

# Frequency of Intestinal Protozoan Parasitic Infection Among attending patients to King Salman general hospital in Hail City, Saudi Arabia: A 3-years Retrospective study

**Comment [LB1]:** This term means something else! I think that the authors were looking for the prevalence!

## ABSTRACT

**Objective:** A retrospective study was conducted to determine the prevalence of intestinal protozoans detected during routine stool examinations between 2018 and 2021 in King Salman general hospitals in Hail, Saudi Arabia.

**Methods:** Obtaining data from logbooks and reports was done with the help of laboratory technicians and with the permission of the hospital manager.

**Results:** In this study, 300 patients were examined for parasites. 51 of these patients had five different parasite species infected with them, representing a prevalence of 17.01%. These parasites were *Entamoeba histolytica*, *Entamoeba dispar* (7.3%), *Giardia lamblia* (5.5%), *Cryptosporidium* spp. (4.4%), and *Blastocystis hominis* (0.3%). The prevalence rate of protozoan infection among males and females was 17.9% and 15.9%, respectively. In addition, the prevalence of infection among patients was presented based on nationality and age group.

**Conclusions:** In the Hail region of Saudi Arabia, intestinal protozoan infections are still a public health concern. In order to develop effective prevention and control strategies, it is essential to update the epidemiologic survey frequently using appropriate statistical methods.

**Formatted:** Font: Italic

**Formatted:** Font: Italic

**Formatted:** Font: Italic

**Formatted:** Font: Italic

**Formatted:** Font: Italic

**Keywords:** Intestinal Protozoa, *Hail*, Saudi Arabia, Retrospective study, *prevalence*

## 1. INTRODUCTION

Parasitic infections, particularly intestinal protozoal infections (IPIs), are a serious public health concern around the world. In undeveloped countries, they are among the most common human infections [1]. [4] According to WHO reports, 450 million people worldwide are infected with intestinal parasites [2]. [2] Intestinal parasite infections are prevalent at various rates throughout the world. Geographic and socioeconomic factors, relative humidity, poverty, poor hygiene, high population density, and inadequate sanitation all have a role in the prevalence of IPIs. These factors promote the growth and transmission of intestinal parasites and increase the likelihood of infection. [3,4] Additionally, the number of stool samples examined and the diagnostic methods utilized have affected the results. [5]

**Comment [LB2]:** Move all the articles cited before the point.

Saudi Arabia receives large influxes of expatriates from countries around the world, including Egypt, the Philippines, Pakistan, Bangladesh, India, Sri Lanka, and Indonesia. Many diseases, particularly those caused by intestinal parasites, are endemic in all of these countries. Despite the fact that all workers are medically inspected twice in their home and once in Saudi Arabia, various studies have shown that this population has a high risk of infection with intestinal protozoa and helminths. [6–8] Researchers have found high prevalence rates of intestinal parasite infection in handlers (23%) and schoolchildren (33.8%), as well as Saudi and non-Saudi patients who attend hospitals (varying from 39.7% to 77.1%) in Saudi Arabia. [6–16] The majority of earlier studies in Saudi Arabia concentrated on a few lo

**Comment [LB3]:** Move all the articles cited before the point.

**Comment [LB4]:** Move all the articles cited before the point.

including Riyadh, Jeddah, Makkah, Al-Madina, Al-Munawara, Asir, and Al-Ahsa, and provided updated data on the frequency of intestinal protozoan infection among various populations. There is limited data available on the prevalence of human intestinal protozoan infection in the Hail district of Saudi Arabia. The purpose of this study was to find out how prevalent intestinal protozoan infection was among patients who visited a local public hospital in Hail City.

## 2. MATERIAL AND METHOD

### 2.1 Study Area

The current study is a retrospective analysis of 300 in-and outpatient stool sample reports for intestinal parasite diseases from the King Khaled hospitals in Hail, Saudi Arabia, between 2018 and 2021. Hail is situated in the northwest region of Saudi Arabia (27.3 N., 41.E) and has a continental desert climate with hot summers and mild winters. Hail is located at a high elevation (1,140 meters above mean sea level) and receives a yearly rainfall of 100.6 millimeters [figure 1]. Study participants included Saudi and non-Saudi patients at King Salman General Hospital.

