

Seroprevalence of strongyloidiasis in liver transplant candidates on a tertiary-level hospital in Newark, NJ

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Background

- University hospital has one of the busiest liver transplant center in northern NJ
- Current guidelines for *Strongyloides stercoralis* (Ss) screening in solid transplant recipients recommend targeted testing.
- We perform universal testing in our facility given concern for high seroprevalence in our population

Purpose/Objectives

- We wanted to study the seroprevalence of this infection in our population given the significant percentage of foreign-born patients from Ss endemic areas.

Methods and Materials

- Descriptive study from secondary data.
- We obtained the total number of *Strongyloides* tests performed in our facility in the last 2 years.
- Medical charts were reviewed for collection of epidemiological and clinical data.

Results

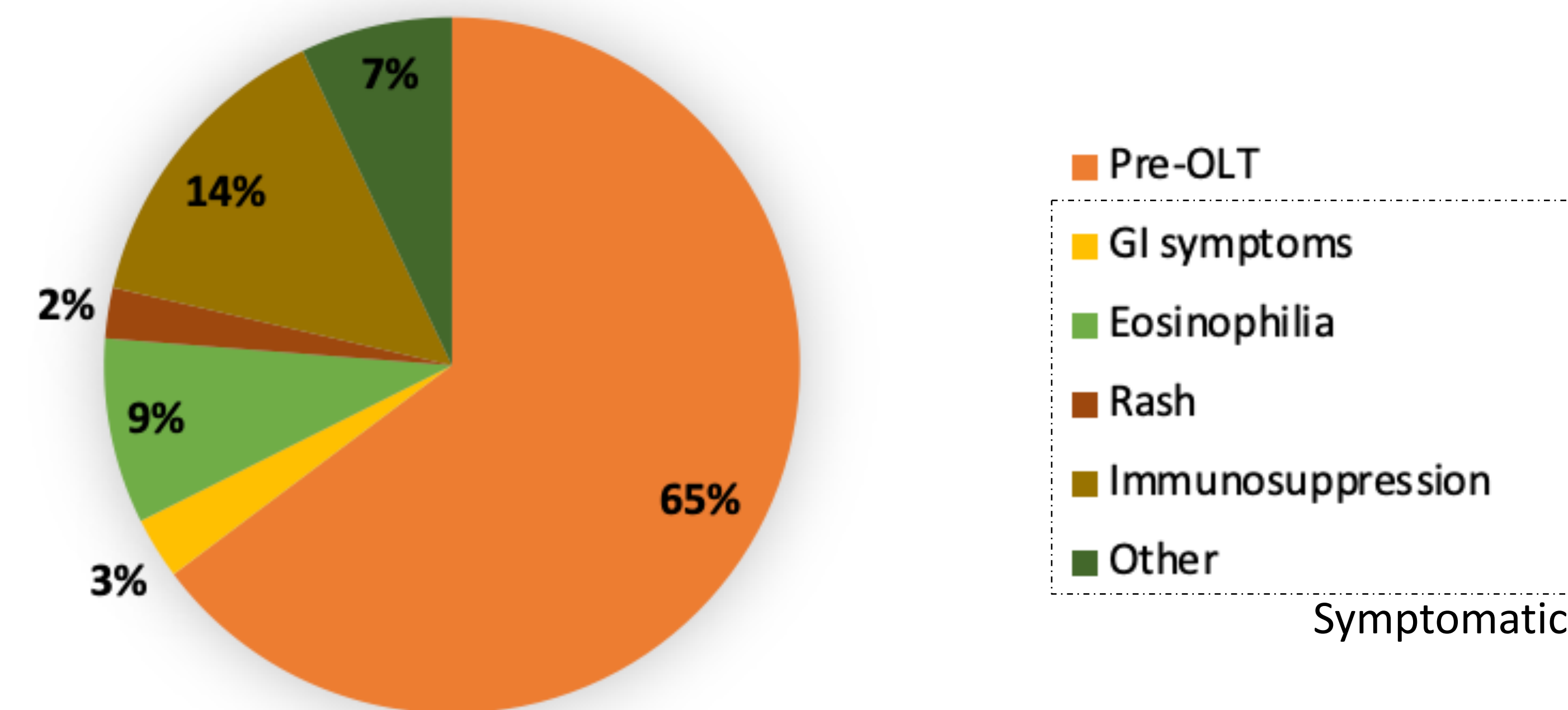
Demographic characteristics of 383 individuals screened for Ss

| | Symptomatic patients (n=135) | | OLT candidates (n=248) | |
|-----------------------------------|-------------------------------|------------|-------------------------------|-------------|
| Female | 36% (n=49) | | 45% (n=112) | |
| Age (Median) | 51 [41-62] | | 51 [47-64] | |
| Region of origin | US | 27% (n=32) | US | 54% (n=130) |
| | Latin America & The Caribbean | 57% (n=67) | Latin America & The Caribbean | 31% (n=75) |
| | Africa | 9% (n=11) | Africa | 4% (n=9) |
| | Asia | 2% (n=2) | Asia | 7% (n=18) |
| | Europe | 5% (n=5) | Europe | 4% (n=9) |
| Subspecialty that ordered testing | Infectious Diseases | 63% (n=85) | Infectious Diseases | 44% (n=110) |
| | Hepatology | 12% (n=16) | Hepatology | 56% (n=138) |
| | Internal Medicine | 12% (n=16) | | |
| | Hem/Onc | 5% (n=7) | | |
| | Other | 7% (n=10) | | |

