

Cryptosporidiosis

Cryptosporidiosis in humans results from infection with protozoal parasites of the genus *Cryptosporidium* — most commonly *C. hominis* or *C. parvum*. Symptomatic infections are characterized by watery diarrhea and abdominal cramps.

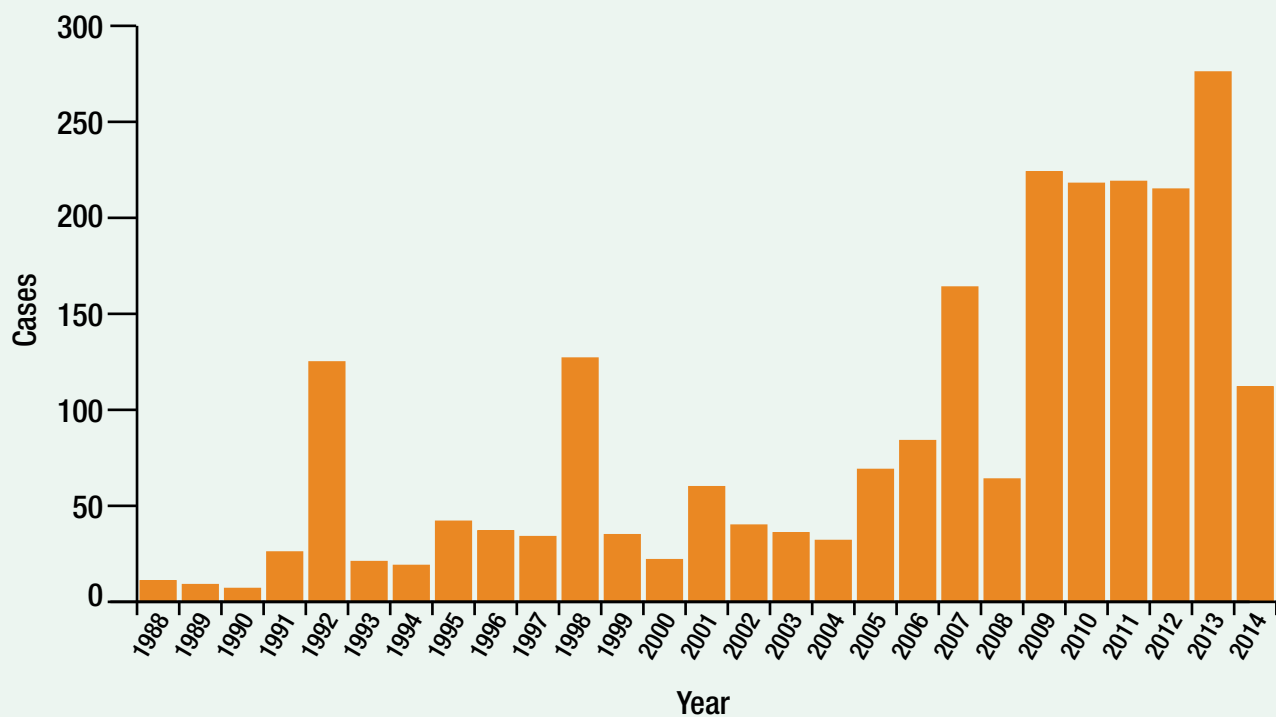
Symptoms typically resolve in one to four weeks in immunocompetent persons, but infections in immunocompromised persons can be difficult or impossible to cure. Studies suggest the prevalence of cryptosporidiosis among young children, particularly those in large child care facilities, is surprisingly high. Many of these infections are asymptomatic.

In Oregon, the rate of infection with *Cryptosporidium* remains elevated from rates observed at the millennium, but the 2014 rate of 2.8 per 100,000 is half the rate seen in the last five years. Nationally, infections began to rise in the early millennium, but incidence has stabilized since 2009. Cases occur year-round with peaks in August, coincident with increases in exposure to recreational water.

