

**Screening of Asymptomatic Eosinophilia in a migrant patient\***

Detailed travel history and examination

- FBC, stool for ova & parasites, urinalysis
- Serology for *Schistosoma* (if African risk exposure) and *Strongyloides*
- If available and appropriate exposure: terminal urine microscopy and filarial serology

Negative

Repeat stool for ova & parasites x 2

No diagnosis, consider other infectious and non-infectious causes.  
Consider:

- Early referral to specialist centre or
- Trial of albendazole, 400mg od 3days (for intestinal helminths) and repeat FBC at 3 months

Eosinophilia persists at 3 months after trial of albendazole

Positive

Treat according to diagnosis

Follow up – if eosinophilia negative, no further intervention required

Follow up – if eosinophilia positive

Refer to specialist centre

\* Eosinophilia in returning travellers and migrants from the tropics: UK recommendations for investigation and initial management. J Infect. 2010 Jan; 60(1):1-20