Refugees from Latin America and the Caribbean are at risk for infection with soil-transmitted helminths & *Strongyloides stercoralis*. The following guidelines are intended to help RHAP clinicians to care for refugees arriving from areas endemic for these infections.

**OVERSEAS (PRE-DEPARTURE) PRESUMPTIVE THERAPY OF PARASITIC INFECTIONS**

As of February 2017, refugees coming from the Latin American countries of processing do not receive any presumptive treatment for soil-transmitted helminths (*Ascaris lumbricoides* [Ascaris], whipworm [*Trichuris trichiura*], and hookworm [*Anclostoma duodenale* and *Necator americanus*]) or *Strongyloides stercoralis*.

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

**REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP)**

**Intestinal and Tissue-Invasive Parasitic Infections:**
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 one single stool specimen for Ova & Parasites and serologic testing as appropriate. Treat accordingly based on results.

- **Asymptomatic:**
  - **No Pre-Departure Treatment:** Microscopic examination of one single stool specimen for Ova & Parasites:
    - **Positive Stool O & P Test with Eosinophilia** (>400 cells/µL): Provide appropriate treatment. Have follow-up to assess for persistence of eosinophilia of evaluation for other causes.
    - **Positive Stool O & P without Eosinophilia:** Provide appropriate treatment.
    - **Negative Stool O & P Test with Eosinophilia** (>400 cells/µL): Options of management include:
      - Presumptive treatment for soil-contaminated helminths and *Strongyloides stercoralis*, OR

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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

Latin America and Caribbean

- Further evaluation as per targeted testing protocol (i.e., strongyloides titers), OR
- Referral to infectious disease specialist or primary care physician for further evaluation.

Medications:

- **Albendazole** (for treatment of soil-transmitted helminths) is indicated for individuals ≥ 12 months of age and older 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.

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](https://www.cdc.gov/refugeehealth/parasites.html).

**Latin American Countries of Processing:**

<table>
<thead>
<tr>
<th>Processing Country</th>
<th>Refugee Country of Origin</th>
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</thead>
<tbody>
<tr>
<td>Cuba, Ecuador, El Salvador, Guatemala &amp; Honduras</td>
<td>Cuba, Colombia, El Salvador, Guatemala &amp; Honduras</td>
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For more information visit [www.mass.gov/dph/refugee](https://www.mass.gov/dph/refugee)