

Strongyloidiasis

**The Neglected Tropical Parasitic
Disease Many Clinicians Miss**

FACTS ABOUT STRONGYLOIDIASIS



©WHO / *Strongyloides stercoralis* threadworm in stool, analyzed by microscope.

What is Strongyloidiasis

Strongyloidiasis is a chronic human parasitic infection mainly caused by *Strongyloides stercoralis*, a soil-transmitted helminth (STH) capable of persisting in the human host for decades through a unique **autoinfection cycle**. This ability allows larvae to reinvade the host without external re-exposure, making strongyloidiasis fundamentally different from other STH infections and a major reason it often remains undetected for years.

Globally, strongyloidiasis was estimated to affect **613.9 million people in 2017**, with the highest burden reported in tropical and subtropical regions. The **South-East Asia, African, and Western Pacific regions** together accounted for approximately **76.1% of global infections**.

Many infected individuals develop chronic, asymptomatic infections that may persist for decades—or even a lifetime—because of the parasite's ability to autoinfect. Of particular concern is the risk of progression to hyperinfection syndrome or disseminated strongyloidiasis following immunosuppression, especially with corticosteroid therapy. Therefore, screening for *Strongyloides* infection is recommended before initiating immunosuppressive therapy in individuals at risk of infection.

STRONGYLOIDIASIS AT A GLANCE

A chronic human parasitic infection mainly caused by *Strongyloides stercoralis*.

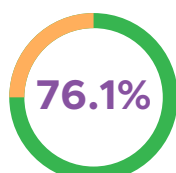


It is a globally prevalent soil-transmitted helminth (STH).

Global Impact
613.9
million people
infected worldwide
(estimated in 2017)¹



Most Affected Regions



of global infections are concentrated in three WHO regions¹



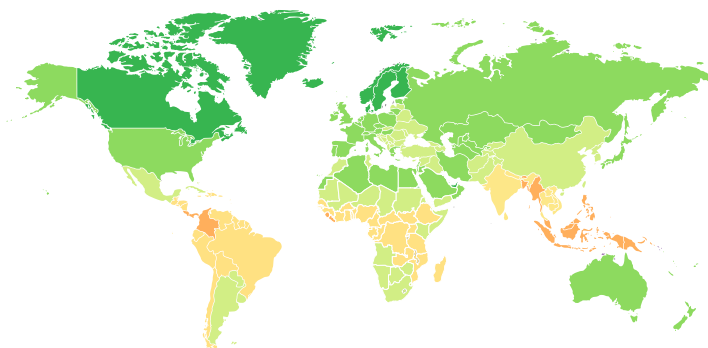
Africa



South-East Asia



Western Pacific



Prevalence (%)

■ 0 ■ >0-5 ■ >5-10 ■ >10-15 ■ >15

Estimated strongyloidiasis prevalence (STG-PR) for 2017, as predicted by the best statistical model¹

HIGH MORTALITY RATE IF UNDIAGNOSED

- Mortality rates in hyperinfection syndrome and disseminated strongyloidiasis can reach almost 90%
- Death often occurs due to delayed diagnosis
- Preventable with early screening & treatment



THE DANGER: HYPERINFECTION & DISSEMINATED INFECTION

When an infected person becomes immunosuppressed, particularly following corticosteroid therapy, larval proliferation may accelerate, leading to rapid progression to:



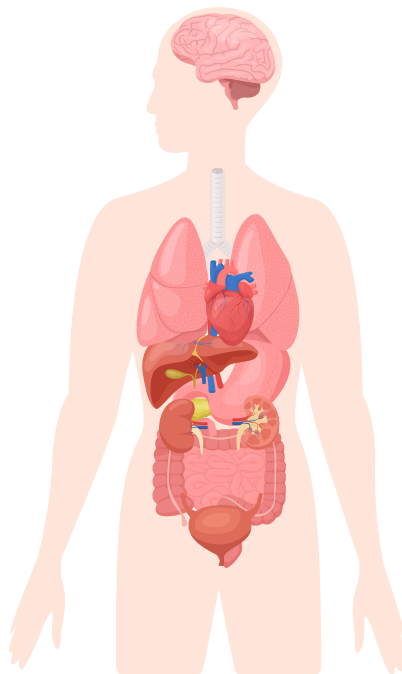
HYPERINFECTION SYNDROME

Massive increase in larval burden within the gastrointestinal tract and lungs



DISSEMINATED STRONGYLOIDIASIS

Larvae spread beyond the gut to multiple organs



Potential complications include:



