

**To the SDA Central Church  
Attn: Prof Atinga and Mr Kajwang**

12<sup>th</sup> November 2008-11-12

## **MEDICAL REPORT ON ACUTE BILHARZIA**

**REF: INDIVIDUALS WHO TRAVELLED TO MWANZA FROM THE SDA  
CENTRAL CHURCH, BEING TREATED FOR SCHISTOSOMIASIS**

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Thank you for coming to our Centre for diagnosis and treatment of this tropical problem which is normally not easy to detect.

We have already examined specimens from about 70 people, mainly children, who either swam in the Lake Victoria at Mwanza or washed in the contaminated water. We have found a very high rate of infection, almost 100% with Schistosomiasis (Bilharzia) sometimes called KICHOCHO in Swahili. This is a serious matter as the infection levels we have found are very high with titres ranging from 1:1024 to over 1: 8192. The type of Bilharzia isolated is *Schistosoma mansoni*, which we identified from eggs excreted in stools from some of the children.

The acute symptoms were very confusing because they are not commonly seen in Africans. It is a form of Katayama Syndrome. We will call it the “**Mwanza phenomenon**”. Typically many people experienced some or all of the following: body pains, headaches, neck pains, eye pains, swollen eyes (also called proptosis), swollen lips and faces, abdominal pains, swollen testicles, skin rashes called erythema, itching, restlessness, chest pains, coughing, fevers, diarrhoea, blood in stools, blood in urine and throat inflammation.

This kind of infection is potentially destructive to the internal organs especially the liver and the nervous system. In heavy infections, worms may lodge outside their usual habitats in the mesenteric or urinary blood vessels, for example in the spine or brain. Therefore the above symptoms are just warnings of what can happen in the future if treatment is ignored. Normally the disease progresses slowly and infection can remain

quietly in the body for 20-35 years depending on the number of worms before producing serious damage to the liver or bladder, depending on the species.

With the apparently heavy infections from Mwanza, it is deceptive to suppress the clinical symptoms using antihistamines and antibiotics as the internal destruction will continue until the late stage whereby untreated individuals might get: portal hypertension with ascites with distended abdomen, vomiting blood, bleeding haemorrhoids, chronic infections of urinary bladder and the destruction of the reproductive systems.

### **Recommendations**

We do not have to test everyone as the infection rates are proven to be very high among those who swam in the lake. We recommend that instead, all individuals who touched lake water or swam in the lake should be treated using:

- Prednisolone 20-40mg daily for 5days for those below and above 50kg respectively.
- Prazitel (Praziquantel) which is locally produced in Kenya (do not use Biltricide because we are still investigating the possibility of counterfeits in the Kenyan market). Each tablet is 600mg. Each individual must be weighed. The dose is roughly calculated as 40mg/kg body weight once daily (OD) and estimated suitably to the nearest half tablet. This total dose is to be taken OD for 5days.
- A laboratory test on blood to confirm cure should be carried out after 6 to 12 months.
- Avoid swimming, bathing or washing in the fresh waters of Africa in general as the prevalence of such diseases is high.

Please pass this information around to all those who are involved and assure them that cure is certain if treatment is taken properly.

Signed:

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