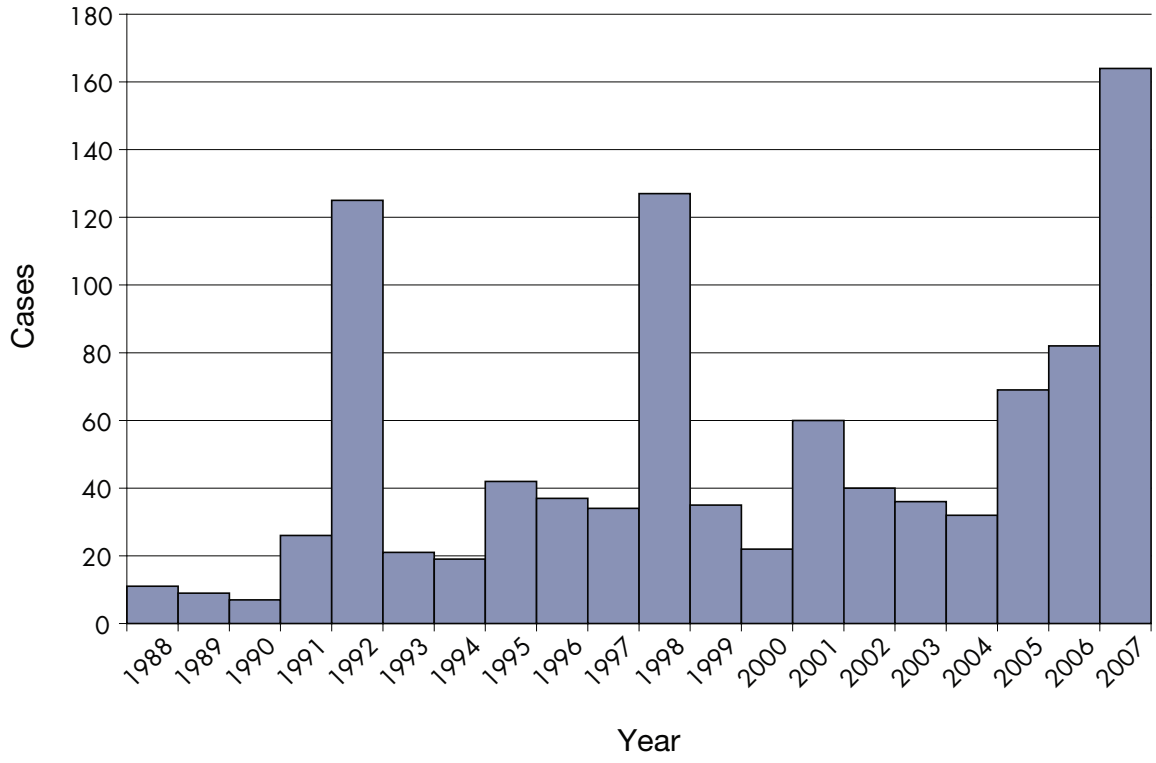
Cryptosporidiosis

Cryptosporidiosis in humans results from infection with protozoal parasites in the genus *Cryptosporidium*—most commonly *C. hominis* or *C. parvum*. Symptomatic infections are characterized by watery diarrhea and abdominal cramps. Symptoms typically resolve in one to four weeks in immunocompetent persons. Infections can be difficult to control among the immunocompromised. Studies suggest that the prevalence of cryptosporidiosis among young children, particular those in large child care facilities, is surprisingly high. Many of these infections are asymptomatic.

