

TIP SHEET for *Cryptosporidium* Case Investigations

- **Disease:** *Cryptosporidium* is a parasite that causes illness known as cryptosporidiosis. *Cryptosporidium* is shed in the stool of an infected person or animal. Individuals become infected after accidentally swallowing the parasite. Cryptosporidiosis symptoms include watery diarrhea, abdominal cramps, fatigue, fever, vomiting, anorexia, and weight loss; infection can also be asymptomatic.
- **Transmission & Incubation Period:** *Cryptosporidium* is commonly acquired by swallowing contaminated recreational water (e.g., ponds, lakes, pools, splash pads). It can also be transmitted through contact with infected animals, consumption of contaminated food such as unpasteurized/raw apple cider or milk, and via person-to-person contact (especially in childcare facilities or via sexual contact). *Cryptosporidium*'s hard outer shell makes it chlorine tolerant (e.g., it can persist in properly chlorinated pools) and prevents alcohol-based sanitizer from effectively killing it. The incubation period for cryptosporidiosis is usually 2 to 10 days. Individuals with cryptosporidiosis should avoid recreational water use for 2 weeks after diarrhea has resolved.

<p style="text-align: center;">①</p> <p style="text-align: center;">Notification</p>	<ul style="list-style-type: none"> • LBOHs have primary responsibility to investigate cases of cryptosporidiosis in their jurisdiction. New cases will flow into your "LBOH Notification for Routine Disease" workflow.
<p style="text-align: center;">②</p> <p style="text-align: center;">Get Prepared</p>	<ul style="list-style-type: none"> • Familiarize yourself with the disease: MDPH Fact Sheets, MDPH Guide to Surveillance • Review foodhandler exclusion criteria from 105 CMR 300 for cases and their household contacts. Implementing the Exclusion of Food Handlers with Reportable Conditions A food handler is defined as any person directly preparing or handling food; any person handling clean dishes or utensils; any person who dispenses medications by hand, assists in feeding, or provides mouth care. <ul style="list-style-type: none"> ▪ In healthcare: this includes those who set up trays for patients to eat, feed or assist patients in eating, give oral medications or give mouth/denture care. ▪ In child care programs, schools, and community residential programs: this includes those who prepare food for clients to eat, feed or assist clients in eating, or give oral medications. • Review demographic and laboratory information available in MAVEN for the case.
<p style="text-align: center;">③</p> <p style="text-align: center;">Contact Ordering Provider</p>	<ul style="list-style-type: none"> • The name and facility of the ordering provider can be found in the lab tab in the case's MAVEN event. If ordering provider is a hospital, reach out to the hospital Infection Preventionist. • During call with provider's office: <ul style="list-style-type: none"> ○ Confirm case's contact information, collect additional phone number(s) or email address ○ Obtain symptom onset date and clinical presentation ○ Collect information on any potential exposures identified during visit (e.g., travel) ○ Request case's occupation and employer, if available ○ Ask if the case has been informed of their diagnosis • If the ordering provider cannot be reached in a timely manner, proceed to case interview.
<p style="text-align: center;">④</p> <p style="text-align: center;">Contact Case</p>	<ul style="list-style-type: none"> • Introduce yourself, why you are calling, what you will use information for, and who has access to the information they provide. • Complete all questions in the Demographic and Clinical question packages. • Complete all questions in the Risk/Exposure question package for the 14 days prior to symptom onset. <ul style="list-style-type: none"> ○ To improve recall of recreational water or animal exposures, as well as other exposures they may have had, ask the case to review their work and/or personal calendars, credit card or bank statements, and photos on their phone.

<p>⑤ Prevent Further Transmission</p>	All	<ul style="list-style-type: none"> Wait 2 weeks after diarrhea has stopped before participating in recreational water activities.
	Food handlers	<ul style="list-style-type: none"> If individual meets the 105 CMR 300 definition of a food handler (see definition in “Get Prepared” above), they must be excluded from food handling duties until meeting clearance criteria: <ul style="list-style-type: none"> In non-outbreak circumstances: after diarrhea has resolved, one negative stool specimen produced 48 hours after completion of any antimicrobial therapy. Implementing the Exclusion of Food Handlers with Reportable Conditions
	Child care	<p>Exclusion:</p> <ul style="list-style-type: none"> Most staff in child care programs are considered food handlers. Staff should be excluded following food handler criteria above. Children should be excluded until diarrhea has resolved, and in accordance with child care program’s illness policy. <p>Identify if there is an outbreak at the facility:</p> <ul style="list-style-type: none"> Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if others are experiencing similar illness.
	Long-term care	<p>Exclusion & precautions:</p> <ul style="list-style-type: none"> Staff who meet the definition of a food handler should be excluded following food handler criteria above. Residents should be placed on standard plus contact precautions for the duration of their illness. Infection Prevention in Long Term Care: Gastrointestinal Illness <p>Identify if there is an outbreak at the facility:</p> <ul style="list-style-type: none"> Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if others are experiencing similar illness.
<p>⑥ Notify DPH as Needed</p>	<ul style="list-style-type: none"> Suspected outbreaks are reportable to MDPH within 24 hours. If case investigation indicates that two or more people from different households became ill with similar symptoms after a common exposure, notify the Division of Epidemiology: (617) 983-6800. 	
<p>Other Notes</p>	<ul style="list-style-type: none"> It is recommended that three call attempts are made at different times of day to reach a case for interview. Consider texting or emailing a case requesting a call back if they are not responsive. <ul style="list-style-type: none"> If a case cannot be reached, the following information should be collected from the ordering provider before closing out the case: symptom onset and clinical presentation, occupation and employer, and any exposure information available in the medical notes. Completion of all exposure questions in the MAVEN Risk Question Package is essential for detecting outbreaks and preventing further transmission. Many exposure questions for this disease will appear as child questions based upon specific answers in earlier questions. 	
<p>Additional Resources</p>	<ul style="list-style-type: none"> May 2022 webinar: Introduction to Enteric (Gastrointestinal Illness) Disease Case Investigations Slides, Recording August 2022 webinar: Overview & Updates to <i>Cryptosporidium</i> & <i>Shigella</i> Case Investigations Slides, Recording MDPH Division of Epidemiology: (617) 983-6800 	