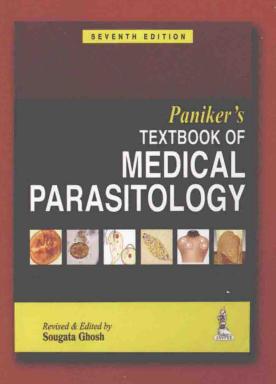
医学各专业本科生、研究生、长学制学生、留学生用

Paniker's Textbook of Medical Parasitology

医学寄生虫学

(第7版)

Sougata Ghosh







医学寄生虫学

(第7版)

Paniker's Textbook of

MEDICAL PARASITOLOGY

SEVENTH EDITION

常州大学山书馆 藏 书 章

YIXUE JISHENGCHONGXUE

图书在版编目(CIP)数据

医学寄生虫学= Paniker's Textbook of Medical Parasitology: 英文/(印)约什编著. ——北京: 北京大学医学出版社,2015.1 ISBN 978-7-5659-0931-3

I. ①医··· II. ①约··· III. ①医学-寄生虫学-医学院校-教材-英文 IV. ① R38

中国版本图书馆 CIP 数据核字 (2014) 第 208230 号

Copyright ©2013 by Jaypee Brothers Medical Publishers (P) Ltd

Sougata Ghosh Paniker's Textbook of Medical Parasitology ISBN 978-93-5090-534-0

All rights reserved.

Originally published in India by Jaypee Brothers Medical Publishers (P) Ltd

English Reprint rights arranged with Jaypee Brothers Medical Publishers (P) Ltd through McGraw-Hill Education (Asia)

本书封面贴有 McGraw-Hill Education 公司防伪标签,无标签者不得销售。

版权所有,侵权必究。

北京市版权局著作权合同登记号: 图字: 01-2014-6239

医学寄生虫学

原 著: Sougata Ghosh

出版发行: 北京大学医学出版社

电 话:发行部 010-82802230;图书邮购 010-82802495

地 址: (100191) 北京市海淀区学院路 38 号 北京大学医学部院内

网 址: http://www.pumpress.com.cn

E-mail: booksale@bjmu.edu.cn

印 刷:北京强华印刷厂

经 销:新华书店

责任编辑: 赵 爽 责任印制: 李 啸

开 本: 889mm×1194mm 1/16 印张: 17.5 字数: 520 千字

版 次: 2015年1月第1版 2015年1月第1次印刷

书 号: ISBN 978-7-5659-0931-3

定 价: 89.00元

版权所有, 违者必究

(凡属质量问题请与本社发行部联系退换)

医学寄生虫学

(第7版)

Paniker's Textbook of MEDICAL PARASITOLOGY

SEVENTH EDITION

CK Jayaram Paniker MD

Formerly
Director and Professor of Microbiology and Principal, Medical College Calicut
Dean, Faculty of Medicine, Calicut University, Kerala, India
Emeritus Medical Scientist
Indian Council of Medical Research, New Delhi, India

Revised and Edited by

Sougata Ghosh MD, DCH

Professor, Department of Microbiology

Medical College, Kolkata, West Bengal, India

Former Faculty

IPGME&R and School of Tropical Medicine, Kolkata, West Bengal, India





ANTONIE VAN LEEUWENHOEK

Born: 24.10.1632 - Died: 26.8.1723 Delft, Holland

This man, born poor, with little education, a draper in his hometown of Delft had surprising visitors! They included great men of science as well as the Royalty like the Tsar Peter the Great, Frederick the Great of Prussia and King James II of England. This was due to his hobby of grinding fine lenses through which he looked at various objects and brought forth the wonder world of small things that none had seen before. He kept clear descriptions and accurate drawings of what he saw and communicated them to the Royal Society in London. A strict check convinced the Society of their authenticity. The unlettered Antonie was elected a Fellow of the Royal Society! The papers sent by him over decades can still be seen in the Philosophical Transactions of the Royal Society.

