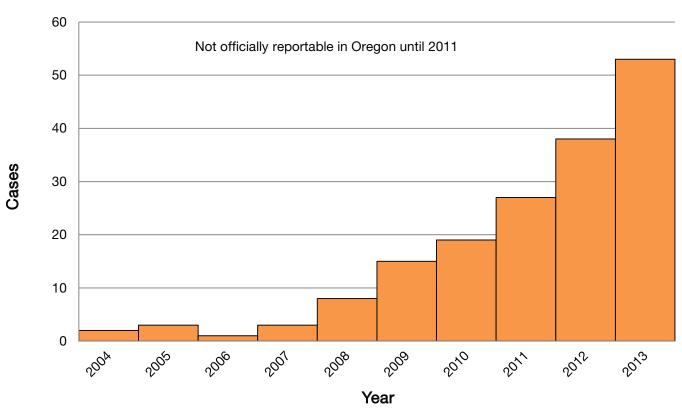
## Cryptococcosis

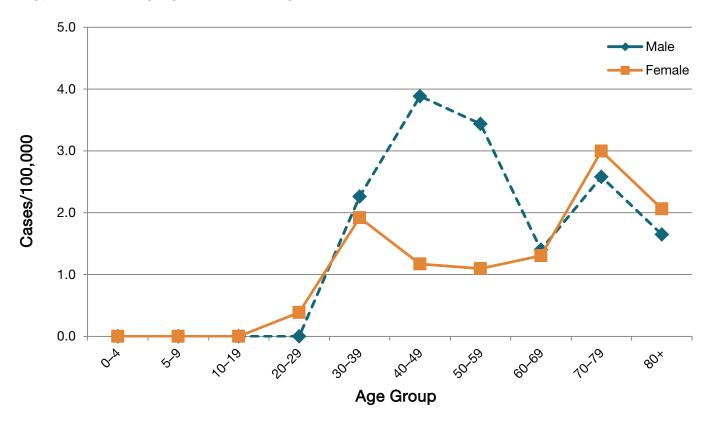
Cryptococcus neoformans has long been identified in humans with immunosuppressive conditions, especially AIDS. Before 1999, C. gattii infection seemed to be pretty much limited to the tropics. During 1999, C. gattii began appearing in animals and humans on Vancouver Island, British Columbia, Canada. Beginning in 2004, it started appearing among mainland British Columbia residents who had no exposure to Vancouver Island. In December 2004, a case of human C. gattii infection was reported in Oregon, associated with an outbreak on Vancouver Island and in mainland British Columbia. From 2006–2010, 46 additional cases were reported. Cryptococcus became officially reportable in Oregon on August 19, 2011.

Studies from British Columbia and elsewhere showed a median incubation period of 6–7 months, with a range of 2–13 months. In addition to testing human specimens, we also test animals and environments where animals are infected with *C. gattii* to localize the environmental reservoirs (they travel less than humans). The bottom line is that *Cryptococcus* gattii appears to be established in Oregon. Previously healthy persons appear to be at some risk, but most human cases of infection with either cryptococcal species have been immunocompromised or otherwise suffered from chronic illness. Treatment with extended use of antifungal agents (six months or longer) is recommended. For current treatment information, see guidelines published by the Infectious Disease Society of America: www.idsociety.org/Index.aspx.

## Cryptococcosis by year: Oregon, 2004–2013



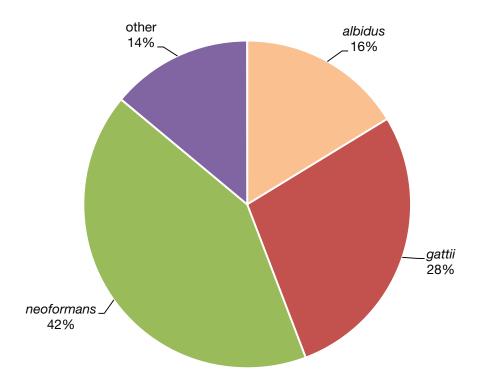
## Cryptococcosis by age and sex: Oregon, 2013



#### Incidence of Cryptococcus gattii by county of residence: Oregon, 2011–2013



## Cryptococcus by species, Oregon, 2013



# Prevention

Regrettably, practical methods for preventing cryptococcosis have not been identified. Patients with cryptococcosis can be helped with early diagnosis and treatment with antifungal drugs.