



# Diagnosis, management and prevention of infections in recently arrived refugees

Australasian Society for Infectious Diseases



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Covers Tb, Malaria, HIV,  
Hepatitis, Schistosomiasis  
Worms, STIs and other  
infections

# Schistosomiasis

- Affects 200 million people worldwide
- 85% live in Africa
- Schistosomiasis is predominantly a chronic disease which is generally asymptomatic until the late stages when significant end-organ damage is found
- 130,000 deaths in Africa each year due to portal hypertension from intestinal schistosomiasis
- 70 million develop haematuria and 10 million people develop hydronephrosis
- About 40% of African refugees have serological evidence of previous schistosomiasis infection

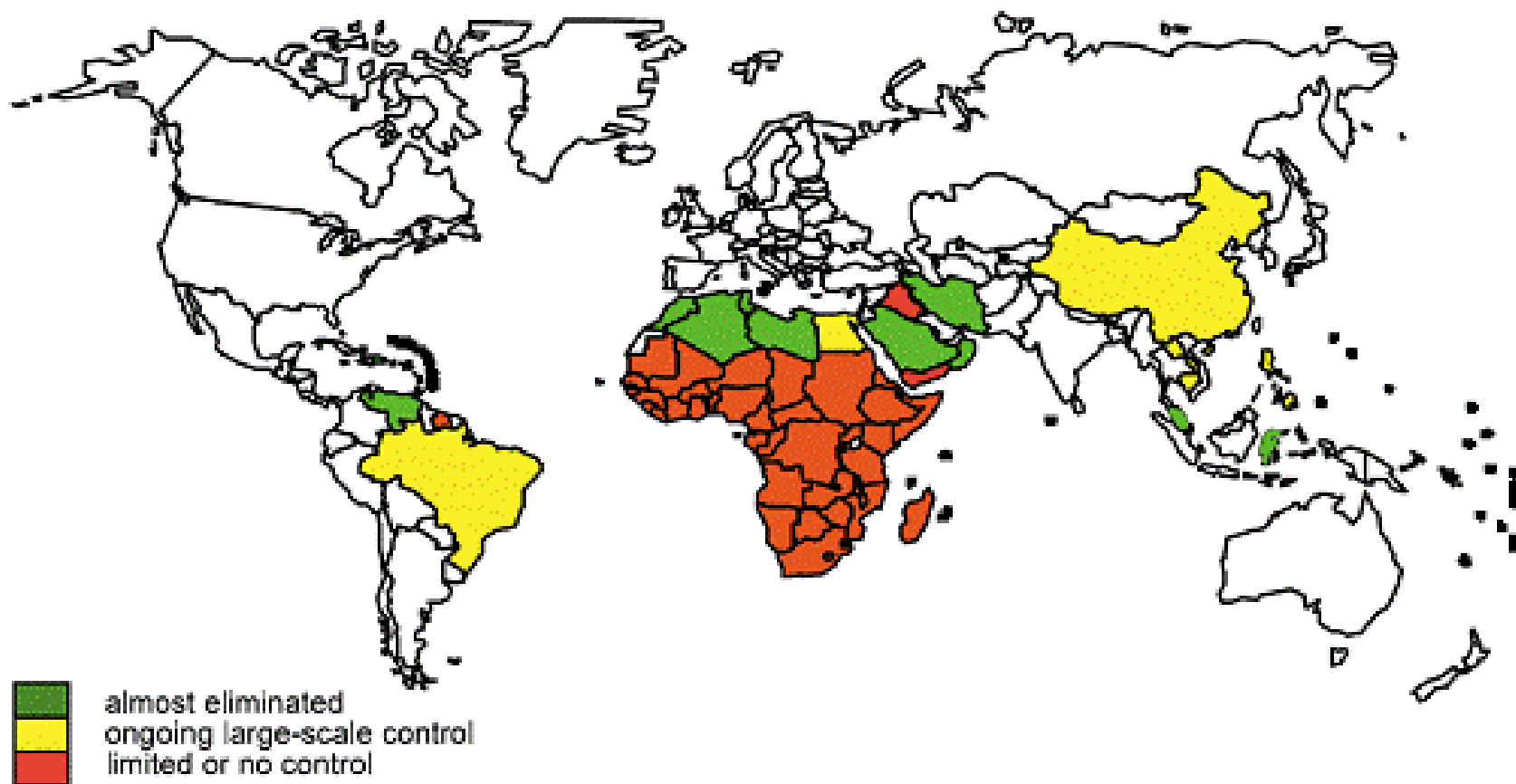
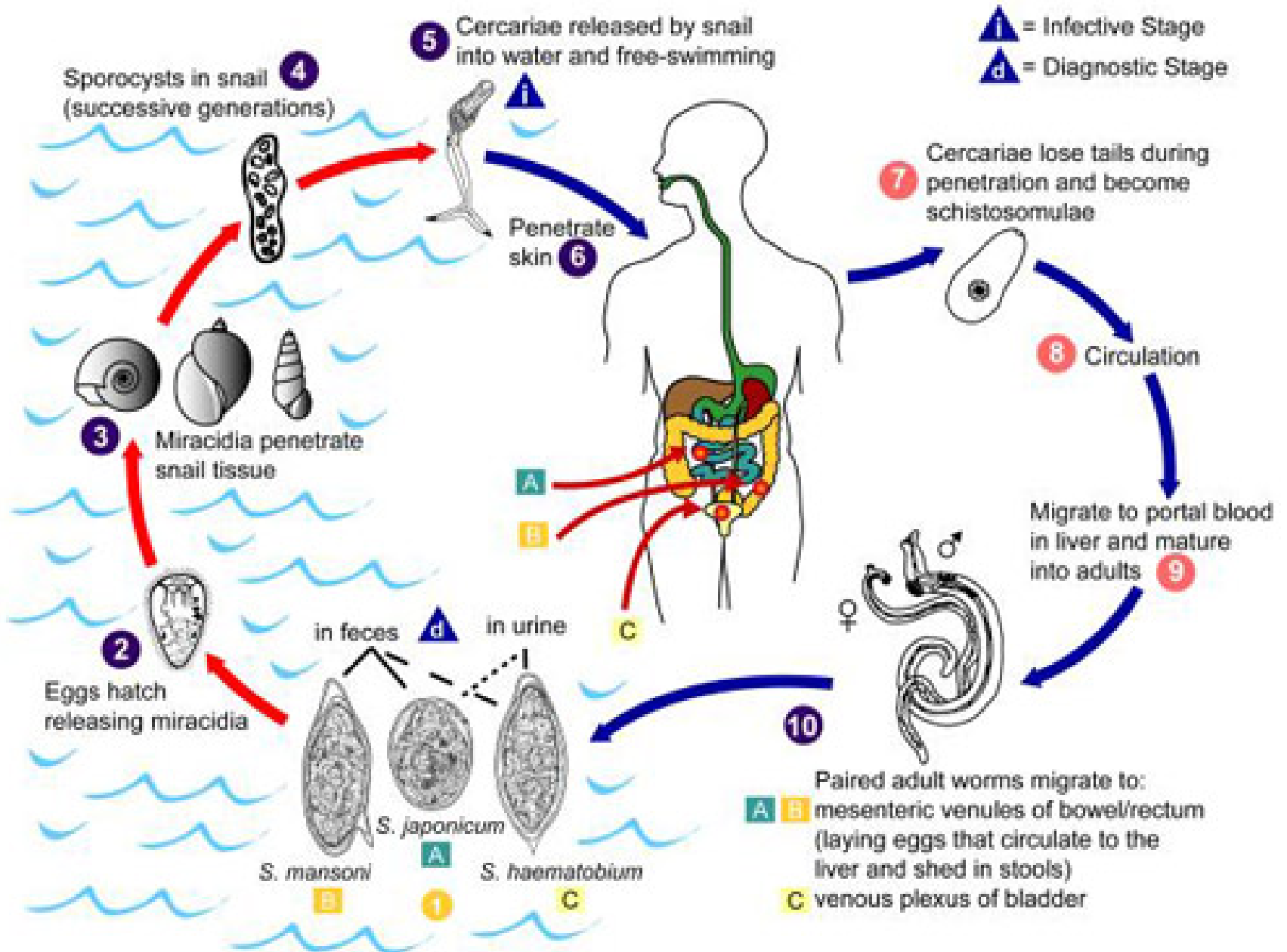


Fig. 1. The current status of schistosomiasis control in the world.

