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Health Update: Increase in Reported Cryptosporidiosis Cases

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The San Francisco Department of Public Health (SFDPH) provides this guidance based on current information. For the most up-to-date information, visit www.sfcdcp.org. Recommendations may change, and SF recommendations may differ from those issued by Centers for Disease Control & Prevention (CDC) or California Department of Public Health (CDPH).

Situation: During January-April 2015, SFDPH received an unusually high number of case reports of Cryptosporidiosis. Most cases were homeless, many were HIV positive, and although several were hospitalized there were no deaths or severe complications reported, and no common source of infection was identified. In recent weeks, reports of Cryptosporidiosis have declined to more typical rates. The first quarter increase in reports may have been due to increased stool testing associated with a recent outbreak of Shigella diarrhea affecting the homeless population. The water supply in San Francisco is safe to drink due to the San Francisco Public Utilities Commission's watershed protection, treatment including ultraviolet light disinfection that specifically targets *Cryptosporidium*, and monitoring programs.

Background: Cryptosporidiosis infection may be sub-clinical, a mild diarrheal illness, or a severe enteritis with or without biliary tract involvement. Diarrhea may be associated with malaise, nausea, anorexia, abdominal cramping, and low fever. The illness usually resolves in 10-14 days without specific therapy. However, infection in elderly patients can lead to severe volume depletion and high case-fatality rates. In immune compromised hosts, especially those with CD4 <200/ μ L, the illness is more likely to be protracted and severe and can lead to malabsorption with significant wasting and hepatobiliary disease (cholecystitis, cholangitis, hepatitis, pancreatitis).

Recommendations: Diagnosis is typically based on stool microscopy. Stool diagnostic testing with PCR or ELISA may also be available through commercial laboratories. **If Cryptosporidiosis is suspected, the laboratory should be alerted to look specifically for *Cryptosporidium*, as routine stool O&P testing may not include the specific stains required to detect the spores.**

For immunologically healthy children and for adults with persistent symptoms, treatment with nitazoxanide may be appropriate. Patients with severe diarrhea may need aggressive replacement of fluid and electrolyte losses. For HIV-infected patients, immune reconstitution with antiretroviral therapy is central to recovery; treatment with nitazoxanide or paramomycin may also be considered.

Prevention involves good hand washing before eating or preparing food, proper disposal or disinfection of contaminated materials such as soiled bedding, and avoidance of unprotected direct oral/anal contact. Immunocompromised patients should avoid oral exposure to water from lakes, streams, and public pools or hot tubs. People with Cryptosporidiosis should avoid using public pools or hot tubs for at least 2 weeks after symptoms have resolved.

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.