The discoveries he made are legion. He described the first protozoan pathogen Giardia. He also discovered many types of bacteria, human and animal spermatozoa, and eggs of various animals realizing their importance in reproduction. He could not recognize the significance of the different types of bacteria, and to him, they were just 'little animalcules'. His fault was in being much before the time, for it took two centuries more for people to accept the microbial origin of infectious diseases. But that should not deter us from acknowledging the great contributions made by Leeuwenhoek to Biology and many other branches of Science. He was truly the **Founder of Microbiology.**

Preface to the Seventh Edition

The current edition of this book is written in a new user-friendly format in contrast to the classic narrative style of Dr. Paniker's Textbook of Medical Parasitology that has served medical students and teachers for more than 25 years since 1988.

Considering the advancement in the field of Parasitology, I have updated the text thoroughly, incorporating the recent epidemiological data and new diagnostic methods especially the molecular techniques and current treatment modalities. Almost all chapters have been revised and few new chapters like Pnemocystis jirovecil, Microsporidia, and Balantidium coli are added.

The main emphasis of the current edition is to make the text more comprehensive, colorful, and student-friendly. Diagrams of life cycle have been redrawn in a manner to facilitate the students reproduce them during examinations. Several new tables, flowcharts, and easy-to-remember boxes are given to equip the students for better answering of theory and oral questions during examinations. More microscopic view pictures, photographs of specimens, and diagnostic images have been added in a manner to favor better visible impressions of parasitic diseases. I have included "Key points" of important parasites in box formats to highlight "must know facts" that are pertinent to the topic.

Important MCQs and review questions carefully selected from various university examination papers have been added to test and reinforce understanding of the topic by the student.

The aim of the book remains to be compact, yet informative, and useful for both undergraduate and postgraduate students.

My endeavor will be successful, if the book is found to be useful for faculty and students.

Expressions and emotions fail to find words to express thanks to my parents. I thank them for a being a constant source of inspiration and motivation.

I am grateful to all the colleagues in my department for their valuable suggestions during preparing the texts.

I am especially indebted to the Director and Staff of School of Tropical Medicine, Kolkata for providing mounted specimens.

I gratefully acknowledge the help of Mr Jitendar P. Vij (Group Chairman), Mr Ankit Vij (Managing Director), Mr Tarun Duneja (Director Publishing) and Mr Sabyasachi Hazra for their professional help and guidance during the project.

The insight and skills of Dr Sakshi Arora (Chief Development Editor) along with her team helped in polishing this book to best meet the needs of students and faculty alike.

Lastly I acknowledge the support extended by my family members during revising the book.

All suggestions are welcome and may be emailed to: s_ghosh2006@rediffmail.com

SOUGATA GHOSH

Preface to the First Edition

Parasitic infections continue to account for a large part of human illness. Antimicrobial drugs and vaccines that have made possible the effective control of most bacterial and viral diseases have not been as successful against parasitic infections. The numbers of persons afflicted by parasites run into many millions. Malaria still affects over 500 millions, pinworm and whipworm 500 millions each, hookworm 800 millions and roundworm a billion persons. Filariasis, leishmaniasis and schistosomiasis remain serious public health problems. Infections due to opportunist parasites are becoming increasingly evident in the affluent countries.

In recent years there has been a resurgence in the study of parasitic infections. Much new knowledge has been gained making possible precise diagnosis and more effective control of parasites and the diseases they cause.

This textbook attempts to present the essential information on parasites and parasitic diseases, with emphasis on pathogenesis, epidemiology, diagnosis and control. Every effort has been made to incorporate recent advances in the subject.

It is hoped that medical students, teachers and physicians will find this book useful. Their comments and suggestions for improvement of the book will be most welcome.

