

EFFICACY OF NITAZOXANIDE AGAINST *Toxocara canis*: LARVAL RECOVERY AND HUMORAL IMMUNE RESPONSE IN EXPERIMENTALLY INFECTED MICE

Susana A. Zevallos LESCANO(1), Sergio Vieira dos SANTOS(1,2), Jesiel Maurício Lemos ASSIS(1) & Pedro Paulo CHIEFFI(1,2)

SUMMARY

The efficacy of nitazoxanide (NTZ) against toxocariasis was investigated in an experimental murine model and results were compared to those obtained using mebendazole. Sixty male BALB/c mice, aged six to eight weeks-old, were divided into groups of 10 each; fifty were orally infected with 300 larval eggs of *T. canis* and grouped as follows, G I: infected untreated mice; G II: infected mice treated with MBZ (15 mg/kg/day) 10 days postinfection (dpi); G III: infected mice treated with NTZ (20 mg/kg/day) 10 dpi; G IV: infected mice treated with MBZ 60 dpi; G V: infected mice treated with NTZ 60 dpi; GVI: control group comprising uninfected mice. Mice were bled via retro-orbital plexus on four occasions between 30 and 120 dpi. Sera were processed using the ELISA technique to detect IgG anti-*Toxocara* antibodies. At 120 dpi, mice were sacrificed for larval recovery in the CNS, liver, lungs, kidneys, eyes and carcass. Results showed similar levels of anti-*Toxocara* IgG antibodies among mice infected but not submitted to treatment and groups treated with MBZ or NTZ, 10 and 60 dpi. Larval recovery showed similar values in groups treated with NTZ and MBZ 10 dpi. MBZ showed better efficacy 60 dpi, with a 72.6% reduction in the parasite load compared with NTZ, which showed only 46.5% reduction. We conclude that administration of these anthelmintics did not modify the humoral response in experimental infection by *T. canis*. No parasitological cure was observed with either drug; however, a greater reduction in parasite load was achieved following treatment with MBZ.

KEYWORDS: Experimental toxocariasis infection; Migrating larvae; Mebendazole (MBZ); Nitazoxanide (NTZ).

INTRODUCTION

Human infection by *Toxocara* larvae is considered an important and frequent zoonosis worldwide, and the main cause of visceral larva migrans (VLM) and other related syndromes. In humans, the main etiological agents for these syndromes are *Toxocara canis* and *T. cati*, respectively, ascarids of dogs and cats^{5,11,16}.

Several drugs are currently used to treat VLM in humans, and benzimidazole anthelmintics have shown moderate or good efficacy in the resolution of clinical signs or symptoms^{16,28}. Experimentally, however, the various drugs tested in a murine model, which, as occurs in humans, are paratenic hosts species for *Toxocara* spp. larvae, showed a reduction of the parasite load that did not result in complete parasitological cure^{1,6,22}. The same situation probably occurs in the treatment of infected humans.

In recent years, studies have demonstrated the efficacy of nitazoxanide in the treatment of infections caused by certain protozoa, helminths, anaerobic bacteria and hepatitis C virus¹⁹, but few reports exist concerning its use in the treatment of infections caused by helminth larvae, particularly, roundworm larvae¹⁵. More recently, DELGADO *et*

*al.*⁹ reported an efficacy of 61.2% in the treatment of mice experimentally infected by *T. canis*.

The aim of this study was to evaluate the response of mice experimentally infected by *T. canis* following treatment with nitazoxanide on the tenth and sixtieth days after infection (dpi), regarding the reduction in parasitic load and the humoral response represented by anti-*Toxocara* IgG antibodies, compared to the response obtained in mice treated with mebendazole, previously considered a good schedule in the reduction of *T. canis* load in mice²¹.

MATERIALS AND METHODS

Eggs: *T. canis* eggs used in this experiment were obtained from adult female worms, eliminated by naturally infected dogs following treatment with piperazine. After dissecting the worms, eggs were incubated in 2% formalin at 26 °C for four to six weeks, and washed in filtered water to remove formalin before use.

