PARASITES
Proposed Management of Allergic Rhinitis on Medical Missions in Resource-Limited Settings

Consider that fecal-oral transmission occurs in tropical, rural communities via larvae in moist soil (walking barefoot), clothes, furniture, towels, and toilets.

Case definition
The following are consistent with infection with soil-transmitted helminths:
1. Abdominal pain and nutritional problems (nausea, bloating, flatulence, poor appetite/growth)
2. Visible worms and pruritus at sites of larva penetration/migration
3. Poor intellectual development
4. Respiratory distress/wheezing in cases of heavy infection
5. Rectal prolapse and bleeding in cases of whipworm

Clinical management
Treat at triage (or send dose home for patients and family), every 3 to 6 months if have not received at school dose

Pinworms: wash hands after using the toilet, and before and after eating. Launder bedding, clothing, and toys to destroy eggs

Pharmacologic management

Option 1:
Albendazole 400mg once for patients over 2 yrs old. Tablets may be crushed prior to administration. Contraindicated if pregnant or breastfeeding

Pinworms: repeat dose in 2 weeks
Trichuris (whipworm): 600mg x1

Pediatric dosing: 100mg-200mg in age 1-2 years, or 300mg for trichuris

Option 2:
Mebendazole 500mg PO single dose for >2 years of age (or 100mg PO BID x 3 days) for severe cases

Other options:
Ivermectin, piperazine, secnidazol, pyrantel
**Other considerations:**
Have candies/crackers available following deworming therapy

Consider co-treatment with multi-vitamins for iron deficiency

Consider treating distended/malnourished children for giardia co-infection using metronidazole 250mg tid x 5 days (10 mg/kg/dose given TID if <20kg). Treat only after antiparasitic treatment, due to risk of worm migration

Avoid anti-diarrheal medicines during parasite treatment

*Adapted from:*