Fascioliasis is an infection common in animals, particularly sheep and cattle, and is widespread around the world. The disease can be transmitted through food to humans where it affects the liver. It is also known as "common liver fluke infection". Humans can catch the infection when consuming aquatic plants (such as watercress) and other salad vegetables to which worm cysts are attached. Once in the intestine, the immature worms burrow their way through the gut wall, puncture the liver’s surface and eat their way through its tissues causing internal bleeding, extreme abdominal pain, fever, nausea and a swollen liver. These worms can live in the bile ducts for years, causing obstruction as well as chronic inflammation of the surrounding liver tissue, eventually leading to cirrhosis. Anaemia and growth stunting in children are the most often observed health effects.

Fascioliasis affects mainly children living in poor rural areas. It is estimated that the disease infects between 2.5 to 17 million people annually, mostly in sheep- and cattle-rearing rural communities of Bolivia, Ecuador, Egypt, Iran, Peru and Vietnam, where infection rates are so high that they are considered a serious public health problem, hampering social and economic development.

In order to interrupt transmission of fascioliasis from animals to humans, veterinary public health measures (such as using anti-fascioliasis drugs) need to be put in place to control the animal sources of infection. People living in endemic areas should be made aware of the dangers of eating raw vegetables. For individuals who are already infected, treatment with triclabendazole is the only way to alleviate suffering and control the disease. Unfortunately it is not widely available and its cost often prevents infected individuals from seeking treatment. WHO has therefore joined forces with the pharmaceutical industry to make the drug available free of charge to developing countries in which the disease is endemic.

Assessing the true health impact and cost of unsafe food from fascioliasis is urgently needed to adequately inform policy-makers on how to use scarce resources most efficiently. Without reliable information on the causes and extent of fascioliasis transmitted through food, countries risk wasting precious resources or implementing inadequately designed programmes and policies, thus jeopardizing the achievement of positive public health outcomes. This is particularly true for low and middle income countries which depend on high-quality information to meet internationally agreed development goals. To provide the missing information on the burden of disease due to unsafe food, WHO and its partners launched the Initiative to Estimate the Global Burden of Foodborne Diseases. Fascioliasis is one of the priority diseases on which the Initiative will focus.

For further information, please contact:

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WHO Initiative to Estimate the Global Burden of Foodborne Diseases

Factsheet on fascioliasis

What is fascioliasis?

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Which are the populations and countries most affected?

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How to prevent and control fascioliasis?

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Why estimate the global burden of fascioliasis?

Assessing the true health impact and cost of unsafe food from fascioliasis is urgently needed to adequately inform policy-makers on how to use scarce resources most efficiently. Without reliable information on the causes and extent of fascioliasis transmitted through food, countries risk wasting precious resources or implementing inadequately designed programmes and policies, thus jeopardizing the achievement of positive public health outcomes. This is particularly true for low and middle income countries which depend on high-quality information to meet internationally agreed development goals. To provide the missing information on the burden of disease due to unsafe food, WHO and its partners launched the Initiative to Estimate the Global Burden of Foodborne Diseases. Fascioliasis is one of the priority diseases on which the Initiative will focus.