



High Prevalence of *Enterobius vermicularis* Infection among Schoolchildren in Three Townships around Yangon, Myanmar

Jong-Yil Chai^{1,*}, Seung Koo Yang¹, Jae Won Kim¹, Soo-Lyoen Choi¹, Gyu-Young Song¹, Bong-Kwang Jung¹, Min-Jae Kim¹, Jaeun Cho¹, Deok-Gyu Kim¹, Woon-Mok Sohn², Hoo-Gn Jeoung³, Seon Cho³, Jong-Bok Park³, Sooji Hong³, Thi Thi Htoon⁴, Htay Htay Tin⁴

¹Department of Parasitology and Tropical Medicine, Seoul National University College of Medicine, Seoul 03080, Korea; ²Department of Parasitology and Tropical Medicine, and Institute of Health Sciences, Gyeongsang National University School of Medicine, Jinju 52727, Korea; ³Korea Association of Health Promotion, Seoul 07653, Korea; ⁴National Health Laboratory, Yangon 11191, Myanmar

Abstract: In order to determine the status of *Enterobius vermicularis* infection among schoolchildren in suburban areas of Myanmar, 761 primary schoolchildren in 3 different townships around Yangon City were subjected to a survey using cello-tape anal swabs. The subjected schoolchildren were 383 boys and 378 girls who were 5-7 years of age. Only 1 anal swab was obtained from each child. The overall egg positive rate of *E. vermicularis* was 47.2% (359 positives), and sex difference was not remarkable (48.6% in boys and 45.8% in girls). However, the positive rate was the highest in South Dagon (54.6%) followed by Hlaing Thayar (43.8%) and North Dagon (34.8%). This difference was highly correlated with the living standards of the people in each township. Nucleotide sequence of the 5S rDNA from the eggs on the cello-tape (2 children) revealed 99.7% identity with that of *E. vermicularis* reported in GenBank. The results indicated that *E. vermicularis* infection is highly prevalent among primary schoolchildren around Yangon, Myanmar.

Key words: *Enterobius vermicularis*, enterobiasis, high prevalence, anal swab, schoolchildren, Myanmar

Intestinal helminthiases, in particular, soil-transmitted and contact-borne helminth infections are the most common parasitic infections in tropical and subtropical countries [1]. No less than a billion people are infected with at least one species of intestinal helminth [1]. The pinworm, *Enterobius vermicularis*, is the most common helminth of humans and has a worldwide distribution including even developed countries such as Western Europe and United States. The estimated global population infected by the pinworm is about 4-28% [1]. The common mode of pinworm transmission is ingestion of eggs either directly or indirectly through hands, bedding, clothing, and toilet seats [2,3]. Enterobiasis is commonly asymptomatic; however, children with high parasitic burdens have impairments in physical, intellectual, and cognitive development [4].

Until present, there have been few documented reports on

the prevalence of *E. vermicularis* among people in Myanmar. A Thai research group reported that the egg positive rate of *E. vermicularis* among 372 immigrant children from Myanmar who lived in Samut Sakhon Province, Thailand was 25.2% [5]. No other reports are available. Thus, in the present study, we performed a small survey on *E. vermicularis* infection targeting primary schoolchildren in 3 different townships located around Yangon City, Myanmar in 2014.

The survey target included 7 primary schools (Fig. 1) in 3 suburban areas (South Dagon, Hlaing Thayar, and North Dagon) of Yangon. The subjects were 761 primary schoolchildren (383 boys and 378 girls) who were 5-7 years of age. The cellophane tape (cello-tape) anal swab method was used to detect the eggs. The sticky side of the transparent cello-tape was stuck to each child's perianal area and removed. Collected samples were transported to the National Health Laboratory, Yangon, Myanmar and examined under light microscopy by at least 2 medical specialists. The prevalence of *E. vermicularis* eggs was compared between sex and township, and the results were statistically evaluated by the chi-square test.

For identification of the pinworm species, PCR and nucleo-

•Received 11 September 2015, revised 7 November 2015, accepted 7 November 2015.

