

Helicobacter pylori (H. pylori)

Microlearning Supplemental Information

MINNESOTA CENTER OF EXCELLENCE IN NEWCOMER HEALTH MICROLEARNING SERIES

H. pylori in children

- Most infections are asymptomatic.
- Infection is less likely to cause ulcers compared with adults.
- Symptoms are often non-specific and may include chronic abdominal pain, bloating or burping, intermittent nausea, loss of appetite, weight loss, and failure to thrive.

H. pylori in pregnancy

- Some evidence suggests H. pylori may cause severe nausea and vomiting in pregnancy; however, treatment is often delayed until after delivery, unless symptoms are severe (e.g., severe persistent hyperemesis gravidarum) or complication arise (e.g., peptic ulcer disease with GI bleeding or perforation).
- Always consult an infectious disease expert before providing treatment to a pregnant person.

Treatment

- Treatment is recommended for ALL confirmed infections, even if asymptomatic.
- Use high-dose PPIs to ensure adequate acid suppression during treatment. PPIs should be taken 30 to 60 minutes prior to meals.
- Tetracycline is preferred over doxycycline in Bismuth quadruple therapy due to more robust clinical evidence and possibly higher eradication rates. However, doxycycline can be used as an alternative option if tetracycline is unavailable, or less frequent dosing is desired (doxycycline twice daily vs. tetracycline four times daily).
- If using rifabutin triple therapy: rifabutin can cause neutropenia, hepatotoxicity, rifamycin type hypersensitivity, and uveitis. It also has drug-drug interactions (CYP 450 inhibitors).
- Vonoprazan-containing regimens are only FDA-approved for adults 18 years and older.
- Available liquid formulations include amoxicillin, clarithromycin, metronidazole, and omeprazole. Rifabutin suspension is available only as a compounded formulation.
- If first-line treatment fails, use a different class of antibiotics; do not repeat the same regimen.
- Eradication of H. pylori infection is treatment for gastric MALT lymphoma.

Post-Treatment

- The most common risk factors for treatment failure are poor adherence, antibiotic resistance (i.e., macrolide or metronidazole), and inadequate acid suppression.
- Post-treatment dyspepsia or other symptoms are common and do not represent treatment failure. Always confirm H. pylori eradication with repeat testing (i.e., urea breath test, fecal antigen test, or biopsy during upper endoscopy) four weeks after therapy.

- Do not use serology for test of eradication.
- Infection recrudescence (return of the same strain that was not fully eradicated) is more common than reinfection (a new infection after prior infection was fully eradicated).

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