

Cryptosporidiosis

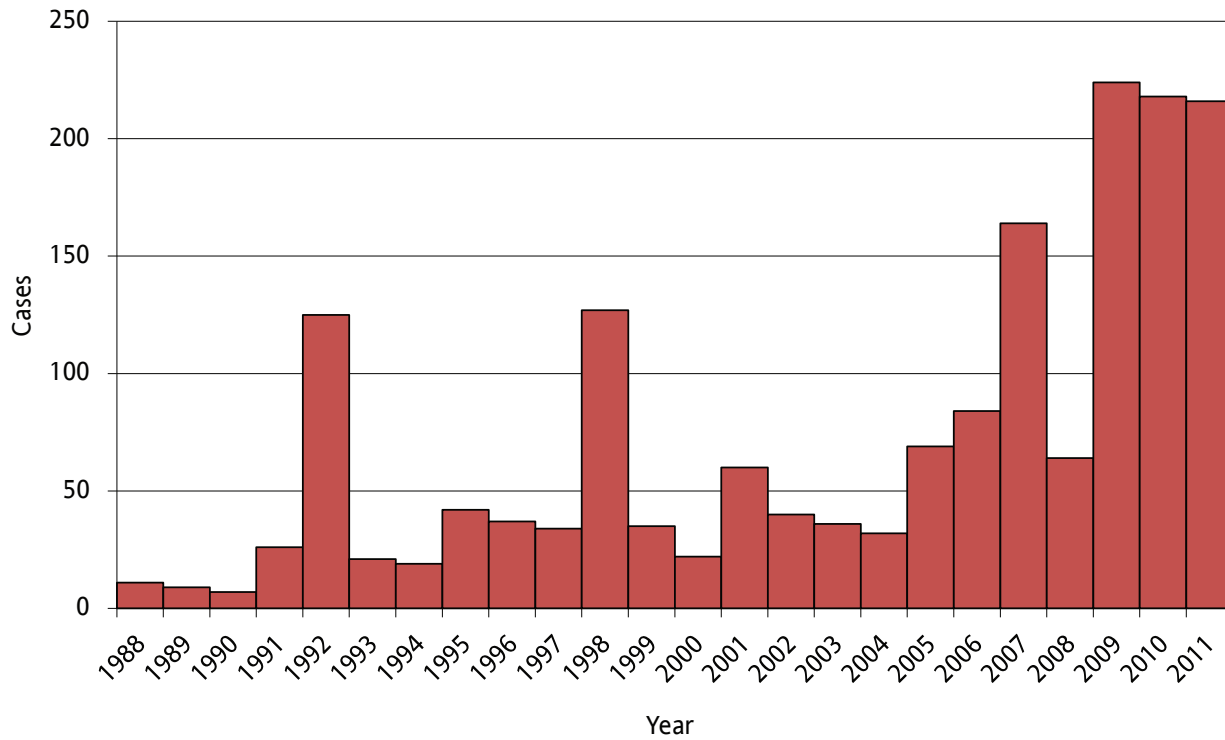
Cryptosporidiosis in humans results from infection with protozoal parasites in the genus *Cryptosporidium* — most commonly *C. hominis* or *C. parvum*. Symptomatic infections are characterized by watery diarrhea and abdominal cramps. Symptoms typically resolve in one to four weeks in immunocompetent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

In Oregon the rate of infection with *Cryptosporidium* is slightly lower than 2010 but remains elevated from rates observed at the millennium. Nationally infections were on the rise in the early millennium but incidence has stabilized since 2009. Cases occur year-round with peak reports of illness in August, coincident with increases in exposure to recreational water.

