

CRYPTOSPORIDIOSIS

Cryptosporidium parvum

- Enteric parasite
- One of the three most common diarrhea-causing pathogens in the world

Prevalence

- Found in most parts of the world
- Most prevalent in Asia, Africa, Australia, South America
- Antibody prevalence in Peru and Venezuela – 64%
- 32% in Peace Corps workers
- More prevalent in rural areas of U.S.
 - More animal contact



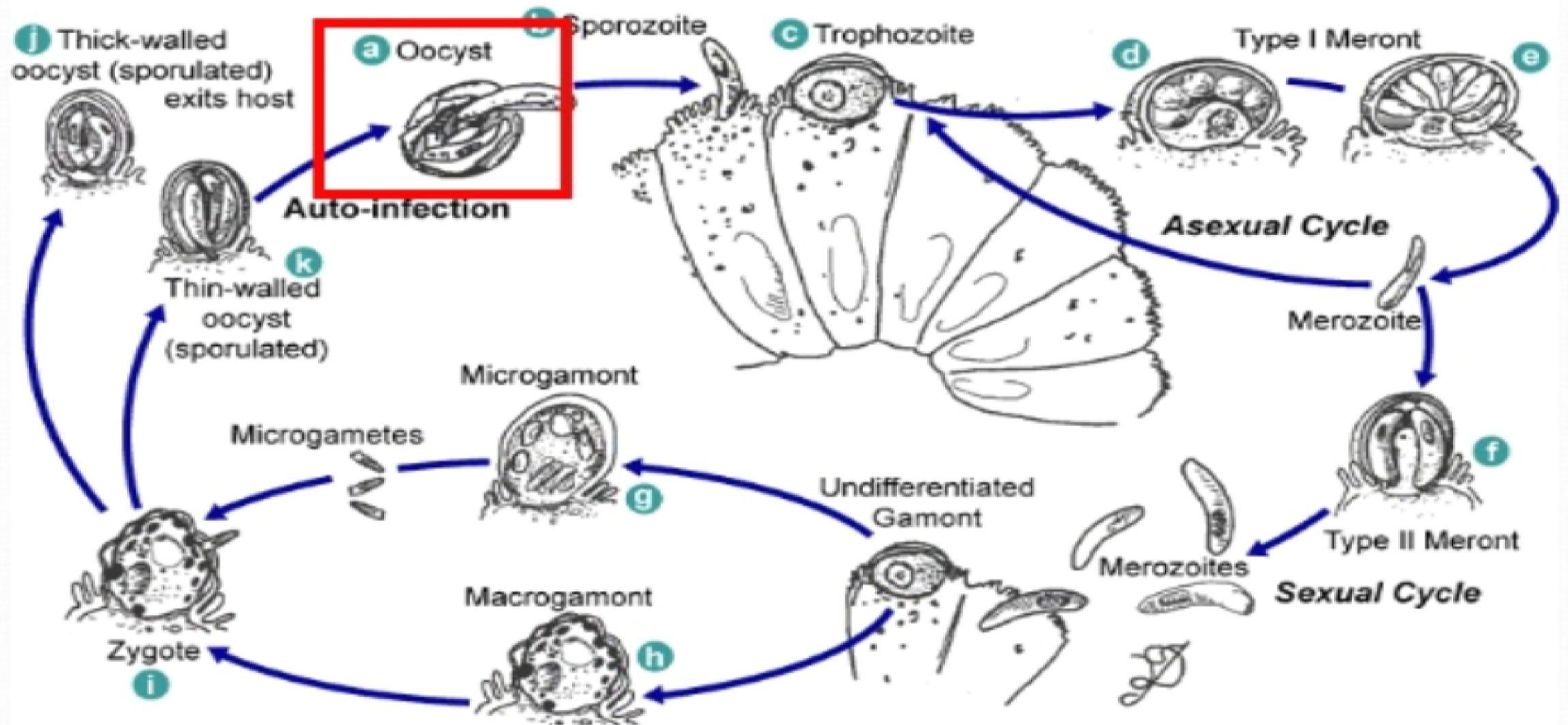
Transmission

- Fecal-oral route
- Fomites
- Water
 - Drinking water (even after treatment)
 - Swimming pools
- Unpasteurized Apple Cider
- Animal contact
- Food