Mice infection and treatment: Sixty male BALB/c mice, aged six to eight weeks-old, provided by the Faculty of Medicine of São Paulo

(1) Instituto de Medicina Tropical de São Paulo, LIM 06, Av. Dr. Eneas de Carvalho Aguiar 470, 05403-000 São Paulo, SP, Brazil.

(2) Faculdade de Ciências Médicas da Santa Casa de São Paulo, R. Dr. Cesário Mota Jr. 61, 01221-020 São Paulo, SP, Brazil.

Correspondence to: Susana A. Zevallos Lescano, Tel.: +55.11. 3061-7063, Fax: +55.11.3064-5132. E-mail: suzeles@hotmail.com

University, were divided into groups of 10 mice each. Fifty mice were infected by stomach tube with 300 *T. canis* embryonated eggs in 200 µL of filtered water suspension, and ten mice were maintained as an uninfected control group, receiving filtered water alone, as indicated in Table 1. All the animals used in this study received water and a commercial diet *ad lib* and were treated in accordance to the ethical guidelines of the Institutional Experimental Guidelines for animal studies (CEUA) of the Institute of Tropical Medicine of São Paulo University (IMT/USP).

Table 1

Experimental infection and treatment of BALB/c mice with different doses of mebendazole and nitazoxanide

| Group | Infection phase | Drug/ dose |
|---------|-----------------|-----------------------------|
| I | Infected | No treatment |
| II | Acute phase | mebendazole (15 mg/kg/day) |
| III | Acute phase | nitazoxanide (20 mg/kg/day) |
| IV | Chronic phase | mebendazole (15 mg/kg/day) |
| V | Chronic phase | nitazoxanide (20 mg/kg/day) |
| Control | Noninfected | No treatment |

At the acute phase of infection, 10 days postinfection (dpi), mice from group II were treated *per os* with mebendazole (15 mg/kg/day), and those from group III with nitazoxanide (20 mg/kg/day), for five consecutive days. Groups IV and V were treated with mebendazole and nitazoxanide respectively, using the same doses at 60 dpi (chronic phase of the infection) for the same period. Group I remained untreated throughout the experiment.

Sera collection: All groups were anesthetized with 100 mg/kg of xylazine and 10 mg/kg of ketamine, and bled by orbital plexus puncture at 30, 60, 90 and 120 dpi. The sera obtained were frozen and stored in aliquots in plastic micro tubes at -20 °C, for subsequent processing by ELISA.

Enzyme-linked immunosorbent assay (Ig ELISA): Serum samples collected from mice with different treatment schedules were examined by ELISA to detect IgG class anti-*Toxocara* antibodies; using excretion-secretion *T. canis* antigen (TES) prepared from the culture of infective larvae of this parasite in Eagle medium, according to a standardized technique described by DE SAVIGNY *et al.*¹⁰ and modified in our laboratory. Different concentrations of ES antigen of *T. canis* were tested using positive and negative control sera and a protein concentration of 20 µg/mL (100 µL per well in plate) was determined to perform the tests. Mouse sera were diluted in PBS-T-Gelatin at 1:800. The enzyme conjugate anti-mouse IgG labeled with horseradish peroxidase (γ-chain specific, Sigma Immunochemicals) was used at 1:4,000 dilution. A mixture of H₂O₂ and O-phenylenediamine (1.2-Benzenediamine) (Sigma Chemical Co.) [C₆H₈N₂, 2HCl], diluted in citrate-phosphate buffer, was used as substrate.

The results were evaluated by spectrophotometric reading at a wavelength of 492 nm in Titertek Multiskan apparatus MCC/340 P version 2.20 (Lab-Systems, Finland). To calculate the threshold of

reactivity (“cut-off”) the mean optical density (OD) of readings of sera from control group mice was considered, plus two standard deviations. As a positive control, serum samples from three mice infected for 90 days were used¹⁸ and, as a negative control, serum samples from mice bled before infection were used.

***T. canis* larval recovery in tissues:** At the end of the experiment (120 dpi), mice from all the infected groups were sacrificed by cervical dislocation and larvae were recovered from their brains and carcasses, following digestion with 0.5% HCl for 24 h at 37 °C. Sedimental liquid was centrifuged for two min at 1500 rpm, 2 mL of the sediment were collected, thoroughly mixed, and 0.1 mL samples were viewed under a light microscope to determine larval counts³³.