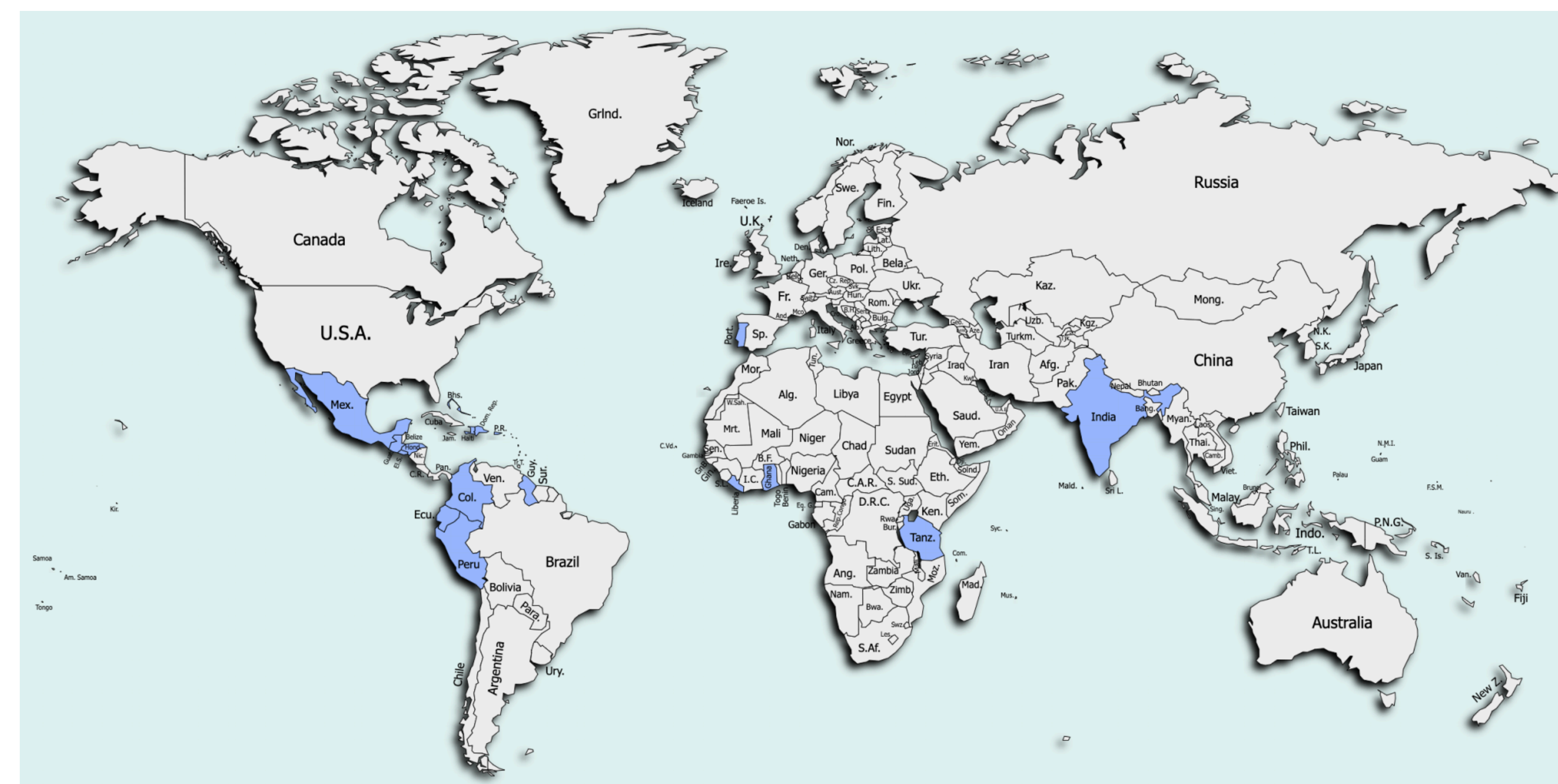
- We found an association between region of origin and being an OLT candidate (p=0.000)
- Both symptomatic and "asymptomatic/OLT candidates" had a similar proportion of seropositivity (p=0.994)

| | Symptomatic patients (n=135) | OLT candidates (n=248) |
|----------------------------------|------------------------------|------------------------|
| Positive <i>Strongyloides</i> Ab | 18% (n=25) | 19% (n=46) |

Reason for testing



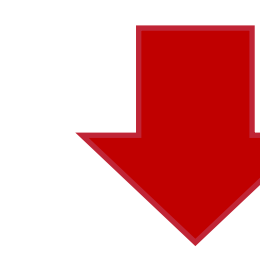
- Almost all (90%) of the patients with a positive *Strongyloides* test had a history of being foreign-born or travel overseas. We include all the countries registered on the map below



