

TREATMENT OF ENTERIC PARASITIC INFECTIONS

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Parasite	Symptoms	Recommended Drug	Recommended Dose	Recommended Duration	Comments
<ul style="list-style-type: none"> • This section includes the most common intestinal parasites (acquired locally or abroad) along with recommended therapy. • Ova and parasite exam recommended if diarrhea > 4 days duration. • Collect one sample initially. Use SAF fixative transport system. <ul style="list-style-type: none"> Multiple (3) stool samples on alternate days (collected within 10 days) indicated if: <ul style="list-style-type: none"> ⇒chronic, persistent or relapsing diarrhea ⇒illness in person with recent travel history or immigration from endemic areas ⇒food handler ⇒suspected helminthic infection. • Post treatment ova and parasite exam indicated for: <ul style="list-style-type: none"> ⇒food handlers ⇒institutionalized/long term care patients ⇒post treatment amebiasis. 					
HELMINTHS					
Trematodes					
Clonorchis/ Opisthorchis (liver fluke)	<ul style="list-style-type: none"> • usually asymptomatic • can cause recurrent biliary symptoms/ cholangiocarcinoma 	Praziquantel or Albendazole ¹	25mg/kg PO tid 400mg PO daily	1 day 7 days	<ul style="list-style-type: none"> • Acquired from undercooked fish from Southeast Asia.

¹Must be obtained through HPB Special Access Program (Emergency Release). Contact pharmacy for assistance in ordering.

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HELMINTHS					
Nematodes					
Ascaris lumbricoides (roundworm)	<ul style="list-style-type: none"> usually asymptomatic not usually a cause of diarrhea 	Mebendazole	100mg PO bid	3 days	<ul style="list-style-type: none"> May cause eosinophilia. Common in developing countries. May be acquired in Alberta-transmission via soil. Worm migration may result in serious sequelae.
Enterobius vermicularis (pinworm)	<ul style="list-style-type: none"> perianal pruritus 	Mebendazole	<u>Adult & Paediatric</u> 100mg PO	Repeat in 2 weeks (2 doses total)	<ul style="list-style-type: none"> Most common human parasite. Common in children and household contacts.
Trichuris trichiura (whipworm)	<ul style="list-style-type: none"> diarrhea may occur with heavy infections 	Mebendazole	100mg PO bid	3 days	<ul style="list-style-type: none"> Acquired mostly in tropical regions.
Strongyloides stercoralis	<ul style="list-style-type: none"> usually asymptomatic may cause diarrhea +/- eosinophilia 	Ivermectin ¹ <u>Alternative</u> Albendazole ¹	200µg/kg PO daily 400mg PO daily	2 days 3 days	<ul style="list-style-type: none"> Acquired mostly in tropical regions. May develop hyper-infection syndrome in immunocompromised patient. Infectious Diseases consult recommended.

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HELMINTHS					
Nematodes (cont'd) Ancylostoma duodenale, Necator americanus (hookworm)	<ul style="list-style-type: none"> • usually asymptomatic • does not cause diarrhea 	Mebendazole	100mg PO bid	3 days	<ul style="list-style-type: none"> • Acquired mostly in tropical regions. • Intestinal blood loss may occur with heavy infections.
Cestodes Diphyllobothrium latum (fish tapeworm)	<ul style="list-style-type: none"> • usually asymptomatic 	Praziquantel	5-10mg/kg PO	1 dose	<ul style="list-style-type: none"> • Acquired from undercooked fresh water fish, including salmon (North Canada).
Taenia saginata (beef tapeworm)	<ul style="list-style-type: none"> • usually asymptomatic 	Praziquantel	5-10mg/kg PO	1 dose	
Taenia solium (pork tapeworm)	<ul style="list-style-type: none"> • usually asymptomatic 	Praziquantel	5-10mg/kg PO	1 dose	<ul style="list-style-type: none"> • May be transmitted to others causing cysticercosis (treatment is albendazole).