SHANTHI, East Hill Road Calicut, Kerala 673 006 CK JAYARAM PANIKER

Contents



Chapter 1: General Introduction: Parasitology

1 - 8

Introduction 1; Parasites 1; Host 2; Zoonosis 2; Host-parasite Relationships 3; Life Cycle of Parasites 3; Sources of Infection 3; Modes of Infection 4; Pathogenesis 5; Immunity in Parasitic Infection 5; Laboratory Diagnosis 6



Chapter 2: Protozoa

9-13

General Features 9; Structure 9; Reproduction 10; Life Cycle 11; Classification of Protozoa 11; Phylum Sarcomastigophora 11; Phylum Apicomplexa 12; Phylum Ciliophora 12; Phylum Microspora 12

100

Chapter 3: Amoebae

14-29

Entamoeba Histolytica 14; History and Distribution 14; Morphology 15; Life Cycle 16; Pathogenesis and Clinical Features 16; Extraintestinal Amoebiasis 18; Laboratory Diagnosis 20; Immunity 22; Treatment 22; Prophylaxis 23; Nonpathogenic Intestinal Amoeba 23; Entamoeba Coli 23; Entamoeba Hartmanni 24; Entamoeba Gingivalis 24; Endolimax Nana 24; Iodamoeba Buetschlii 25; Pathogenic Free-Living Amoebae 25; Naegleria Fowleri 25; History and Distribution 26; Morphology 26; Life Cycle 26; Pathogenicity and Clinical Features 27; Laboratory Diagnosis 27; Treatment 27; Acanthamoeba Species 27; Distribution 27; Morphology 27; Life Cycle 28; Pathogenesis and Clinical Features 28; Laboratory Diagnosis 28; Treatment 28; Balamuthia Mandrillaris 29; Morphology 29; Clinical Disease 29; Laboratory Diagnosis 29



Chapter 4: Intestinal, Oral, and Genital Flagellates

30-37

Giardia Lamblia 30; History and Distribution 30; Habitat 31; Morphology 31; Life Cycle 32; Pathogenicity and Clinical Features 32; Laboratory Diagnosis 33; Treatment 33; Prophylaxis 33; Trichomonas Vaginalis 34; Trichomonas Tenax 36; Trichomonas Hominis 36; Chilomastix Mesnili 36; Enteromonas Hominis 36; Retortamonas Intestinalis 37; Dientamoeba Fragilis 37



Chapter 5: Hemoflagellates

38-62

General Characteristics 38; Trypanosomes 39; Trypanosoma Brucei Gambiense (West African Trypanosomiasis) 40; History and Distribution 40; Habitat 40; Morphology 40; Antigenic Variation 41; Life Cycle 41; Pathogenicity and Clinical Features 41; Trypanosoma Brucei Rhodesiense (East African Trypanosomiasis) 42; Pathogenesis and Clinical Feature 43; Laboratory Diagnosis 43; Treatment 44; Prophylaxis 45; Trypanosoma Cruzi 45; History and Distribution 45; Habitat 45; Morphology 45; Life Cycle 46; Pathogenicity and Clinical Features 47; Laboratory Diagnosis 47; Treatment 49; Prophylaxis 49; Trypanosoma Rangeli 49; Leishmania 49; General Characteristics 49; Classification 50; Old World Leishmaniasis 51; Leishmania Donovani 51; History and Distribution 51; Habitat 51; Morphology 52; Life Cycle 52; Pathogenicity 54; Clinical Features of Kala-Azar 55; Post Kala-azar Dermal Leishmaniasis 55; Immunity 55; Laboratory Diagnosis 55; Treatment 58; Prophylaxis 59; Leishmania Tropica Complex 59; History and Distribution 59; Habitat 59; Morphology 59; Life Cycle 59; Pathology 60; Clinical Features 60; Laboratory Diagnosis 60; Treatment 61; Prophylaxis 61; New World Leishmaniasis 61; L. braziliensis complex and L. mexicana complex 61; History and Distribution 61; Habitat 61; Morphology 61; Life Cycle 61; Clinical Features 61; Laboratory Diagnosis 61; Treatment 62; Prophylaxis 62