Statistics: Arithmetic mean and standard deviation were used to present data. One-way ANOVA and Tukey test for multiple comparisons were conducted with Optical Density (OD) readings of sera from infected and treated mice from different groups, and two-way ANOVA and Bonferroni post test were used to compare larval recovery in tissues using the Prisma program, version 5.0. Differences were considered to be significant when $p < 0.05$.

RESULTS AND DISCUSSION

An issue that has not been fully resolved is the way of assessing drugs used in the treatment of experimental toxocariasis, in which the murine model is the most frequently used. Numerous authors have used the recovery of *T. canis* larvae, following digestion of the carcass and some organs of experimentally infected mice^{14,23,24,28,31}. Others, however, have employed immunological techniques^{3,7}. In this study, we sought to determine the kinetics of IgG anti-*Toxocara* antibodies in mice, experimentally infected with larvae of this nematode and subsequently treated with mebendazole (MBZ) or nitazoxanide (NTZ), as well as observing larval recovery after acid digestion of different mouse organs and tissues.

The humoral antibody response of the IgG class anti-*Toxocara* (Fig. 1 and 2) was detected within the first 30 dpi, which remained positive up to 120 dpi in both groups treated with both anthelmintic drugs. Moreover, a marked increase in antibodies was observed between 90 and 120 dpi. This reactivity is probably due to the continuous release of *Toxocara* antigens even by dead larvae, from antigens stored in their cuticles. On the other hand, it is known that most anthelmintics do not reach all larvae present in the host^{8,21}. No other significant differences were observed in the levels of anti-*Toxocara* antibodies among mice treated with nitazoxanide or mebendazole compared with the group infected, but not submitted to treatment.

Comparing the amount of *T. canis* larvae recovered in various organs of mice treated with mebendazole or nitazoxanide with the result in the group not submitted to treatment, differences were only observed when the treatment occurred after 60 days of infection (Table 2). Moreover, the difference was significantly more evident in the group treated with mebendazole.

Posttreatment larval recovery, in all the organs analyzed, revealed a decrease in the amount of larvae recovered in the central nervous system of the mice (Table 3).

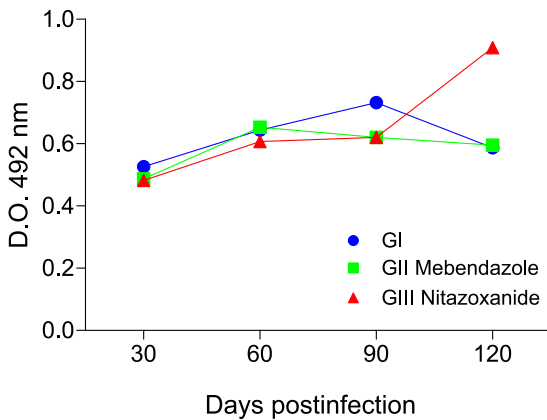


Fig. 1 - Dynamics of ELISA circulating anti-*T. canis* Ig G antibodies in BALB/c mice infected with *Toxocara canis* eggs and treated in the acute phase of infection (10dpi) with G II- mebendazole (■) or G III- nitazoxanide (▲), comparing with the G I (●) infected non-treated group.

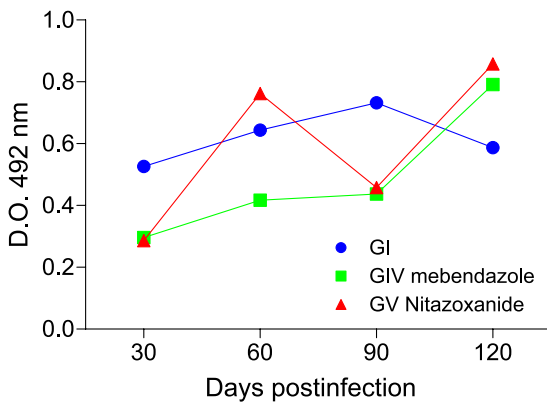


Fig. 2 - Dynamics of ELISA circulating anti-*T. canis* Ig G antibodies in BALB/c mice infected with *Toxocara canis* eggs and treated in the chronic phase of infection (60 dpi) with G IV-mebendazole (■) or G V-nitazoxanide (▲), comparing with the G I (●) infected non-treated group.