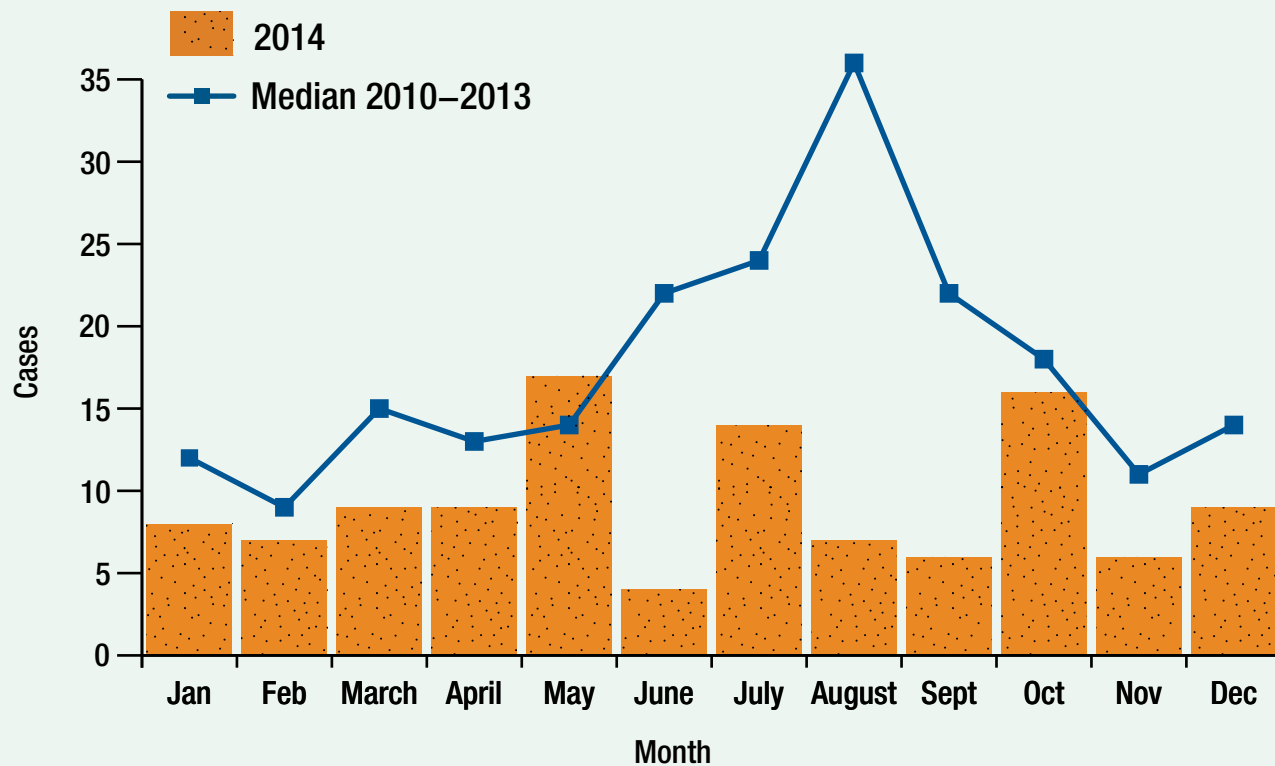
Rapid cartridge (ImmunoSTAT) tests for *Cryptosporidium* might be playing a role in the apparent increase in incidence. In 2014, 112 cases were reported, down from a high in 2013. In 2007, the Oregon investigative guidelines were changed to reflect the increasing numbers of cases; previously, investigations had been required only for abnormally high case counts. All cases are now routinely investigated to identify the source of infection.

Treatment with an antiprotozoal agent has been shown effective in immunocompetent persons; however, there are no proven effective treatments in immunocompromised hosts.