- Latin America and the Caribbean region was the most registered region for both foreign-born and travel overseas (87%)
- Being foreign-born was not associated with a positive test, but in US-born patients, having a history of travel was significantly associated with a positive test.

| | US-born | Foreign-born |
|----------------------------------|-------------|--------------|
| Negative | 45% (n=130) | 55% (n=159) |
| Positive <i>Strongyloides</i> Ab | 46% (n=32) | 54% (n=37) |

P = 0.834

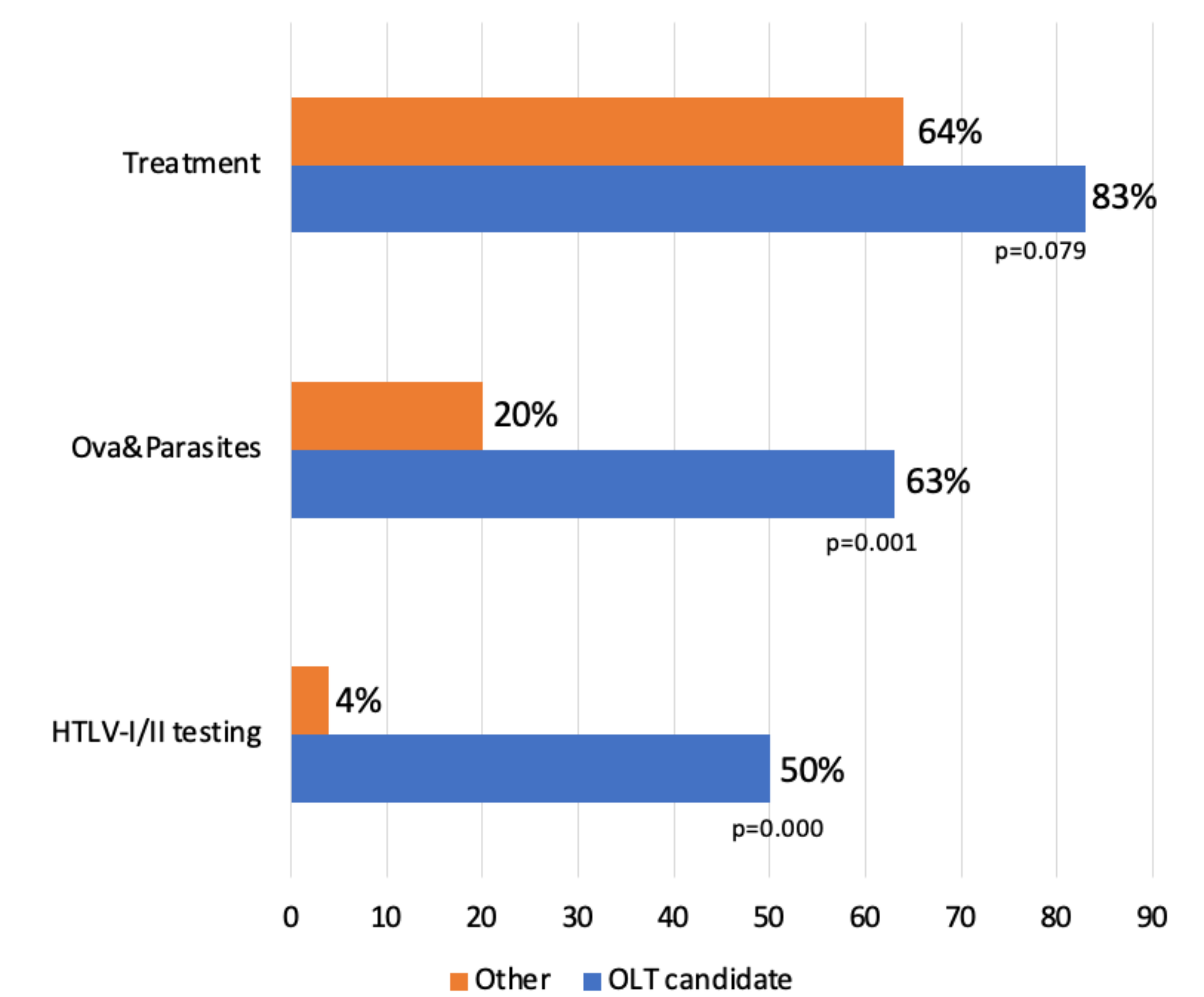


| | Travel overseas | No travel |
|----------------------------------|-----------------|------------|
| Negative | 49% (n=35) | 52% (n=36) |
| Positive <i>Strongyloides</i> Ab | 74% (n=17) | 26% (n=6) |

P = 0.039

- Being a liver-transplant candidate was significantly associated with further workup (Ova&Parasites, HTLV testing), but not with treatment.

Further work-up on Positive *Strongyloides* Ab



Conclusions

- There is a significant seroprevalence of Ss antibodies in our transplant candidate population, both non-foreign and foreign born, validating the indication for universal screening at our facility.
- Not all the patients with a positive test received further work-up showing the need for ongoing education about the disease in our personnel.