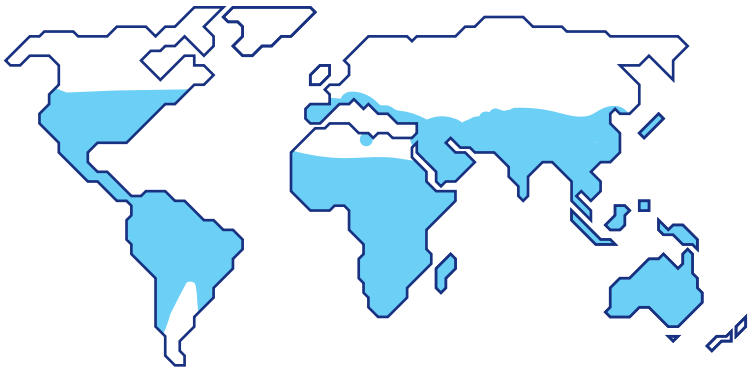
Corporate Travel Clinic
Erasmus MC

Factsheet Strongyloidiasis



Who

Strongyloidiasis is endemic in rural areas of (sub)tropical regions. Sporadically, it occurs in temperate areas such as North America, southern Europe, Japan, and Australia. Worldwide, 100 million humans are estimated to be infected. Lack of adequate sanitation facilities is an important risk factor.

What

Strongyloidiasis is a worm infection caused by the helminth *Strongyloides stercoralis*. After passing several stages in their complex life cycle, the larvae mature into adult worms which live in the first part of the small bowel. Worms produce eggs from which either noninfectious larvae develop that are passed in the stool, or infective larvae that may cause autoinfection because they are able to penetrate the bowel wall.

Where and when

Transmission occurs when the human skin contacts the infective larva in contaminated soil. Less common modes of transmission include fecal-oral and person-to-person transmission. Due to auto-infection, chronic infection can be sustained for decades, and clinical manifestations can occur long after the initial infection.

Prevention

In endemic areas, infection may be prevented by wearing shoes to avoid contact of bare feet with infected soil. Screening by measuring the level of antibodies in the blood is warranted for all individuals with epidemiologic exposure who have to undergo medical interventions associated with immunosuppression.

Treatment

Treatment with anthelminthic therapy, preferably ivermectin, is warranted, regardless of symptoms. The goal of treatment is cure, in order to prevent development of severe disease in the context of chronic auto-infection.

Symptoms

Strongyloidiasis may be associated with no or only nonspecific complaints in more than half of cases. In case of acute infection, patients may experience irritation at the site of skin penetration. Within a week following transmission, a dry cough may occur. Later, gastrointestinal symptoms such as diarrhea, constipation, abdominal pain, anorexia, or specific dermatologic manifestations may occur.

In case of infection

Among patients with undiagnosed infection who subsequently develop a disturbed immune system, larval reproduction and auto-infection can lead to disseminated (hyper)infection which has a mortality rate of 70-100%. Among other patients, anthelminthic therapy is effective to cure infection.

Information provided by Corporate Travel Clinic Erasmus MC Rotterdam.
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