# Schistosomiasis

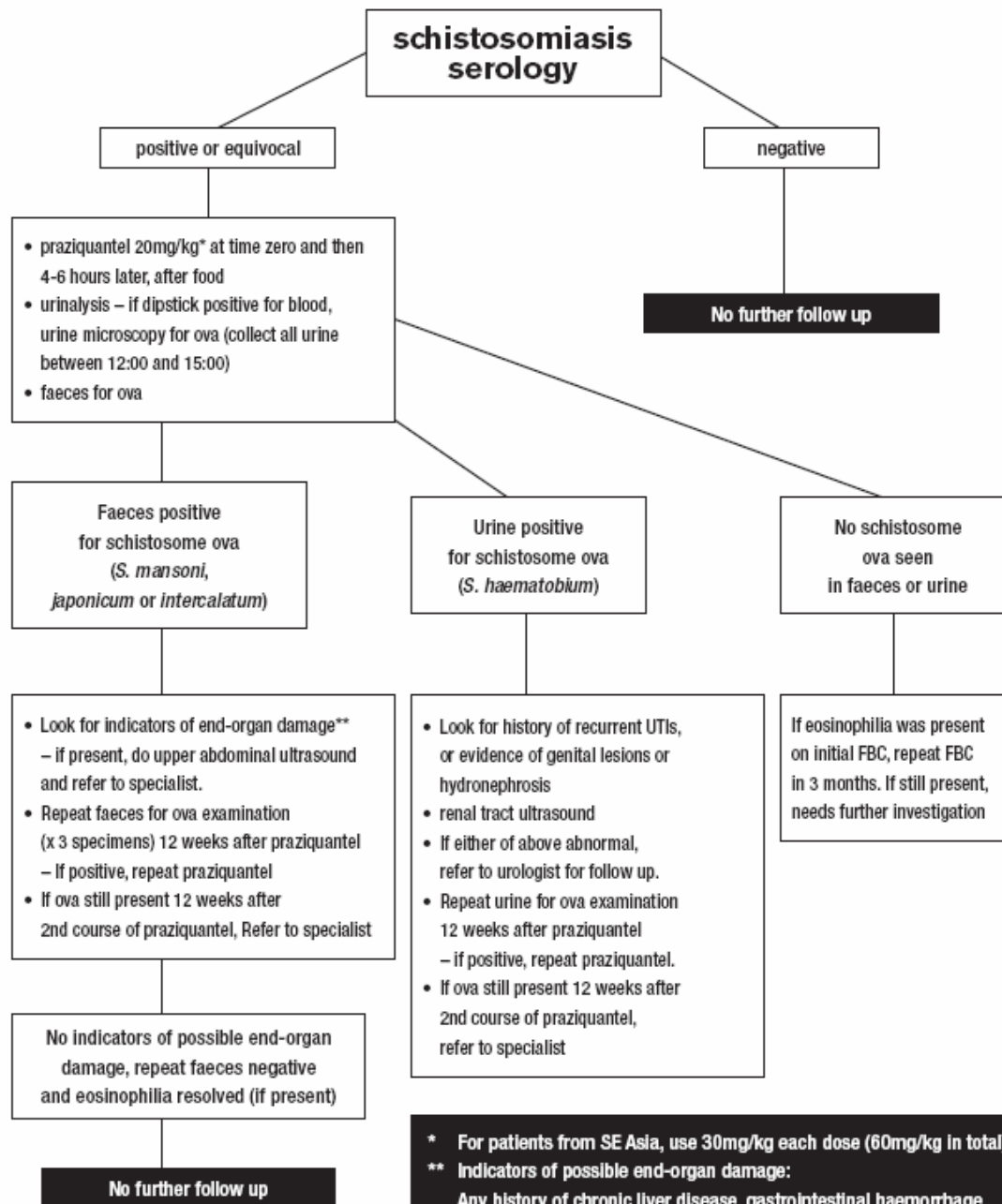


# SCHISTOSOMIASIS

## RECOMMENDATIONS

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- Schistosomiasis serology should be offered to all recently arrived African and South East Asian refugees.
- Those with negative serology do not require further investigation.
- Those with positive serology should be treated presumptively:
  - praziquantel 40mg/kg in two doses of 20/mg/kg, 4 hours apart for refugees from Africa (Level 1);
  - praziquantel 60mg/kg in two doses of 30mg/kg, 4 hours apart for refugees from South East Asia (Level II).
- Those with positive serology should also have faeces and urine examination for schistosoma ova to determine if further follow-up is required (see flow-chart).



\* For patients from SE Asia, use 30mg/kg each dose (60mg/kg in total)  
 \*\* Indicators of possible end-organ damage:  
 Any history of chronic liver disease, gastrointestinal haemorrhage, hepatomegaly, splenomegaly, ascites, positive hepatitis B or C serology, thrombocytopaenia, low albumin or raised liver enzymes