Previous studies indicated that mice and other murine behave like paratenic hosts when infected by larvae of *T. canis*³⁰ and are therefore suitable models for studying host-parasite relationships in the case of

Table 2
Toxocara canis larval recovery in BALB/c mice treated with MBZ or NTZ in the acute and chronic phases of experimental infection (mean and standard deviation).

| Groups | Acute phase | Chronic phase |
|--------------------|-------------|---------------|
| MBZ | 84.4 ± 38.1 | 24.6 ± 23.9 * |
| NTZ | 71.6 ± 24.3 | 48.3 ± 27.7 |
| Infected untreated | 89.9 ± 22.9 | |

MBZ = mebendazole; NTZ = nitazoxanide; * p < 0.05

human infection with this nematode^{4,11}. In C57BL/6 and BALB/c mice infected with *T. canis* and untreated, the larvae can be found in the brain and carcass, even up to a year after inoculation, with a slight reduction in the total larval count^{17,20}. Various anthelmintics have been used in the treatment of murine toxocariasis, in order to evaluate their efficacy: mebendazole, albendazole, fenbendazole and thiabendazole. The first three, and diethylcarbamazine, were recommended by the WHO in 1995 as effective drugs against toxocariasis²⁰. According to SMITH *et al.*²⁹, mebendazole seems to be a good alternative for toxocariasis treatment in paratenic hosts. LESCANO *et al.*²¹ also reported a significant decrease in the parasite load of mice experimentally infected by *T. canis* and treated with mebendazole, thiabendazole or ivermectin.

Nitazoxanide (NTZ) is a novel compound with broad-spectrum activity against several genera of parasites, including intestinal protozoa, helminths and anaerobic bacteria^{13,32}. Its activity is associated with the inhibition of enzymatic activity of pyruvate ferredoxin oxidoreductase (PEOR) and against the disulfide isomerase protein (PDI), an essential enzyme for anaerobic metabolism. However, the mode of action of NTZ and its principal metabolite, tizoxanide, on nematodes is unknown²⁷. Its use has been approved for treatment of humans with diseases caused by *Giardia intestinalis* and *Cryptosporidium*^{2,25}, and DELGADO *et al.*⁹ reported some efficacy against *T. canis* larvae in experimental infections.

The results of this research suggest that the humoral immune response is not an appropriate parameter for evaluating drug efficacy in paratenic hosts experimentally infected by *T. canis*. However, at the end of the experiment, larval recovery was shown to be the most appropriate tool for evaluating drug efficacy in this experimental model.

Table 3
Mean number and standard deviation of *Toxocara canis* larvae recovered in organs and tissues of BALB/c mice infected and treated with MBZ or NTZ in the acute and chronic phases of infection

| | GI (Non treated) | Acute | | Chronic | |
|---------|------------------|--------------|--------------|------------|--------------|
| | | GII-MBZ | GIII-NTZ | GIV-MBZ | GV-NTZ |
| Carcass | 59 ± 11.59 | 45.4 ± 10.21 | 42.6 ± 16.94 | 16 ± 14.54 | 38.6 ± 22.52 |
| Liver | 2.8 ± 2.16 | 2.8 ± 2.38 | 1.6 ± 1.67 | 0.4 ± 0.89 | 1.2 ± 1.6 |
| Lungs | 0.4 ± 0.89 | 0 | 0.2 ± 0.44 | 0 | 0 |
| Kidneys | 0 | 0 | 0 | 0 | 0 |
| Brain | 26.8 ± 16.11 | 35.8 ± 31.52 | 27 ± 14.37 | 8.2 ± 8.64 | 7.4 ± 3.43 |
| Eyes | 0.8 ± 1.30 | 0.4 ± 0.54 | 0.2 ± 0.44 | 0 | 0.8 ± 1.30 |

Considering the larval recovery results, the relative ineffectiveness of mebendazole or nitazoxanide administration in the treatment of *Toxocara* infections in the murine model is evident and this is probably true in the case of human infections by *T. canis*, which would result in visceral larva migrans syndrome. Despite these fairly moderate results, the greater reduction observed in the parasite load following mebendazole administration, compared with the results achieved when nitazoxanide was used, deserves some attention.

