** MDH Recommended Guidelines for Screening for Intestinal Parasites for New Refugee Arrivals **

** Figure 1. (March 2013) **

### For all refugee arrivals (asymptomatic and symptomatic):
- Confirm specific pre-departure presumptive treatment
- Evaluate for eosinophilia* by obtaining a CBC with differential (eosinophilia >400 cells/µl)

### PLUS

### Documented pre-departure presumptive treatment
- ** For single-dose albendazole pre-departure treatment *(no praziquantel)*
  - Strongyloides serology or presumptive treatment (all refugees);
  - Schistosoma serology or presumptive treatment (sub-Saharan Africans);
  - Treat if positive for Strongyloides stercoralis or Schistosoma spp.
  - If positive for eosinophilia, re-check total eosinophil count in 3-6 months.*β*

- ** For single-dose albendazole pre-departure treatment *with praziquantel*
  - Strongyloides serology or presumptive treatment (all refugees);
  - Treat if positive for Strongyloides stercoralis
  - If positive for eosinophilia, re-check total eosinophil count in 3-6 months.*β*

- ** For high-dose pre-departure treatment (ivermectin or 7 days of albendazole *plus praziquantel)*
  - If positive for eosinophilia, re-check total eosinophil count in 3-6 months after arrival. **β**

### No documented pre-departure presumptive treatment:
- Conduct stool examinations for ova and parasites (O&P); two stool specimens should be obtained more than 24 hours apart;
- Strongyloides serology or presumptive treatment (all refugees);
- Schistosoma serology or presumptive treatment (sub-Saharan Africans);
- Treat pathogenic parasites;
- Re-check total eosinophil count in 3-6 months.*β*

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* Eosinophilia may or may not be present with parasitic infection; an absolute eosinophil count provides supplemental diagnostic information.

** Persistent eosinophilia or symptoms requires further diagnostic evaluation. **

*β If not positive for eosinophilia, further evaluate only if symptomatic.