

## 5.5 INTESTINAL PARASITES/HELMINTHS

### RECOMMENDATIONS

***Offer test (ova, cysts and parasites) to:***

Symptomatic migrants only, particularly those who have:

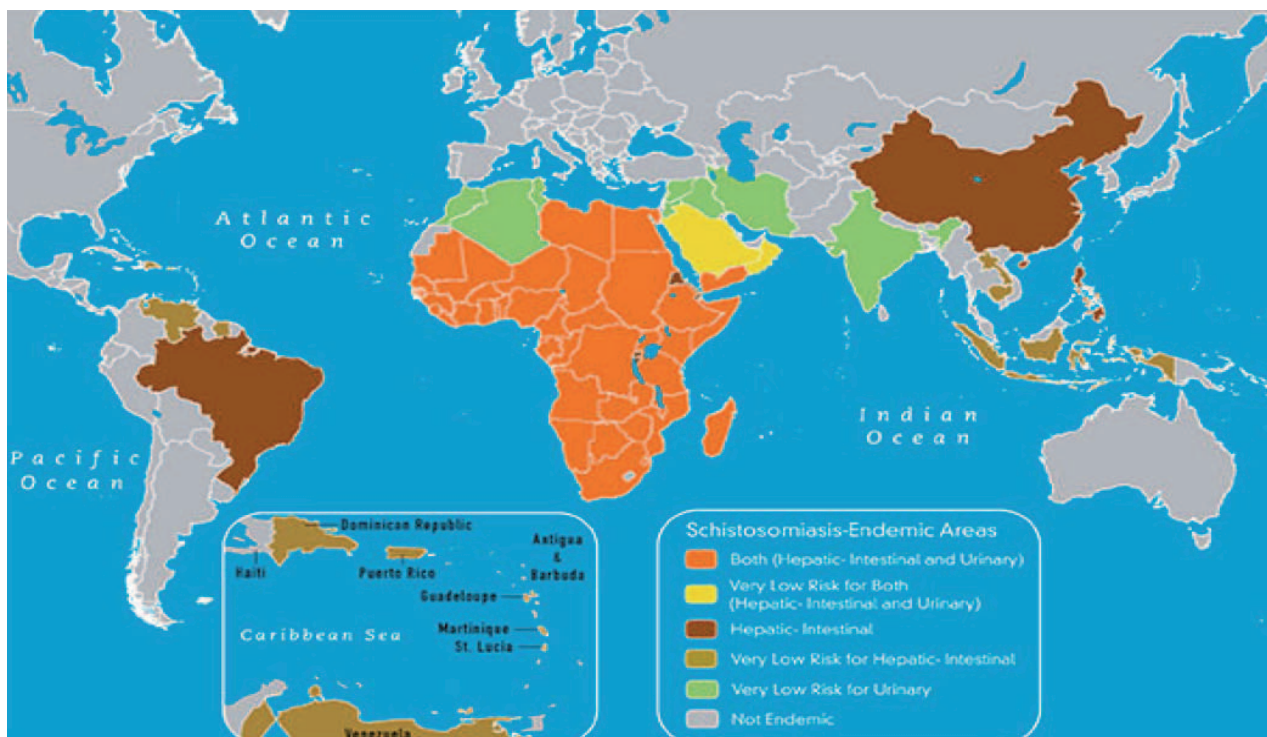
- Lived or travelled in endemic regions
- Migrated from Southeast Asia or Sub-Saharan Africa
- Eosinophilia

**Note: Healthcare professionals should also be aware that those with concurrent immunosuppression are at increased risk of developing disseminated parasitic infections, especially strongyloides, as this auto-infects and disseminates widely in those who are immunosuppressed.**

**Note: a raised eosinophil count (>0.4 x 10<sup>9</sup>/l) may be the only indication of a parasitic infection**

### Epidemiology

It has been estimated that approximately one third of the world's population is infected with intestinal parasites.<sup>(1)</sup> It has been estimated that up to 20% of migrants arriving to the UK from endemic countries may have helminth infections.<sup>(2)</sup> (See Figure 5.5.1). As most of these infections are due to repeated exposure to the parasite cycle in the environment, the infection generally resolves itself once the person moves to another parasite free region. As a result, routine assessment for intestinal parasitic infection is not indicated in the absence of symptoms.



**Figure 5.5.1 Global distribution of schistosomiasis**

**Source:** Centers for Disease Control and Prevention. CDC Health Information for International Travel 2012, New York: Oxford University Press; 2012

## Assessment

Assessment for parasites is only considered if the migrant presents with symptoms suggestive of infection including:

Abdominal pain	Tenesmus
Diarrhoea	Haematemesis
Nausea	Bloody stool
Acute vomiting	Melaena
Bloating	Sighting a 'worm'
Excessive flatulence	Failure to thrive (as per growth percentiles)
Constipation	Fatigue
Anorexia	Anaemia
Insatiable appetite	Oedema
Food intolerance	

**Note:** Healthcare professionals should also be aware that those with concurrent immunosuppression are at increased risk of developing disseminated parasitic infections, especially strongyloides, as this auto-infects and disseminates widely in those who are immunosuppressed.

**Note:** a raised eosinophil count ( $>0.4 \times 10^9/l$ ) may be the only indication of a parasitic infection.<sup>(2)</sup>

All helminthic (worm) infections such as strongyloides and schistosoma infections are considered pathogenic except light infections by hookworm species (*Ancylostoma duodenale* or *Necator americanus*) and whipworm (*Trichuris trichura*). These light infections do not need treatment unless associated with symptoms.

## References

- (1) World Health Organization. The prevention and control of schistosomiasis and soil transmitted helminthiasis [Internet]. Geneva; 2002. Available from: [http://whqlibdoc.who.int/trs/WHO\\_TRS\\_912.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_912.pdf)
- (2) Public Health England. Migrant Health Guide. [Internet]. UK: Public Health England. 2013 May 30<sup>th</sup>. Available from: <http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/migranthealthguide>