Ideas for Educating Clinicians Ideas for Future Clinical Trials

GS Murphy, MD
Infectious Disease Department
Tripler Army Medical Center, Honolulu

Goals of this Talk

- Suggest some ways that clinicians have been informed about Angiostrongyliasis in the past and ways we might improve their knowledge in the future.
- Suggest ideas for future clinical trials.

These are merely ideas to stimulate discussion.

Recent Review Articles

- Lv, et al. Section 12.2 in Adv Parasitol 72:355-63, 2010.
- Graeff-Teixeira, da Silva, et al. Clin Microbiol Rev 22:322-48, 2009.
- Ramirez-Avila, et al. Clin Infect Dis 48:322-7, 2009
- Eamsobhana, Yong. Int J Infect Dis 13:425-31, 2009 (Immunologic Diagnosis)
- Sawanyawisuth^2. Trans R Soc Trop Med Hyg 102:990-6, 2008 (Treatment)
- Wang, et al. Lancet Infect Dis 8:621-30, 2008.
- Lo Re, Gluckman. Am J Med 114:217-23, 2003.
- Mentz, Graeff-Teixeira. Rev Inst Med Trop Sao Paolo 45:179-84, 2003. (Drug Trials)

Case Reports +/- Reviews

- Tsai, et al *Intern Med* 50:771-4, 2011 (Frogs in wine)
- Ali, et al. *Travel Med Infect Dis* 6:41-4, 2008 (Belgium)
- Li, et al. *Am J Trop Med Hyg* 79:568-70, 2008. (Severe)
- Kirsch, et al. J Neurol 255:1102-3, 2008. (Germany)
- Leone, et al. J Travel Med 14:407-10, 2007 (Santo Domingo)
- Lai, et al. Am J Trop Med Hyg 76:399-402, 2007. (Frogs)
- Hidelaratchi, et al. Ceylon Med J 50:84-6, 2005 (Lizard)
- Lim, et al *J Travel Med* 11:388-90, 2004
- Hughes, et al. Mil Med 168:817-21, 2003 (Hawaii)

Publication of Proceedings of this Workshop

- Dr. Cowie suggested that a formal Volume be published by Univ. of Hawai'i.
 - Each presenter may submit a formal paper for this volume if they like.
- Supplement to Clinical Infectious Disease
 - A publication of IDSA
- Supplement to AJTMH
 - A publication of ASTMH
- Sponsors to pay costs of publication?
 - Grant?

Article in EID or MMWR

- Dr. Park suggested a White Paper in Emerging Infectious Diseases
 - Each talk summarized in about 1 paragraph.
 - Dr. Cowie to be first author and coordinator.
- Summary of public health implications.
 - Summarize US states & territories data.
 - Give recommendations
- MMWR article could be picked up by JAMA which would give it wide circulation.

Web Sites

- Up To Date: There is already a nice article on Eosinphilic Meningitis by Dr. Peter Weller here.
- MedScape reports on news from medical conferences.
- WebMD has nothing on EM or A.c.
- JABSOM reports on newsworthy events involving faculty.
- Wikipedia: the article is very limited and says almost nothing about treatment.

Press Release

 Could do a short press release on this workshop targeted at JAMA, Infectious Disease News, NEJM, American Family Physician, Websites, etc.

 These journals and websites may put a paragraph in their news sections.

- Need way to standardize severity of illness.
 - Perhaps a coma scale, APACHE score
 - Perhaps a point system, eg:
 - Altered sensorium = 1 pt.
 - Cranial Nerve abnormalities = 1 pt.
 - Motor weakness outside the head = 1 pt/
 - Ataxia = 1 pt.
 - Coma = 5 pts.
 - Point for each LP beyond fist one.

- Need way to positively identify causative organism in trials
 - Serology is limited in endemic areas due to prior exposure.
 - (Though often negative by 6 mos after infection)
 - PCR would be hard evidence of current or very recent infection.
 - (Once this has been formally validated)

- Need to see if antihelminthics given early enough would prevent or lesson severe disease.
 - Antihelminthic should probably only be used if steroids given simultaneously or prior, to block inflammatory responses.
 - But, antihelminthics may decrease migratrion that has caused deaths.
 - This may only be measurable in severe cases, such as seen with Achatina fulica ingestions.

- Days after infection may influence response to therapy, so we need to stratify for this in data analysis.
 - First molt (L3-L4): d5-6 post infection (in rats)
 - Second molt (L4-L5): d 11-13 pi
 - Worms enter subarachnoid space: d 14-28
 - Death of young adult: d 28-60?

- Perhaps multicenter trial could be set up for hospitals in Polynesia (Hawaii, Samoa, Tahiti), to look at EM caused by A. fulica ingestions.
 - These seem to be more severe, possibly due to higher worm burdens.
- Problem is: probably not enough numbers of cases for statistical power.

- Could Ivermectin be tested in place of albendazole?
 - Pros: rapidly effective against many helminths, including Strongyloides.
 - Cons:
 - poor CNS penetration
 - Significant CNS side effects
- Are there other anti-helminthic agents worthy of testing?
 - Lavamisole?

- Comparison of Prednisolone with and without Albendazole, given early in disease.
 - Days since ingestion < x. (<14?)
 - -N = > 55
 - Score severity of illness.
 - Serial LPs: minimum of 3?

Pathophysiology

- We need to know the actual mechanisms of neurologic injury in humans.
 - Is it increased Intracranial pressure?
 - Is it inflammatory reaction; which cytokines?
 - Is it mechanical damage from worm migration?

Pathophysiology

 We need an animal model to replicate human CNS and parasitic responses.

 Do rats have behavioral changes associated with CNS infections?

Pathophysiology

- We need to know the influence of parasite inoculum on:
 - Incubation period.
 - Severity of illness.
- We need a way to estimate the parasite inoculum after the event, when the patient presents.
 - Average parasite loads of various intermediate and paratenic hosts important in human transmission should be quantified.

Pharmacology

We need to know if albendazole kills L3,
 L4, L5 or all of these, and the LD50, LD90.

- We need to know the mechanism of action of prednisolone:
 - Is it reduction in ICP?
 - Is it blunted Eosinophils or IgE?

Conclusion

Much remains to be done.

 These were discussed further in the work out sections.