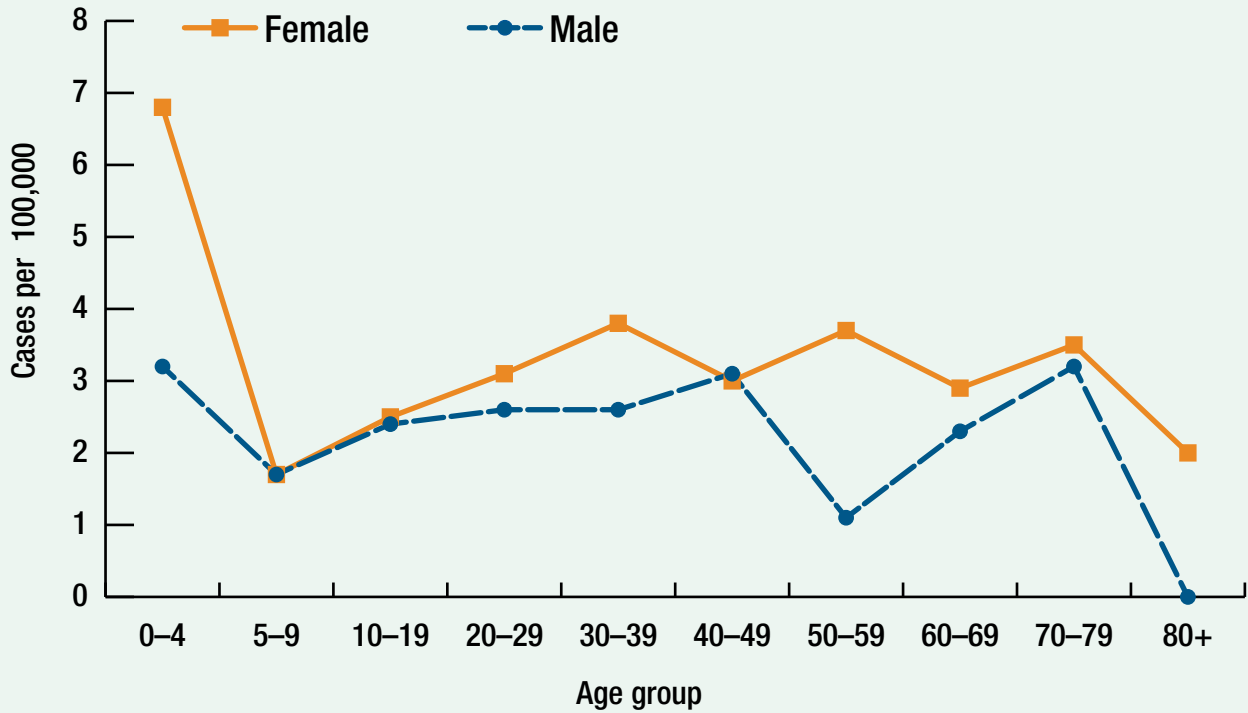
Cryptosporidiosis by year: Oregon, 1988–2014



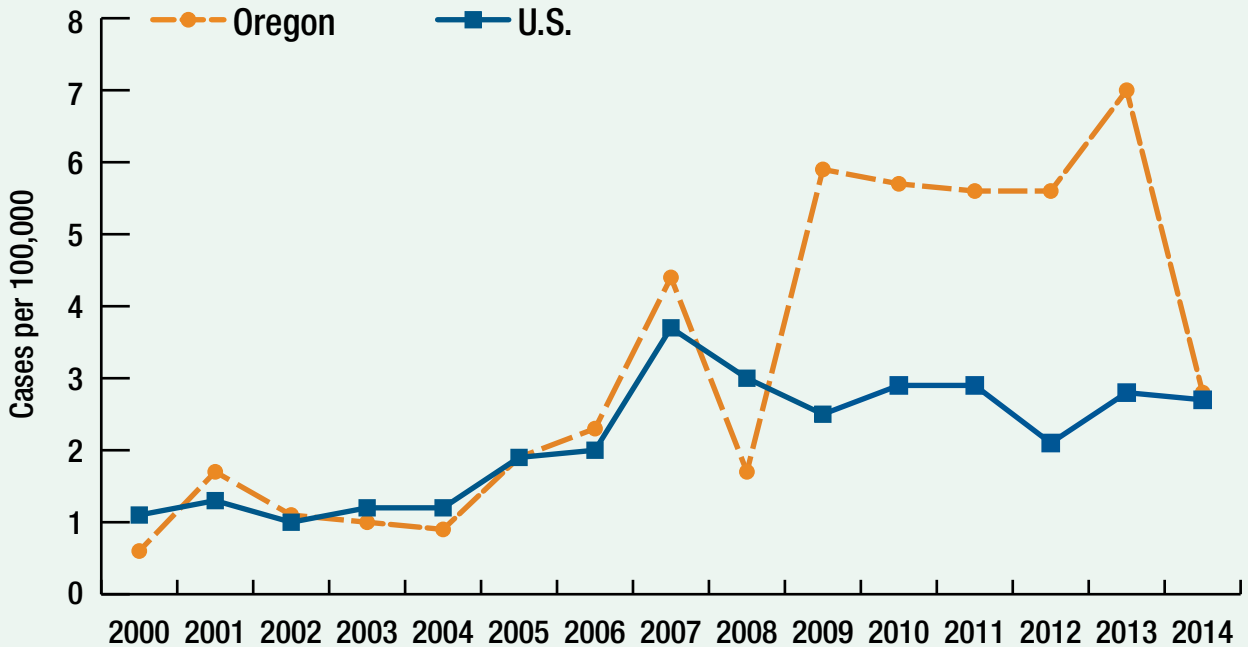
Cryptosporidiosis by onset month: Oregon, 2014