Infectivity

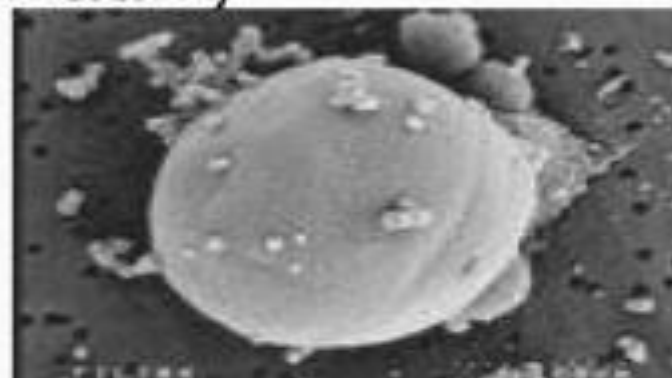
- *C. parvum* has a low ID₅₀ (9-1000 oocysts)
- Can be infected by just one oocyst
- 10 billion oocysts per gram infected feces

Life Cycle



Oocyst

- Double walled
 - Resistant to chlorine, drying, progressive freezing, salt water
- Only stage in life cycle that can live ex vivo
- Imbeds itself in gut epithelium and releases sporozoites
- Reproduction continues sexually and asexually



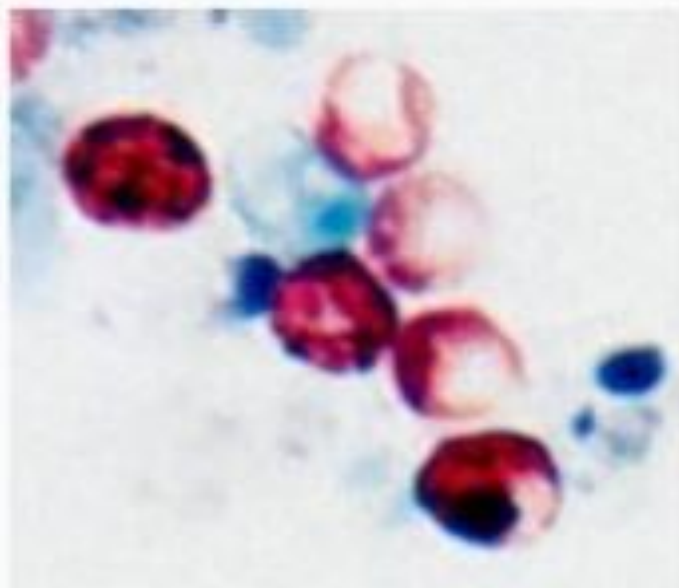
Clinical Characteristics

- Secretory diarrhea (some mucous, but no blood)
- Slight fever, fatigue, myalgia
- Oocysts may infect the lungs and trachea, resulting in cough
- Dehydration and extreme weight loss in immunocompromised



Detection

- Acid-fast stain of infected feces
- Direct immunofluorescence antibody stain using monoclonal antibody to oocyst wall



<http://www.dpd.cdc.gov/>

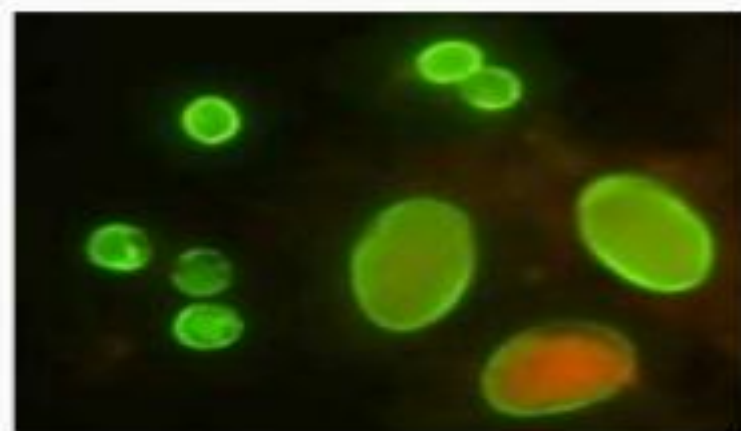
Treatment

- Nitazoxanide
 - Interferes with folate production
 - Prevents parasite replication
- Immunocompetent
 - *C. parvum* will usually pass on its own
- Immunocompromised
 - AIDS patients: treat with antiretrovirals and strengthen immune system, no cure
 - Others: would not benefit from antiretrovirals; keep hydrated



Prevention

- Water filtration
 - Filters must be $<1 \mu\text{m}$ to filter oocyst
- Swimming pools
 - Must be drained if infected fecal accident
- Pasteurization
- Hand washing
 - Particularly in daycares



C. Parvum (left) and *Giardia intestinalis* (right)