RESUMO

Eficácia da nitazoxanida contra *Toxocara canis*: recuperação larvária e resposta imune humoral em camundongos experimentalmente infectados

Foi investigada a eficácia da nitazoxanida (NTZ) na toxocaríase murina experimental e os resultados comparados com os obtidos usando mebendazol (MBZ). Sessenta camundongos BALB/c machos, com idade entre seis e oito semanas foram divididos em grupos de 10 cada, 50 foram infectados oralmente com 300 ovos larvados de *T. canis* e agrupados a seguir: GI: camundongos infectados não tratados; GII: camundongos infectados tratados com MBZ (15 mg/kg/dia) 10 dias pós-infecção (dpi); GIII: camundongos infectados tratados com NTZ (20 mg/kg/dia) 10 dpi, GIV: camundongos infectados tratados com MBZ 60 dpi; GV: camundongos infectados tratados com NTZ 60 dpi; GVI: controle não infectado. Os camundongos foram sangrados via plexo retro orbitário em quatro ocasiões entre o 30° e 120° dpi. Os soros foram processados pela técnica de ELISA para detecção de anticorpos IgG anti-*Toxocara*. Aos 120 dpi, os animais foram sacrificados para a recuperação larvária do SNC, fígado, pulmões, rins, olhos e carcaça. Os resultados mostraram níveis similares de anticorpos IgG anti-*Toxocara* entre os camundongos infectados mas não submetidos a tratamento e os grupos infectados e tratados com MBZ ou NTZ, aos 10 e 60 dpi. Os valores da recuperação larval foram similares nos grupos tratados com NTZ e MBZ 10 dpi. MBZ mostrou melhor eficácia aos 60 dpi, com redução de 72,6% da carga parasitária comparada com NTZ, que mostrou redução somente de 46,5%. Concluímos que a administração destes anti-helmínticos não modificou a resposta humoral na infecção experimental por *T. canis*. Não foi observada cura parasitológica com nenhuma das drogas; porém maior redução na carga parasitária foi obtida após o tratamento com MBZ.

CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

ACKNOWLEDGEMENTS

This study was supported by the Medical Research Laboratory (LIM-06), and J.L. Assis was supported by a scholarship from the Administrative Development Foundation (FUNDAP).

