

Strongyloides Screening in Patients with COVID-19

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Background:

- *Strongyloides stercoralis* is a nematode (roundworm) that can cause infection in humans
- Predominately acquired through contact with soil contaminated with free-living larvae
- The roundworm penetrates the skin and migrates to the intestine, where it lays eggs
- Larvae auto-inoculate the human host within the GI tract resulting in chronic infection
- Majority of patients with Strongyloidiasis are asymptomatic, however severe disease may occur if patients undergo immunosuppression (e.g. dexamethasone, tocilizumab), which can be fatal.

How Prevalent is it?

- 10-40% of populations in tropical/subtropical regions may be infected
- In Canada, an estimated 2.5 million individuals are infected
- High-risk populations include refugees, travelers, military personnel, farmers, miners, and immigrants

Risks:

- Patients hospitalized with COVID-19 undergoing treatment with dexamethasone and/or tocilizumab may be at increased risk of disseminated Strongyloidiasis. Particularly those from endemic regions.
- Disseminated Strongyloidiasis can carry a mortality rate of greater than 85%

Plan:

- Screen all patients with COVID-19 for epidemiological risk of Strongyloides prior to starting steroids or tocilizumab
- For patients born in or residing consecutively for more than 6 months in any of the following regions
 - Southeast Asia
 - Sub-Saharan Africa
 - South America
 - Caribbean
 - Mediterranean
 - Middle East
 - North Africa
 - Indian Sub-continent
 - Asia
 - Oceania (exclude non-aboriginal Australians and New Zealand)

Administer Ivermectin 200 mcg / kg PO X 1 (round to nearest 3 mg tablet)

38 - 52 kg	9 mg
53 - 67 kg	12 mg
68 - 82 kg	15 mg
83 - 97 kg	18 mg
98 - 112 kg	21 mg
113 - 127 kg	24 mg
128 - 142 kg	27 mg

Questions? Please contact Drug Information: DrugInfo@hhsc.ca or ext 76019

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