*Corresponding author (cyj@snu.ac.kr)

© 2015, Korean Society for Parasitology and Tropical Medicine

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

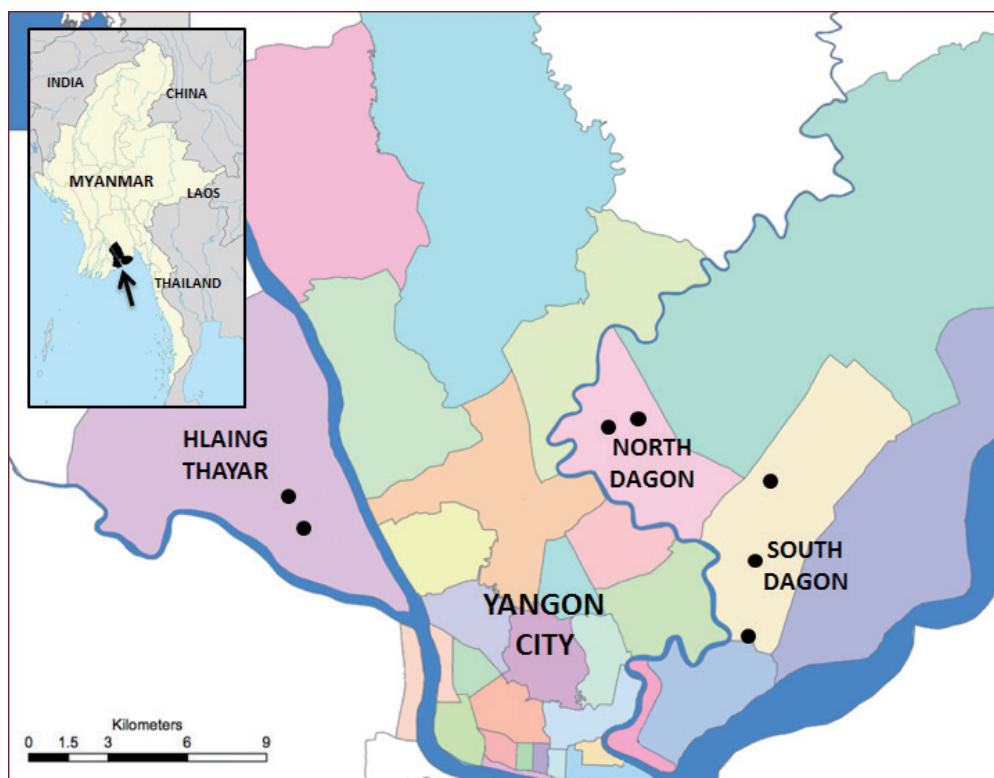


Fig. 1. Map showing the surveyed areas around Yangon City, Myanmar. The schoolchildren of 7 primary schools (black dots) in 3 communes (South Dagon, Hlaing Thayar, and North Dagon) were subjected in this study.

Table 1. The egg positive rate of *E. vermicularis* among primary schoolchildren in Yangon, Myanmar by cello-tape anal swab examination in 2014

Area	Male			Female			Total		
	No. of exam.	No. of positive	(%)	No. of exam.	No. of positive	(%)	No. of exam.	No. of positive	(%)
South Dagon	199	113	56.8	193	101	52.3	392	214	54.6 ^a
Hlaing Thayar	92	41	44.6	93	40	43	185	81	43.8 ^a
North Dagon	92	32	34.8	92	32	34.8	184	64	34.8 ^a
Total	383	186	48.6	378	173	45.8	761	359	47.2

^aThe egg positive rate was significantly higher ($P < 0.05$) in South Dagon than in Hlaing Thayar and North Dagon.

tide sequencing were performed on the 5S rDNA region according to the procedures reported previously [6]. Total genomic DNA was extracted from the eggs on the cello-tape by using a DNeasy Blood and Tissue Kit (QIAGEN, Hilden, Germany) with minor modifications. Briefly, the eggs were mechanically detached from the cello-tape using forceps under a stereomicroscope, and the isolated eggs were vortexed with glass beads for lysis. The next step followed the manufacturer's instructions. The PCR product was amplified by using the Cosmo Labopass X2 PCR Premix kit (Cosmo Genetech, Seoul, Korea) with primers of 5S rDNA (forward primer 5'-CACCT-

GCTATACCAACAACAC-3'; reverse primer 5'-GCGCTACTA-AACCATAGAG-3'), and automated DNA sequencing was performed by Solgent Co. (Daejeon, Korea). Nucleotide sequences obtained were aligned by using the Geneious Program, version 7.1.7 (Geneious Co., Wellington, New Zealand) [6].

