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Giant African Land Snails: Pests Not Pets

Recent media reports have noted that giant African land snails (*Achatina spp*), also referred to as GALS, have become pets in the United States. These snails are major agricultural pests and could pose a public health threat if infected with the parasite *Angiostrongylus cantonensis*, the rat lung worm.

These snails, which can be larger than a person's hand, reproduce rapidly and have ravenous appetites for agricultural crops. Importation is illegal. For more information, including what to do if you own any of these snails, go to the United States Department of Agriculture (USDA)'s Animal and Plant Infection Service website. A toll-free number will be posted early next week so that people who have these snails can arrange without penalty to have them removed from their premises. USDA does not recommend that people dispose of them.

Human health risk is low

The human health risk, specifically for infection with *A. cantonensis* associated with giant African land snails, in the continental United States, is probably low. This type of snail is one of many types that can be infected with this parasite. It is unknown if any of the giant African land snails in the continental United States are infected. The only way snails can become infected is by eating infected rat stool. The likelihood a snail is infected if at all is considerably lower if the snail was bred indoors and kept in a tank than if it was collected from the outdoors or ever been outdoors.

Even if the snail is infected, the infection can be spread to humans only under unusual circumstances. People get infected by eating raw or undercooked snails or slugs (or freshwater prawns, crabs, or frogs). Whether the slime shed by infected snails can contain parasite larvae and infect people is unknown (e.g., if the slime is shed on a person's hand and then gets into the person's mouth or nose, or if the slime gets on produce that is eaten). People who handle snails of uncertain origin should wear gloves and thoroughly wash their hands.

Clinical summary

In infected people, symptoms, if any, typically develop several days to weeks after the exposure. They may last for weeks to months, while the body's immune system reacts to dying parasites (people are "dead-end hosts" for the parasite). The following are key points: 1) *A. cantonensis* is the most common infectious cause of eosinophilic meningitis; 2) paresthesias and hyperesthesias are more often associated with this than with other types of meningitis; 3) eosinophilia is not always present the first time peripheral blood and cerebrospinal fluid (CSF) are examined; 4) the diagnosis usually is not confirmed parasitologically (i.e., the parasite usually is not found in CSF) but may be supported by serologic data (i.e., an antibody response to the parasite); 5) treatment, if needed, usually is directed at symptoms (e.g., pain medication, therapeutic lumbar punctures, and glucocorticoid therapy to decrease headaches) rather than at the parasite (antiparasitic drugs could increase the inflammatory reaction

to dying parasites, but they may be beneficial for some patients); and 6) patients typically fully recover.

Technical information about *A. cantonensis*, including a schematic showing the life cycle of the parasite:
<http://www.dpd.cdc.gov/dpdx/HTML/angiostrongyliasis.htm>

Public information on *A. cantonensis*:

http://www.cdc.gov/ncidod/dpd/parasites/angiostrongylus/factsht_angiostrongylus.htm

USDA Web site on Giant African Land Snails: <http://www.aphis.usda.gov/lpa/issues/gals/gals.html>

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