



S4C HOOKWORM FAQ SHEET (rev 3-1-10)  
Adapted (reference) from the CDC Fact Sheet 2010

## Hookworm Infection – FAQ Sheet Contents

- [What is hookworm?](#)
- [Where are hookworms commonly found?](#)
- [How do I get a hookworm infection?](#)
- [Who is at risk?](#)
- [What are the symptoms of hookworm?](#)
- [Can a hookworm infection cause any serious health problems?](#)
- [What should I do if I think I have a hookworm infection?](#)
- [What is the treatment for hookworm?](#)
- [How can I prevent hookworm?](#)
- [What is the lifecycle of the Hookworm?](#)
- [What does the hookworm look like?](#)
- [More Information](#)
- [Soles for Children Contact Information](#)

---

### What is hookworm?

Hookworm is an intestinal parasite of humans that causes mild diarrhea and abdominal pain. Heavy infection with hookworm can create serious health problems for newborns, children, pregnant women, and persons who are malnourished. Hookworm infections occur mostly in tropical and subtropical climates. In 2002, the estimated number of person infected with hookworm was 1.3 billion.

### Where are hookworms commonly found?

The geographic distributions of the hookworm species that are intestinal parasites in humans, *Ancylostoma duodenale* (an-cy-CLO-sto-ma doe-AH-den-al) and *Necator americanus* (ne-KAY-tor am-er-i-CON-us), are worldwide in areas with warm, moist climates, and widely overlapping. *Necator americanus* was widespread in the Southeastern United States early in the 20th century. The Rockefeller Sanitary Commission was founded in response,

and hookworm infection in this area was well controlled.

Hookworm eggs are not infective; they release larvae in soil that have the ability to penetrate the skin. Hookworm infection is transmitted primarily by skin being in contact with soil (for example, by walking barefoot) but can also be transmitted through the ingestion of larvae.

### **How do I get a hookworm infection?**

You can become infected by direct contact with contaminated soil, generally through walking barefoot, or accidentally swallowing contaminated soil.

Hookworms have a complex life cycle that begins and ends in the small intestine. Adult female worms produce thousands of eggs, which are excreted in stool. Hookworm eggs are not themselves infective. However, if they reach soil (for example, when infected persons defecate on the ground or when "night soil" is used to fertilize crops) and if the soil conditions are favorable (warm, moist, and shaded), the eggs hatch into larvae. The barely visible larvae penetrate the skin (often through bare feet), are carried to the lungs, go through the respiratory tract to the mouth, are swallowed, and eventually reach the small intestine. This journey takes about a week. In the small intestine, the larvae develop into half-inch-long worms, attach themselves to the intestinal wall, and suck blood.

### **Who is at risk?**

People who have direct contact with soil that contains human feces in areas where hookworm is common are at high risk of infection. Children --because they play in dirt and often go barefoot-- are at high risk, although the prevalence of hookworm infection in endemic countries continues to rise into young adulthood. Since transmission of hookworm infection requires development of the larvae in soil, hookworm is not spread person to person. Contact among children in institutional or child care settings should not increase the risk of infection.

### **What are the symptoms of hookworm?**

Itching and a rash at the site of where skin touched soil and is usually the first sign of infection. These symptoms occur when the larvae penetrate the skin. While a light infection may cause no symptoms, heavy infection can cause anemia, abdominal pain, diarrhea, loss of appetite, and weight loss. Heavy, chronic infections can cause stunted growth and mental development.

## Can a hookworm infection cause any serious health problems?

Yes. The most serious results of hookworm infection are the development of anemia and protein deficiency caused by blood loss. When children are continuously infected by many worms, the loss of iron and protein can retard growth and mental development, sometimes irreversibly. Hookworm infection can also cause tiredness, and difficulty breathing with exertion. Severe disease can cause congestive heart failure.

## What should I do if I think I have a hookworm infection?

Visit your health care provider. Infection is diagnosed by identifying hookworm eggs in a stool sample.