The P -values of < 0.05 were considered statistically significant. This study was approved by the National Health Laboratory, Yangon, Myanmar and the Korea Association of Health Promotion, Korea under the agreement of Korea-Myanmar International Project on Intestinal Parasite Control in Primary Schoolchildren around Yangon, Myanmar (2013-2015).

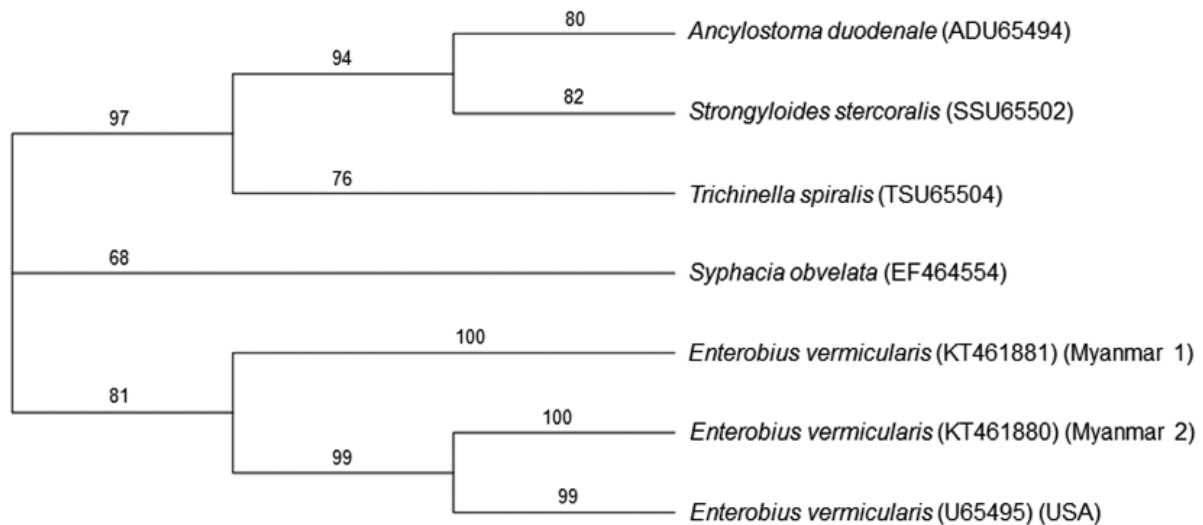


Fig. 2. A phylogenetic tree based on 5S rDNA gene sequences exploring the relationships of our specimens (Myanmar 1 & 2) with ever-reported sequences in GenBank. Numbers above the branches are bootstrap values. The phylogenetic tree reveals that the 5S rDNA gene sequence from the eggs on cello-tape anal swabs of 2 schoolchildren from Myanmar is compatible with that of *E. vermicularis* (USA).

Out of the total 761 primary schoolchildren examined, 359 (47.2%) were positive for the eggs of *E. vermicularis* (Table 1). The positive rate was not significantly ($P > 0.05$) different between boys (186/383, 48.6%) and girls (173/378, 45.8%). As the age of the examined schoolchildren were the same among most subjects, 5-7 years old, no age-specific different in the prevalence could be noted. However, the prevalence was significantly higher ($P < 0.05$) in South Dagon (54.6%) than in Hlaing Thayar (43.8%) and North Dagon (34.8%) townships. The prevalence was the highest in boys from South Dagon (56.8%) and the lowest in boys and girls from North Dagon. Sequencing of the 5S rDNA gene of the eggs on the anal swabs showed 99.7% identity (identical in 341 among 342 sites) with *E. vermicularis* reported from USA (GenBank no. U65495). The neighbor-joining tree revealed that our 2 specimens (Myanmar 1 & 2, GenBank no. KT461881 and KT461880, respectively), were phylogenetically compatible to *E. vermicularis* (Fig. 2).