Chapter 6: Malaria and Babesia

63-86

Classification 63; Malaria Parasite 64; History and Distribution 64; Vectors 64; Life Cycle 65; Types of Malaria 69; Plasmodium Vivax 69; Plasmodium Falciparum 69; Plasmodium Malariae 71; Plasmodium Ovale 73; Mixed Infections 73; Pathogenesis 74; Clinical Features 76; Immunity 78; Recrudescence and Relapse 78; Laboratory Diagnosis 79; Treatment of Uncomplicated Malaria 82; Treatment of Complicated (Falciparum) Malaria 82; Prophylaxis 83; Babesia Species 83; Classification 83; History and Distribution 84; Habitat 84; Morphology 84; Life Cycle 84; Pathogenicity and Clinical Features 84; Laboratory Diagnosis 85; Treatment 85; Prophylaxis 85



Chapter 7: Coccidia

87-99

Toxoplasma Gondii 87; History and Distribution 87; Morphology 87; Life Cycle 89; Pathogenicity and Clinical Features 90; Host Immunity 91; Laboratory Diagnosis 91; Treatment 92; Prophylaxis 93; Isospora Belli 93; History and Distribution 93; Morphology 93; Life Cycle 93; Clinical Features 94; Laboratory Diagnosis 94; Treatment 94; Cryptosporidium Parvum 94; History and Distribution 94; Habitat 95; Morphology 95; Life Cycle 95; Pathogenicity and Clinical Features 95; Laboratory Diagnosis 96; Treatment 97; Cyclospora Cayetanensis 97; Morphology 97; Life Cycle 97; Pathogenicity and Clinical features 98; Diagnosis 98; Treatment 98; Blastocystis Hominis 98; Habitat 98; Morphology 98; Pathogenicity and Clinical Features 98; Diagnosis 98; Treatment 98; Sarcocystis 98; Clinical Features 99; Laboratory Diagnosis 99; Treatment 99; Prophylaxis 99



Chapter 8: Microspora

100-102

History and Distribution 100; Morphology 101; Life Cycle 101; Clinical Features 101; Laboratory Diagnosis 102; Treatment 102; Prophylaxis 102



Chapter 9: Pneumocystis Jirovecii

103-106

History and Distribution 103; Habitat 103; Morphology 103; Life cycle 104; Pathogenesis 104; Clinical Features 104; Laboratory Diagnosis 105; Treatment 105; Prophylaxis 106



Chapter 10: Balantidium Coli

107-109

History and Distribution 107; Habitat 107; Morphology 107; Life Cycle 108; Pathogenesis 108; Clinical Features 109; Laboratory Diagnosis 109; Treatment 109; Prophylaxis 109



Chapter 11: Helminths: General Features

110-112

Introduction 110; Phylum Platyhelminthes 110; Class Cestoda 110; Class Trematoda 110; Phylum Nemathelminthes (Nematoda) 110; Important Features of Helminths 111; Larval Forms 111; Multiplication 111; Zoological Classification of Helminths 112; Phylum Platyhelminthes 112; Phylum Nemathelminthes 112



Chapter 12: Cestodes: Tapeworms

113-137

Classification of Cestodes 113; Tapeworms: General Characteristics 113; Life Cycle 114; Pseudophyllidean Tapeworms 115; Diphyllobothrium Latum 115; History and Distribution 115; Habitat 115; Morphology 116; Life Cycle 116; Pathogenicity and Clinical Features 118; Laboratory Diagnosis 118; Treatment 118; Prophylaxis 118; Spirometra 118; Distribution 119; Habitat 119; Life Cycle 119; Sparganosis 120; Laboratory Diagnosis 120; Treatment 120; Prophylaxis 120; Cyclophyllidean Tapeworms 120; Taenia Saginata and Taenia Solium 120; History and Distribution 120; Habitat 120; Morphology 120; Life Cycle of Taenia Saginata 122; Life Cycle of Taenia Solium 123; Pathogenicity and Clinical Features 124; Laboratory Diagnosis 125; Laboratory Diagnosis of Cysticercosis 125; Treatment 126; Prophylaxis 126; Taenia Saginata