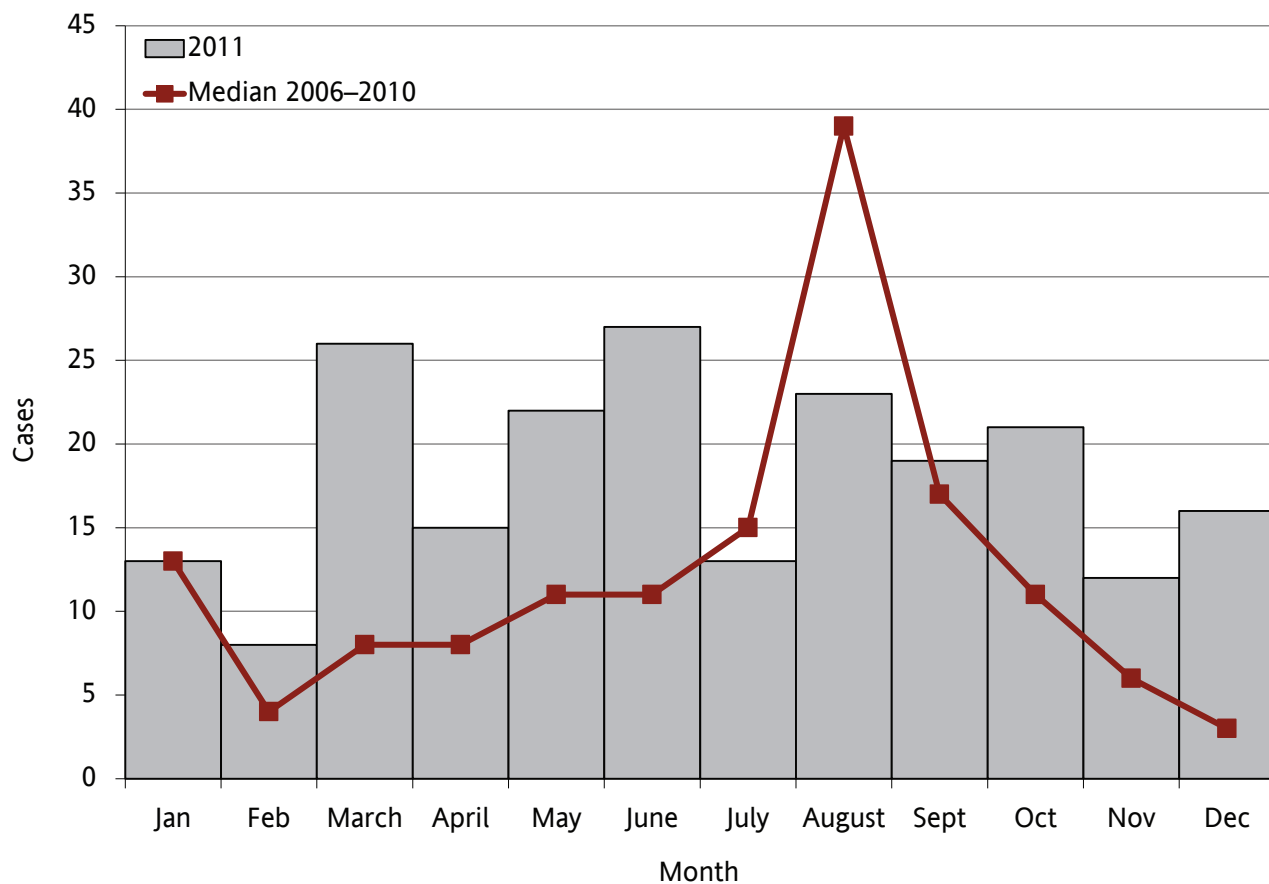
New antigen tests for *Cryptosporidium* might be playing a role in these fluctuations. In 2011, 216 cases were reported, down from an Oregon record of 220 cases in 2009. In 2007, the Oregon investigative guidelines were changed to reflect the increasing numbers of cases; previously, investigations were required only for abnormally high case counts. All cases are now routinely investigated to identify the source of infection. One animal-associated outbreak in 2011 accounted for 10 Oregon cases.

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).

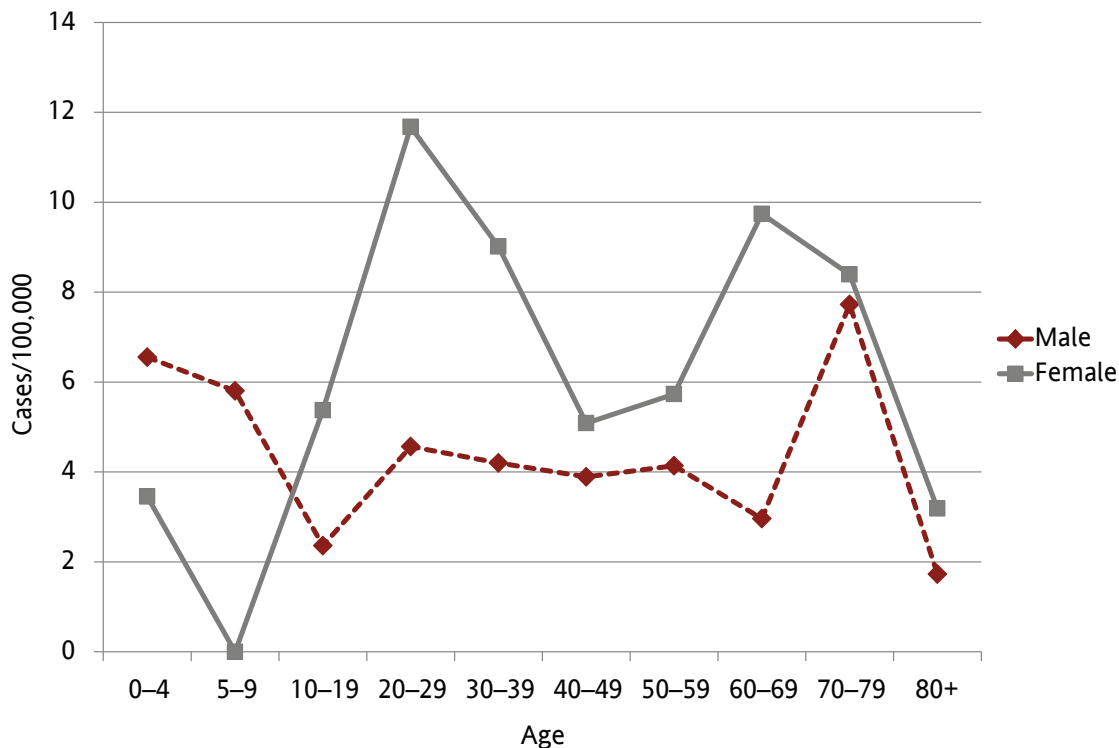
Cryptosporidiosis by year: Oregon, 1988–2011