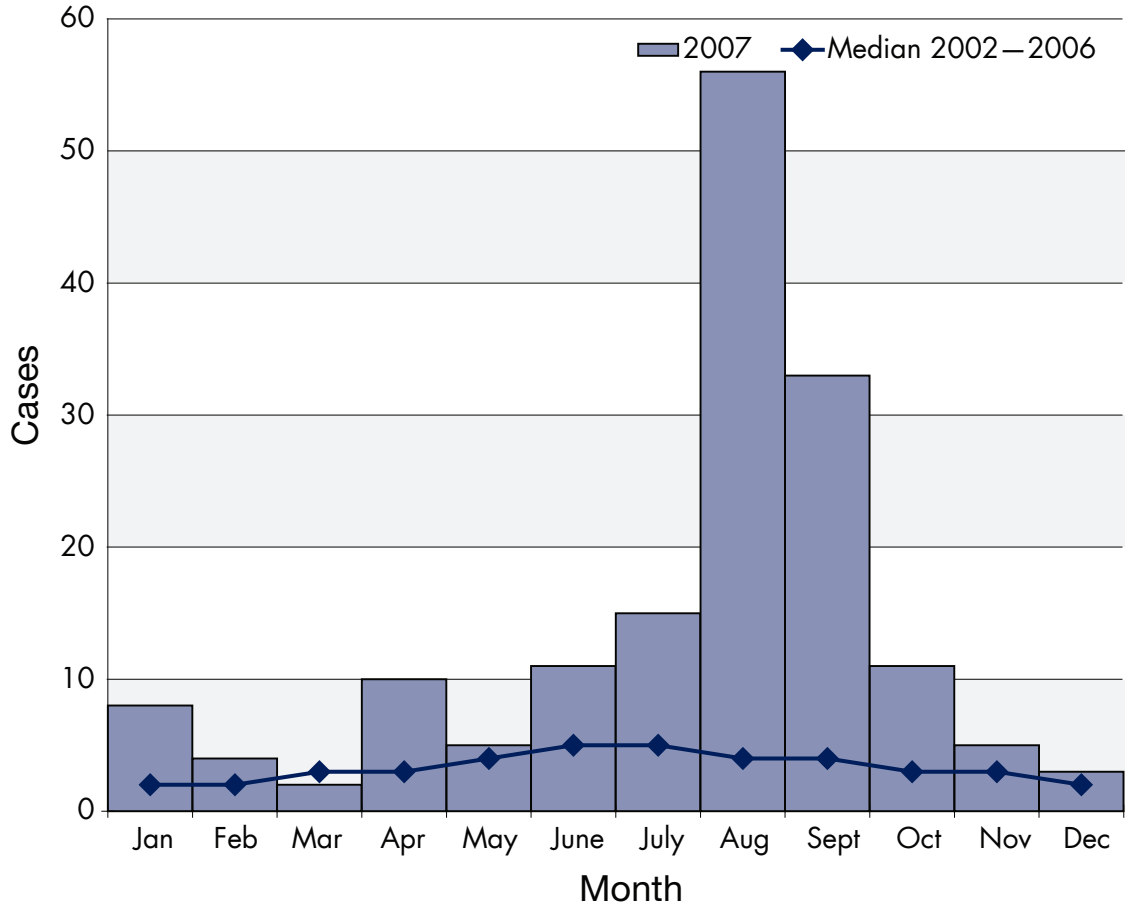
Both nationally and in Oregon the rate of infection with *Cryptosporidium* has been steadily increasing since 2005. It is not clear whether this is due to increased awareness and testing or the emergence of strains more resistant to routine chlorination practices. In 2007, Oregon had a record 163 cases. Recently the Oregon investigative guidelines were changed to reflect the increasing numbers of cases; previously, investigations were required only for abnormally high case counts. All cases will now be routinely investigated to identify the source of infection.

Given the number of asymptomatic and undiagnosed infections, surveillance data can be difficult to interpret. However, these data have been used to identify a number of outbreaks over the years, most commonly associated with child care or water (both drinking and recreational). In 2007, a large outbreak (44 cases) was identified among campers at a private youth camp.

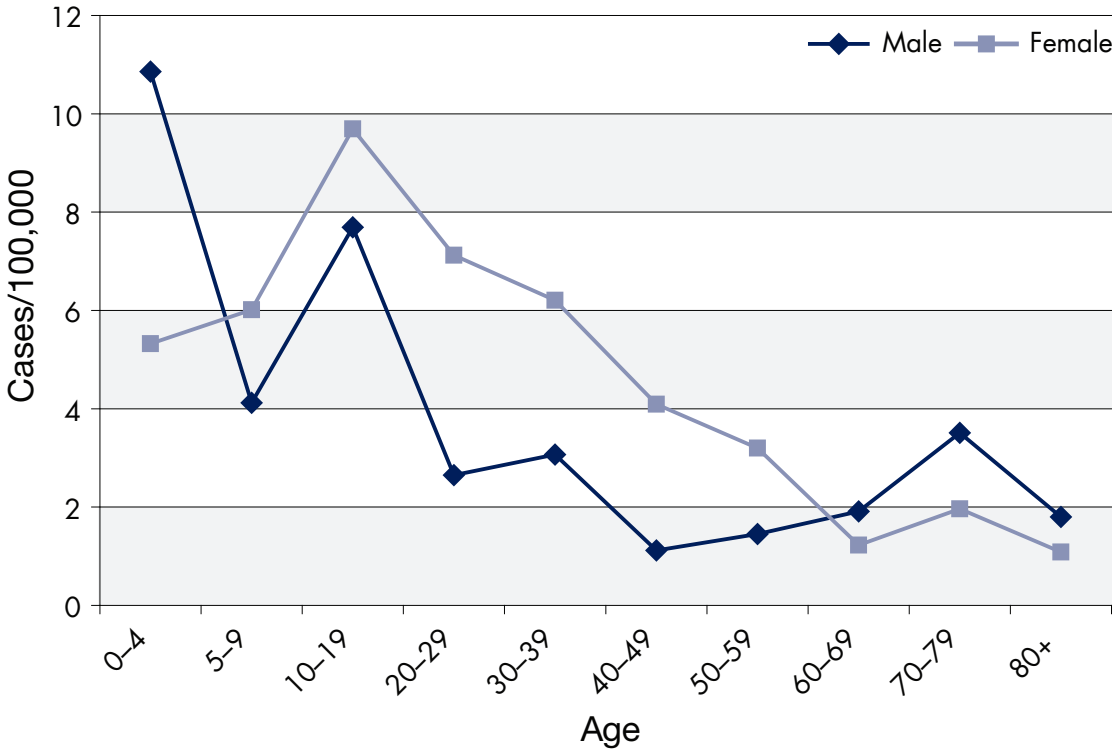
Cryptosporidiosis by year: Oregon, 1988–2007



