

## 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.

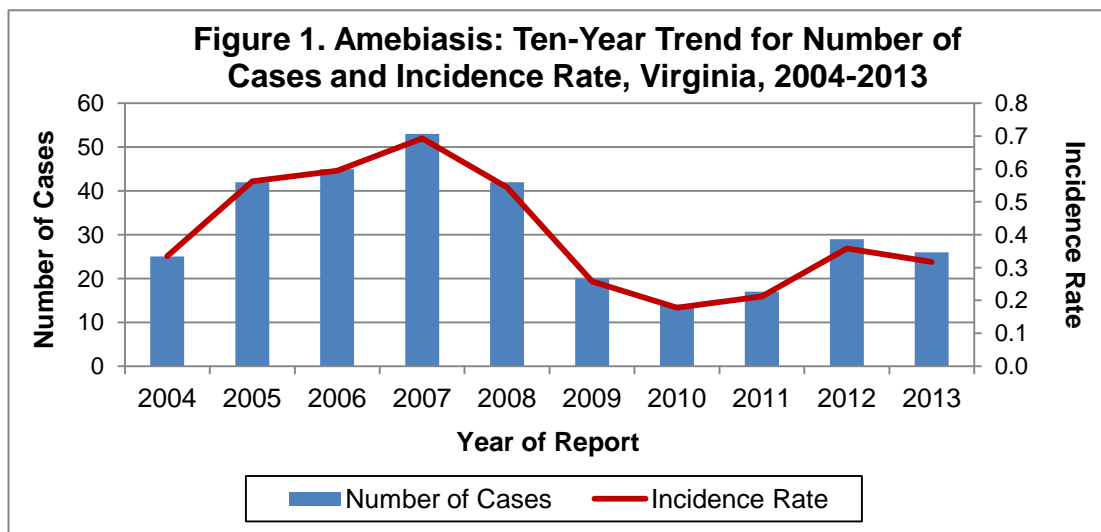
Signs/Symptoms: Most infections are asymptomatic. Symptomatic infections are often mild and can include diarrhea, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with diarrhea, which may be bloody or contain mucus; abdominal pain; fever; and chills. Diarrhea may alternate with periods of constipation. Symptoms may become chronic. Rarely, the parasite invades other body sites, such as the liver, lung, or brain and produces an abscess (collection of pus).

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.

<b>Amebiasis: 2013 Data Summary</b>	
Number of Cases:	26
5-Year Average Number of Cases:	24.4
% Change from 5-Year Average:	+7%
Incidence Rate per 100,000:	0.3

Twenty-six cases of amebiasis were reported in Virginia during 2013, which is just above the five-year average of 24.4 cases. One factor contributing to the overall decline in cases since the peak in 2007 (Figure 1) 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 2013, the highest incidence rate (0.5 per 100,000) was in the 1-9 and 40-49 year age groups. Because information on race was available for only 27% of reported cases, no conclusions can be drawn about the distribution of amebiasis by race. Rates were higher in males (0.5 per 100,000) than females (0.1 per 100,000).

The highest incidence rate occurred in the northern health planning region (0.8 per 100,000), followed by the eastern region (0.2 per 100,000) (see map below). The other three regions experienced an incidence rate of 0.1 per 100,000. While cases occurred throughout the year, the highest proportion was observed during the second quarter. No outbreaks or deaths attributed to amebiasis were reported in 2013 in Virginia.

## Amebiasis Incidence Rate by Locality Virginia, 2013

