In May 2013 the American Academy of Pediatrics (AAP) published their policy statement for the care of immigrant, migrant and border children. The writers of the policy concede "there is little detailed guidance about the post-arrival medical screening for other new immigrants...". The bulk of existing information comes from literature and research international adoptees. There are recommendations to evaluate for gastrointestinal parasites, via three stool tests at least 24 hours apart. However, there is little to no data to support the practice.

Aims: Our research had three aims: 1) identify common gastrointestinal parasites in immigrants from Central and South America, 2) determine the adherence to the policy recommendation of ordering three stool tests, and 3) analyze the data to see if it supports the need for screening.

Methods: Our research design was a retrospect cohort, gathered from chart review. Slicer Dicer was used to identify charts of patients who self-identified as Hispanic and had a stool test ordered.

Sample composition: Two-hundred and twenty-two individuals were identified to meet the inclusion criteria. Of those who met inclusion criteria, 73 were documented to be immigrants representing 13 countries in the designated geographical regions.

The average age of the immigrants was 30  $(SD \pm 20, Median 30, Mode 31)$ . For purpose of this study we did not document gender of individual,

## **Gastrointestinal Parasites in Hispanic Immigrants**

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Our work identified a total of 73 immigrants from Hispanic Countries. Of all the countries represented, parasites were identified in immigrants of three countries, and one unknown area of origin.

Immigrants from Honduras represented 20 percent of all immigrants identified. However, immigrants from Honduras represented 55 percent of all parasites identified. Most common parasites identified in Honduran immigrants were: Ascaris, Strongiloides, Cryptosporidium, Giardia and Entamoeba histolitica.

Mexican immigrants represented 50 percent of immigrants. Nineteen percent of parasites where identified on Mexican immigrants. The most common parasites identified were Giardia and Blastocystis hominis and Endolimax nana.

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There was a wide gap in practice among providers. Fifty-six percent of immigrants only had one stool test ordered. Only ten percent of immigrants had three stool test ordered.

Of those that have tested positive for gastrointestinal parasites, 70 percent were positive on the first stool sample. About half of those with identifiable gastrointestinal parasites had a positive repeat stool test.

		Parasite
		Identified
azil	1	0
lumbia	2	0
sta Rica	1	0
uador	1	0
latemala	1	0
nduras	14	11
exico	36	7
caragua	3	0
nama	1	0
raguay	1	0
ru	1	0
minican Republic	3	0
nezuela	4	1
known	4	1

**Conclusions: Distribution of immigrants** was not uniform among represented countries of origin. This could be associated to community distribution, or comfort in seeking medical attention. Based on this data, immigrants of Mexico and Honduras had the highest rates of gastrointestinal parasites isolated. Sixty percent of parasites identified required treatment. Remainder of organisms, were commensal and likely represent sanitation, in area of origin.

Limitations: Documentation in the EMR was widely variable, depending on provider, and site where care was provided. In addition, it is to our understanding that our data has its limitations; as the sample is not big enough to reach overarching conclusions. Our research model and analysis, did not take into account method and route of migration, which could further affect possible exposures.