REFERENCES

1. Abo-Shehadeh MN, Herbert I. Anthelmintic effect of levamisole, ivermectin, albendazole and fenbendazole on larval *Toxocara canis* infection in mice. *Rev Vet Sci*. 1984;36:87-91.
2. Abubakar I, Aliyu SH, Arumugam C, Hunter PR, Usman NK. Prevention and treatment of cryptosporidiosis in immunocompromised patients. *Cochrane Database Syst Rev*. 2007;24:CD004932.
3. Bardón R, Cuéllar C, del Aguila C, Guillén JL. Evaluation of mebendazole activity on experimental murine toxocaríasis by immune complexes determination. *Zentralbl Veterinarmed B*. 1995;42:235-46.
4. Bardón R, Cuéllar C, Guillén JL. Evaluation by larval recovery of mebendazol activity in experimental murine toxocaríasis. *Int J Parasitol*. 1995;25:587-92.
5. Barrera MG, Leonardi D, Bolmaro RE, Echenique CG, Olivieri AC, Salomon CJ, et al. *In vivo* evaluation of albendazole microspheres for the treatment of *Toxocara canis* larva migrans. *Eur J Pharm Biopharm*. 2010;75:451-4.
6. Carrillo M, Barriga O. Anthelmintic effect of levamisole hydrochloride or ivermectin on tissue toxocaríasis of mice. *Am J Vet Res*. 1987;48:281-3.
7. Cuéllar C, Fenoy S, del Aguila C, Guillén JL. Isotype specific immune responses in murine experimental toxocaríasis. *Mem Inst Oswaldo Cruz*. 2001;96:549-53.
8. Cuellar C, Fenoy S, Aguila C, Guillén JL. Evaluation of chemotherapy in experimental toxocarosis by determination of specific immune complexes. *J Helminthol*. 1990;64:279-89.
9. Delgado OM, Fernandez G, Silva S, Ramirez O, Romero J, Rodriguez-Morales AJ. Preliminary evidence of nitazoxanide activity on *Toxocara canis* in a mouse model. *Int J Antimicrob Agents*. 2008;31:182-4.
10. De Savigny DH, Voller A, Woodruff AW. Toxocaríasis: serological diagnosis by enzyme immunoassay. *J Clin Pathol*. 1979;32:284-8.
11. Fan CK, Liao CW, Cheng YC. Factors affecting disease manifestation of toxocarosis in humans: genetics and environment. *Vet Parasitol*. 2013;193:342-52.
12. Fisher M. *Toxocara cati*: an underestimated zoonotic agent. *Trends Parasitol*. 2003;19:167-70.
13. Fonseca-Salamanca F, Martínez-Grueiro MM, Martínez-Fernández AR. Nematocidal activity of nitazoxanide in laboratory models. *Parasitol Res*. 2003;91:321-4.
14. Fok E, Kassai T. *Toxocara canis* infection in the paratenic host: a study on the chemosusceptibility of the somatic larvae in mice. *Vet Parasitol*. 1998;74:243-59.
15. Fox LM, Saravolatz LD. Nitazoxanide: a new thiazolide antiparasitic agent. *Clin Infect Dis*. 2005;40:1173-80.
16. Glickman LT, Magnaval J. Zoonotic roundworm infections. *Infect Dis Clin North Am*. 1993;7:717-32.
17. Guillén J, Bardón R, Domínguez P, Del Hoyo C. Migración larvária de *Toxocara canis* y respuesta eosinofílica en las cepas murinas BALB/c y C57BL/10. *Rev Ibérica Parasitol*. 1990;50:289-99.
18. Havasióvá-Reiterová K, Tomasovicová O, Dubinsky P. Effect of various doses of infective *Toxocara canis* and *Toxocara cati* eggs of the humoral response and distribution larvae in mice. *Parasitol Res*. 1995;81:13-7.
19. Hemphill A, Mueller J, Esposito M. Nitazoxanide, a broad-spectrum thiazolide anti-infective agent for the treatment of gastrointestinal infections. *Expert Opin Pharmacother*. 2006;7:953-64.
20. Hrcckova G, Velebný S, Obwaller A, Auer H, Kogan G. Evaluation of follow-up of therapy with fenbendazole incorporated into stabilized liposomes and immunomodulator glucan in mice infected with *Toxocara canis* larvae. *Acta Trop*. 2007;104:122-32.
21. Lescano SZ, Chieffi PP, Amato Neto V, Ikai-DK, Ribeiro MCSA. Anti-helmínticos na toxocaríase experimental: efeito na recuperação de larvas de *Toxocara canis* e na resposta humoral. *J Bras Patol Med Lab*. 2005;41:21-4.
22. Lescano SZ, Chieffi PP, Ikai-DK, Ribeiro MCSA. Efeitos da ciclosporina A e betametasona na toxocaríase murina experimental. *Rev Soc Bras Med Trop*. 2004;37:22-4.

