PRESENT STATUS OF HOR RAJAB BILHARZIASIS CONTROL PROJECT IRAQ 15, WHO-IRAQ

SIR,—The project area covers 16,000 hectares with a population of 21,000 persons, located 20 km. south of Baghdad, consisting of two main gravity water systems. The control area has 8 km. long main canal (Eastern Jaibachy canal) with 12 branches, 1 to 3 km. long, 6 infested with Bulinus truncatus.

Adjoining, is the experimental area which has a 12 km. long main canal (Western Jaibachy canal) with 40 branches, 1–4 km. long, 15 branches infested with Bulinus truncatus. Both systems take from the same source.

Some of the WHO personnel were present from 1963–1966; the national staff has been working continuously. The index primary school in the endemic experimental area has been showing a continuous decline in bilharzia prevalence from 90% (1960) to 5–3% (1973) due to mollusciciding and medical treatment with Ambilhar and later with Etrenol. For several years bilharzia has been checked. The bilharzia prevalence in the pre-school children of 2–6 years age group came down from 67% (1961) to nil (1973).

Repeated systematic mollusciciding with NaPCP every year since 1964 in the experimental area has eradicated Bulinus truncatus snails from all 15 infested branches since 1972. The systematic mollusciciding with NaPCP started late in 1967 in the control area; Bulinus truncatus snails disappeared from 1969 in all 6 infested branches up to present date.

I am, etc.,

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TRYPANOSOMIASIS IN PRIMATES, HUMAN AND SUBHUMAN, IN INDIA

SIR,—Human trypanosomiasis has now been reported in Southern Asia from both Malaysia (JOHNSON, 1933) and, more recently, India (SHRIVASTAVA and SHRIVASTRA, 1974). The sources of the infections are unknown. As other human trypanosomiases are transmitted from animals to man, it appears of interest to record the previously unpublished findings of trypanosome infections in the Indian Macaca mulatta from two areas in India.

The discovery was first made in a group of M. mulatta shipped by air from New Delhi to Long Island, New York (U.S.A.) in late November 1971. The animals were bled for cultures within a week of leaving India. Of approximately 100 macaques so investigated, trypanosomes were isolated in culture from one animal. This culture line has now been cloned, in 3 successive clonings, by a method previously described (WEINMAN, 1972). From this isolate, now known to be unmixed with other species, an identification will be attempted. The origin of the macaques was said to be Uttar Pradesh, in the vicinity of Lucknow.

It is exceedingly improbable that the infection was acquired in the United States. In the Long Island area, which is in the vicinity of New York City, there are no known indigenous primate trypanosomiases, and at the time of year the macaques were received, no or very few local insects were free-flying. The animals were housed as a batch, alone, for quarantine purposes, in quarters in which insects were not observed. The holding period in the United States was less than 7 days.

In November 1973, a field trip was made to a monkey collection centre in New Delhi, where recently captured M. mulatta were assembled in groups from known localities, identified to the township level. The cultural method was again employed, using polyvinyl sulphuric acid as an anticoagulant, and from 200 animals bled, an isolate was obtained from a M. mulatta trapped in the Kashmir-Jammu area in the vicinity of Ramban town-ship at approximately 33° N latitude and 75° longitude.

These findings demonstrate that trypanosomiasis is indigenous in Indian macaques, and that in India the distribution extends well outside the tropics. The infection is probably endemic within an extensive area. The apparent incidence of 0–5 to 1% may be misleading. In Malaysia, where our experience is more extensive than in India, transmission appears to take place in restricted pockets, for infection rates may vary from 0 to over 80%, in batches of a half-dozen animals trapped within the same small study area.*

I am, etc.,

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