**Comment [LB5]:** Use/mention the reference for this description of the region!

**Comment [LB6]:** Reread the jurnal instructions!



Fig. 1. A geographic map showing Hail province area involved in the study.

### 2.2. Sample collection and examination

A sterile plastic container was used to collect samples, labels were appropriately applied, and samples were delivered to the microbiology lab. The color, consistency, presence of mucous and blood, and any adult worms in the feces samples were all evaluated macroscopically. On the other hand, the protozoan parasites were detected by direct microscopic examination with normal saline and the formal ether concentration method. Stains for coccidian parasites were made using modified Ziehl-Nelsen and trichrome stains.

**Comment [LB7]:** Which microscope? Which objectives?

**Comment [LB8]:** Use references!

**Comment [LB9]:** Use references!

### 2.3. Data Collection.

From the hospital information system database department, with prior approval from hospital officials, stool sample examination datasets were obtained for a total of 300 patients from 2018 to 2021. The committee of medical laboratories department, and the college of applied medical sciences at Hail university approved the protocol of the study.

### 2.4. Limitations of the study

Only patients who visited the King Salman hospital in Hail were included in the study. More stool samples from other general and private hospitals inside and outside of the town would have given a better picture of the prevalence of IPIs in the area.

### 2.5. Statistical Analysis.

All statistical analyses have been conducted using the SPSS program version 20, and the Kolmogorov-Smirnov (KS) test was used to determine the normality of the obtained data. The Chi-square test compared the parasite infection rates among the patients by gender, nationality, and age. Statistical significance was defined in this study as  $P < 0.05$ .

3. RESULTS

The datasets of 300 patients who had their stool samples examined were collected. There were 207 Saudis (69.0%) and 93 non-Saudis (31.0%) among them. Among the participants, 162 (54.0%) were males, and 138 (46.0%) were females. The overall prevalence of intestinal protozoa was 17.0% (51 out of 300). *Entamoeba histolytica/dispar*, *G. lamblia*, and *Cryptosporidium* spp were found in 7.3%, 5.3%, and 4.4% of the population, respectively [Fig. 2]. The prevalence of *Blastocystis hominis* was low (0.3%), and no mixed infection was detected. Saudi and non-Saudi patients had 14.0% (29) and 23.7% (22) of infected intestinal parasites, respectively. The difference between these two groups was statistically significant ( $P = 0.040$ ) (Table 1). Overall, males were infected with protozoans at a higher rate (17.9%) than females (15.9%), although the difference was not statistically significant ( $P = 0.653$ ). Table 1. Furthermore, Table 2 shows that the prevalence of intestinal protozoa infection was higher (18.8%) in the 19–39-year age group and lower (14.4%) in the  $\geq 40$ -year age group, with no statistically significant differences between the age groups.

Formatted: Font: Italic

Formatted: Font: Italic

Formatted: Font: Italic

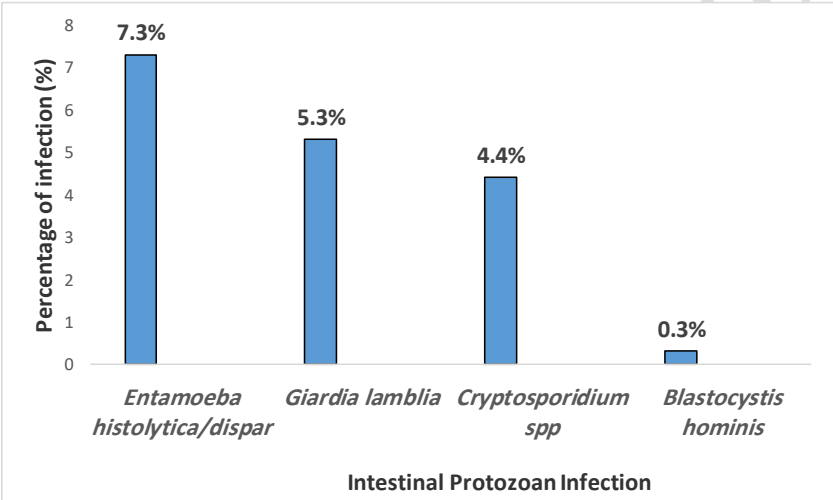


Fig. 2. Prevalence of intestinal protozoan infections among patients attending King Salman hospital, Hail, KSA (2018–2021)

Table1. Prevalence of intestinal protozoan infection by nationality and gender at King Salman General Hospital, Saudi Arabia (2018-2021).

