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Testing for parasitic infections in traveller and migrants with eosinophilia in primary care

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Background and Aim: Despite the high prevalence of helminth parasitic infections worldwide and a highly diverse international and mobile population in London, we neglect testing for parasitic infections in primary care. Previous research has demonstrated the significance of eosinophilia in these groups with 10-73% having a parasite infection despite a majority being asymptomatic. National guidelines regarding this are available however remain unknown or not used. The purpose of this project was to assess the impact of introducing parasitic testing in high risk groups (travellers and migrants) with eosinophilia in a medium sized London GP practice.

Methodology: A retrospective audit of all patients with eosinophilia demonstrated that none had been tested as per guidelines despite a large proportion having travelled or born outside the UK. Practice guidelines and a patient pop alert were introduced as well as an educational event. The audit was repeated six months later to assess impact.

Results: Since the implementation of the guidelines, 33 immigrants or travellers with eosinophilia have been tested and a resulting 12 patients (36.4%) had positive parasitic serology. Three patients had combined infections, one had positive schistomiasis serology and eight patients had positive strongyloides serology.

Conclusions: Eosinophilia combined with a positive travel history is strongly indicative of asymptomatic parasitic infections and can be easily investigated in primary care. With an increasing migrant and travelling populations, there is a need to screen these high risk groups who have curable but if untreated, potentially fatal conditions.