CRYPTOSPORIDIOSIS

PINWORMS

HEPATITIS A

Saginaw County
HEALTH DEPARTMENT

FALL 2019

COMMUNICABLE DISEASE NEWSLETTER

CRYPTOSPORIDIOSIS

DISEASE

Cryptosporidiosis is an illness that is caused by a tiny, one-celled parasite. When the crypto parasite enters the body, it travels to the small intestine and burrows into the intestinal wall. The parasite is then shed in animal or human feces.

SYMPTOMS

Within 1 week of infection symptoms will include: watery diarrhea, abdominal cramping, nausea, vomiting, fever, dehydration, lack of appetite, fatigue and weight loss. Symptoms may last 2-4 weeks, resolve and then return. Some people are asymptomatic.

COMMUNICABILITY

Transmission is fecal oral. A person can be infected by touching anything that has come in contact with contaminated feces. Crypto parasites are very hardy and are resistant to most chlorine-based disinfectants. The parasite can also survive in the environment for many months. Crypto can only be destroyed by freezing or boiling. The parasite is transmitted by contaminated water, food, any surface, object or close close contact with an infected person or animal.

TREATMENT

Anti-parasitic drugs are used to treat symptoms: Nitazoxanide (Alinia) is a medication that will alleviate diarrhea by attacking the metabolic process of the parasite. In addition, patients with compromised immune systems may also be given Azithromycin (Zithromax). Parasites continue to be shed up to 2 weeks after treatment and symptoms have resolved.

PREVENTION

Cryptosporidiosis is very contagious. Prevention includes constant good hygiene: proper hand washing with hot water and soap for 20 seconds. Hand sanitizers **do not** work. Wash all fruits and vegetables that will be eaten raw. Only drink municipal purified water. If unsure of water safety, boil the water for 1 full minute before consuming. Avoid swimming in contaminated water and do not swallow unsafe water. Handle animals with care and wash hands thoroughly after contact. Avoid fecal exposure during sexual activity.

REFERENCE

ww.cdc.gov

PINWORMS

DISEASE

Pinworm infection is caused by a small, thin, white roundworm called Enterobius vermicularis or pinworm. Pinworms are about the length of a staple and can be seen with the naked eye as a tiny white thread. The male worm measures 2-4 mm in length, while the female measures 8-12 mm. While an infected person sleeps, female pinworms leave the intestine through the anus and deposit their eggs on the surrounding skin. Pinworm infection occurs most commonly among school-aged and preschool-aged children, institutionalized persons, household members and caretakers of persons with pinworm infection.

SYMPTOMS

Infection from pinworms can range from asymptomatic to recurrently symptomatic. The most common clinical feature is perianal itching which may lead to disturbed sleep, irritability and secondary infection of scratched skin. The symptoms are caused by the female pinworm laying her eggs.

COMMUNICABILITY

Pinworm infection is spread by the fecal-oral route. The infective pinworm eggs are transferred from the anus to someone's mouth, either directly by hand or indirectly through contaminated clothing, bedding, food or other articles. Eggs become infective within a few hours after being deposited on perianal skin and can survive 2-3 weeks outside the host. People become infected by ingesting infective pinworm eggs that are on fingers, under fingernails, on clothing, bedding or other contaminated objects and surfaces. Larvae from ingested eggs then hatch in the small intestine. Dust borne infection is possible in heavily contaminated households.

TREATMENT

Diagnosis of pinworm infection is made by identifying the worm or its eggs. Worms can sometimes be seen in the perianal region 2-3 hours after the infected person goes to sleep. Pinworm eggs can be collected and examined using the "tape test" as soon as the person wakes up, before the person bathes, goes to the toilet or gets dressed so the eggs are removed from the skin. This test is completed by applying transparent adhesive tape to the perianal region and examining the tape for eggs under a microscope. The "tape test" should be completed three consecutive mornings to increase the chance of finding pinworm eggs.

Pinworm infection can be treated with prescription or over the counter medication. Treatment involves two doses of medication with the second dose being given 2 weeks after the first dose. All household contacts and care takers of the infected person should be treated at the same time. Good hand hygiene is essential. Daily morning showering and daily changing of underwear helps remove a large proportion of eggs. Careful handling (avoid shaking) and frequent laundering of underclothes, night clothes, towels and bed sheets using hot water also helps reduce the chance of infection and reinfection.

PREVENTION

Strict observance of good hand hygiene is the most effective means of preventing pinworm infection. This includes washing hands with soap and warm water after using the toilet, changing diapers and before handling food. Fingernails should be kept clean and short. Nail biting and perianal scratching should also be avoided.

REFERENCE

https://www.cdc.gov/parasites/pinworm/
Control of Communicable Diseases Manual 20th Edition 2015. David Heymann, MD, Editor. Pages 187-189.

