

Health Advisory: Cryptosporidiosis in Waterpark

Minnesota Department of Health Aug 19, 2016 14:00 CDT

Action Steps:

Local and tribal health departments: Please forward to clinics and hospitals in your jurisdiction.

Hospital and clinics: Please distribute to healthcare professionals who might treat patients with vomiting and diarrhea. **Healthcare providers:**

- Ask patients with diarrhea about swimming in the 2 weeks prior to onset.
- Test for Cryptosporidium in patients with diarrhea and swimming exposure in the 2 weeks prior to onset.
- Confirm diagnosis using traditional methods rather than rapid assays.
- Exclude patients with symptoms of cryptosporidiosis from swimming or bathing together until their symptoms have been resolved for at least 2 weeks.
- Report all cases of Cryptosporidium to MDH at 1-877-676-5414 (toll-free) or 651-201-5414.

Summary

The Minnesota Department of Health (MDH) has recently identified an outbreak of cryptosporidiosis associated with the River Springs Waterpark in Owatonna. Ten ill individuals have been identified so far. These cases have occurred in residents of multiple counties in southeastern Minnesota.

Symptoms of cryptosporidiosis can include watery diarrhea, stomach cramps, vomiting, loss of appetite, weight loss, and fever (low grade). People typically become ill 2 to 14 days after being exposed to the parasite. Most people recover in approximately 1 to 2 weeks; however, they will continue to shed the parasite in their stools for at least 2 weeks following the resolution of symptoms. Approximately 10-15% of individuals infected with *Cryptosporidium* require hospitalization for their illness. Illness can be especially severe or prolonged in immunocompromised individuals.

Anyone who has experienced a diarrheal illness after swimming at the waterpark or other bodies of water and is concerned about their symptoms should consult their health care provider. Clinical specimens that test positive for *Cryptosporidium* should be forwarded to the MDH Public Health Laboratory for subtyping.

Low positive predictive values have been observed when using rapid assays for the diagnosis of cryptosporidiosis. Even though rapid assays can be used as a screening test in higher prevalence populations, positives should be confirmed with traditional methods. Additional information can be found at http://www.journals.uchicago.edu/doi/pdf/10.1086/651423.

Because *Cryptosporidium* can be spread so easily through water, people who have symptoms of cryptosporidiosis should not go swimming or bathe with others while they have diarrhea and for 2 weeks following the resolution of their symptoms.

For more information on of *Cryptosporidium*, please refer to the MDH site at: http://www.health.state.mn.us/divs/idepc/diseases/cryptosporidiosis/index.html

Questions on the prevention of *Cryptosporidium* can be directed to the MDH Waterborne Diseases Unit at 651-201-5414 or 1-877-676-5414.

A copy of this HAN is available in PDF and Word format at www.health.state.mn.us/han/.

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