Refugees from Asia are at risk for infection with soil-transmitted helminths and *Strongyloides stercoralis*. The following guidelines are intended to help Refugee Health Assessment Program (RHAP) clinicians to care for Asian refugees arriving from areas endemic for these infections.

**OVERSEAS (PRE-DEPARTURE) PRESumptive Therapy of Parasitic Infections**

All refugees without contraindications from Asian countries receive presumptive treatment with:
- **Albendazole** for soil-transmitted helminths (*Ascaris lumbricoides* (*Ascaris*), whipworm (*Trichuris trichiura*), and hookworm (*Anclostoma duodenale* and *Necator americanus*)), and
- **Ivermectin** (or albendazole) for *Strongyloides stercoralis*.

Check [here](#) for a full description of overseas presumptive therapy.

**Refugee Health Assessment Program (RHAP)**

**Intestinal and Tissue-Invasive Parasitic Infection:**
The RHAP protocol requires universal screening of *Giardia lamblia* antigen by direct immunofluorescent detection procedure of a single stool sample. Summary of management of other intestinal and tissue-invasive parasitic infections:

- **Symptomatic:** Microscopic examination of a single stool specimen for ova & parasites (O&P) and serologic testing for invasive species as appropriate. Treat accordingly based on results. This is done regardless of receipt of overseas pre-departure treatment.

- **Asymptomatic:**
  A. **No Pre-Departure Treatment** due to contraindications to presumptive treatment or departure from location where presumptive treatment is currently not implemented. If due to location, treat presumptively according to CDC guidelines as noted above. If due to contraindications that still exist:
    - Microscopic examination of one single stool specimen for Ova & Parasites:
      - **Positive O & P test without peripheral blood eosinophilia**[^1] (>400 cells/µL): Provide appropriate treatment if/when no contraindications. Otherwise have follow-up for further evaluation.

[^1]: Peripheral blood eosinophilia could be also due to other helminthic parasites, other infections/infestations, allergies, autoimmune and related disorders, immunodeficiency states, neoplastic diseases or other conditions.
**Summary of Management of Parasitic Infection by Refugee Population**

**Asia**

- **Positive O & P with eosinophilia**: Provide appropriate treatment if/when no contraindications. Have follow-up to assess for persistence of eosinophilia and/or evaluation for other causes.

- **Negative O & P without eosinophilia**: No treatment or follow-up needed.

- **Negative O & P test with eosinophilia**: Options of management include:
  - Treat for *Strongyloides* if able; OR
  - Further evaluation as per targeted testing protocol (i.e., *Strongyloides* titers and/or filarial titers for those with suspicious skin lesions); OR
  - Referral to infectious disease specialist or primary care physician for further evaluation.

**B. Incomplete Pre-Departure Treatment** i.e., did not receive all of the recommended overseas presumptive treatment for parasites prior to departure:

- Assume all refugees without contraindications and coming from the Asian countries of processing have received albendazole (for soil-contaminated helminths).

- Presumptively treat *Strongyloides stercoralis*, OR manage infection according to the eosinophil count:
  - **Normal eosinophil count** (<400 cells/µL): No further evaluation is required.
  - **Eosinophilia** (>400 cells/µL): This could be residual due to an already treated parasitic infection or due to ongoing infection with *Strongyloides stercoralis*; treat as above, OR
    - Further evaluation as per targeted testing protocol (*strongyloides* titers), OR
    - Repeat eosinophil count in 3-6 months. If elevated, further diagnostic evaluation is suggested.

**C. Complete Pre-Departure Treatment** documented, eosinophilia is most likely residual and repeating eosinophil count in 3-6 months after arrival is warranted. If elevated, further diagnostic evaluation is suggested.

**Medications:**

- **Albendazole** (for treatment of soil-transmitted helminths) is indicated for individuals ≥ 12 months of age who are NOT pregnant and do NOT have neurocysticercosis (either confirmed cases or individuals with unexplained seizures or subcutaneous nodules suggestive of cysticercosis).

- **Ivermectin** (for treatment of *Strongyloides stercoralis*) is indicated for individuals ≥ 15 kg in weight and ≥ 90 cm in height who are not pregnant or lactating during the first week postpartum.
Summary of Management of Parasitic Infection by Refugee Population

Asia

Full information on indications, dosing, and precautions for these medications can be found in Table 1 of the CDC’s summary of treatment of intestinal parasites in refugees.

Countries in Asia active processing for U.S.-bound refugees:

<table>
<thead>
<tr>
<th>Processing Country</th>
<th>Refugee Country of Origin</th>
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</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>Myanmar (Burma)</td>
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<tr>
<td>Nepal</td>
<td>Bhutan</td>
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<tr>
<td>Thailand</td>
<td>Myanmar (Burma)</td>
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For more information visit www.mass.gov/dph/refugee