Factors	No. examined	Infected No.	Prevalence (%)	95% CI	X2	P-value
Nationality						
Saudi	207	29.0	14.0	0.283-0.976	4.230.40	0.040
Non-Saudi	93	22.0	23.7			
Gender						

Male	162	29	17.9	0.474-1.597	0.870	0.653
Female	138	22	15.9			

\*The total number examined is 300.

**Table 2. Prevalence of intestinal protozoan infection by the age groups at King Salman General Hospital, Saudi Arabia (2018-2021). \***

Factor	No. examined	Infected No.	Prevalence (%)	95% CI	X2	P-value
Age Group						
19-39	114	16	14.0	0.746-2.703	1.146	0.284
>40	186	35	18.8			

number  
300.

\*The total  
examined is

#### 4. DISCUSSION

There is a vast range of parasitic infections that are endemic throughout the world and have been identified as the leading causes of illness and disease in the world. [17] There are differences in the prevalence and degree of these infections between regions due to poor sanitary habits, inadequate water access, and poor hygiene. [6] Knowing the extent of intestinal parasite infection in a particular community is essential to establishing an effective intervention program.

The current study aimed to determine the prevalence of intestinal protozoa infection in the Hail region of Northwestern Saudi Arabia. In this study, intestinal protozoan infection was found in 17.0 % of the diagnosed patients. This intestinal protozoan disease affects both Saudi and non-Saudi patients. There was a statistically significant difference in the prevalence of infection between these two groups. Non-Saudi patients are primarily expatriate workers from Bangladesh, the Philippines, India, Indonesia, Pakistan, Sri Lanka, and Egypt, all of which are endemic to intestinal parasites. [18–26]

Males had a higher prevalence of intestinal parasite infections (54%) than females (46%), but this difference was not statistically significant ( $P > 0.05$ ). This could be attributed to males' greater contact with the environment and animals when compared to females. This finding is consistent with findings from prior studies conducted both within and outside the kingdom. [5, 26] Nonetheless, this finding disagrees with other reports from both outside and inside Saudi Arabia. [27,28] This study also found that the 19–39-year age group had the highest prevalence (18.8%), while the > 40-year age group had the lowest frequency. This study found no statistically significant difference between the different age groups ( $P = 0.284$ ). This finding is inconsistent with some other studies from different regions [29–35]. Among the 19–39-year-old age group, a high prevalence could be attributed to their frequent exposure to the contaminated environment by spending most of their time outside of their homes and eating fast food from restaurants. *E. histolytica/dispar* had the highest infection rate (7.3%), followed by *G. lamblia* (5.3%). These infection rates are lower than those previously reported from various parts of Saudi Arabia. In Riyadh City, for instance, 31.0% of people were infected with *E. histolytica*. [5,36] These two protozoans continue to be the most frequently reported intestinal parasitic infections. [37] These parasites are transmitted via the fecal-oral pathway, either directly from person to person or indirectly through the consumption of or drinking of focally contaminated food and water. Carriers of these diseases who are asymptomatic provide a constant risk of transmission in the community. [27]

Furthermore, the prevalence of *Cryptosporidium* spp was 4.4% in the current study, which is lower than the (41%, 42%, and 43%) observed in Jeddah, Riyadh, and Hail, respectively. [5,29,38] Differences in sample size, study area, and diagnostic methods may be responsible for these disparities.

**Comment [LB10]:** The discussions should be compared also with the findings from Europe, America, Africa and Australia! In this way you can give value tot this study, because the methods used are common and so well known by the scientists!

