HUMAN TRICHINELLOSIS IN ARGENTINA.
REVIEW OF THE CASUISTRY REGISTERED FROM 1990 TO 1999
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Summary:
Trichinellosis is an endemic disease in Argentina. During the last decade (1990 to 1999) 5,217 human cases were notified to the National System of Epidemiological Surveillance from 18 provinces of 23 that integrate the country. However 91% of the cases notified were registered in only three provinces (Buenos Aires, Cordoba and Santa Fe) with a population of more than 50% of the inhabitants of Argentina. This data suggest the magnitude of trichinellosis as a public health problem, focalized in the central area of the country.

KEY WORDS: zoonosis, trichinellosis, epidemiology.

MATERIAL AND METHODS

In Argentina human cases of trichinellosis must be notified as quick as possible by doctors or hospital, to the Provincial and National Health System according to the national law number 15465 of communicable diseases (Ministerio de Salud y Accion Social, 1994). We analyzed the data about human cases of trichinellosis registered in Argentina from 1990 to 1999, published by the National Epidemiological Surveillance Program that belongs to the National Ministry of Health, the conclusions of the First Trichinellosis National Meeting (year 1995), and the information of the disease obtained from the Ministry of Health of Buenos Aires province. The number of cases were classified by years and province of occurrence and the annual incidence rates per 100,000 habitants by year were estimated.

RESULTS

During the last decade (years 1990 to 1999) 5217 human cases of trichinellosis have been registered in Argentina, the distribution by provinces and years is detailed in Table I and Figure 1. Cases of the disease were notified in 18 of the 23 provinces. However most of them (91%) occurred in three provinces, Buenos Aires, Cordoba and Santa Fe located in the center of the country; an area with a high population density in Argentina (50% of the whole population of the country).

The annual incidence rates are presented in Table II. The human incidence increased, from 1993 to 1997, overcoming the level of two cases per 100,000 inhabitants by year in 1994/1997 and decreased in the last two years. Since 1994 the National health office has modified the surveillance of communicable diseases with new rules and proceedings (Ministerio de Salud y Accion Social, 1994), improving the information of communicable diseases not only in quantity but also in quality of human cases reported.
Human cases by years

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<tbody>
<tr>
<td>Buenos Aires</td>
<td>111</td>
<td>44</td>
<td>153</td>
<td>178</td>
<td>385</td>
<td>477</td>
<td>543</td>
<td>707</td>
<td>135</td>
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<td>4</td>
<td>46</td>
<td>237</td>
<td>227</td>
<td>180</td>
<td>79</td>
<td>65</td>
<td>37</td>
<td>4</td>
<td>879</td>
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<tr>
<td>Santa Fe</td>
<td>3</td>
<td>387</td>
<td>60</td>
<td>124</td>
<td>157</td>
<td>68</td>
<td>20</td>
<td>37</td>
<td>89</td>
<td>104</td>
<td>15.8</td>
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<tr>
<td>Chubut</td>
<td>477</td>
<td>7</td>
<td>80</td>
<td>3</td>
<td>4</td>
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<td>4</td>
<td>4</td>
<td>16.8</td>
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<tr>
<td>San Luis</td>
<td>3</td>
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<td>10</td>
<td>7</td>
<td>63</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Neuquén</td>
<td>17</td>
<td>6</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>24</td>
<td>59</td>
<td>1.1</td>
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<td>Others provinces*</td>
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<td>14</td>
<td>7</td>
<td>24</td>
<td>5</td>
<td>19</td>
<td>29</td>
<td>1.8</td>
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<td>Total</td>
<td>111</td>
<td>48</td>
<td>199</td>
<td>459</td>
<td>1,026</td>
<td>726</td>
<td>860</td>
<td>945</td>
<td>269</td>
<td>574</td>
<td>5,217</td>
<td>100</td>
</tr>
</tbody>
</table>

* Capital Federal, Catamarca, Corrientes, Jujuy, La Pampa, La Rioja, San Juan, Tucumán, Santa Cruz, Santiago del Estero, Tierra del Fuego.

Table I. – Human cases of trichinellosis reported in Argentina from 1990 to 1999 distributed by years and provinces. National health office, 2000.

The results show that trichinellosis is an important public health problem in Argentina, focalized mainly in the center of the country. The increasing of annual incidence, mainly from 1994 to 1997, may have depended of a better epidemiological surveillance in the country, but other factors must be considered like: illegal trade of cold meat produced with infected pork, an increasing of domestic slaughtering without veterinary inspection, low efficacy of laboratory methods used for the detection of infected animals at slaughterhouses or domestic killing, habits and food education of the people.

Therefore it is necessary to develop a national control program of trichinellosis, based on the education of the consumers, regulating the commercial manufacture of pork products and improving the sanitary inspection at slaughterhouses.

DISCUSSION
REFERENCES


