

Amebiasis

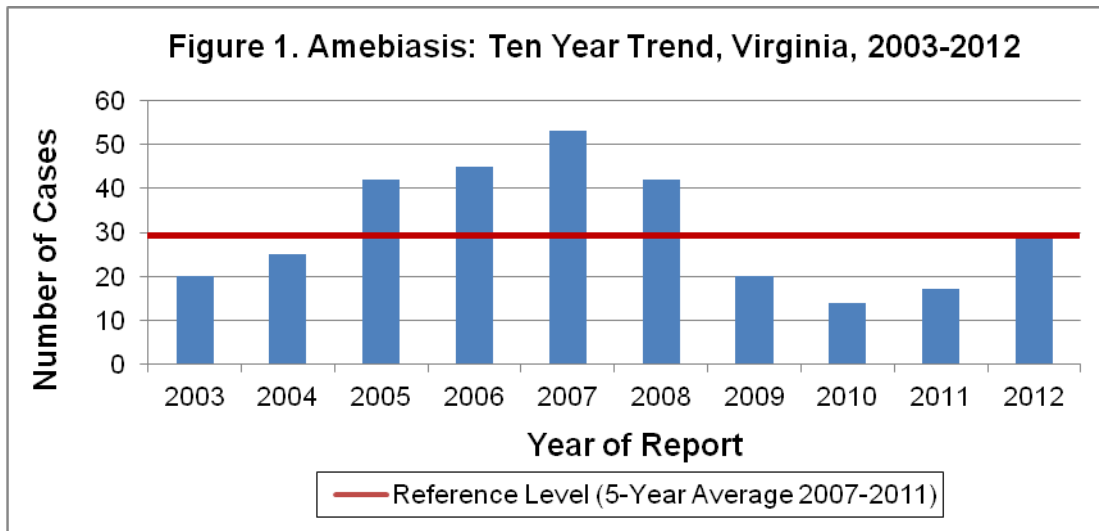
Agent: *Entamoeba histolytica* (parasite)

Mode of Transmission: Ingestion of food or water contaminated with amebic cysts or by fecal-oral contact with an infected person.

Signs/Symptoms: Most infections are asymptomatic. Symptomatic infections include diarrhea, which may become severe, bloody or contain mucus; lower abdominal pain; weight loss; fever; and chills. Diarrhea may alternate with periods of 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 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 or in people living in institutions with poor sanitary conditions. Invasive amebiasis is mostly a disease of young adults and is rare in children under five years of age.



Twenty-nine cases of amebiasis were reported in Virginia during 2012. This is 71% higher than the seventeen cases reported in 2011, but similar to the ten-year average of 29.2 cases per year. While more cases were reported in 2012 than 2011, there has been a general decrease from the peak in 2007 (Figure 1). One factor contributing to the overall decline is a change in the national surveillance 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 2012, the 20-29 year age group had the highest incidence rate (0.7 per 100,000). No cases were reported in the less than one year and 10-19 year age groups. Because information on race was missing for 83% of reported cases, no statement can be made about the distribution of amebiasis by race. Rates were higher in males (0.5 per 100,000) than females (0.2 per 100,000).

Twenty cases were reported in the northern health planning region, giving it the highest incidence rate of disease (0.9 per 100,000). The northwest and eastern health planning regions each reported four cases, with rates of 0.3 per 100,000 and 0.2 per 100,000, respectively. The central region reported one case (0.1 per 100,000), and no cases were reported from the southwest health planning region. While cases occurred throughout the year, the highest proportions were observed during the first and fourth quarters.