**Comment [LB11]:** Move all the articles cited before the point.

**Comment [LB12]:** Move all the articles cited before the point.

**Comment [LB13]:** Move all the articles cited before the point.

**Comment [LB14]:** Move all the articles cited before the point.

**Comment [LB15]:** Move all the articles cited before the point.

**Comment [LB16]:** Move all the articles cited before the point.

**Formatted:** Font: Italic

**Comment [LB17]:** Move all the articles cited before the point.

**Formatted:** Font: Italic

**Comment [LB18]:** Move all the articles cited before the point.

**Comment [LB19]:** Move all the articles cited before the point.

**Formatted:** Font: Italic

**Comment [LB20]:** Move all the articles cited before the point.

#### 4. CONCLUSION

In this study, a relatively high prevalence of intestinal protozoan parasites was identified among patients at King Salman general hospital. The prevalence of intestinal protozoan infections, such as *Entamoeba histolytica*/ *dispar*, *Giardia lamblia*, and *Cryptosporidium* spp., is an important public health concern in Hail City, Saudi Arabia. Since intestinal parasites are mainly transmitted through feco-oral routes, improving sanitation, providing safe water supplies, and educating people on personal and environmental hygiene are significant factors for controlling and reducing intestinal protozoan infections.

#### CONSENT (WHERE EVER APPLICABLE)

Not applicable

#### ETHICAL APPROVAL (WHERE EVER APPLICABLE)

The Faculty Ethics Committee of the College of Applied medical Sciences at Hail University, KSA, reviewed and approved the ethical clearance. After the study investigation, the data obtained and recorded was treated with confidentiality.

#### REFERENCES

1. Harhay MO, Horton J, Olharto PL. Epidemiology and control of human gastrointestinal parasites in children. *Expert Rev Anti-Infect Ther*. 2010;8.
2. World Health Organization. Control of tropical diseases. Geneva: WHO. 1998.
3. Sayyari AA, Imanzadeh F, Bagheri Yazdi SA, et al. Prevalence of intestinal parasitic infections in the Islamic Republic of Iran. *East Mediterr Health J* 2005;11.
4. Raza HH, Sami RA. Epidemiological study on gastro-intestinal parasites among different sexes, occupations and age groups in Sulaimani district. *J Duhok Univ* 2009;12:317–323.
5. Hassen Amer O, Ashankyty IM, Haouas NAS. Prevalence of intestinal parasite infections among patients in local public hospitals of Hail, Northwestern Saudi Arabia. *Asian Pac J Trop Med* 2016;9:44–48.
6. Farooq M, Khodari Y, Zagloul D, et al. Prevalence of intestinal parasites and bacteria among food handlers in a tertiary care hospital. *Niger Med J* 2011;52.
7. Taha HA, Soliman MI, Banjar SAN. Intestinal parasitic infections among expatriate workers in Al-Madina Al-Munawarah, Kingdom of Saudi Arabia. *Tropical Biomedicine* 2013;30.
8. Koshak EA, Zakai HA. A spectrum of pathogenic and non-pathogenic intestinal parasites in pre-employment medical check-up for workers and their families. *J Family Community Med* 2003;10.
9. Al-Braiken FA. Is intestinal parasitic infection still a public health concern among Saudi children? *Saudi Med J* 2008;29.
10. Mohammad KAH, Koshak EAK. A prospective study on parasites among expatriate workers in Al-Baha from 2009-2011, Saudi Arabia. *J Egypt Soc Parasitol* 2011;41.
11. Al-Megrin WAI. Intestinal parasites infection among immunocompromised patients in Riyadh, Saudi Arabia. *Pak J Biol Sci* 2010;13.

