usually caused by type 1 HSV, the type not associated with sexual activity.

Intestinal Parasitic Diseases

Intestinal parasitic diseases, including helminths (worms) and protozoa, constitute the most frequent infections in the world. In the United States, the incidence of intestinal parasitic disease, especially giardiasis, has increased among young children who attend day care centers. Young children are especially at risk because of typical hand-mouth activity and uncontrolled fecal activity.

Various infecting organisms cause intestinal parasitic diseases in humans. This discussion is limited to the two most common parasitic infections among children in the United States: giardiasis and pinworms. Table 6-2 describes the outstanding features of selected helminths that belong to the family of nematodes.

TABLE 6-2 Selected Intestinal Parasites

| O1: 135 'C () | |
|--|--|
| Clinical Manifestations | Comments |
| Ascariasis—Ascaris lumbricoides (Common Roundworm) | |
| Light infections/asymptomatic: Parent may find roundworm in child's diaper with/without stool or see roundworms in the toilet Heavy infections: Anorexia, irritability, nervousness, enlarged abdomen, weight loss, fever, intestinal colic Severe infections: Intestinal obstruction, appendicitis, perforation of intestine with peritonitis, obstructive jaundice, lung involvement (pneumonitis) | Transferred to mouth by way of contaminated food, fingers, or toys (ascaris lays eggs in soil which children play in) No person-to-person transmission Largest of the intestinal helminths Affects principally young children 1 to 4 years old Prevalent in warm climates Treat with albendazole (single dose); or mebendazole for 3 days; or ivermectin (children >15 kg) as a single dose; or nitazoxanide for 3 days Reexamine stool specimen in 2 weeks to establish need for further pharmacologic therapy (American Academy of Pediatrics, 2015) |
| Hookworm Disease—Necator americanus and Ancylostoma duodenale | |
| Light infections in well-nourished individuals: No problems Heavier infections: Mild to severe hypochromic, microcytic anemia, malnutrition; hypoproteinemia and edema May be itching and burning followed by erythema | Transmitted by discharging eggs on the soil, which are picked up by human host, commonly in the feet, causing infection from direct skin contact with contaminated soil Recommend wearing shoes, although |