

Factsheet Strongyloidiasis





What

Strongyloidiasis is a parasitic disease caused by nematodes, or roundworms. Microscopic larvae enter the body through exposed skin, such as bare feet. In the small intestine, they mature into adult worms. The worm eggs hatch in the intestinal mucosa, and larvae are excreted into the feces. Adult worms can survive outside the human body. Less common modes of transmission include fecal-oral and person-to-person transmission. Due to auto-infection, chronic infection can persist for decades.

Who

Strongyloides is most common in tropical or subtropical climates.
Infections are most prevalent in areas with poor sanitation, rural and remote communities, institutional settings, and among socially marginalized groups.

Where and when

Strongyloides is most common in tropical or subtropical climates. Infections are particularly prevalent in areas with poor sanitation, rural and remote communities, institutional settings, and among socially marginalized groups.

Prevention

The best way to prevent
Strongyloidiasis is to wear shoes when
walking on soil and to avoid contact
with fecal matter or sewage. Proper
sewage disposal and fecal
management are key to prevention.
People who require
immunosuppression should discuss
screening for the infection with their
healthcare provider.



Treatment

Treatment with anthelmintic therapy is recommended, regardless of symptoms. The goal of treatment is to cure the infection and prevent the development of severe disease due to chronic auto-infection.

Symptoms

The initial sign of acute
Strongyloidiasis, if noticed at all, is a
localized, pruritic, erythematous rash
at the site of skin penetration. Patients
may then develop tracheal irritation
and a dry cough as the larvae migrate
from the lungs up through the trachea.
After the larvae are swallowed into the
gastrointestinal tract, patients may
experience diarrhea, constipation,
abdominal pain, and anorexia.

Last update: January 2025



In case of infection

Untreated chronic infection may develop into hyperinfection if the immune system is suppressed.

Hyperinfection has a mortality rate of 70-100%. People who require immunosuppressive treatment should be screened for Strongyloides before starting immunosuppression.