Parasitic Investigation of Stool Specimens Algorithm

- Patients with watery diarrhea
  Risk factors for parasitic infection include:
  - AIDS
  - ≤5 years old (or contact)
  - Camper or backpacker
  - Contact with farm animals
  - Involved in outbreak
    – Drinking/Recreational water source
    – Day care center

- Refer to the algorithm: Laboratory Testing for Infectious Causes of Diarrhea

- Patient is:
  - A resident of, or visitor to, a developing country
  - A resident of an area of Northern America where helminth (worm) infections have been reported with some frequency
  - Possible roundworms or tapeworm segments are observed in stool/undergarments (not available for submission)

- Possible roundworms or tapeworm segments are identified in stool/undergarments and are available for submission to lab

- Object submitted is not a parasite. Consider submitting additional specimens or evaluate for delusional parasitosis

- OAP / Parasitic Examination
  If *Strongyloides stercoralis* is suspected, also consider STRNG / Strongyloides Antibody, IgG, Serum.*

- No additional testing required unless clinical picture indicates

- If patient has diarrhea

- If intestinal parasites are still suspected, obtain at least 2 more stool specimens, collected on separate days over a 10 day period

- PARID / Parasitic Identification

- No additional testing required unless clinical picture indicates

- Object submitted is not a parasite. Consider submitting additional specimens or evaluate for delusional parasitosis

*The primary helminth of concern is *Strongyloides stercoralis*, which is endemic in regions of the rural south eastern United States (e.g., Appalachia).*