## What is the treatment for hookworm?

Hookworm infections are generally treated for 1-3 days with medication prescribed by your health care provider. The drugs are effective and appear to have few side effects. Your health care provider may decide to repeat a stool exam after treatment. Iron supplements may be prescribed if you have anemia.

HOOKWORM Infection Treatment (*Ancylostoma duodenale*, *Necator americanus*), reference: The Medical Letter

Drug	Adult Dosage	Child Dosage (> 2 years)
Albendazole <sup>*,1,2</sup>	400 mg PO Once	400 mg PO Once. [If < 2 years, 200 mg PO x 3 days and repeat in 3 weeks prn].
Mebendazole	100 mg PO bid x 3 days or 500 mg Once. Administer 2 <sup>nd</sup> dose if patient not cured in 3-4 weeks.	100 mg PO bid x 3 days or 500 mg Once. Administer 2 <sup>nd</sup> dose if patient not cured in 3-4 weeks.
Pyrantel pamoate <sup>1,3</sup>	11 mg/kg (max. 1g) PO x 3 days	11 mg/kg/day (max. 1g/day) PO x 3 days

\* Albendazole is the Drug of Choice

1. Not FDA Approved for this indication.

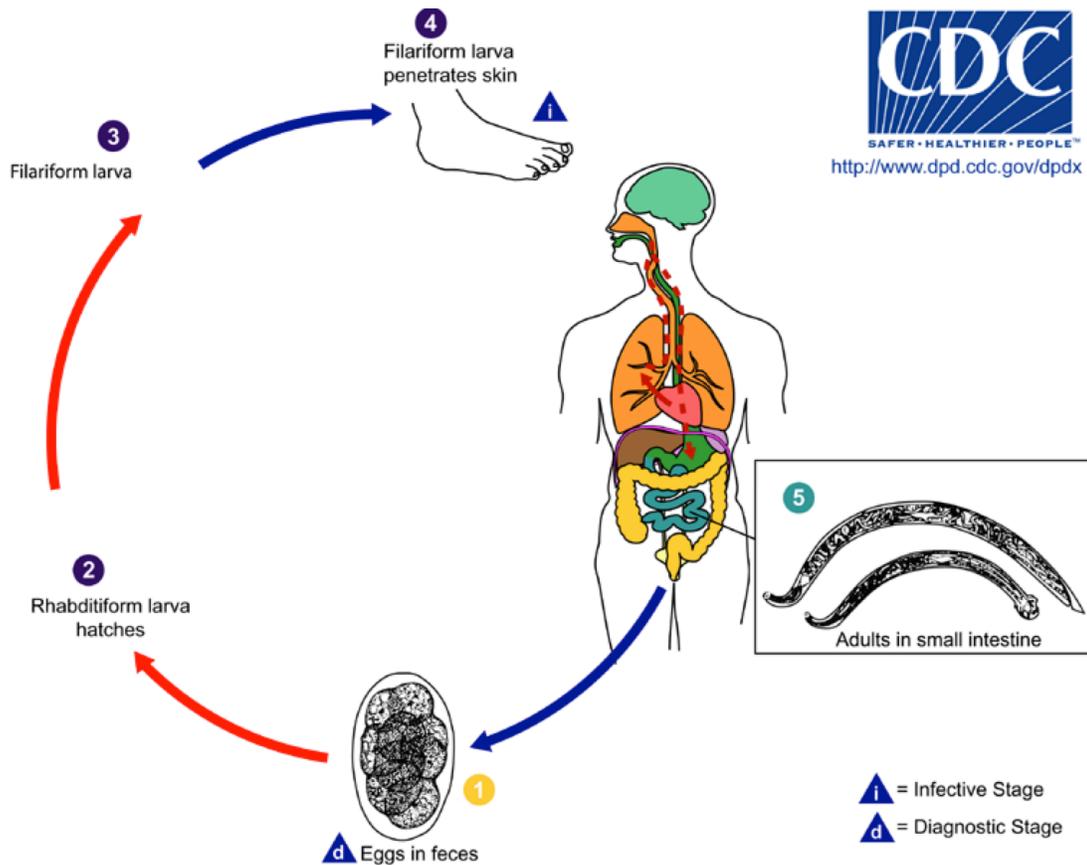
2. Albendazole must be taken with food; a fatty meal increases oral bioavailability.

