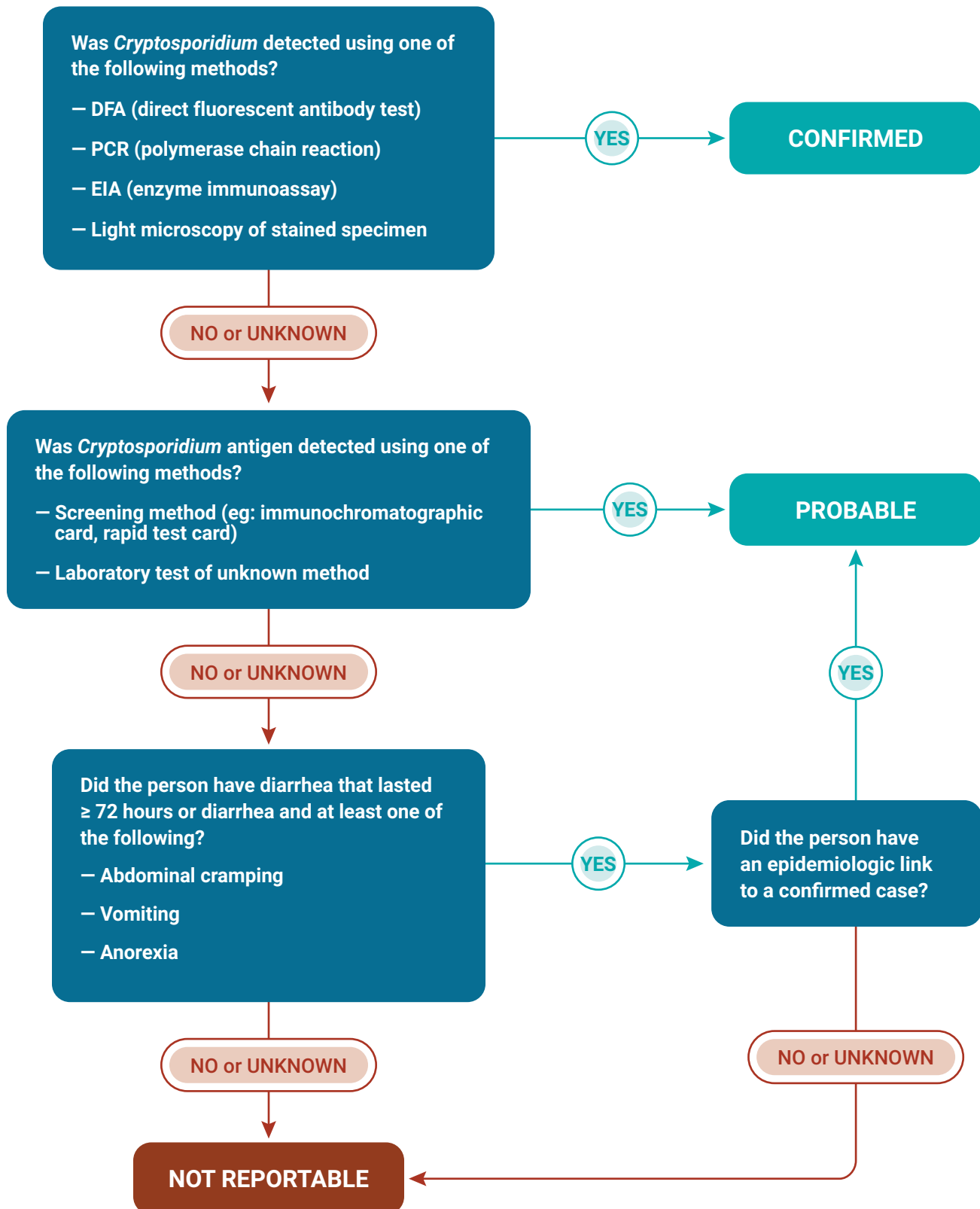


Algorithm for Case Classification: Cryptosporidiosis



Frequently Asked Questions and Answers

Are asymptomatic cases notifiable?

Yes, if *Cryptosporidium* was diagnosed using laboratory methods

What kind of laboratory testing is available to confirm a case?

- Direct fluorescent antibody test (DFA)
- Polymerase chain reaction (PCR)
- Enzyme immunoassay (EIA)
- Light microscopy of stained specimen (O&P)

Immunochromatographic cards/rapid diagnostic cards, other screening methods, or laboratory tests of unknown methods can be used but are not considered confirmatory – cases identified using these methods should be reported as probable cases

Sometimes it is difficult to tell what kind of test was done. 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.” Also, PCRs are currently only done on stool.

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 (e.g., livestock like calves or lambs)

What should be reported?

Immediately report a suspected outbreak.

If an outbreak is suspected:

- report symptomatic persons without laboratory results who shared the exposure with a Confirmed or Probable case
- consider requesting clinical laboratories submit positive specimens