I. IDENTIFICATION

A. Clinical Description: A gastrointestinal illness caused by the protozoan Cryptosporidium spp. and characterized by profuse watery diarrhea, abdominal cramping, anorexia, low-grade fever, nausea, and vomiting. The disease can be prolonged and life-threatening in severely immunocompromised people.

B. Reporting Criteria: Laboratory diagnosis.

C. Laboratory Criteria for Diagnosis:

- Confirmed: Evidence of Cryptosporidium organisms or DNA in stool, intestinal fluid, tissue samples, biopsy specimens, or other biological sample by certain specific laboratory methods with a high positive predictive value (PPV), including:
  - Direct fluorescent antibody (DFA) test.
  - Polymerase chain reaction (PCR).
  - Microplate Enzyme immunoassay (EIA)*.
  - Light microscopy of stained specimen.
- Probable: The detection of Cryptosporidium antigen by a screening test method, such as immunochromatographic card/rapid card EIA test, non-microplate EIA*, alternate screening methods, or an unknown laboratory method.

* Microplate EIA tests and non-microplate EIA tests are classified differently because of differences in sensitivity and specificity.

D. Wisconsin Case Definition:

- Confirmed: A case that is diagnosed with Cryptosporidium spp. infection based on laboratory testing using a method listed in the confirmed criteria above.
- Probable: A case with supportive laboratory test results for Cryptosporidium spp. infection using a method listed in the probable laboratory criteria OR a case that meets the clinical criteria and is epidemiologically linked to a confirmed case. Current laboratory reports may make it difficult to determine the specific type of laboratory method used to diagnose cryptosporidiosis. When the diagnostic test method on a laboratory test result for cryptosporidiosis cannot be determined, the case can only be classified as probable.

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. Wisconsin Disease Surveillance Category II

Report to the patient’s local health department (LHD) 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 sections OR
- Paper Copy – Acute and Communicable Diseases Case Report (F-44151) along with Routine Enteric Follow-up Worksheet


- Educate public about proper handwashing after using the toilet or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
- Assess patient’s activities for high-risk settings.
• Exclude symptomatic patients from high-risk settings including food handling, providing patient care or child care, or attending a child care facility, generally until asymptomatic for 24 hours. The LHD can require one to two negative stool specimens taken at least 24 hours apart if they deem it necessary to protect public health.
• Exclude patients diagnosed with cryptosporidiosis from swimming for at least two weeks after diarrhea stops.
• Determine if case is potentially outbreak related and notify the Bureau of Communicable Diseases (BCD) or Regional Office in the Wisconsin Division of Public Health.

For further detailed information regarding control measures, please see the additional references cited at the end of this document.

III. CONTACTS FOR CONSULTATION
B. BCD/Communicable Disease Epidemiology Section: 608-267-9003
C. Wisconsin State Laboratory of Hygiene/Bacteriology: 608-263-3421

IV. RELATED REFERENCES