

Cryptosporidiosis

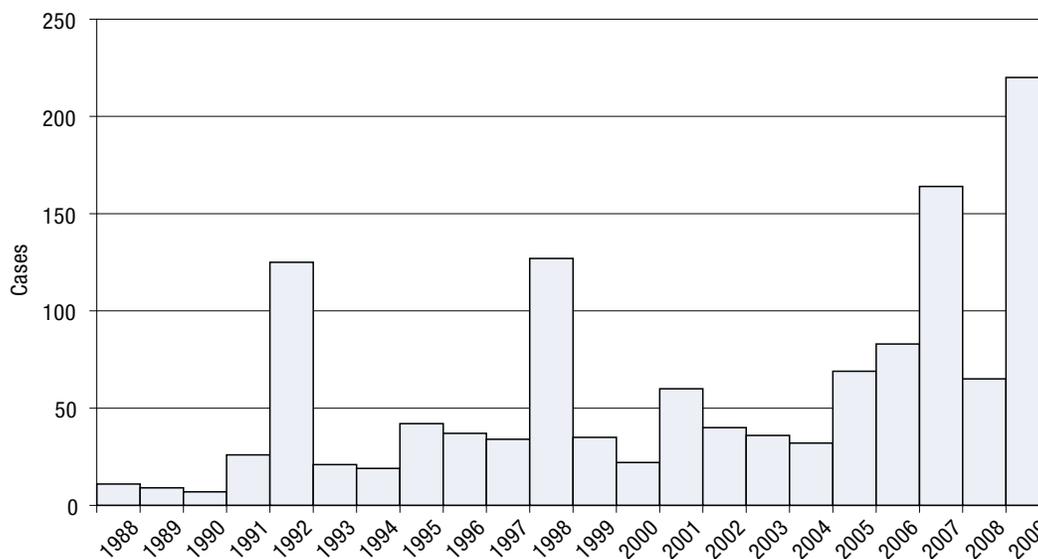
Cryptosporidiosis in humans results from infection with protozoal parasites in the genus *Cryptosporidium* — most commonly *C. hominis* or *C. parvum*. Symptomatic infections are characterized by watery diarrhea and abdominal cramps. Symptoms typically resolve in one to four weeks in immunocompetent persons. Infections can be difficult to control among the immunocompromised. Studies suggest that the prevalence of cryptosporidiosis among young children, particular those in large child care facilities, is surprisingly high. Many of these infections are asymptomatic.

In Oregon the rate of infection with *Cryptosporidium* has been increasing since 2005. In 2008, there was a lull in Oregon cases, however, the increase continued in 2009. New antigen tests for *Cryptosporidium*

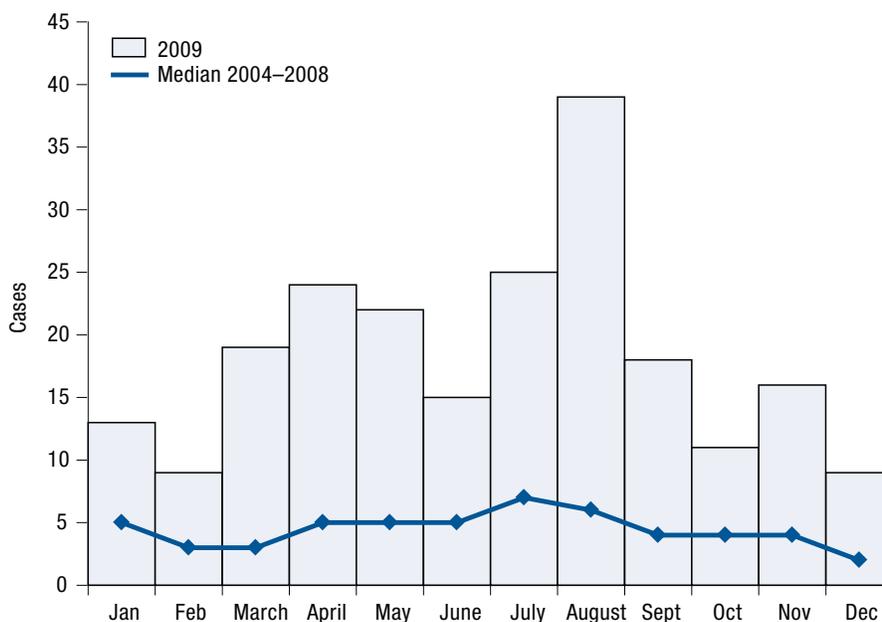
might be playing a role. In 2009, we had a record 220 cases. In 2007, the Oregon investigative guidelines were changed to reflect the increasing numbers of cases; previously, investigations were required only for abnormally high case counts. All cases will now be routinely investigated to identify the source of infection.

