WISECONSIN DIVISION OF PUBLIC HEALTH COMMUNICABLE DISEASE SURVEILLANCE GUIDELINE

AMEBIASIS
Last revised June 20, 2011

Effective March 1, 2008
This disease is no longer reportable in the State of Wisconsin
The guidelines below should be followed for cases diagnosed prior to March 1, 2008

I. IDENTIFICATION
A. CLINICAL DESCRIPTION: Parasitic infection of the large intestine by Entamoeba histolytica resulting in an illness of variable severity ranging from mild, chronic diarrhea to fulminant dysentery. In the U.S. most cases are asymptomatic. Extra-intestinal infection may occur, most commonly liver abscesses.

B. REPORTING CRITERIA: Laboratory confirmation.

C. LABORATORY CRITERIA FOR CONFIRMATION:
   Intestinal amebiasis:
   • Demonstration of E. histolytica cysts or trophozoites in stool, OR
   • Demonstration of trophozoites in tissue biopsy, culture or histopathology.
   Extra-intestinal amebiasis:
   • Demonstration of E. histolytica trophozoites in extra-intestinal tissue.

D. WISCONSIN CASE DEFINITION: A clinically compatible illness that is laboratory confirmed. Asymptomatic intestinal carriage of E. histolytica should not be reported.

II. ACTIONS REQUIRED / PREVENTION MEASURES
A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II:
   Report to the patient’s local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report (F-44151), or by other means within 72 hours upon recognition of a case or suspected case.

B. EPIDEMIOLOGY REPORTS REQUIRED:
   • Electronically – Report through WEDSS, including appropriate disease-specific tabs or
   • Paper Copy – Acute and Communicable Diseases Case Report (F-44151)

C. PUBLIC HEALTH INTERVENTIONS:
   In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of Control of Communicable Diseases Manual, edited by David L. Heymann, published by the American Public Health Association.
   • Educate public about proper hand washing after toileting or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
   • Assess patient’s activities for high-risk settings.
   • Educate and advise high-risk patients and food handlers on enteric precautions.
   • Educate high-risk groups to avoid sexual practices that may permit fecal-oral transmission.
   • Source investigation by LHD.
Treatment recommended for known carriers.
Determine if case is outbreak-related and notify Regional Office or CDES.

III. CONTACTS FOR CONSULTATION
A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

C. WISCONSIN STATE LABORATORY OF HYGIENE / PARASITOLOGY (608) 263-3421

IV. RELATED REFERENCES