HEPATITIS A

DISEASE

Hepatitis A is caused by a virus that infects liver cells and causes inflammation, thereby affecting how the liver functions works. Unlike other types of viral hepatitis, hepatitis A does not cause long-term liver damage, and it doesn't become chronic. However, in rare cases, hepatitis A can cause a sudden loss of liver function, especially in older adults or people with chronic liver diseases, which requires a stay in the hospital for monitoring and treatment. Some people with acute liver failure may need a liver transplant.

SYMPTOMS

Symptoms of hepatitis A can last up to 2 months. Some individuals may have prolonged or relapsing disease for up to 6 months. Most infections in children younger than 6 years of age (70%) are not accompanied by symptoms. If young children do become symptomatic, jaundice (the classic symptom) is not present. Among older children and adults, infection is typically symptomatic. Approximately 70% of older children and adults will experience an abrupt onset of the following:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Diarrhea
- Clay-colored bowel movements
- Joint pain
- Jaundice

COMMUNICABLITIY

Hepatitis A virus (HAV) is highly contagious and can live outside of the body for months, depending on the environmental conditions. HAV is transmitted from person-to-person via the fecal-oral route – most commonly ingesting something that has been contaminated with the feces of an infected person. HAV is also transmitted through close personal contact with infected persons and among men who have sex with men and injecting drug users. The average incubation period for HAV from infection to onset of disease is approximately 28 days.

TREATMENT

Unvaccinated people who have been exposed to the HAV should get the hepatitis A vaccine or a dose of immune globulin within 2 weeks of exposure to prevent severe illness. For individuals who have become ill, symptom management may include rest, adequate nutrition, fluids and possibly hospitalization.

PREVENTION

The best prevention against hepatitis A is vaccination. A vaccine series consists of two (2) age appropriate doses administered at a 6 month interval. For more information on hepatitis A disease or vaccination, contact your primary care provider or the Saginaw County Health Department's Immunization Program at (989) 758-3840 or visit the website at www.saginawpublichealth.org.

REFERENCES

Hepatitis A. https://www.cdc.gov/hepatitis/hav/index.htm
Hepatitis A Questions and Answers for the Public. https://www.cdc.gov/hepatitis/hav/afaq.htm

COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
FOR THE QUARTER
0701/2019-09/30/2019

Disease	No. Reported
AIDS, AGGREGATE	0
CAMPYLOBACTER	7
CHIKUNGUNYA	0
CHLAMYDIA (Genital)	289
CRYPTOSPORIDIOSIS	12
FLU LIKE DISEASE	425
GASTROINTESTINAL ILLNESS	182
GIARDIASIS	2
GONORRHEA	205
HEAD LICE	10
HEPATITIS B ACUTE	0
HEPATITIS B CHRONIC	3
HEPATITIS C ACUTE	0
HEPATITIS C CHRONIC	12
INFLUENZA	1
LEGIONELLOSIS	4
MENINGITIS-ASEPTIC	5
MENINGITIS-BACTERIAL OTHER	2
MUMPS	0
PERTUSSIS	0
RABIES-ANIMAL	0
RABIES: POTENTIAL EXPOSURE & PEP	14
SALMONELLOSIS	3
SHIGELLOSIS	0
SHINGLES	0
STREP THROAT	60
STREPTOCOCCUS PNEUMONIA, INVASIVE	4
SYPHILLIS-LATE LATENT	0
TUBERCULOSIS	0
VZ INFECTION, UNSPECIFIED	2
YERSINIA ENTERITIS	0
ZIKA	0

COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY

01/01/2019-09/30/2019

Disease	No. Reported
AIDS, AGGREGATE	0
CAMPYLOBACTER	14
CHIKUNGUNYA	0
CHLAMYDIA (Genital)	969
CRYPTOSPORIDIOSIS	24
FLU LIKE DISEASE	4674
GASTROINTESTINAL ILLNESS	2199
GIARDIASIS	6
GONORRHEA	493
HEAD LICE	187
HEPATITIS B ACUTE	1
HEPATITIS B CHRONIC	3
HEPATITIS C ACUTE	0
HEPATITIS C CHRONIC	58
INFLUENZA	51
LEGIONELLOSIS	6
MENINGITIS-ASEPTIC	7
MENINGITIS-BACTERIAL OTHER	3
MUMPS	0
PERTUSSIS	2
RABIES-ANIMAL	0
RABIES: POTENTIAL EXPOSURE & PEP	69
SALMONELLOSIS	11
SHIGELLOSIS	0
SHINGLES	1
STREP THROAT	230
STREPTOCOCCUS PNEUMONIA, INVASIVE	20
SYPHILLIS-LATE LATENT	0
TUBERCULOSIS	1
VZ INFECTION, UNSPECIFIED	7
YERSINIA ENTERITIS	1
ZIKA	0

Saginaw County
HEALTH DEPARTMENT

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