Larvae invade lungs, liver, brain and other organs



Translocation of enteric bacteria, leading to sepsis



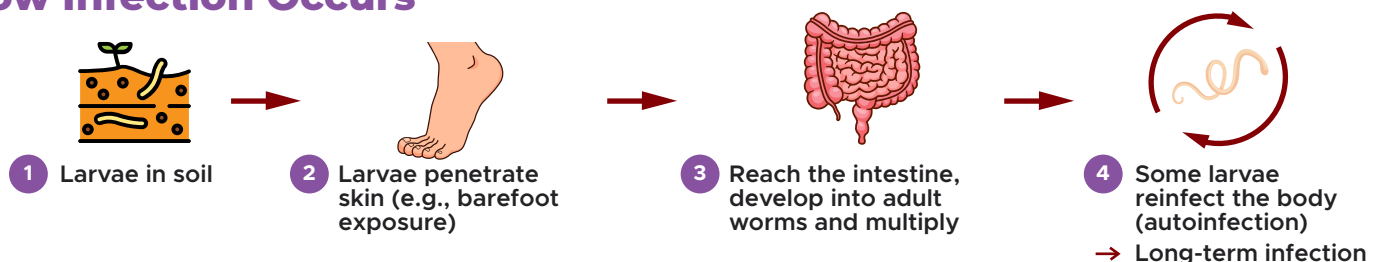
Multi-organ failure



Highly fatal if not diagnosed and treated early^{2,3}

HOW THE TRANSMISSION OCCURS?

