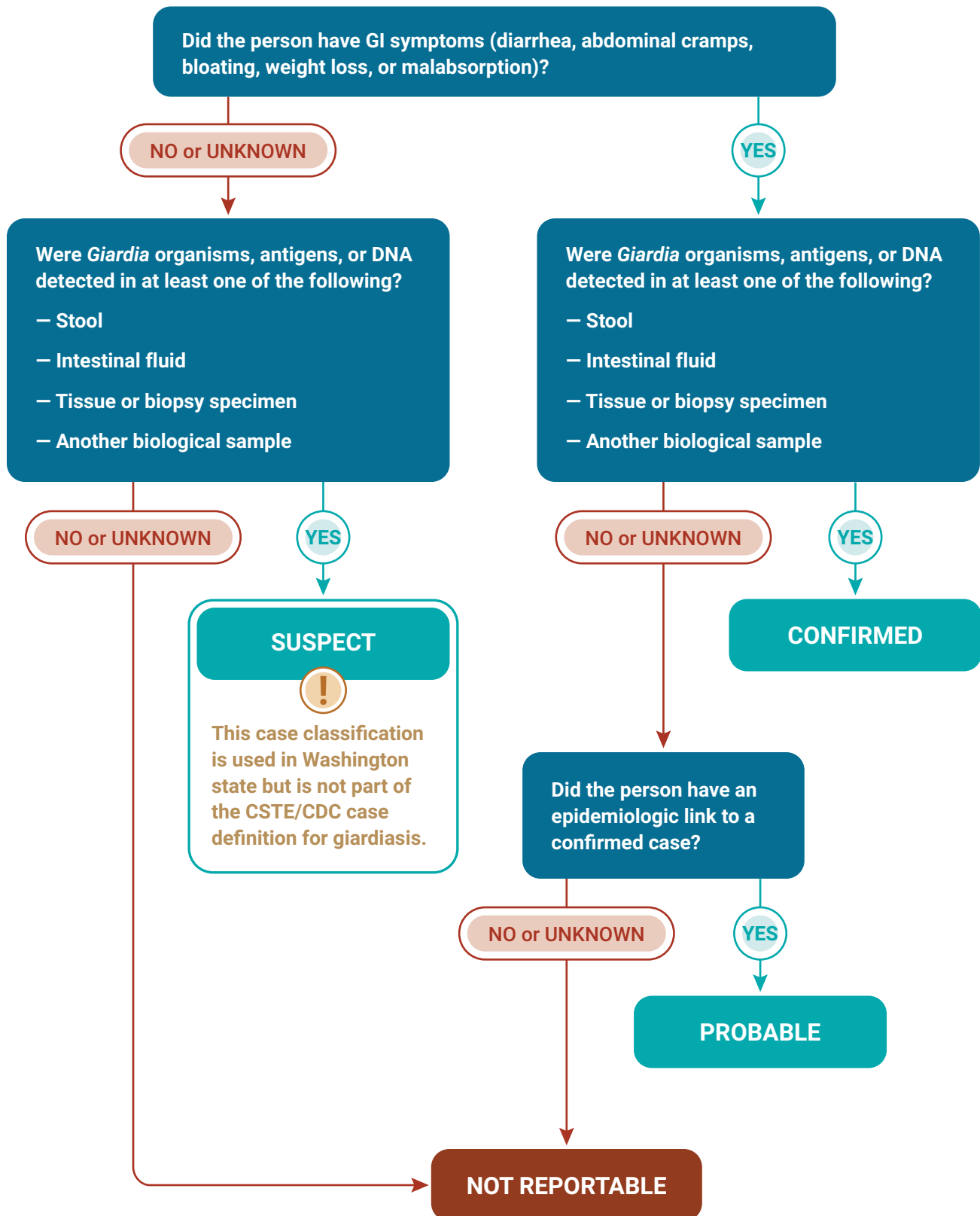


Algorithm for Case Classification: Giardiasis



Frequently Asked Questions and Answers

What kind of laboratory testing is available?

- Microscopic visualization of trophozoites or cysts in stool, intestinal fluid, or tissue
- PCR
- DFA (direct fluorescent antibody) testing
- EIA (enzyme immunoassay) or PCR may also be used for diagnosis

Are household pets a common source of giardiasis in humans?

No, the type of *Giardia* that infects humans is not usually the same type that infects dogs and cats.

Are asymptomatic cases notifiable?

A case in which there has been laboratory detection of *Giardia* but no illness matching the clinical description, or in which clinical information is not available, is considered a suspected case and should be reported, but is not nationally notifiable. This classification is not part of the CDC/CSTE case definition and is specific to Washington.

What is an example of an epidemiologic link?

- Contacts or household members are Confirmed or Probable cases
- Shared source of potentially contaminated drinking or recreational water, or meals from restaurants or other food services
- Shared contact with animals (pets, wildlife, cattle, etc.)

Are there any clues to determine if the test was microscopy versus a PCR/Nucleic Acid test?

For PCR tests, the description of the test will often include the words “detected,” “DNA,” “NAT,” “NAAT” or “GI Panel.” PCRs are done on stool.

What should be reported?

Immediately report a suspected outbreak.

If an outbreak is suspected, also report symptomatic persons without laboratory results who shared the exposure with a Confirmed or Probable case.