

# Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

**Disease: Cryptosporidiosis**

Effective: February 2019

# Cryptosporidiosis

## 1.0 Provincial Reporting

Confirmed and probable cases of disease

## 2.0 Type of Surveillance

Case-by-case

## 3.0 Case Classification

### 3.1 Confirmed Case

Laboratory confirmation of infection, with or without clinically compatible signs and symptoms, from an appropriate clinical specimen (e.g., stool, intestinal fluid, small bowel biopsy):

- Demonstration of *Cryptosporidium* oocysts;  
**OR**
- Detection of *Cryptosporidium* deoxyribonucleic acid (DNA);  
**OR**
- Demonstration of *Cryptosporidium* antigen by an approved method (e.g., enzyme immunoassay [EIA], immunochromatographic test [ICT]).

### 3.2 Probable Case

Clinically compatible signs and symptoms in a person with an epidemiologic link to a laboratory-confirmed case.

## 4.0 Laboratory Evidence

### 4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of Cryptosporidiosis:

- Positive for *Cryptosporidium* oocysts;
- Positive for *Cryptosporidium* DNA; or
- Positive for *Cryptosporidium* antigen.

### 4.2 Approved/Validated Tests

- Microscopy;
- Direct fluorescent antibody (DFA);
- Nucleic acid amplification test (NAAT) for *Cryptosporidium*; and
- *Cryptosporidium* immunoassays (EIA, ICT).

### 4.3 Indications and Limitations

- *Cryptosporidium* oocysts can be recovered from microscopic examination of concentrated material from fecal specimens but it is difficult when the number of oocysts is low.
- Trichrome and iron haematoxylin stains are not the methods of choice. Auramine-rhodamine stains may be useful for screening.
- Presumptive identification should be confirmed by modified acid fast stains (e.g., Safranin) or immunoassays.
- While *Cryptosporidium parvum* and *Cryptosporidium hominis* are the leading causes of cryptosporidiosis, other species are known to cause diarrheal illness in immunocompromised individuals.

## 5.0 Clinical Evidence

Clinically compatible signs and symptoms are characterized by diarrhea (often profuse and watery), abdominal cramps, anorexia, fever, nausea, general malaise, and vomiting.

## 6.0 ICD 10 Code(s)

A07.2 Cryptosporidiosis

## 7.0 Sources

Acha P, Szyfres B. Zoonoses and Communicable Diseases Common to Man and Animals. Vol. 3. 3 ed. Washington, DC: Pan American Health Organization; 2003.

Centers for Disease Control and Prevention. National Notifiable Disease Surveillance System: Cryptosporidiosis (*Cryptosporidium* spp.) - 2012 Case Definition [Internet]. Atlanta, GA: U.S. Department of Health & Human Services; 2012 [cited December 5, 2014]. Available from: <https://wwwn.cdc.gov/nndss/conditions/cryptosporidiosis/case-definition/2012/>

Heymann DL, editor. Control of Communicable Diseases Manual. 20 ed. Washington, D.C: American Public Health Association; 2015.

Public Health Agency of Canada. Cryptosporidiosis. In: Case Definitions for Communicable Diseases under National Surveillance. Canada Communicable Disease Report. 2009;35S2.

## 8.0 Document History

Table 1: History of Revisions

Revision Date	Document Section	Description of Revisions
April 2015	General	New template. Section 9.0 Document History added

<b>Revision Date</b>	<b>Document Section</b>	<b>Description of Revisions</b>
April 2015	4.2 Approved/ Validated Tests	Entire section revised.
April 2015	8.0 Sources	Title changed from "References" to "Sources". Sources updated.
February 2019	General	Minor revisions were made to support the regulation change to Diseases of Public Health Significance