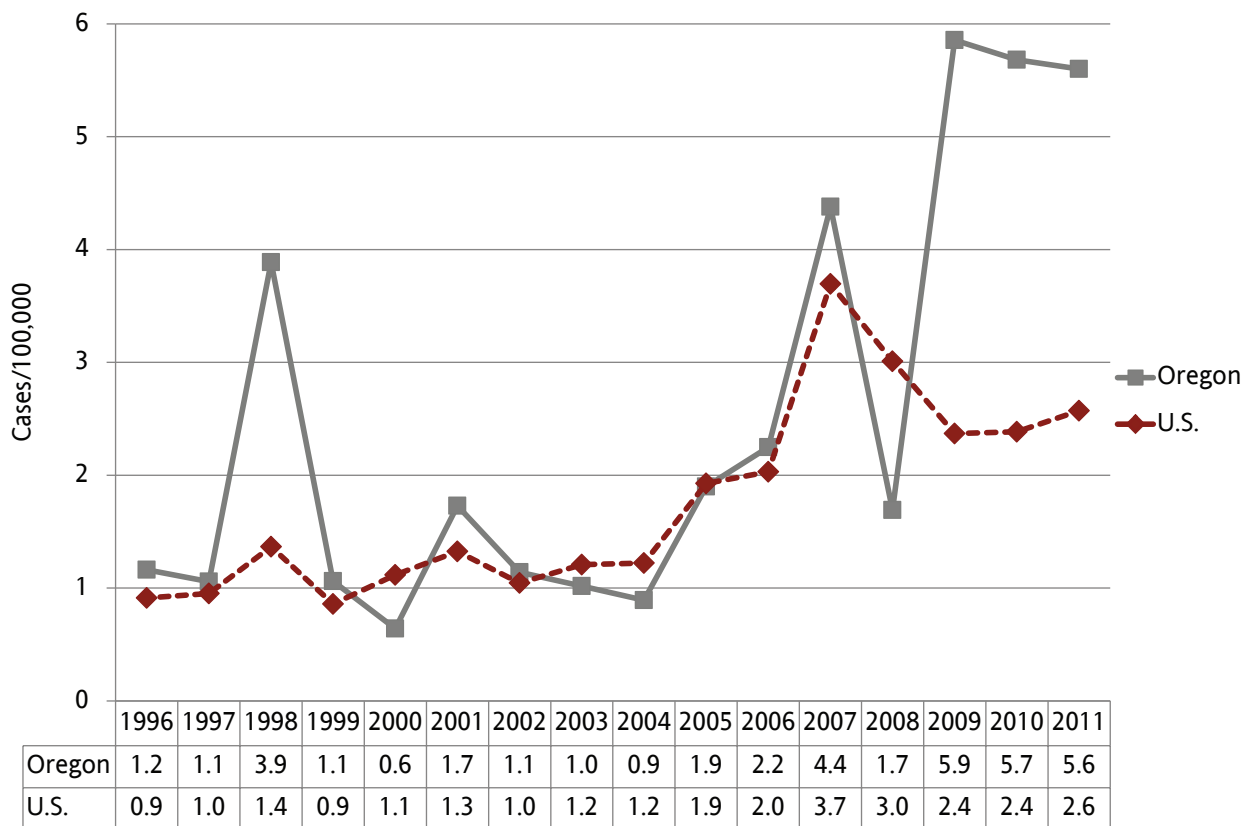
Cryptosporidiosis by onset month: Oregon, 2011



Incidence of cryptosporidiosis by age and sex: Oregon, 2011



Incidence of cryptosporidiosis: Oregon vs. nationwide, 1996–2011



Incidence of cryptosporidiosis by county of residence: Oregon, 2002–2011