3. Pyrantel pamoate suspension can be mixed with milk or fruit juice.

## How can I prevent hookworm?

Do not walk barefoot or contact the soil with bare hands in areas where hookworm is common or where there may be fecal contamination of the soil.

## What is the lifecycle of the hookworm?



**(1)** Eggs are passed in the stool , and under favorable conditions (moisture, warmth, shade), larvae hatch in 1 to 2 days. The released rhabditiform larvae grow in the feces and/or the soil **(2)**, and after 5 to 10 days (and two molts) they become filariform (third-stage) larvae that are infective **(3)**. These infective larvae can survive 3 to 4 weeks in favorable environmental conditions. On contact with the human host, the larvae penetrate the skin and are carried through the blood vessels to the heart and then to the lungs. They penetrate into the pulmonary alveoli, ascend the bronchial tree to the pharynx, and are swallowed **(4)**. The larvae reach the small intestine, where they reside and mature into adults. Adult worms live in the lumen of the small intestine, where they attach to the intestinal wall with resultant blood loss by the host **(5)**. Most adult worms are eliminated in 1 to 2 years, but the longevity may reach several years. Some *A. duodenale* larvae, following penetration of the host skin, can become dormant (in the intestine or muscle). In addition, infection by *A. duodenale* may probably also occur by the oral and transmammary route. *N. americanus*, however, requires a transpulmonary migration phase.

## What does the hookworm look like?



### More Information:

1. Brooker S, Bethony J, Hotez PJ. Human hookworm infection in the 21st century. *Adv Parasitol.* 2004;58:197-288.
2. Bethony J, Brooker S, Albonico M, Geiger Sm, Loukas A, Diement D, Hotez PJ. Soil-transmitted helminth infections: ascariasis, trichuriasis, and hookworm. *Lancet.* 2006;367:1521-32.
3. Hotez PJ. Hookworm infections. In: Guerrant RL, Walker DH, Weller PF, editors. *Principles, pathogens & practice.* 2nd ed. Philadelphia: Elsevier; 2006. p. 1265-73.
4. Hotez PJ, Pritchard DI. Hookworm infection. *Sci Am.* 1995 June;68-74.
5. Maguire JH. Intestinal nematodes (roundworms). In: Mandell GL, Bennett JE, Dolin R, editors. *Principles and practice of infectious diseases.* 6th ed. Philadelphia: Elsevier; 2005. p. 3260-3266.

## **ABOUT US:**

**Soles for Children™ (S4C)** provides needy children with free footwear to prevent hookworm infection, which impedes the development of children into healthy, productive adults by sapping their bodies of nutrients. To tackle this problem most effectively, we partner with like-minded local organizations and apply a three-pronged approach of prevention (free footwear), treatment (medicines to treat existing infection), and education (so the entire community understands the importance of nutrition, hygiene, and footwear). We are currently running a project for needy children in an orphanage and several villages near Chennai and looking at opportunities in Andhra Pradesh and Maharashtra. With additional support, we hope to run projects in many other villages across India.

Soles for Children™ is an NGO that was established in 2009.

*To help or learn more about S4C, email [ash@solesforchildren.org](mailto:ash@solesforchildren.org) or visit us at [www.solesforchildren.org](http://www.solesforchildren.org).*

## **Contact S4C:**



S4C

PO Box 23

Corona del Mar, CA 92625, USA

[www.soles4children.org](http://www.soles4children.org)

*This fact sheet for S4C is for information only and is not meant to be used for self-diagnosis, self-treatment, treatment of others or as a substitute for consultation with a health care provider. The information is a partial list and not meant to be conclusive. If you have any questions about the disease described above or think that you may have a parasitic infection, consult a health care provider. This Fact Sheet was developed using information from the US Centers for Disease Control & Prevention (CDC). For more information on hookworm and other parasites, you can visit the CDC's Department of Parasitic Diseases: <http://www.cdc.gov/ncidod/dpd/>*

