

Hawaii State Department of Health

Disease Investigation Branch

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Angiostrongyliasis (Rat Lungworm)

What is angiostrongyliasis?

Angiostrongyliasis, also known as rat **lungworm**, is a disease that affects the brain and spinal cord. It is caused by a parasitic nematode (worm) called Angiostrongylus cantonensis. The adult form of A. cantonensis is only found in rodents, however, infected rodents can pass larvae of the worm in their feces. Snails, slugs, and certain other animals (including freshwater shrimp, land crabs, and frogs) can become infected by ingesting this larvae; these are considered intermediate or paratenic hosts. Humans can become infected with A. contonensis if they eat (intentionally or otherwise) a raw or undercooked infected intermediate or paratenic host, thereby ingesting the parasite.

What are its signs and symptoms?

This infection can cause a rare type of meningitis (eosinophilic meningitis). Some infected people don't have any symptoms, or only have mild symptoms that don't last very long; in some other infected people the symptoms can be much more severe. When symptoms are present, they can include severe headache and stiffness of the neck, tingling or painful feelings in the skin or extremities, low-grade fever, nausea, and vomiting. Sometimes, a temporary paralysis of the face may also be present, as well as light sensitivity. The symptoms usually start 1 to 3 weeks after exposure to the parasite, but have been known to range anywhere from 1 day to

varies from case to case, the symptoms usually last between 2–8 weeks; symptoms have been reported to last for longer periods of time.

as long as 6 weeks after exposure. Although it

How do you get it?

You get angiostrongyliasis by eating food contaminated by the larval stage of A. cantonensis worms. These larval worms can be found in raw or undercooked snails, slugs, prawns, and land crabs. Sometimes people can become infected by eating raw produce that contains a small infected snail or slug, or part of one. It is not known for certain whether the slime left by infected snails and slugs are able to cause infection. Angiostrongyliasis is not spread person-to-person.

How is it diagnosed?

Diagnosing angiostrongyliasis can be difficult, as there are no readily available blood tests. Cases can be diagnosed with polymerase chain reaction (PCR) tests that detect A. cantonensis DNA in patient's cerebrospinal fluid (CSF) or other tissue. However, more frequently diagnosis is based on a patient's exposure history (such as if they have history of travel to areas where the parasite is known to be found or history of ingestion of raw or undercooked snails, slugs, or other animals known to carry the parasite) and their clinical signs and symptoms.

How is it treated?

There is no specific treatment for the disease. The parasites cannot mature or reproduce in humans and will die over time, so the infection is self-limiting. Supportive treatment and pain medications can be given to relieve the symptoms, and some patients are treated with steroids. No anti-parasitic drugs have been shown to be effective in treating angiostrongyliasis, and there is concern that they could actually make the symptoms worse because of the body's response to the dying worms. Persons with symptoms should consult their health care provider for more information.

Prevention and Control

In order to prevent angiostrongyliasis, don't eat raw or undercooked snails or slugs, frogs or shrimp/prawns, and if you handle snails or slugs, be sure to wear gloves and wash your hands. You should also thoroughly inspect and wash fresh produce and vegetables, especially if eaten raw. Removing snails, slugs, and rats founds near houses and gardens might also help reduce risk exposure to *A. cantonensis*.

When preparing food, suspect snails, prawns, fishes, and crabs should be boiled for at least 3 to 5 minutes, or frozen at 5°F (15°C) for at least 24 hours; this will kill the larval stage of the worm.

For more information, see CDC's website at: http://www.cdc.gov/parasites/angiostrongylus/in dex.html