



## Communicable Disease Case Reporting and Investigation Protocol **GIARDIASIS**

### **I. IDENTIFICATION AND DEFINITION OF CASES**

- A. **Clinical Description:** An illness caused by the protozoan *Giardia lamblia* (aka *G. intestinalis* or *G. duodenalis*) and characterized by gastrointestinal symptoms such as diarrhea, abdominal cramps, bloating, weight loss, or malabsorption.
- B. **Laboratory Criteria:** Laboratory-confirmed giardiasis shall be defined as the detection of *Giardia* organisms, antigen, or DNA in stool, intestinal fluid, tissue samples, biopsy specimens or other biological sample.
- C. **Wisconsin Surveillance Case Definition:**
- **Confirmed:** A case that meets the clinical description and the criteria for laboratory confirmation as described above. When available, molecular characterization (e.g., assemblage designation) should be reported.
  - **Probable:** A case that meets the clinical description and that is epidemiologically linked to a confirmed case.

### **II. REPORTING**

- A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04 \(3\) \(b\)](#). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form.
- B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).
- C. **Clinical Criteria for Reporting:** None.
- D. **Laboratory Criteria for Reporting:** Laboratory evidence of infection as defined in the laboratory criteria above. All positive results should be reported.

### **III. CASE INVESTIGATION**

- A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.
- B. **Required Documentation:** Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs. This may be facilitated by completing a [Routine Enteric Follow-Up Worksheet](#). See page 1 of the Worksheet for specific instructions regarding which sections should be completed during routine follow-up.
- C. **Additional Investigation Responsibilities**
1. Assess patient for high-risk settings or activities to include food handling, providing patient care or child care, or attending a child care facility.
  2. Inquire about additional clinically compatible illnesses among child care center attendees and staff.
  3. Source investigation by LHD.
  4. Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

#### IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. Educate the public about proper handwashing after using the toilet, changing diapers, assisting another with toileting, handling contaminated clothing or linens, before cooking, or when associating with high-risk individuals.
- C. Educate the public on how to safely dispose of feces and clean any contaminated environment. Detailed instructions can be found at <https://www.cdc.gov/parasites/giardia/prevention-control-general-public.html>.
- D. Educate the public on how to prevent infection from ingestion of contaminated water:
- Do not swallow water while swimming in pools, hot tubs, interactive fountains, lakes, rivers, springs, ponds, streams, or the ocean.
  - Do not use or drink poorly treated water or use ice when traveling in countries where the water supply might be unsafe.
  - Do not drink untreated water from lakes, rivers, springs, ponds, streams, or shallow wells.
  - If the safety of drinking water is in doubt (for example, during or after an outbreak, in a place with poor sanitation or lack of water treatment systems, while camping/hiking), do one of the following:
    - Drink bottled water.
    - Disinfect tap water by heating it to a rolling boil for one minute.
    - Use a filter that has been tested and rated by National Safety Foundation (NSF) Standard 53 or NSF Standard 58 for cyst and oocyst reduction; filtered tap water will need additional treatment to kill or weaken bacteria and viruses. Additional information on water treatment methods and filters can be found at [https://www.cdc.gov/parasites/crypto/gen\\_info/filters.html](https://www.cdc.gov/parasites/crypto/gen_info/filters.html). Filters effective at removing *Cryptosporidium* are also effective at removing *Giardia*.
- E. As appropriate, educate the public on the prevention of contact and contamination with feces during sexual contact, including using barrier protection during oral-anal sex and washing hands after handling condoms used during anal sex and after touching the anus or rectal area.
- F. Exclude infected persons from swimming until asymptomatic.
- G. Exclude symptomatic patients from high-risk settings including food handling, providing patient care or child care, or attending a child care facility, until asymptomatic.

In situations where more additional disease control measures are needed, the LHD has the authority to exclude infected individuals in high-risk settings until evidence of one or more stool specimens negative for *Giardia* has been provided. This requirement is most often employed during outbreak situations, but may be required during other situations as necessary. If laboratory evidence of clearance is required, specimens should be collected 1) after the individual is asymptomatic and 2) at least 48 hours after discontinuance of antimicrobial therapy. When multiple specimens are collected from a patient, specimens should be collected at least 24 hours apart.

#### V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies: <https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
- C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

#### VI. RELATED REFERENCES

- A. Heymann DL, ed. Giardiasis. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 234-236.

- B. Pickering LK, ed. Giardiasis. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 353-355.
- C. Centers for Disease Control and Prevention website: <https://www.cdc.gov/parasites/giardia/index.html>
- D. CDC Giardia and Pets page: <https://www.cdc.gov/parasites/giardia/prevention-control-pets.html>
- E. DPH Giardiasis Fact Sheet: <https://www.dhs.wisconsin.gov/library/P-42047.htm>
- F. CDC Guide to Water Filters: [https://www.cdc.gov/parasites/crypto/gen\\_info/filters.html](https://www.cdc.gov/parasites/crypto/gen_info/filters.html)