Given the number of asymptomatic and undiagnosed infections, surveillance data can be difficult to interpret. However, these data have been used to identify a number of outbreaks over the years, most commonly associated with child care or water (both drinking and recreational). In 2008 no outbreaks were investigated, in 2009 one outbreak (15 cases) occurred in a health care setting.

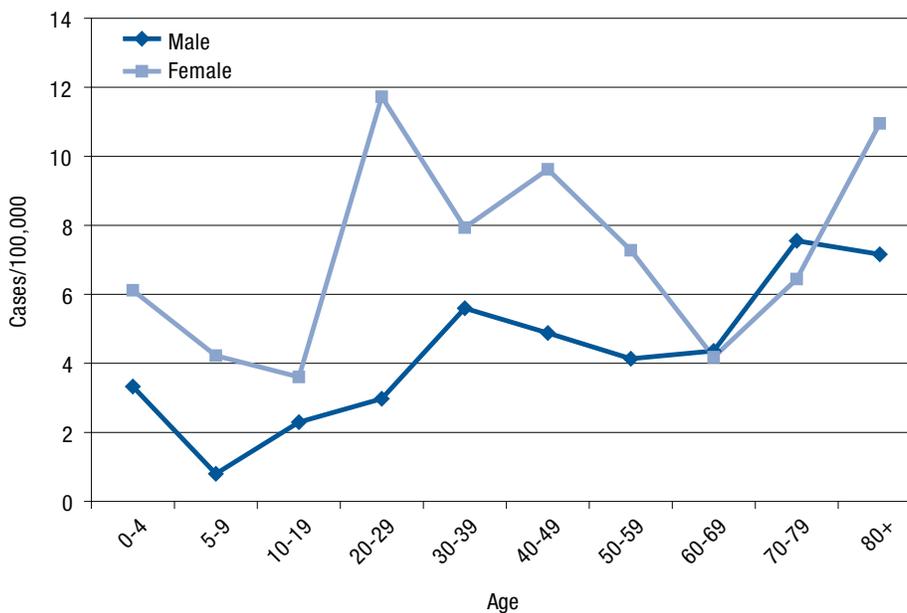
Cryptosporidiosis by year: Oregon, 1988–2009



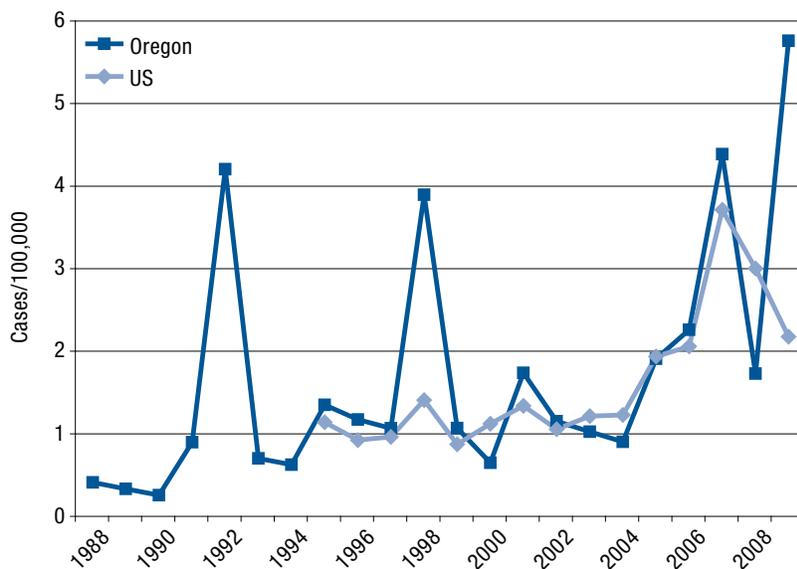
Cryptosporidiosis by onset month: Oregon, 2009



Incidence of cryptosporidiosis by age and sex: Oregon, 2009



Incidence of cryptosporidiosis: Oregon vs. nationwide, 1988–2009



Not nationally reportable until 1995.

Incidence of cryptosporidiosis by county of residence: Oregon, 2000–2009