Asiatica 127; Multiceps Multiceps (Taenia Multiceps) 127; Echinococcus Granulosus 127; History and Distribution 127; Habitat 127; Morphology 127; Life Cycle 128; Pathogenesis 128; Clinical Features 130; Laboratory Diagnosis 131; Treatment 133; Prophylaxis 133; Echinococcus Multilocularis 134; Hymenolepis Nana 134; History and Distribution 134; Habitat 134; Morphology 134; Life Cycle 135; Clinical Features 135; Laboratory Diagnosis 135; Treatment 136; Prophylaxis 136; Hymenolepis Diminuta 137; Dipylidium Caninum 137; Morphology 137; Life Cycle 137; Clinical Features 137; Diagnosis 137; Treatment 137



Chapter 13: Trematodes: Flukes

138-160

Classification of Trematodes 138; Flukes: General Characteristics 139; Life Cycle 139; Blood Flukes 140; Schistosomes 140; Schistosoma Haematobium 141; History and Distribution 141; Habitat 141; Morphology 141; Life Cycle 142; Pathogenicity and Clinical Features 142; Laboratory Diagnosis 144; Treatment 145; Prophylaxis 145; Schistosoma Mansoni 145; History and Distribution 145; Habitat 145; Morphology 145; Life Cycle 145; Pathogenicity and Clinical Features 146; Laboratory Diagnosis 146; Treatment 146; Prophylaxis 146; Schistosoma Japonicum 146; Distribution 146; Habitat 146; Morphology 146; Life Cycle 147; Pathogenicity and Clinical Features 147; Laboratory Diagnosis 148; Treatment 148; Prophylaxis 148; Schistosoma Intercalatum 148; Schistosoma Mekongi 148; Hermaphroditic Flukes: Liver Flukes 148; Clonorchis Sinensis 148; History and Distribution 148; Habitat 148; Morphology 148; Life Cycle 149; Pathogenicity 149; Diagnosis 149; Treatment 149; Prophylaxis 150; Opisthorchis Species 150; Fasciola Hepatica 151; History and Distribution 151; Habitat 151; Morphology 151; Life Cycle 151; Pathogenicity 152; Diagnosis 153; Treatment 153; Prophylaxis 153; Dicrocoelium Dendriticum 153; Intestinal flukes 154; Fasciolopsis Buski 154; History and Distribution 154; Habitat 154; Morphology 154; Life Cycle 154; Pathogenesis 155; Laboratory Diagnosis 156; Treatment 156; Prophylaxis 156; Heterophyes 156; Metagonimus Yokogawai 156; Watsonius Watsoni 156; Echinostoma 156; Gastrodiscoides Hominis 156; Lung Flukes 157; Paragonimus Westermani 157; History and Distribution 157; Morphology 157; Habitat 157; Life Cycle 158; Pathogenicity and Clinical Features 159; Laboratory Diagnosis 159; Treatment 159; Prophylaxis 159



Chapter 14: Nematodes: General Features

161-166

General Characteristics 161; Life Cycle 162; Modes of Infection 162; Classification 162; Larva Migrans 162; Cutaneous Larva Migrans 164; Visceral Larva Migrans 165



Chapter 15: Trichinella Spiralis

167-171

History and Distribution 167; Habitat 167; Morphology 167; Life Cycle 168; Pathogenicity and Clinical Features 169; Diagnosis 169; Treatment 171; Prophylaxis 171



Chapter 16: Trichuris Trichiura

172-175

History and Distribution 172; Habitat 172; Morphology 172; Life Cycle 173; Pathogenicity and Clinical Features 174; Laboratory Diagnosis 175; Treatment 175; Prophylaxis 175



Chapter 17: Strongyloides Stercoralis

176-181

History and Distribution 176; Habitat 176; Morphology 176; Life Cycle 178; Pathogenicity and Clinical Features 180; Laboratory Diagnosis 180; Treatment 181; Prophylaxis 181



Chapter 18: Hookworm

182-189

History and Distribution 182; Ancylostoma Duodenale 182; Habitat 182; Morphology 183; Life Cycle 184; Necator Americanus 186; Morphology 186; Pathogenicity and Clinical Features 186; Laboratory Diagnosis 186; Treatment 187; Prophylaxis 187; Other Hookworms 188; Trichostrongyliasis 188