23. Lescano SZ, Queiroz ML, Chieffi PP. Larval recovery of *Toxocara canis* in organs and tissues of experimentally infected *Rattus norvegicus*. *Mem Inst Oswaldo Cruz*. 2004;99:627-8.
24. Lescano SZ, Santos SV, Queiroz ML, Castro JM, Chieffi PP. Migration routes of *Toxocara canis* and *Toxocara cati* in tissues of experimentally infected *Rattus norvegicus*. *Neotrop Helminthol*. 2013;7:149-53.
25. Müller J, Wastling J, Sanderson S, Müller N, Hemphill A. A novel *Giardia lamblia* nitroreductase, GINR1, interacts with nitazoxanide and other thiazolides. *Antimicrob Agents Chemother*. 2007;51:1979-86.
26. Othman AA. Therapeutic battle against larval toxocariasis: are we still far behind? *Acta Trop*. 2012;124:171-8.
27. Rao RU, Huang Y, Fischer K, Fischer PU, Weil GJ. *Brugia malayi*: effects of nitazoxanide and tizoxanide on adult worms and microfilariae of filarial nematodes. *Exp Parasitol*. 2009;121:38-45.
28. Samanta S, Ansarf MZ. Anthelmintic effect of ivermectin, albendazole, fenbendazole and thiabendazole on larval *Toxocara canis* infection in mice. *Indian J Anim Sci*. 1990;60:1195-6.
29. Smith H, Holland C, Taylor M, Magnaval JF, Schantz P, Maizels R. How common is human toxocariasis? Towards standardizing our knowledge. *Trends Parasitol*. 2009;25:182-8.
30. Strube C, Heuer L, Janecek E. *Toxocara* spp. infections in paratenic hosts. *Vet Parasitol*. 2013;193:375-89.
31. Vieira MA, Silva AC, Freire Filha LG, Barbosa CA, Campos DMB. Avaliação da eficácia do Ivermectin na larva migrans murina experimental. *Rev Patol Trop*. 1993;22:1-8.
32. White CA Jr. Nitazoxanide: a new broad spectrum antiparasitic agent. *Expert Rev Anti Infect Ther*. 2004;2:43-9.
33. Xi WG, Jin LZ. A novel method for the recovery of *Toxocara canis* in mice. *J Helminthol*. 1998;72:183-4.

Received: 3 March 2015

Accepted: 8 April 2015

LIBRARY OF THE SÃO PAULO INSTITUTE OF TROPICAL MEDICINE

Website: <http://www.imt.usp.br/sobre-o-imtsp/biblioteca>

Address: Biblioteca do Instituto de Medicina Tropical de São Paulo da Universidade de São Paulo
Av. Dr. Enéas de Carvalho Aguiar, 470.
05403-000 - São Paulo - SP - Brazil.

Telephone: 5511 3061-7003



Início Sobre o IMTSP Pesquisa Ensino Extensão Buscar Links Contato

Administração ▾ Apoio ▾ **Biblioteca ▾** Concursos e Editais Notícias Organização ▾ Revista ▾

Biblioteca do Instituto de Medicina Tropical

Missão

Promover o acesso à informação e oferecer suporte ao ensino e pesquisa dos docentes, alunos, pesquisadores e funcionários que compõem o IMTSP e a comunidade de saúde em geral.

Acervo

O acervo da Biblioteca do Instituto de Medicina Tropical inclui livros, periódicos, teses e dissertações e publicações de eventos nas áreas de Medicina Tropical, Doenças Infecciosas, Saúde Internacional e correlatas. O acervo pode ser consultado online no Dedalus – Banco de Dados Bibliográfico da USP

Localização

Av. Dr. Enéas de Carvalho Aguiar, 470 - Prédio 1 - Térreo.
05403-000 - São Paulo - SP
Fone: (11) 3061-7003
E-mail: bibimt@usp.br

Horário de funcionamento

De segunda a sexta-feira, das 07 às 18 horas

Menu

- Bases de Dados
- Congressos da SBMT
- Espaço do Pós-Graduando
- Guia do Usuário
- Links
- Sobre a Biblioteca
- Publicações
- Revistas Eletrônicas
- Revistas e Livros Gratuitos

curso gradua molecular bíca medicina projetos dvadm83 research projects micologia maria alunos crica
antigos informa consó lines cultura sucen sobre extens volume dvadm dermatologia proto silva
linhas comiss pesquisa publicatons editas imunologia programa tropical links graduation
internacional epidemiology epidemiologia publica virologia paulo itop dermatology virology

Copyright © 2015 Instituto de Medicina Tropical de São Paulo - USP. Todos os direitos reservados.
Av. Dr. Enéas Carvalho de Aguiar, 470 - CEP 05403-000 - São Paulo - Brasil
Telefones: (55+11) 3061-7011 / 3061-7014 - Fax: (55+11) 3088-5237 - imtsp@usp.br

The Library of the São Paulo Institute of Tropical Medicine (IMTSP Library) was created on January 15, 1959 in order to serve all those who are interested in tropical diseases.

The IMTSP Library has a collection consisting of books, theses, annals of congresses, journals, and reference works.

The collection of the Library can be searched through the USP Bibliographic Database – Dedalus at the URL <http://200.144.190.234/F>