



HUMANITARIAN DERMATOLOGY/MIGRANT HEALTH

ECTOPARASITES IN US-BOUND REFUGEES

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Background: Ectoparasites, including scabies, tungiasis, and head lice, are common among displaced populations living in crowded, unsanitary conditions such as refugee camps and urban settlements. In addition to symptoms caused by infestation with ectoparasites, affected persons are at risk for complications such as secondary bacterial infection and tetanus. Furthermore, the stigma generated by the visible features of ectoparasitic infestation may affect successful integration of refugees into new communities in their country of resettlement. Proper evaluation and management of ectoparasites in resettling refugees is therefore necessary.

Observation: Refugees resettling to the United States, under the auspices of International Organization for Migration (The UN Migration Agency), undergo pre-departure medical screening for communicable diseases, which includes evaluation and treatment of ectoparasitic infestations. Because of the often remote settings where the medical screenings are performed, there are numerous challenges to screening and appropriate management, including limited access to necessary medications. Refugees from certain regions of origin resettling to the US are treated empirically for intestinal helminths with oral ivermectin, which may incidentally treat subclinical cases of scabies and head lice.

Key message: Infestation with ectoparasites is a common problem among refugees, including those undergoing resettlement to the US, and appropriate diagnosis and management is essential. Training of medical staff to competently identify signs of ectoparasitic infestation is key. While protocols are available to diagnose and manage ectoparasitic infestations in refugees, accommodations must be made to adapt to locally available resources.