Chapter 19: Enterobius Vermicularis

190-194

History and Distribution 190; Habitat 190; Morphology 190; Life Cycle 191; Pathogenicity and Clinical Features 192; Laboratory Diagnosis 193; Treatment 194; Prophylaxis 194

0000

Chapter 20: Ascaris Lumbricoides

195-202

History and Distribution 195; Habitat 195; Morphology 195; Life Cycle 197; Pathogenicity and Clinical Features 197; Laboratory Diagnosis 199; Treatment 200; Prophylaxis 200; Other Roundworms 201; Toxocara 201; Baylisascaris 201



Chapter 21: Filarial Worms

203-219

Lymphatic Filariasis 205; Wuchereria Bancrofti 205; History and Distribution 205; Habitat 206; Morphology 206; Life Cycle 207; Pathogenesis 209; Laboratory Diagnosis 210; Treatment 213; Prophylaxis 213; Brugia Malayi 214; History and Distribution 214; Morphology 214; Life Cycle 215; Brugia Timori 215; Subcutaneous Filariasis 216; Loa Loa 216; History and distribution 216; Morphology 216; Life cycle 216; Pathogenicity and Clinical Features 216; Laboratory Diagnosis 216; Treatment 216; Onchocerca Volvulus 217; History and Distribution 217; Habitat 217; Morphology 217; Life Cycle 217; Pathogenicity and Clinical Features 217; Laboratory Diagnosis 218; Prophylaxis 218; Treatment 218; Mansonella Streptocerca 218; Serous Cavity Filariasis 219; Mansonella Ozzardi 219; Mansonella Perstans 219; Zoonotic Filariasis 219; Brugia Pahangi 219; Dirofilaria Immitis 219; Dirofilaria Repens 219



Chapter 22: Dracunculus Medinensis

220-224

History and Distribution 220; Habitat 220; Morphology 220; Life Cycle 221; Pathogenicity and Clinical Features 223; Laboratory Diagnosis 223; Treatment 223; Prophylaxis 224



Chapter 23: Miscellaneous Nematodes

225-228

Angiostrongylus Cantonensis 225; History and Distribution 225; Habitat 225; Morphology 225; Life Cycle 225; Clinical Features 226; Diagnosis 226; Treatment 226; Capillaria Philippinensis 226; History and Distribution 226; Habitat 226; Life Cycle 226; Clinical Features 226; Diagnosis 226; Treatment 226; Gnathostoma Spinigerum 226; History and Distribution 226; Morphology 226; Life Cycle 226; Clinical Features 227; Diagnosis 227; Treatment 227; Anisakiasis 227; Life Cycle 227; Clinical Features 227; Treatment 228; Prophylaxis 228



Chapter 24: Diagnostic Methods in Parasitology

229-243

Introduction 229; Examination of Stool 229; Examination of Blood 235; Examination for Malarial Parasites 235; Examination for Microfilaria 237; Sputum Examination 238; Urine or Body Fluids Examination 238; Tissue Biopsy 238; Muscle Biopsy 239; Culture Methods 239; Animal Inoculation 241; Xenodiagnosis 241; Immunological Diagnosis 241; Serology 241; Skin Tests 242; Molecular Methods 243

Multiple Choice Questions

245-259

Index

261-266





General Introduction: Parasitology

1

Introduction

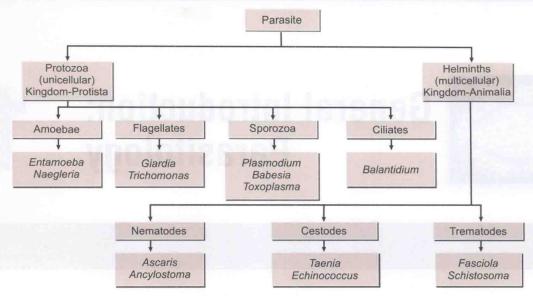
Medical parasitology deals with the parasites, which cause human infections and the diseases they produce.

