1. Schistosomiasis in the Philippines

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Purpose

In this paper, we discuss how during the course of Overseas Training Program in the Republic of the Philippines deepened our understanding of schistosomiasis japonica, which is one of the Neglected Tropical Diseases (NTDs) which currently cannot be observed in Japan.

Method

While comparing the historical transition of schistosomiasis japonica in Japan with the current situation in the Philippines, we trained practical measures and prevention against schistosomiasis japonica with the help of local patients, doctors and staff in Leyte Island and Mindoro Island. Specifically, we conducted a medical examination of a patient, participated in a Mass Drug Administration (MDA), and a fieldwork survey of intermediate host snail in a schistosomiasis japonica endemic area.

Result

In Japan, schistosomiasis japonica was recognized as an endemic disease in 1887, which was first investigated by Japanese researchers for its etiology. After that, due to efforts of the everyone, by doing environmental improvement and hygiene education, the last 3 newly infected patients were reported in 1977 and since then no new infection has been reported in Japan, leading to the declaration of infection free in 1996. On the other hand, in the Philippines, it is still a prevalent infectious disease for which countermeasures are still needed, with new endemic areas being reported even in this century. It is worth noting that the Japan became infection free before the discovery of praziquantel, a specific drug for treating schistosomiasis japonica.

At the Schistosomiasis Research and Training Center in Leyte Province, we observed parasite eggs and brought back an intermediate host snail of *Oncomelania hupensis quadrasi* (Miyairi-snails) collected in Gacao Village to observe infective larvae. The Philippine Miyairi-snails size is about 60% that of the Japanese Miyairi-snails. Fortunately, we did not detect any cercariae that proved to be infected in the snails we collected, but we found cercariae in snails collected by local researchers. In any case, we were surprised that the intermediate host snails lives in the vicinity of living area of the residents and there is always the possibility of infection. Also, during this training, we were able to attend a medical examination of a patient suspected of having schistosomiasis japonica. We learned that the interview and the epidemiological background of patients are important in the definitive diagnosis of schistosomiasis japonica patients. As a measure against infection, we participated in the MDA at an elementary school in Oriental Mindoro and experienced prescribing praziquantel according to body weight.

Discussion

Challenges of having the schistosomiasis under control in the Philippines include poor maintenance of irrigation canals for economic reasons, transmission of diseases by agricultural buffaloes in affected areas, and relatively lack of health education. We felt that it is important to promote feasible and sustainable measures in consideration of the Philippine's environmental and economic conditions.

Conclusion

This training was very meaningful because we were able learn about the present situation and problems of schistosomiasis japonica in the Philippines, and were able to attend the actual countermeasures, field surveys, and patient examinations in the endemic areas. Unlike the theoretical study and practical training at university, we were able to have deeper understanding of schistosomiasis japonica. From this experience, we were made to realize how important it is to acquire medical information from an international perspective.

2. The Overseas Training Program 2019：Moores Cancer Center Part of UC San Diego Health

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【目的】本学の「国際的医療情報の収集及びそれを解析する能力を養う」という教育目標のもと，海外4地域にて研修を行い，国際的視野を持つ人間性豊かな医療従事者の養成を目的とする．

【方法】我々はアメリカ合衆国のカルフォルニア大学サンディエゴ校（UCSD）にて2週間の海外研修を行いMoores Cancer Centerを拠点として主にがん治療の最新の知見を深め，日本とアメリカの医学教育の違いも学び取る．

【結果】今回の海外研修ではがん治療と緩和ケアを中心とした各分野の先生方からの多くの講義を受け，UCSD付属病院の見学等を行った．特に緩和ケアについてはWilliam Mitchell先生から講義を受けた．治療と緩和ケアの介入は同時に行われることは広く知られているが，その比率は病状とともに増減する．そしてその関係はWaving Lineを作り，やがては緩和ケアの中で死を迎える．しかし正しい緩和ケアというものはなく，一人一人に向き合うことが重要であるということをMitchell先生の講義から学んだ．医学教育では医学生の医療面接トレーニングを見せて頂いたが，私達が受けたOSCEよりも踏み込んだ内容であり大変驚いた．医学部内にはCenter for the Future of Surgeryという外科手技専用トレーニング施設があり，医師や学生の教育のために複数の手術台やdaVinciのほか透視装置などが用意されており，アメリカの医学教育プログラムにおける規模の大きさを知ることができた．

【考察】今回UCSDにて学んだ新たな知見や経験は私たちにとっての大きな糧になると確信している．海外で学んできたことを周りに的確に伝え，良いと考えられるシステムは積極的に取り入れていくという柔軟な姿勢が我々に今後課される使命であると考える．

【結語】学びが多く私たちの見識を広めることに役立つ研修を企画，指導してくださったUCSD関係者の皆様，獨協医科大学の関係者の皆様に深くお礼を申し上げます．