ISSN: 2736-6189

Open Access

Blocking Schistosomiasis the Quest for Transmission-blocking Vaccines

Hardik Whitey*

Department of Immunology, University of Jordan, Amman 11942, Jordan

Introduction

Schistosomiasis, a neglected tropical disease caused by parasitic flatworms of the genus Schistosoma, affects over 240 million people worldwide, predominantly in sub-Saharan Africa. The disease is transmitted through freshwater snails, which act as intermediate hosts for the parasitic larvae. Despite on-going efforts to control schistosomiasis through mass drug administration with praziquantel, the need for sustainable and innovative solutions remains pressing. Transmission-Blocking Vaccines (TBVs) have emerged as a promising avenue in the fight against schistosomiasis, offering the potential to interrupt the life cycle of the parasite and reduce transmission rates. This article explores the current state of research on TBVs, their challenges and the hopes they hold for controlling and ultimately eliminating schistosomiasis. Schistosomiasis is a waterborne parasitic disease caused by several species of Schistosoma, with S. mansoni, S. haematobium and S. japonicum being the most prevalent [1]. The life cycle of the parasite involves both human and snail hosts. Infected individuals release Schistosoma eggs in their urine or feces, contaminating freshwater sources. Once in the water, the eggs hatch into miracidia, which infect specific snail species. Within the snails, the miracidia undergo a series of transformations, eventually producing cercariae-the infectious stage for humans. Cercariae are released into the water, seeking out and penetrating the skin of individuals who come into contact with contaminated water. Once inside the human host, the parasites mature into adult worms and the cycle repeats. The reliance on freshwater snails as intermediate hosts provides a unique opportunity for intervention through TBVs. By targeting the transmission stages of the parasite within the snail host, researchers aim to disrupt the cycle and reduce the overall burden of schistosomiasis [2].

Description

Mass Drug Administration (MDA) with praziquantel has been the primary strategy for controlling schistosomiasis for decades. While praziquantel is effective at treating the symptoms and reducing the morbidity associated with the disease, it does not prevent reinfection. As a result, repeated rounds of MDA are required in endemic areas, making sustainable control challenging. Moreover, the emergence of drug-resistant strains of Schistosoma is a growing concern. Prolonged reliance on a single drug for control increases the risk of resistance development, underscoring the need for alternative strategies. Transmission-blocking vaccines offer a promising complementary approach, addressing the root cause of the disease by targeting the parasite's life cycle within the snail host. Research into TBVs for schistosomiasis has gained momentum in recent years, with several promising candidates undergoing

*Address for Correspondence: Hardik Whitey, Department of Immunology, University of Jordan, Amman 11942, Jordan, E-mail: hardikwhitey@gmail.com

Copyright: © 2024 Whitey H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 02 January, 2024, Manuscript No. IJPHS-24-126703; Editor Assigned: 04 January, 2024, PreQC No. P-126703; Reviewed: 16 January, 2024, QC No. Q-126703; Revised: 22 January, 2024, Manuscript No. R-126703; Published: 29 January, 2024, DOI: 10.37421/2736-6189.2024.9.365

preclinical and early clinical trials. The development of TBVs faces unique challenges compared to conventional vaccines targeting human pathogens. Traditional vaccines aim to stimulate an immune response in the host, preventing infection or disease progression. In contrast, TBVs target the parasite within the intermediate host, requiring the induction of an immune response in both the human host and the snail host. Identification of suitable antigens is a crucial step in TBV development. Researchers focus on antigens expressed by the parasite during its development within the snail host. One promising candidate is the Circumsporozoite Protein (CSP), a surface protein involved in parasite adhesion to the snail host's tissues. By targeting CSP, researchers aim to disrupt the interaction between the parasite and the snail, preventing the release of infectious cercariae into the water. Other potential antigens include proteins involved in the invasion of snail tissues or the transformation of miracidia into cercariae. Understanding the molecular interactions between the parasite and the snail host is critical for identifying effective targets [3,4].

The unique aspect of TBV development lies in the need to induce an immune response in both humans and snails. Experimental approaches involve developing vaccines that can be administered to both hosts, ensuring a dual-line of defense against the parasite. For humans, subunit vaccines containing specific antigens are under investigation. These vaccines aim to induce an immune response that targets the parasite during its development within the human host, preventing the establishment of mature worms. In snails, the challenge is to stimulate an immune response that neutralizes the parasites during their development within the snail tissues. TBVs also face challenges related to the environmental context of schistosomiasis transmission. The success of these vaccines relies on the effective targeting of parasites within the snail host, which may be influenced by factors such as water temperature, snail density and habitat characteristics. Understanding the environmental determinants of transmission is crucial for optimizing TBV deployment strategies. Successful implementation of TBVs requires community engagement and acceptance. Addressing cultural, social and economic factors that may affect the uptake of TBVs is crucial for their integration into existing public health programs. Despite these challenges, TBVs present a unique opportunity to complement existing control measures and move towards sustainable schistosomiasis elimination. The development of TBVs requires collaboration between researchers, public health agencies and affected communities to ensure that the vaccines are not only effective but also accepted and embraced by those at risk [5].

Conclusion

The quest for transmission-blocking vaccines against schistosomiasis represents a critical frontier in the fight against this neglected tropical disease. While mass drug administration with praziquantel remains a cornerstone of control efforts, the limitations of this approach underscore the urgency of developing complementary strategies. Transmission-blocking vaccines offer a promising avenue for breaking the cycle of schistosomiasis transmission by targeting the parasite within the snail host. The identification of suitable antigens, the development of dual-host immunization strategies and the consideration of environmental factors are key challenges that researchers are actively addressing. As research progresses, it is essential to ensure that TBVs are not only scientifically sound but also culturally and socially acceptable. Community engagement, awareness campaigns and the integration of TBVs into existing public health programs are crucial for the successful implementation of these

innovative vaccines. The global health community must continue to support and invest in research on transmission-blocking vaccines, recognizing their potential to transform the landscape of schistosomiasis control. Through collaborative efforts, we can aspire to a future where schistosomiasis is no longer a pervasive public health threat and the quest for transmission-blocking vaccines plays a pivotal role in achieving this ambitious goal.

Acknowledgement

None.

Conflict of Interest

There are no conflicts of interest by author.

References

 Rajamanickam, Anuradha, Saravanan Munisankar, Chandrakumar Dolla and Pradeep A. Menon, et al. "Helminth coinfection alters monocyte activation, polarization and function in latent *Mycobacterium tuberculosis* infection." *J Immunol* 204 (2020): 1274-1286.

- Monin, Leticia, Kristin L. Griffiths, Wing Y. Lam and Radha Gopal, et al. "Helminthinduced arginase-1 exacerbates lung inflammation and disease severity in tuberculosis." J Clin Invest 125 (2015): 4699-4713.
- Diallo, T. O., Franck Remoué, A. M. Schacht and N. Charrier, et al. "Schistosomiasis co-infection in humans influences inflammatory markers in uncomplicated *Plasmodium falciparum* malaria." *Parasite Immunol* 26 (2004): 365-369.
- Omar, Hanan Hassan. "Impact of chronic schistosomiasis and HBV/HCV coinfection on the liver: Current perspectives." *Hepat Med* (2019): 131-136.
- Bustinduy, Amaya, Charles King, Janet Scott and Sarah Appleton, et al. "HIV and schistosomiasis co-infection in African children." *Lancet Infect Dis* 14 (2014): 640-649.

How to cite this article: Whitey, Hardik. "Blocking Schistosomiasis the Quest for Transmission-blocking Vaccines." Int J Pub Health Safe 9 (2024): 365.