

CRYPTOSPORIDIOSIS

Last revised August 04, 2011

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** An illness caused by the protozoan *Cryptosporidium parvum* and characterized by profuse watery diarrhea, abdominal cramps, anorexia, low-grade fever, nausea and vomiting. Infected persons may be asymptomatic. The disease can be prolonged and life-threatening in severely immunocompromised people.
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Demonstration of *Cryptosporidium* oocysts in stool, **OR**
 - Demonstration of *Cryptosporidium* in small bowel biopsy or other clinical specimens, **OR**
 - Demonstration of *Cryptosporidium* antigen in stool by a specific immunodiagnostic test such as enzyme-linked immunosorbent assay (ELISA).
- D. **WISCONSIN CASE DEFINITION:** A case that is laboratory confirmed.

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](#)).
 - Routine Enteric Follow-up Worksheet – (*See page 1 of the Worksheet for specific recommendations regarding which sections are recommended during routine follow-up*).
- 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.
- Assess case for association with high-risk setting (e.g., day care, food worker, or health care provider) and apply DPH guidelines for prevention and control.
 - Exclude symptomatic patients from food handling, generally until asymptomatic. The LHD can require two negative stool cultures taken at least 24 hours apart if they consider the patient's personal hygiene to be inadequate.
 - Exclude patients diagnosed with cryptosporidiosis from swimming for at least 2 weeks after diarrhea stops.

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

- Conduct cluster investigation if two or more cases occur in a close geographic or temporal setting or if cases share a common potential exposure (e.g., recreational water, community event, farm-animal-related exposure).

III. CONTACTS FOR CONSULTATION

A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

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

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

IV. RELATED REFERENCES

- Heymann DL, ed. Cryptosporidiosis. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 157-160.
- Pickering LK, ed. Cryptosporidiosis. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 272-273.
- MacKenzie WR, Hoxie NJ, et al. A massive outbreak in Milwaukee of *Cryptosporidium* infection transmitted through the public water supply. *New England Journal of Medicine*. 1994; 331:161-167.