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PROTOZOA					
Blastocystis hominis	<ul style="list-style-type: none"> • diarrhea • abdominal pain and cramping • nausea 	<u>Asymptomatic</u> None			<ul style="list-style-type: none"> • Potential pathogen. • Treatment recommended if symptomatic and other causes (infectious/non-infectious) of diarrhea have been excluded. • Little data available on optimal therapy.
		<u>Symptomatic</u> Metronidazole	<u>Adult</u> 750mg PO tid	10 days	
		or Iodoquinol	<u>Paediatric</u> 35-50mg/kg/d PO div tid	10 days	
			<u>Adult</u> 650mg PO tid <u>Paediatric</u> 40mg/kg/d PO div tid ¹ (max 650mg/dose)	20 days 20 days	
Chilomastix mesnili	<ul style="list-style-type: none"> • usually asymptomatic 	None			<ul style="list-style-type: none"> • Non-pathogenic. • Found in persons exposed to poor sanitary conditions.
Cryptosporidium parvum	<ul style="list-style-type: none"> • nausea • anorexia • weight loss • watery diarrhea • abdominal cramping 	No established therapy			<ul style="list-style-type: none"> • Self-limiting diarrhea (+/- 2 weeks) in immunocompetent patient. • Chronic diarrhea in immunocompromised patient (e.g. HIV).
Cyclospora cayetanensis	<ul style="list-style-type: none"> • nausea • anorexia • weight loss • watery diarrhea • abdominal cramping 	TMP/SMX	1 DS tab PO bid	7 days	<ul style="list-style-type: none"> • Symptoms last an average of 7 weeks (longer in immunocompromised patient). • Outbreaks linked to ingestion of berries.
		<u>HIV patients</u> TMP/SMX	1 DS tab PO qid	10 days	

¹ Available as 210 and 650mg tablets

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PROTOZOA					
Dientamoeba fragilis	<ul style="list-style-type: none"> • diarrhea (intermittent) • abdominal pain • nausea • anorexia • fatigue • weight loss 	<u>Asymptomatic</u> None <u>Symptomatic</u> Iodoquinol or Tetracycline or Paromomycin ²	<u>Adult</u> 650mg PO tid <u>Paediatric</u> 40mg/kg/d PO div tid ¹ (max 650mg/dose) <u>Adult</u> 500mg PO qid <u>Paediatric, > 8 years old only</u> 40mg/kg/d PO div qid (max 2g/day) <u>Adult & Paediatric</u> 25-30mg/kg/d PO div tid	20 days 20 days 10 days 10 days 7 days	<ul style="list-style-type: none"> • Potential pathogen. • Increased incidence of coinfection with pinworm.
Endolimax nana	<ul style="list-style-type: none"> • usually asymptomatic 	None			<ul style="list-style-type: none"> • Non-pathogenic. • Found in persons exposed to poor sanitary conditions.
Entamoeba coli	<ul style="list-style-type: none"> • usually asymptomatic 	None			<ul style="list-style-type: none"> • Non-pathogenic. • Found in persons exposed to poor sanitary conditions.
Entamoeba dispar	<ul style="list-style-type: none"> • usually asymptomatic 	None			<ul style="list-style-type: none"> • Non-pathogenic. • Microscopically indistinguishable from E. histolytica.

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² Available as 250mg capsules

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PROTOZOA					
Entamoeba histolytica (Amebiasis)	<ul style="list-style-type: none"> • diarrhea • dysentery • liver abscess 	Metronidazole followed by iodoquinol (to eradicate luminal cysts)	750mg PO tid 650mg PO tid	10 days 20 days	<ul style="list-style-type: none"> • May be asymptomatic cyst passer.
Giardia lamblia	<ul style="list-style-type: none"> • nausea • anorexia • watery, foul smelling diarrhea • abdominal pain and distention 	Metronidazole* or Paromomycin**1	<u>Adult</u> 250mg PO tid or 2g PO hs <u>Paediatric</u> 15mg/kg/d PO div tid <u>Adult & Paediatric</u> 25-35mg/kg/d PO div tid	5 days 3 days 5 days 7 days	<ul style="list-style-type: none"> • May cause chronic diarrhea and mal-absorption. • May be asymptomatic. * Can be used in pregnancy. ** Not absorbed; may be useful for treatment in pregnancy.
Iodamoeba buetschlii		None			<ul style="list-style-type: none"> • Non-pathogenic. • Found in patients exposed to poor sanitary conditions.

¹ Available as 250mg capsules