

Giardiasis

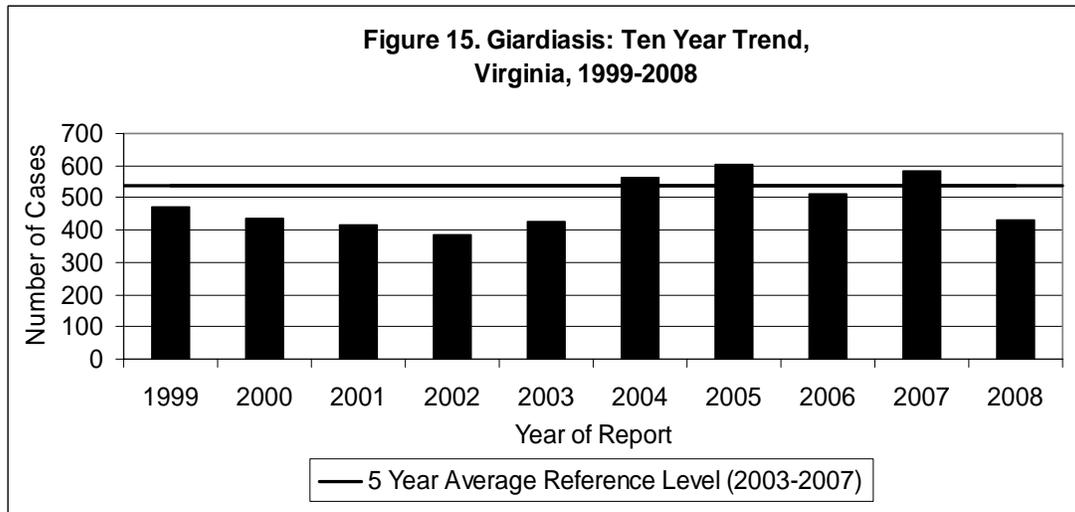
Agent: *Giardia lamblia* (parasite)

Mode of Transmission: Person-to-person transmission by hand-to-mouth transfer of cysts from the feces of an infected person. Localized outbreaks are more often due to ingestion of cysts in fecally-contaminated drinking and recreational water than from fecally-contaminated food. Another source is unfiltered stream and lake waters open to contamination by human and animal feces.

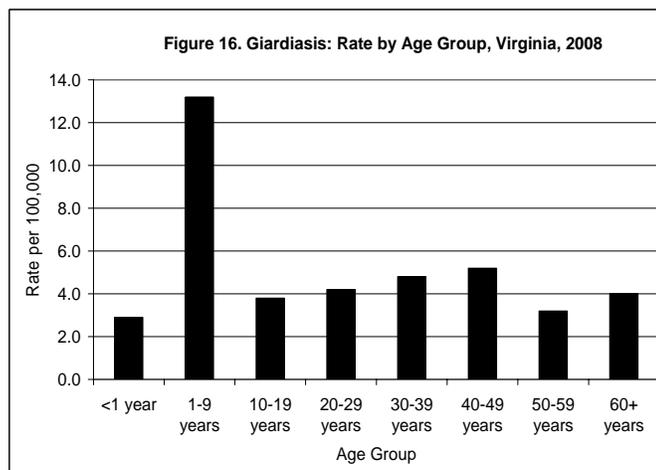
Signs/Symptoms: Symptoms may include diarrhea, abdominal pain, bloating, nausea and vomiting. A person may be asymptomatic or develop chronic illness.

Prevention: Careful hand hygiene after each toilet visit and before preparing and eating food. Do not drink recreational water or untreated water from shallow wells, lakes, rivers, springs, ponds or streams.

During 2008, 432 cases of giardiasis were reported in Virginia. This is a 26% decrease from the 582 cases reported in 2007, and a 20% decrease from the five year average of 537.4 cases per year (Figure 15). A study conducted by VDH in 2007 indicated that the increase in cases observed during 2004 through 2007 is at least partly attributed to infections identified through screening of refugees who had recently arrived in the U.S.



In 2008, the 1-9 year age group had the highest proportion of reported cases and the highest incidence rate (28%, 13.2 per 100,000, respectively) (Figure 16). Rates in the other age groups ranged from 2.9 to 5.2 per 100,000. Race was not reported for 56% of the cases, but among those with a reported race, rates were higher in the “other” populations (5.3 per



100,000) than among the black and white populations (2.9 and 2.1 per 100,000, respectively). A slightly higher rate was reported in the male population (6.6 per 100,000) than the female population (4.6 per 100,000).

By region, the highest rate was seen in the northern region (7.8 per 100,000), followed by the northwest (6.8 per 100,000). Rates in the other regions ranged from 3.5 to 4.6 per 100,000. Illness onset peaked during April to October, with two-thirds of cases occurring during these three months (Figure 17).