How Infection Occurs

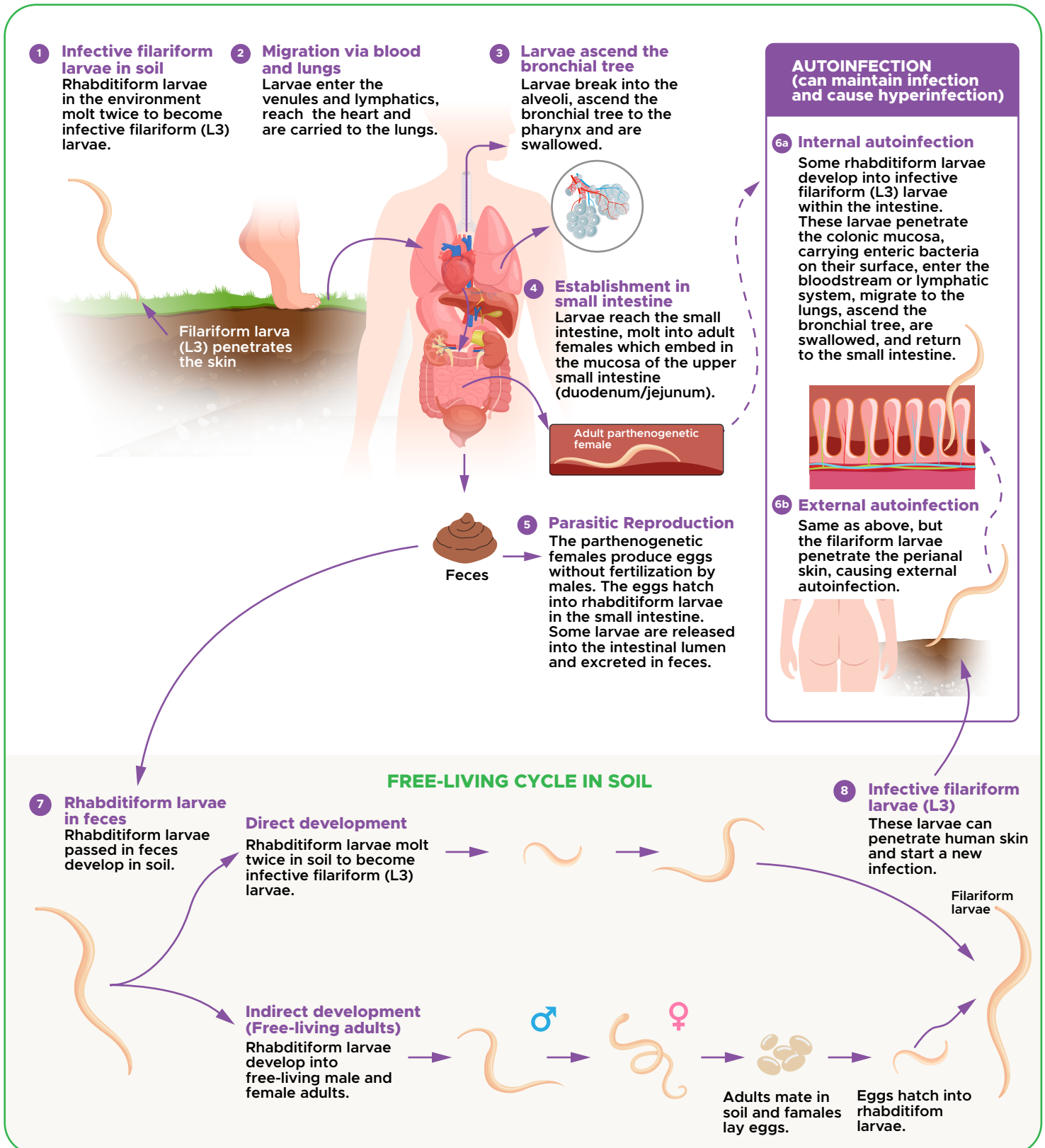


Key Feature: Autoinfection

The parasite can reinfect the body internally, allowing infection to persist for years—even decades — if untreated.

LIFE CYCLE OF *STRONGYLOIDES STERCORALIS*

- Strongyloides larvae penetrate the skin upon contact with contaminated soil, particularly when walking barefoot or wearing inadequate footwear.
- Larvae migrate via the bloodstream to the lungs, ascend the respiratory tract, and are swallowed. In the small intestine, adult worms produce eggs that hatch into larvae. Some larvae are excreted in faeces, while others develop into infective L3 larvae that penetrate the colonic mucosa, causing internal autoinfection.

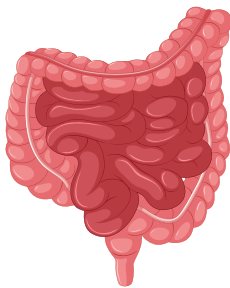


SYMPTOMS OF STRONGYLOIDIASIS

- Strongyloidiasis may cause intermittent symptoms affecting the gastrointestinal tract (abdominal pain and intermittent or persistent diarrhoea), lungs (cough and wheezing) or skin (pruritus, urticaria, or larva currens).
- Asymptomatic individuals may harbour the parasite for years without knowing they are infected.

SYMPTOMS CAN BE INTERMITTENT AND AFFECT

INTESTINE

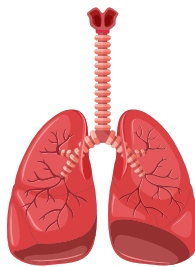


- Abdominal pain
- Diarrhoea (on-and-off or persistent)



Symptoms may come and go.

LUNGS

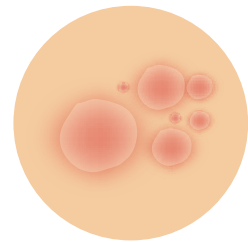


- Cough
- Wheezing



Respiratory symptoms may be mild or recurring.

SKIN



- Itching
- Rashes or hives (urticaria)
- Larva currens



Skin symptoms can flare up at time



ASYMPTOMATIC INFECTION ARE COMMON

Many people carry the parasite for years without knowing.

WHY IS IT OFTEN MISSED?

Strongyloidiasis is difficult to detect because:

- Routine parasitological diagnostic methods are insensitive
- Symptoms are often mild or intermittent
- Many individuals remain asymptomatic for years
- Infections are frequently missed or diagnosed too late

As a result, the infection may silently persist and eventually lead to serious, potentially life-threatening complications, particularly in immunosuppressed individuals. For this reason, it is extremely important to suspect, diagnose and treat the infection at early stage.

CONTACT US

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References:

1. Buonfrate, D.; Bisanzio, D.; Giorli, G.; Odermatt, P.; Fürst, T.; Greenaway, C.; French, M.; Reithinger, R.; Gobbi, F.; Montresor, A.; et al. *The Global Prevalence of Strongyloides stercoralis Infection*. Pathogens 2020, 9, 468. <https://doi.org/10.3390/pathogens9060468>
2. CDC - DPDx (2019) *Strongyloidiasis* [Accessed 27 Apr 2026]
3. WHO (n.d.) *Strongyloidiasis Key Facts* [Access 27 Apr 2026]

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