

Threadworms

An internal parasitic worm, that lives in the intestines of humans.

Comes out at night (usually an hour or two after bedtime) to lay eggs (thousands) in/around the bottom.

A single worm can live approx. 6 weeks

Eggs can survive outside the body for approx. 2 weeks on surfaces and can become airborne in dust

Infection is spread by eggs getting to mouth, either on hands, objects/toys or breathing them in

Rarely talked about but VERY COMMON - Up to 40% of UK children have them at any one time

Common signs and symptoms

Anal itching (especially, but not limited to, at night)

Itching around the genital area, especially in girls – this can lead to redness/soreness, sometimes secondary skin infections, and in some cases urinary tract infections

Young children may describe as 'hurting', rather than itching

Spots or rashes around the bottom

Fidgeting in bed

Unexplained waking at night

Being irritable

Bed wetting

Changes in appetite

OFTEN, THOSE WITH THREADWORM INFECTION SHOW NO SYMPTOMS, SO WILL CONTINUE TO SPREAD THE EGGS AND INFECT OTHERS. This is why they are so successful at surviving

Treating / Eradicating / Preventing a threadworm infestation

Oral medicines (Mebendazole, marketed as Ovex) – two doses taken 2 weeks apart. This will only work if EVERY MEMBER of a household takes the dose, regardless of showing symptoms. The medicine is not available over-the-counter for pregnant women, those who are breastfeeding or children under 2 years, but doctor can prescribe for these groups at their discretion.

In conjunction with taking the oral medicine, strict hygiene measures must be followed as follows for minimum 2 weeks:

Washing bottoms thoroughly every morning immediately after waking

Thoroughly washing hands every morning including scrubbing fingernails

Damp dust around beds, bedrooms, bathrooms including taps, toilet handles, door handles

Keep fingernails as short as possible

Vacuuming, especially bedrooms and bathrooms

Wear underwear to bed (clean pair every morning and every night)

Launder/clean anything children touch regularly – soft toys, books, school bags, TV remote

Changing bedding and towels every day

Thick creams like Sudocreme on clean bottoms at night can help with itching (and therefore reduces chances of getting eggs onto fingers)

No scratching bottoms. If they must scratch, use tissues and flush away

Close toilet lid before flushing – eggs can become airborne

Hand washing after every toilet trip, before every meal/snack

Show children how to wash hands properly

Discourage thumb sucking, fingers in mouths, nose picking - these are easy routes for eggs

ADDITIONAL TIPS AND INFORMATION

For children especially, wearing ONESIE PYJAMAS mean they cannot get direct access to itchy bottoms during the night. If they do itch in their sleep, it will be through the fabric. This is an excellent way to stop the spread of eggs laid in the night

Direct sunlight or high temperatures can kill eggs, open curtains and turn the heating right up periodically

Wash clothes/bedding on high heat, or tumble dry on warm cycle

The medicine can be expensive (approx. £10 a bottle) but is available free on prescription for children. One bottle provides enough single doses for 6 people. Also available over-the-counter or from online chemists.

Hand sanitiser and antibacterial sprays are excellent at killing bacteria/viruses. BUT they DO NOT kill threadworm eggs. Only washing/rinsing/wiping away, or high heat will get rid of them

Don't share towels between family members. Consider using kitchen-roll to dry hands in the bathroom until risk of reinfection is past

Don't shake out bedding – this can cause eggs to become airborne

Place worn underwear immediately into washing basket, not on floors where eggs could stay

Daily probiotics are a good way to improve gut-health in general and discourage parasites. Foods such as fresh pineapple, pumpkin seeds (amongst others) are also known to help inhibit or expel parasites

In cases of extreme itching, doctors can prescribe steroid creams to help with the itch itself and diagnose any possible secondary infection that may need treatment

ONCE CASES OF THREADWORMS HAVE BEEN IDENTIFIED, THE RISK OF REINFECTION OR SPREADING IS VERY HIGH IN CLOSE COMMUNITIES, SUCH AS SCHOOLS, UNLESS ALL MEMBERS ARE TREATED AND FOLLOW THE STRICT HYGIENE PROTOCOLS