Screening asymptomatic immunocompromised travellers: a consensus-based algorithm
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Background:

The number of immunocompromised travellers is increasing, driven by advances in diagnostics and treatment options, including immunomodulatory and biologic therapies for malignant, autoimmune, and inflammatory conditions. While these therapies improve disease outcomes, they can impair immune function, increasing susceptibility to parasitic infections. Although many parasitic infections remain asymptomatic, some—including Strongyloides stercoralis, Entamoeba histolytica, and Schistosoma species—can cause severe morbidity and life-threatening complications in immunosuppressed individuals. Screening is recommended in certain settings, such as prior to transplantation or initiation of immunosuppressive therapy, but practice remains inconsistent. There is currently no consensus on which immunocompromised travellers should undergo screening for asymptomatic parasitic infections after travel to endemic regions.

Methods:

A multidisciplinary group of experts in travel medicine, immunology, infectious diseases, and parasitology in London developed a consensus-based algorithm to guide parasitic screening in immunocompromised travellers.

Results:

We recommend screening immunosuppressed travellers returning from high-risk regions in endemic countries for Strongyloides stercoralis using serology, with culture or molecular testing considered in high-risk patients where available. Ivermectin should be offered for positive results. When testing is unavailable, inconclusive, or affected by immunosuppression, empiric treatment may be considered. Travellers with freshwater exposure in endemic areas should be screened for schistosomiasis using serology and circulating anodic antigen testing, with praziquantel treatment if positive. Targeted E. histolytica PCR screening is recommended for high-risk subgroups, including patients with inflammatory bowel disease.

Conclusion:

This algorithm aims to support clinicians caring for immunocompromised travellers and highlights key gaps in preventing and managing parasitic infections in this population.