The parasite infection rate in specific population such as children and rural residents is particularly attributed to environmental and personal hygiene and sanitation [7,8]. For this reason, the primary schoolchildren living in South Dagon seem to live in a poorer socioeconomic status and worse environment than those of the other 2 areas with a higher risk for *E. vermicularis* infection. It is locally well known that the general household income and living standards of people in South Dagon is lower than those in Hlaing Thayar and North Dagon

townships. Further studies regarding the relationships between the pinworm prevalence and the living standard of people around the surveyed areas in Myanmar should be studied in the near future. By this study, however, it can be concluded that all 3 surveyed areas around Yangon, Myanmar are highly endemic areas of enterobiasis among primary schoolchildren.

There is little information on the general status of intestinal helminth infections in Myanmar, and most surveys were small scale or local hospital-based [9]. Especially, no studies have been performed on the prevalence of *E. vermicularis* infection in Myanmar. In the present study, the egg positive rate (47.2%) of *E. vermicularis* was much higher than that reported in other countries; 6.0% [2], 10.5% [8], or 18.5% [3] in South Korea, 0.5% in Taiwan [10], and 12.1% in Turkey [11]. However, in a recent report from China, the egg positive rate of children in Guangdong area was as high as 54.9% [4], slightly higher than that observed in Myanmar in the present study. Interestingly, the egg positive rate of immigrant children from Myanmar who lives in Thailand was 25.2%, a much lower figure than that observed in the present study [5]. It can be speculated that the immigrant Burmese children residing in Thailand have a better socio-economic status and better environment than in their home villages in Myanmar.

There are 2 main points for effective management and control of *E. vermicularis* infection. First, medications should be in mass-treatment style and should be repeated in 2-3 weeks

[12,13]. The pinworms are easily reinfected, and medication does not kill all pinworm larvae or juvenile worms in the intestine [12]. Therefore, repeated dose is an important strategy to treat larval/juvenile infections which remained in the host intestine after 1 time medication. Second, Gungoren et al. [14] reported the effects of hygiene promotion on the risk of reinfection. According to their results [14], the hygiene promotion group had a much lower risk of reinfection than the treatment only group (no hygiene promotion) or control group (no hygiene promotion, no medication).

The reason for a molecular analysis on the eggs in our study was to rule out a possibility for the present pinworms to be a species different from *E. vermicularis*, for example, *Enterobius gregorii* Hugot, 1983 [15] and *Syphacia obvelata* (Rudolphi, 1802) Seurat, 1916 [16]. *E. gregorii* is a human-infecting pinworm species reported to be unique from *E. vermicularis* in the morphology of the spicule in male worms [15]. However, *E. gregorii* is considered a synonym of *E. vermicularis* by several other workers [17,18]. *S. obvelata* is a pinworm species infecting rodents but can also infect humans [16]. Our specimens showed a 99.7% homology in the 5S rDNA gene sequence with that of *E. vermicularis* in GenBank but distinct from the sequence of *S. obvelata*. The 5S rDNA gene sequence of *E. gregorii* is unavailable in GenBank.

Taken together, the results of the present study suggest strongly that there is an urgent need to control *E. vermicularis* infection among schoolchildren in the surveyed areas of suburban Yangon, Myanmar.

ACKNOWLEDGMENTS

We are grateful to the staff of the subjected primary schools in South Dagon, Hlaing Thayar, and North Dagon, Myanmar for their assistance in guidance of the schoolchildren and preparing anal swabs. We also thank the staff of National Health Laboratory, Myanmar and the staff of Korea Association of Health Promotion, Korea who helped this survey. This study was supported by a grant from Seoul National University Hospital (2015).

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest related to this study.