- > It is broadly divided into 2 parts—
 - Protozoology
 - o Helminthology.
- The pioneer Dutch microscopist, Antonie von Leeuwenhoek of Holland in 1681, first introduced single lens microscope and obeserved Giardia in his own stools.
- Louis Pastuer in 1870, first published scientific study on a protozoal disease leading to its control and prevention during investigation of a epidemic silk worm disease in South Europe.
- A seminal discovery was made in 1878 by Patrick Manson about the role of mosquitoes in filariasis. This was the first evidence of vector transmission.
- Afterwards, Laveran in Algeria discovered the malarial parasite (1880), and Ronald Ross in Secunderabad and Calcutta in India, showed its transmission by mosquitoes (1897). A large number of vector-borne disease have since then been identified.
- By mid-twentieth century, with dramatic advances in antibiotics and chemotherapy, insecticides and antiparastic drugs, and improved lifestyles, all infectious diseases seemed amenable to control.

Parasites

Parasites are living organisms, which depend on a living host for their nourishment and survival. They multiply or undergo development in the host.

- The term 'parasite' is usually applied to Protozoa (unicellular organisms) and Helminths (multicellular organisms) (Flowchart 1.1).
- > Parasites can also be classified as:
 - Ectoparasite: Ectoparasites inhabit only the body surface of the host without penetrating the tissue. Lice, ticks, and mites are examples of ectoparasites. The term infestation is often employed for parasitization with ectoparasites.
 - Endoparasite: A parasite, which lives within the body of the host and is said to cause an infection is called an endoparasite. Most of the protozoan and helminthic parasites causing human disease are endoparasites.
 - Free-living parasite: It refers to nonparasitic stages of active existence, which live independent of the host, e.g. cystic stage of Naegleria floweri.
- > Endoparasites can further be classified as:
 - Obligate parasite: The parasite, which cannot exist without a host, e.g. Toxoplasma gondii and Plasmodium.



Flowchart 1.1: Type of parasites

- Facultative parasite: Organism which may either live as parasitic form or as free living form.
- Accidental parasites: Parasites, which infect an unusual host are known as accidental parasites. Echinococcus granulosus infects man accidentally, giving rise to hydatid cysts.
- Aberrant parasites: Parasites, which infect a host where they cannot develop further are known as aberrant or wandering parasites, e.g. *Toxocara canis* (dog roundworm) infecting humans.

Host

Host is defined as an organism, which harbors the parasite and provides nourishment and shelter to latter and is relatively larger than the parasite.

- The host may be of the following types:
 - Definitive host: The host, in which the adult parasite lives and undergoes sexual reproduction is called the definitive host, e.g. mosquito acts as definitive host in malaria.
 - The definitive host may be a human or any other living being. However, in majority of human parasitic infections, man is the definitive host (e.g. filaria, roundworm, hookworm).
 - Intermediate host: The host, in which the larval stage of the parasite lives or asexual multiplication takes place is called the intermediate host. In some parasites, 2 different intermediate hosts may be required to complete different larval stages. These

- are known as **first and second intermediate hosts**, respectively.
- Paratenic host: A host, in which larval stage of the parasite remains viable without further development is referred as a paratenic host. Such host transmits the infection to another host.
- Reservoir host: In an endemic area, a parasitic infection is continuously kept up by the presence of a host, which harbors the parasite and acts as an important source of infection to other susceptible hosts, e.g. dog is the reservoir host of hydatid disease.
- Accidental host: The host, in which the parasite is not usually found, e.g. man is an accidental host for cystic echinococcosis.

Parasites with man as intermediate or secondary host

- Plasmodium spp.
- · Babesia spp.
- Toxoplasma gondii
- · Echinococcus granulosus
- Echinococcus multilocularis
- · Taenia solium
- · Spirometra spp.

Zoonosis

The word **zoonosis** was introduced by Rudolf Virchow in 1880 to include the diseases shared in nature by man and animals.