<table>
<thead>
<tr>
<th>NC REPORTABLE DISEASE/CONDITION</th>
<th>NC DISEASE CODE</th>
<th>INFECTIOUS AGENT (S)</th>
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<tbody>
<tr>
<td>CRYPTOSPORIDIOSIS</td>
<td>56</td>
<td>Cryptosporidium parvum</td>
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</table>

**PREPARING FOR INVESTIGATION**

**KNOW THE DISEASE/CONDITION**

- Read about Cryptosporidiosis in the CD Manual.
- See the case definition for Cryptosporidiosis in the CD Manual.
- Refer to CDC MMWR: Cryptosporidiosis Surveillance - United States, 2003 - 2005; September 7, 2007; 56(SS07); pp 1-10. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5607a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5607a1.htm)
- Print and review reporting forms:
  - Part 1: Confidential Disease Report (DHHS 2124)
  - Part 2: Cryptosporidiosis (DHHS/EPI #56)

**CONDUCTING INVESTIGATION**

**COLLECT CLINICAL INFORMATION**

- Obtain admission note, progress note and discharge summary if patient hospitalized for this disease/condition.
- Obtain healthcare provider clinical notes from date(s) of service for this disease/condition.
- Look for evidence in the medical record that supports clinical findings described in the case definition.

**REVIEW LABORATORY INFORMATION**

- Obtain laboratory reports specific to this disease.
- Evaluate laboratory results to determine if requirements of the case definition are satisfied.

**APPLY THE CASE DEFINITION**

- Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.

**IMPLEMENTING CONTROL MEASURES**

**ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE**

- Review clinical documentation and interview patient or other knowledgeable person for potential source(s) of exposure:
  - ingestion of potentially contaminated drinking water/recreational waters (both natural and man-made)
  - ingestion of unpasteurized milk/dairy products, apple juice or other juices
  - ingestion of shellfish (oysters, clams, and mussels)
  - contact with animals
  - close/intimate contact with a known case or individual(s) with similar symptoms
  - contact with diapered child(ren) or adult(s)
**IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES**

- Use the CDC website [www.cdc.gov](http://www.cdc.gov) to teach at risk people about the disease.
- Contact your health department’s environmental health section if recreational water source (pool) is suspected. They may want to recommend “super chlorination” of the pool and closure until treatment is completed.
- If shellfish contamination is suspected, contact Environmental Health/Shellfish Sanitation Agency.
- If unpasteurized milk/dairy products or juice is suspected, contact local agricultural extension agent, state public health veterinarian (919) 733-3419 and North Carolina Department of Agriculture (NCDA) for assistance.
- Advise ill foodhandlers/child care/healthcare workers that they must not work until symptoms have resolved.
- Exclude infected children from daycare facilities until diarrhea resolves. Consider the testing of other symptomatic contacts in the facility.

**REPORTING INVESTIGATION**

**REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)**

- Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event.
- Assign event to State Disease Registrar when case investigation complete.
- Do an “Event_Print” in NC EDSS after assigning to the state. Keep for one year along with any additional notes. Maintain as a surveillance file, not a medical record.

**CASE FINDING**

- During the course of the investigation, look for symptoms of the disease in other exposed individuals (diarrhea, abdominal cramping, fever, nausea, vomiting, and weight loss).
- Refer symptomatic individuals to healthcare provider for evaluation.
- Testing for cryptosporidiosis must be specifically ordered, it is not usually included in routine examination for ova and parasites.
- If two or more cases are found that are epidemiologically linked, report as an outbreak of cryptosporidiosis.
- If indicated, submit outbreak summary report within 30 days from close of outbreak.

**SPECIAL CONSIDERATIONS**

**IMMUNOCOMPROMISED**

- Cryptosporidiosis may cause life-threatening illness in those who are immunocompromised.
- Look for evidence of HIV/AIDS or immunocompromised state in medical record; query patient about this because cryptosporidiosis may be a recurrent disease in immunocompromised persons.
| **COMMUNICABILITY** | • Waterborne cases/outbreaks may be associated with exposure to contaminated natural or man-made recreational water, including chlorinated recreational water. Contamination of recreational water and private or public water supplies by livestock waste should be evaluated when indicated from exposure history.
• Oocysts may be excreted in stools for several weeks after symptoms have resolved. They may remain infective for 2–6 months outside the body in a moist environment. Good hygiene should be strongly encouraged. |
| **FOODBORNE TRANSMISSION** | • Foodborne cases/outbreaks are possible and have been linked to unpasteurized juices, apple cider, and shellfish. |
| **RISK COMMUNICATION** | • Consider using risk communication tools conservatively if this is a low profile, naturally-occurring case.
• Outbreaks may need NC HAN alerts, EPI-X reports, MD alerts and probably a press release.
• NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed. |