cases.



PHN ROLE

- PHN interviews using standardized case investigation form for cysticercosis
- Information is also collected on household members and other close personal contacts.



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CURRENT SCREENING TEST

- Contacts are offered testing for taeniasis by O&P
 - Lower sensitivity
 - Three stool specimens required
 - Low compliance by contacts
 - Cannot speciate Taenia by O&P



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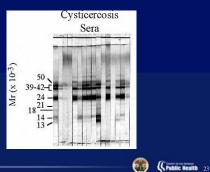
NEW SCREENING TEST

- Serologic (blood) test
- More sensitive and specific than stool O&P
 - 95% sensitivity
 - 100% specificity -no false positives



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SEROLOGIC TEST RESULTS



NEW SCREENING TEST-2

- PHN to collect fingerstick specimen
 - Can be done in the field
 - Only one visit needed to collect specimen
 - If refuse blood test, offer O&P x 3 stool testing
- Contacts diagnosed with taeniasis will be referred for treatment



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PUBLIC HEALTH MESSAGE

- Identification of tapeworm carriers
 - allows for them to be treated, thus
 - eliminating further risk of cysticercosis transmission to themselves and others.
- Public Health staff can identify and screen close contacts at no charge and offer or refer for treatment.





Questions?

- Slides from this CEU program will be posted after the In-service.
- Educational slide show from the UN:
- www.fao.org/ag/againfo/programmes/docume nts/.../**TaeniaSolium**FAO1.swf