REFERENCES

- Bethony J, Brooker S, Albonico M, Geiger SM, Loukas A, Diemer D, Hotez PJ. Soil-transmitted helminth infections: ascariasis, trichuriasis, and hookworm. *Lancet* 2006; 367: 1521-1532.
- Kim DH, Cho MK, Park MK, Kang SA, Kim BY, Park SK, Yu HS. Environmental factors related to enterobiasis in a southeast region of Korea. *Korean J Parasitol* 2013; 51: 139-142.
- Park JH, Han ET, Kim WH, Shin EH, Guk SM, Kim JL, Chai JY. A survey of *Enterobius vermicularis* infection among children on western and southern coastal islands of the Republic of Korea. *Korean J Parasitol*. 2005; 43: 129-134.
- Li HM, Zhou CH, Li ZS, Deng ZH, Ruan CW, Zhang QM, Zhu TJ, Xu LQ, Chen YD. Risk factors for *Enterobius vermicularis* infection in children in Gaozhou, Guangdong, China. *Infect Dis Poverty* 2015; 4: 28.
- Sagnuankiat S, Wanichsuwan M, Bhunnachet E, Jungarat N, Panraksa K, Komalamisra C, Maipanich W, Yoonuan T, Pubampen S, Adisakwattana P, Watthanakulpanich D. Health status of immigrant children and environmental survey of child daycare centers in Samut Sakhon Province, Thailand. *J Immigrant Minority Health* 2014; 1-7 (e-pub ahead of print).
- Lim H, Jung BK, Cho J, Yooyen T, Shin EH, Chai JY. Molecular diagnosis of cause of anisakiasis in humans, South Korea. *Emerg Infect Dis* 2015; 21: 342-344.
- Warunee N, Choomanee L, Sataporn P, Rapeeporn Y, Nuttapong W, Sompong S, Thongdee S, Bang-On S, Rachada K. Intestinal parasitic infections among school children in Thailand. *Trop Biomed* 2007; 24: 83-88.
- Lee SE, Lee JH, Ju JW, Lee WJ, Cho SH. Prevalence of *Enterobius vermicularis* among preschool children in Gimhae-si, Gyeong-sangnam-do, Korea. *Korean J Parasitol* 2011; 49: 183-185.
- Montresor A, Zin TT, Padmasiri E, Allen H, Savioli L. Soil-transmitted helminthiasis in Myanmar and approximate costs for countrywide control. *Trop Med Int Health* 2004; 9: 1012-1015.
- Chu TB, Liao CW, Nara T, Huang YC, Chou CM, Liu YH, Fan CK. *Enterobius vermicularis* infection is well controlled among schoolchildren in nurseries of Taipei City, Taiwan. *Rev Soc Brasil Med Trop* 2012; 45: 646-648.
- Alver O, Özakin C, Töre O. The distribution of intestinal parasites detected in the Uludag University Medical faculty. *Turkiye Parazitoloj Derg* 2012; 36: 17-22 (in Turkish).
- Hong ST, Chai JY, Cho SY, Seo BS, Yun CK. Efficacy of repeated chemotherapy in control of *Enterobius vermicularis* infection. *Seoul J Med* 1979; 20: 163-168 (in Korean).
- St Georgiev V. Chemotherapy of enterobiasis (oxyuriasis). *Expert Opin Pharmacother* 2001; 2: 267-275.
- Gungoren B, Latipov R, Regallet G, Musabaev E. Effect of hygiene promotion on the risk of reinfection rate of intestinal parasites in children in rural Uzbekistan. *Trans R Soc Trop Med Hyg* 2007; 101: 564-569.
- Ahn YK, Chung PR, Soh CT. *Enterobius gregorii* Hugot, 1983 re-

- covered from school children in Kangwon-do, Korea. Korean J Parasitol 1992; 30: 163-167 (in Korean).
16. Riley WA. A mouse oxyurid, *Syphacia obvelata*, as a parasite of man. J Parasitol 1919; 6: 89-93.
 17. Hasegawa H, Takao Y, Nakao M, Fukuma T, Tsuruta O, Ide K. Is *Enterobius gregorii* Hugot, 1983 (Nematoda: Oxyuridae) a distinct species? J Parasitol 1998; 84: 131-134.
 18. Nakano T, Okamoto M, Ikeda Y, Hasegawa H. Mitochondrial cytochrome c oxidase subunit 1 gene and nuclear rDNA regions of *Enterobius vermicularis* parasitic in captive chimpanzees with special reference to its relationship with pinworms in humans. Parasitol Res 2006; 100: 51-57.

