Laboratory Guidelines For Intestinal Parasites
Suggested Physician Ordering Plan for the Laboratory Examination Of Stool Specimens
Washington State Clinical Laboratory Advisory Council

Patient Characteristics

NOTE: This algorithm does not include the work-up for bacterial pathogens.

Watery diarrhea in a patient who:
- is involved in an outbreak, or
- has immune deficiency, or
- has contact with farm animals, or
- has diarrhea for > 7 days

Watery diarrhea in a patient who:
- is < 5 years old ****, or
- is a camper or backpacker, or
- is involved in an outbreak at a resort community, or
- is in a nursery school or daycare center

Patient with diarrhea, vague abdominal complaints, or unexplained eosinophilia is a current/former resident of, or a traveler from, a developing country

Patient does not fit conditions described in other boxes

Intestinal parasite exam not indicated. Insure adequate current and distant history; consider non-parasitic causes (lactose intolerance, food poisoning, etc.)

Watery diarrhea in a patient who:
- is involved in an outbreak, or
- has immune deficiency, or
- has contact with farm animals, or
- has diarrhea for > 7 days

Stool Cryptosporidium by antigen detection or stain
Stool Giardia antigen

Negative

Stool Microsporidium exam by stain or EIA

NOTES:

* If negative, consider adding Giardia Antigen test because of greater sensitivity.
** Collect every other day or 3 samples over 10 days
*** Perform O&P exam to look for Cyclospora and Isospora. Some labs perform at same time as Cryptosporidium
**** For < 5 years old, consider ordering Rotavirus antigen as part of initial work up
# Additional tests that less commonly need to be performed as guided by detailed patient history. Not all tests listed in the "box" may be relevant for a particular patient.

Stool Giardia antigen detection

Negative

If diarrhea persists >7 days

Ova and Parasite Exam (X 3)**
with macroscopic and microscopic exam*
(Entamoeba histolytica may also be detected by EIA)

Stool Rotavirus antigen, stool culture (including Campylobacter), C. difficile toxin, Shigella toxin

References:
1. Personal communication Joseph Yao, MD; Mayo Clinic
2. Personal communication Brad Jensen, MD; SWMC Vancouver, WA
4. Shirley Phillips, PhD, letter dated 1/21/1995; Legacy Laboratories

FOR EDUCATIONAL PURPOSES ONLY
The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

PUB #681-NonDOH January 2016