Incidence of cryptosporidiosis by age and sex: Oregon, 2014

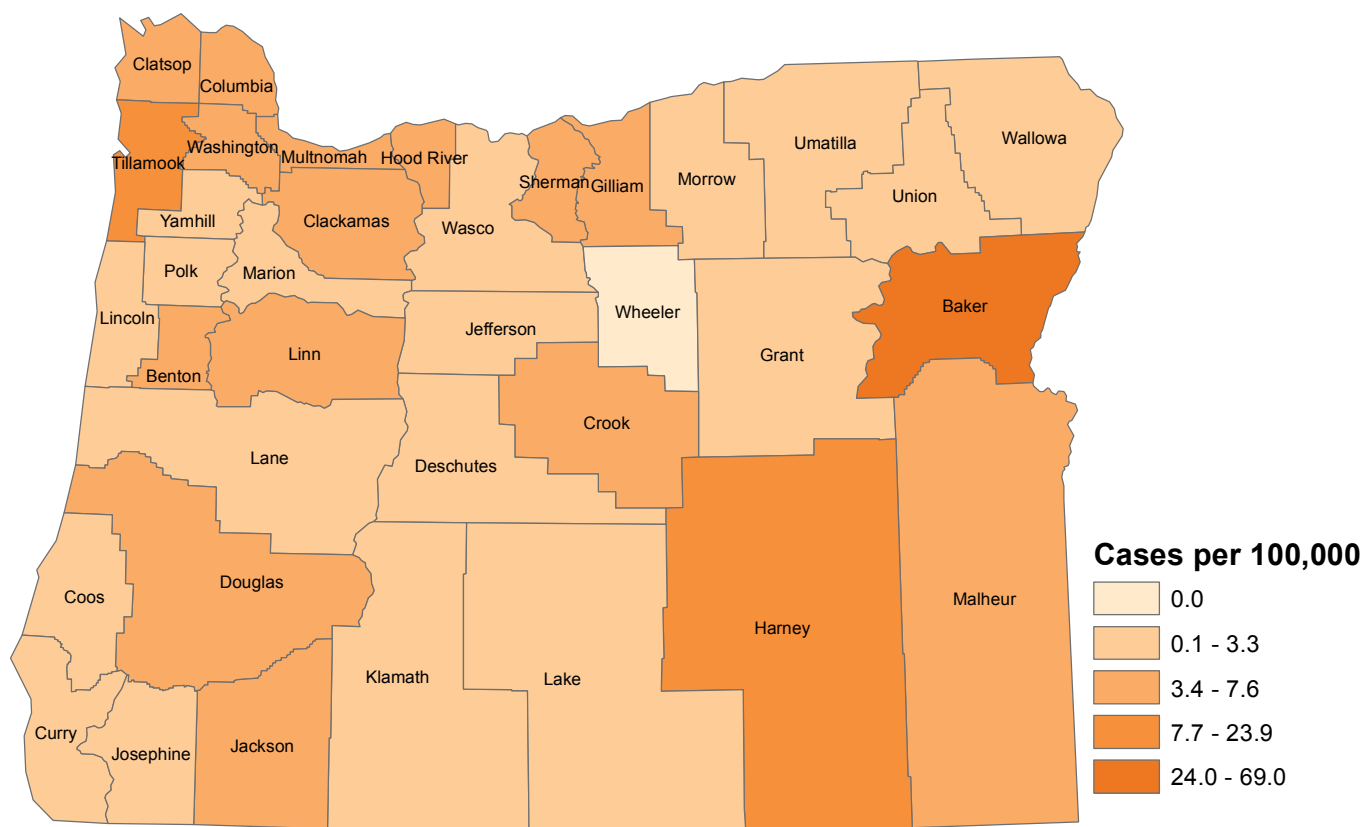


Incidence of cryptosporidiosis: Oregon vs. nationwide, 2000–2014



Oregon	0.6	1.7	1.1	1.0	0.9	1.9	2.3	4.4	1.7	5.9	5.7	5.6	5.6	7.0	2.8
U.S.	1.1	1.3	1.0	1.2	1.2	1.9	2.0	3.7	3.0	2.5	2.9	2.9	2.1	2.8	2.7

Incidence of cryptosporidiosis by county of residence: Oregon, 2005–2014



Prevention

- Wash hands with soap carefully and frequently, especially after going to the bathroom, after changing diapers or after touching livestock. Supervise hand washing of toddlers and small children after they use the toilet.
- Do not work or attend daycare, serve or prepare food, or work in health care while ill with diarrhea.
- Refrain from recreational water activities (pools, hot tubs, splash pads) for two weeks after symptoms from a bout of cryptosporidiosis subside.
- Do not drink untreated surface water.