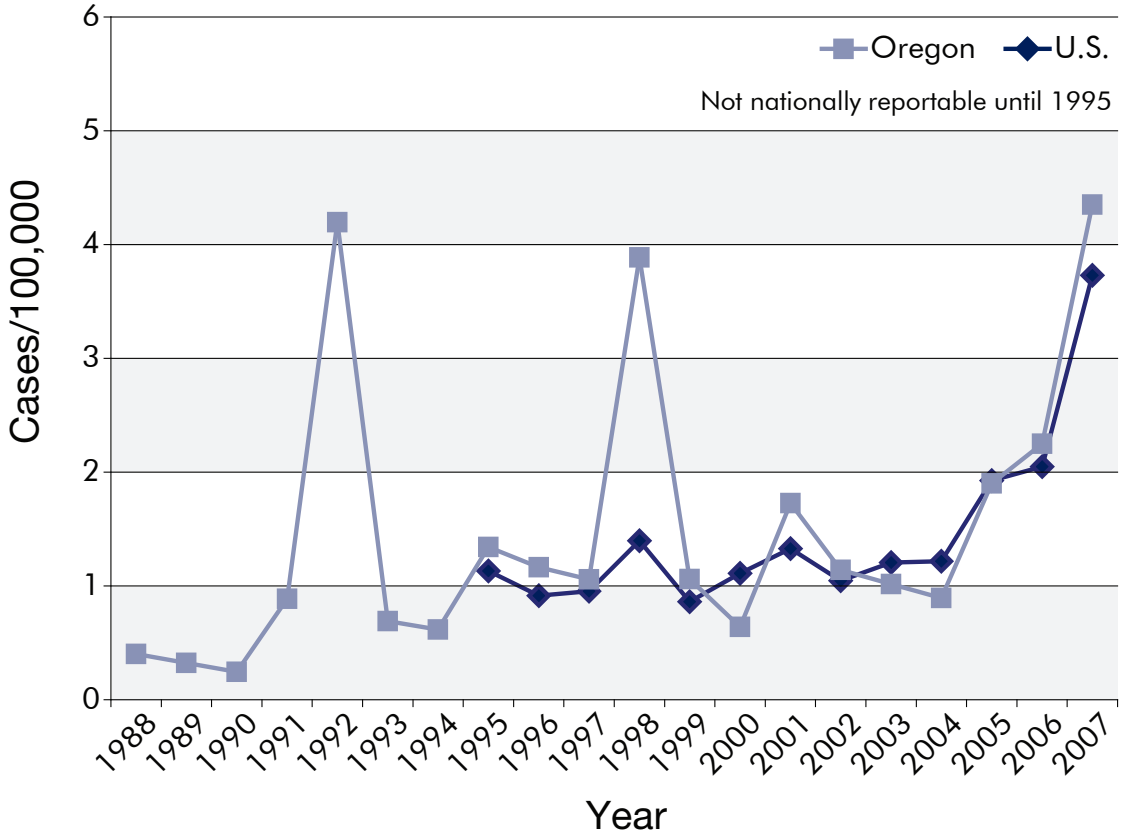
Cryptosporidiosis by onset month: Oregon, 2007



Incidence of cryptosporidiosis by age and sex: Oregon, 2007



Incidence of cryptosporidiosis: Oregon vs. nationwide, 1988–2007



Incidence of cryptosporidiosis by county of residence: Oregon, 1998–2007