12. Barnawi ABM, Tonkal AM, Fouad MAH, et al. Detection of *Entamoeba histolytica/dispar* in stool specimens by using enzyme-linked immunosorbent assay in the population of Jeddah City, Saudi Arabia. *J Egypt Soc Parasitol* 2007;37.
13. Al-Harhi SA, Jamjoom MB. Preliminary study of the prevalence of intestinal parasites among diarrheic inhabitants in Makkah Al-Mukarramah. *J Egypt Soc Parasitol*;37.
14. Samie A, Guerrant RL, Barrett L, et al. Prevalence of intestinal parasitic and bacterial pathogens in diarrhoeal and non diarrhoeal school children at Hail, Saudi Arabia. *N Y Sci J* 2011;4:106–113.
15. World Health Organization: Basic Laboratory Methods in Medical Parasitology. *Folia Parasitol* 2013;40.
16. Utzinger J, Botero-Kleiven S, Castelli F, et al. microscopic diagnosis of sodium acetate-acetic acid-formalin-fixed stool samples for helminths and intestinal protozoa: A comparison among European reference laboratories. *Clin Microbiol Infect* 2010;16.
17. Keiser J, Utzinger J. The Drugs We Have and the Drugs We Need Against Major Helminth Infections. *Adv Parasitol*, vol. 73, 2010:
18. Ezeamama AE, McGarvey ST, Hogan J, et al. Treatment for *schistosoma japonicum*, reduction of intestinal parasite load, and cognitive test score improvements in school-aged children. *PLoS Negl Trop Dis* 2012;6.
19. Kumar BH, Jain K, Jain R. A study of prevalence of intestinal worm infestation and efficacy of anthelmintic drugs. *Med J Armed Forces India* 2014;70.
20. Lane-deGraaf KE, Putra IGAA, Wandia IN, et al. Human behavior and opportunities for parasite transmission in communities surrounding long-tailed macaque populations in Bali, Indonesia. *Am J Primatol* 2014;76.
21. Ali AM aqsood, Masud T, Arif S. Frequency of parasitic infestation in faecal specimens. *J Ayub Med Coll Abbottabad, Abbottabad : JAMC* 2014;26.
22. Perera PJ, Disanayake D, Fernando MP, et al. Knowledge and practices related to helminth infections among mothers living in a suburban area of Sri Lanka. *Southeast Asian J Trop Med Public Health* 2012;43.
23. Youssef AI, Uga S. Review of parasitic zoonoses in Egypt. *Trop Med Health* 2014;42.
24. Zakai HA. Intestinal parasitic infections among primary school children in Jeddah, Saudi Arabia. *Journal of the Egyptian Society of Parasitology* 2004;34.
25. Imam NaglaaFA, Abdulbaqi Z, Fahad R. The prevalence of intestinal parasitic infections among foreign workers in Madinah, Kingdom of Saudi Arabia. *Saudi J Med Med Sci* 2015;3.
26. Talal ALharazi. Prevalence and Risk Factors Associated with Intestinal Parasitic Infection among Patients in Taiz City, Yemen. *Br Microbiol Res J*. 2016. 16(3).
27. Aly NSM, Mostafa MMM. Intestinal parasitic infection among children in the Kingdom of Saudi Arabia. *Aust J Basic Appl Sci* 2010;4.
28. Al-Megrin WAI. Intestinal parasites infection among immunocompromised patients in Riyadh, Saudi Arabia. *Pak J Biol Sci* 2010;13.
29. Amer OSO, Waly MI, Al-Zahrani SA. Intestinal parasitic infections among patients of prince sultan military medical city in Riyadh region, Saudi Arabia: A 5-year retrospective study. *Pak J Zool* .2017;49.

30. Rawaa A H, Mohammed J S, Hadeel A M. Prevalence of Intestinal Parasitic Infections among Children in Baghdad City. *Journal of College of Basic Education* 2011;71:130–147.
31. Al-Mohammed HI, Amin TT, Aboulmagd E, et al. Prevalence of intestinal parasitic infections and its relationship with socio-demographics and hygienic habits among male primary schoolchildren in Al-Ahsa, Saudi Arabia. *Asian Pac J Trop Biomed* 2010;3.
32. Zagloul DAM, Khodari YAW, Gazzaz ZJ, et al. Prevalence of intestinal parasites among patients of Al-Noor specialist hospital, Makkah, Saudi Arabia. *Oman Med J* 2011;26.
33. Alkhalife IS. Retrospective analysis of intestinal parasitic infections diagnosed at a University Hospital in Central, Saudi Arabia. *Saudi Med J* 2006;27.
34. A. L.Molan, A. M. Farag. Prevalence of intestinal parasites in school children of Arbil, northern Iraq *Saudi Med J* 1989;10:107–110.
35. Al-Shammari S, Khoja T, El-Khwasky F, et al. Intestinal parasitic diseases in Riyadh, Saudi Arabia: Prevalence, sociodemographic and environmental associates. *Trop Med Int Health* 2001;6.
36. Mengistu A, Gebre-Selassie S, Kassa T. Prevalence of intestinal parasitic infections among urban dwellers in southwest Ethiopia. *Ethiop J Health Dev* 2007;21.
37. al Braiken FA, Amin A, Beeching NJ, et al. Detection of *Cryptosporidium* amongst diarrhoeic and asymptomatic children in Jeddah, Saudi Arabia. *Ann Trop Med Parasitol* 2003;97.