

## Amebiasis

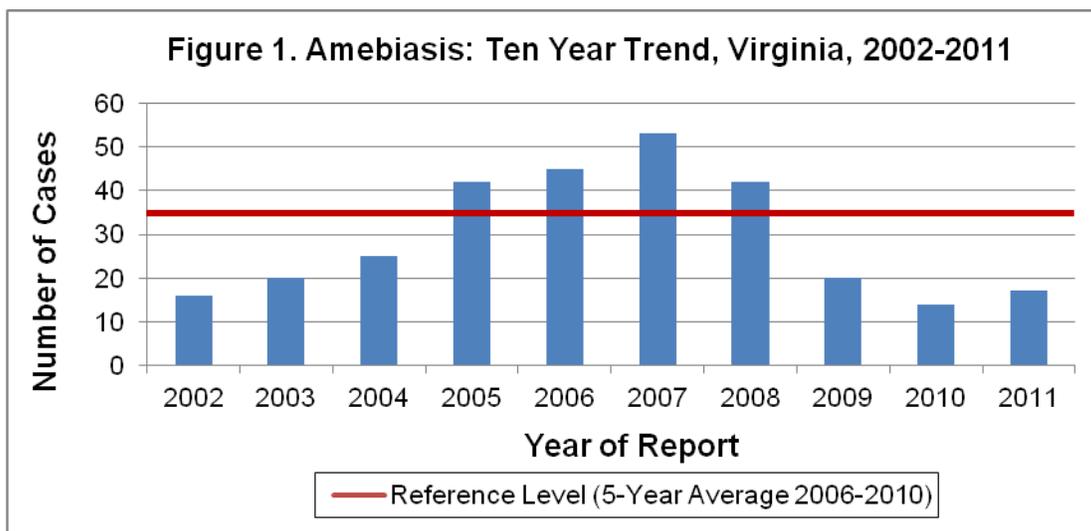
Agent: *Entamoeba histolytica* (parasite)

Mode of Transmission: Ingestion of food or water contaminated with amebic cysts or by direct contact with fecal material from infected animals or people.

Signs/Symptoms: Most infections are asymptomatic. Symptomatic infections include diarrhea, which may become severe, bloody or contain mucus; lower abdominal pain; straining to pass stool or urine; weight loss; fever; chills; and constipation. Symptoms may become chronic.

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.

Other Important Information: Amebiasis is most common in people who live in tropical areas with poor sanitary conditions. In the United States, it is mostly seen in people who travel to or emigrate from these tropical areas or in people living in institutions that have poor sanitation. Invasive amebiasis is mostly a disease of young adults and is rare in children under five years of age.



Seventeen cases of amebiasis were reported in Virginia during 2011. This is 21% higher than the fourteen cases reported in 2010, but a 51% decrease from the five-year average of 34.8 cases per year. While slightly more cases were reported in 2011 than 2010, there has been a general decrease from the peak in 2007 (Figure 1). One factor contributing to the observed decline is a change in the case definition that occurred in 2008. This change required that individuals with laboratory-confirmed infection also be symptomatic for their illness to be counted for surveillance purposes.

Among cases reported in 2011, the 50-59 year age group had the highest incidence rate (0.5 per 100,000), followed by those in the 30-39 and 40-49 year age groups (0.3 per 100,000 each). No cases were reported in the <1 year and 1-9 year age groups. Information on race was missing for 41% of reported cases, but among those with reported race information, the “other” race population had the highest rate (0.5 cases per 100,000), followed by the black population (0.2 cases per 100,000). No difference was observed in the rates for males and females (0.2 per 100,000 each).

Both the northern and central health planning regions had incidence rates of 0.4 per 100,000, and the eastern region had 0.1 per 100,000. No cases were reported from the northwest and southwest health planning regions. While cases occurred throughout the year, the highest rates were observed during the first and second quarters.