

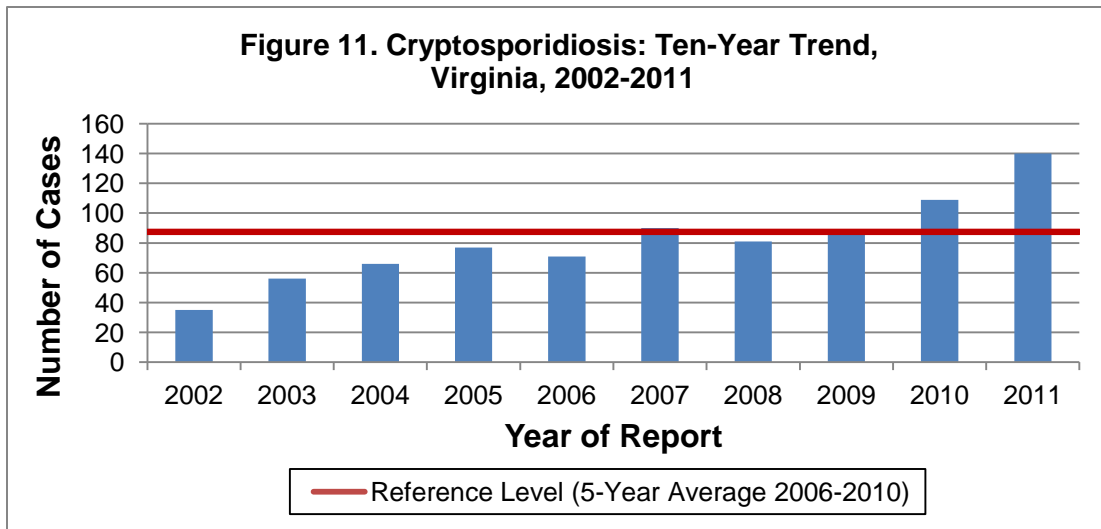
## Cryptosporidiosis

Agent: *Cryptosporidium parvum* (parasite)

Mode of Transmission: Occurs via the fecal-oral route and can include person-to-person, animal-to-person, foodborne and waterborne transmission. *Cryptosporidium* oocysts can remain infectious for 2-6 months after being excreted from infected individuals. The oocysts are very resistant to chemicals used to purify drinking water.

Signs/Symptoms: Profuse watery diarrhea with cramping and abdominal pain. The diarrhea may be preceded by anorexia and vomiting in children. Asymptomatic infections are common.

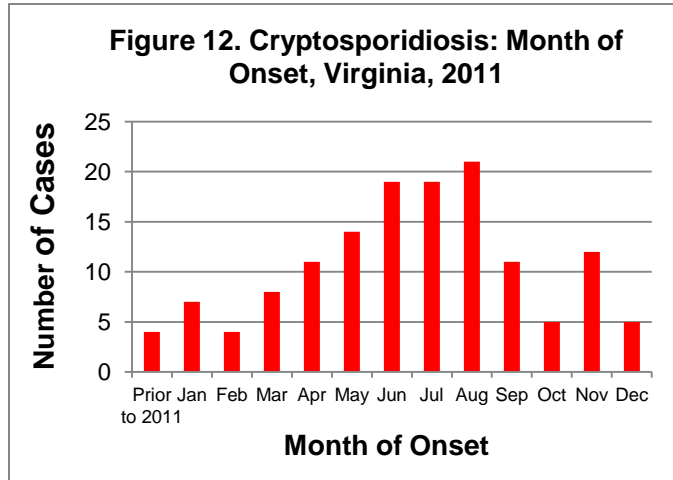
Prevention: Preventive measures include careful hand hygiene after using the bathroom, after changing diapers or cleaning a child who has used the bathroom, after handling animals or their feces, and before preparing and eating food. People with diarrhea should not enter public recreational water. Water purification methods, including boiling water or filtration, should be considered when drinking water from natural streams, lakes, springs or any unknown source.



In 2011, there were 140 cases of cryptosporidiosis reported in Virginia. This is a 28% increase compared to the 109 cases reported in 2010, and represents an increase of 60% over the five-year average of 87.4 cases per year (Figure 11). This reflects the general upward trend in reported cryptosporidiosis cases during the past decade in Virginia, and mirrors a national pattern.

In 2011, the highest incidence rates were observed in the 30-39 year and the 60 year and older age groups (2.3 per 100,000 for each). The other age groups had incidence rates from 1.0 to 2.1 cases per 100,000. Race was not reported for 26% of cases in 2011. Among cases with race information available, the rate was highest among the white population (1.5 cases per 100,000), followed by the black population (1.0 cases per 100,000) and the “other” race group (0.3 cases per 100,000). The rate of infection was slightly higher in females than males (2.0 and 1.5 per 100,000, respectively).

By region, the highest rate was reported from the northern region (2.3 per 100,000). The other regions had incidence rates ranging from 1.2 to 1.8 per 100,000, with the central health planning region having the lowest rate. A seasonal trend was observed with most cases being reported during the warmer months, peaking in the months of June through August (Figure 12). This increase of symptom onset during the summer months is also



seen nationally and is consistent with increased recreational water exposure, including public pools. The two most frequently reported risk factors were contact with animals and exposure to recreational waters (32 cases, 23% each). Other risk factors identified included international travel prior to illness onset, consumption of untreated water, and employment at a day care facility.