

Amebiasis

Agent: *Entamoeba histolytica* (parasite)

Mode of Transmission: Ingestion of food or water contaminated with amebic cysts, by fecal-oral contact with an infected person, or by swallowing cysts picked up from contaminated surfaces or fingers.

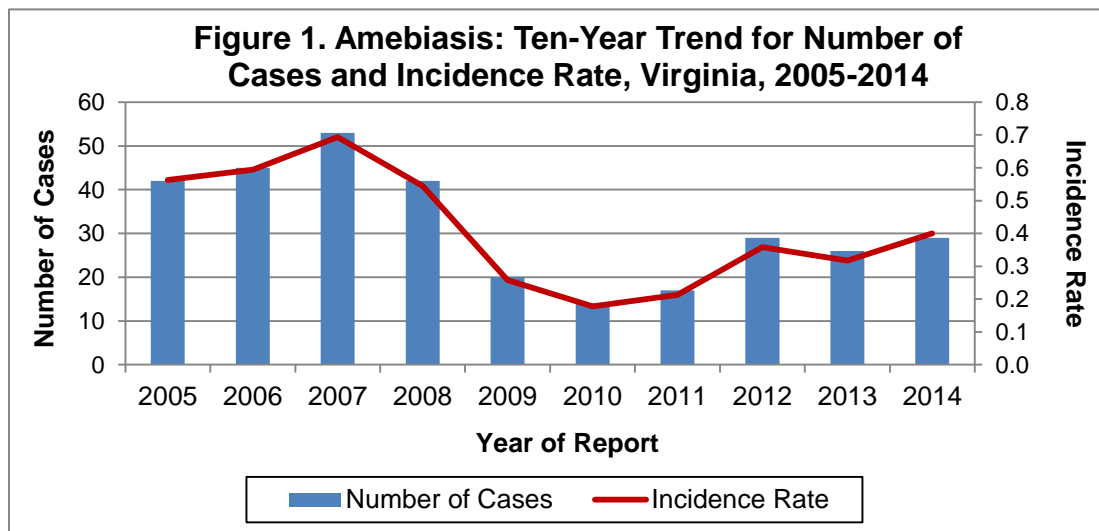
Signs/Symptoms: Most infections are asymptomatic. Symptomatic infections are often mild and can include diarrhea, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with diarrhea (which may be bloody or contain mucus), abdominal pain, and fever. In a small number of cases, the parasite invades other body sites, such as the liver, lung, brain, or skin.

Prevention: Hands should be washed carefully after using the bathroom, after changing diapers or cleaning a child who has used the bathroom, and before preparing and eating food. When traveling to a country with poor sanitary conditions, do not eat or drink: fountain drinks or any drinks with ice cubes; fresh fruit or vegetables that you did not peel yourself; milk, cheese, or dairy products that may not have been pasteurized; anything sold by street vendors; or water unless it is bottled or has been boiled for 1 minute or made safe by filtering it through an "absolute 1 micron or less" filter and dissolving chlorine, chlorine dioxide, or iodine tablets in the filtered water.

Other Important Information: Amebiasis can affect anyone, but it is most common in people who live in tropical areas with poor sanitary conditions. In the United States, it is mainly seen in people who travel to or emigrate from these tropical areas, people living in institutions with poor sanitary conditions, and in men who have sex with men.

Amebiasis: 2014 Data Summary	
Number of Cases:	29
5-Year Average Number of Cases:	21.2
% Change from 5-Year Average:	+37%
Incidence Rate per 100,000:	0.4

Twenty-nine cases of amebiasis were reported in Virginia during 2014, which surpassed the five-year average of 21.2 cases per year (Figure 1). The number of cases of amebiasis has decreased since a peak in 2007, in part due to a change in the national surveillance case



definition in 2008. This change required that individuals with laboratory-confirmed infection also be symptomatic to be counted for surveillance purposes. Since 2012, the number of reported cases has been more consistent.

Among cases reported in 2014, the highest incidence rate occurred in the 20-29 and 40-49 year age groups (0.5 per 100,000 each), followed closely by the 30-39 and 50-59 year age groups (0.4 per 100,000 each). Race was reported for less than 50% of cases, and therefore, no conclusions can be drawn about the distribution of amebiasis by race. Incidence was higher in males (0.5 per 100,000) than females (0.2 per 100,000).

The highest incidence rate occurred in the northern health planning region (0.6 per 100,000), followed by the central region (0.4 per 100,000) and the eastern region (0.3 per 100,000 (see map below). Cases occurred throughout the year, with one to four cases being reported each month. No outbreaks or deaths attributed to amebiasis were reported in Virginia in 2014.

Amebiasis Incidence Rate by Locality Virginia, 2014

