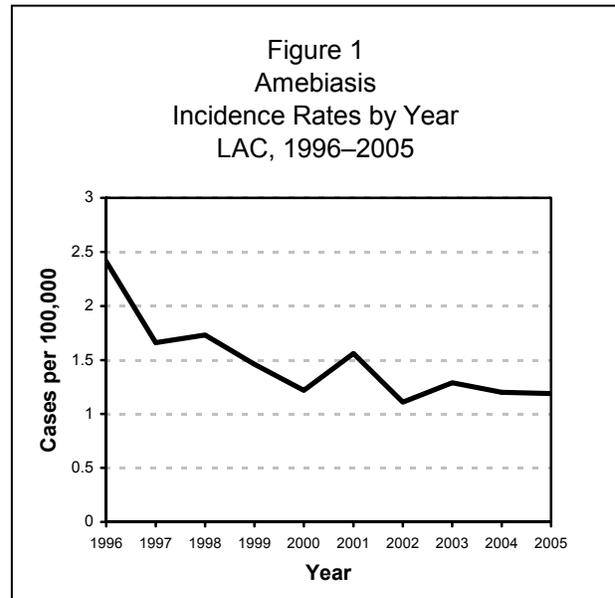




AMEBIASIS

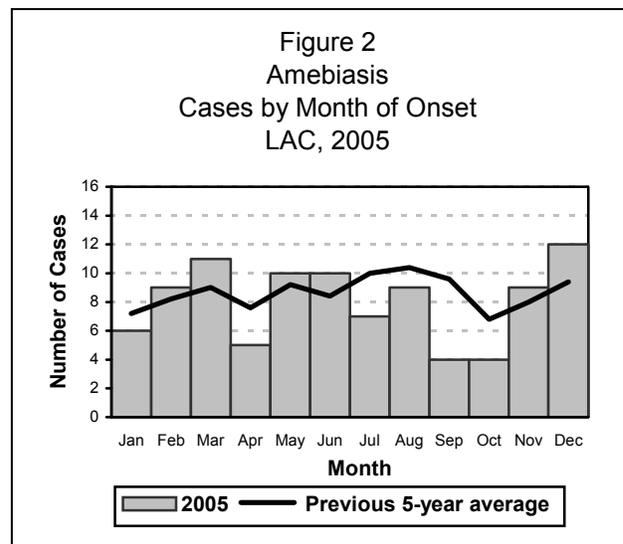
CRUDE DATA	
Number of Cases	114
Annual Incidence ^a	
LA County	1.19
United States	N/A
Age at Diagnosis	
Mean	37
Median	38
Range	2–83 years
Case Fatality	
LA County	0%
United States	N/A

^a Cases per 100,000 population.



DESCRIPTION

Amebiasis is caused by the protozoan parasite *Entamoeba histolytica*. Cysts shed in human feces may contaminate food or drinking water or be transferred sexually, on hands, or fomites. Incubation period is 1-4 weeks. Recreational waters such as lakes and pools may also serve as transmission vehicles, since cysts are relatively chlorine-resistant. While intestinal disease is often asymptomatic, symptoms may range from acute abdominal pain, fever, chills, and bloody diarrhea to mild abdominal discomfort with diarrhea alternating with constipation. Extraintestinal infection occurs when organisms become bloodborne, leading to amebic abscesses in the liver, lungs or brain. Complications include colonic perforation. There is no vaccine. The most commonly ordered parasite test (microscopy of stool for ova and parasites) cannot distinguish *E. histolytica* from *E. dispar*, a non-pathogenic amebic species. There is an available EIA test, however, that can distinguish between the two.



DISEASE ABSTRACT

- Amebiasis incidence has decreased substantially over the past 10 years, in 2005 the rate decreased only slightly from 2004 (1.20 to 1.19 per 100,000). This may be related to changes in HIV incidence and safer sex behavior.
- Decreasing numbers of refugees and immigrants from endemic regions or a reduction in testing may account for the decrease in cases.



- No amebiasis outbreaks were reported during 2004.

STRATIFIED DATA

Trends: After a small increase in 2003, the 2005 amebiasis incidence rate decreased slightly to 1.19 per 100,000 (Figure 1).

Seasonality: Amebiasis incidence usually peaks during the summer months. In 2005, however, the greatest number of cases occurred in March and December (Figure 2).

Age: While amebiasis is ubiquitous, it is a disease more often contracted among adults (Figure 3). About two-thirds of the cases occurring in LAC during 2005 were among those aged 15–54 (n=88, 77%). Amebiasis is rare among those below age 5 and especially rare among those below age 2. Dysentery in infants is typically due to shigellae.

Sex: Males (65%) continue to be more likely to contract amebiasis than females, with a ratio of 1.9:1, which could be due to MSM.

Race/Ethnicity: In 2005, Whites had the highest rate, closely followed by Blacks and Latinos (Figure 4). The rate for Asians increased slightly from 0.2 per 100,000 in 2004 to 0.4 in 2005.

Location: Three SPAs had rates greater than the county mean rate: SPA 2 (1.4 per 100,00), SPA 4 (3.0) and SPA 5 (2.6).

Risk factors: Many of the cases (n=48, 42%) were recent immigrants (less than 6 months) and 20 cases (18%) reported recent foreign travel.

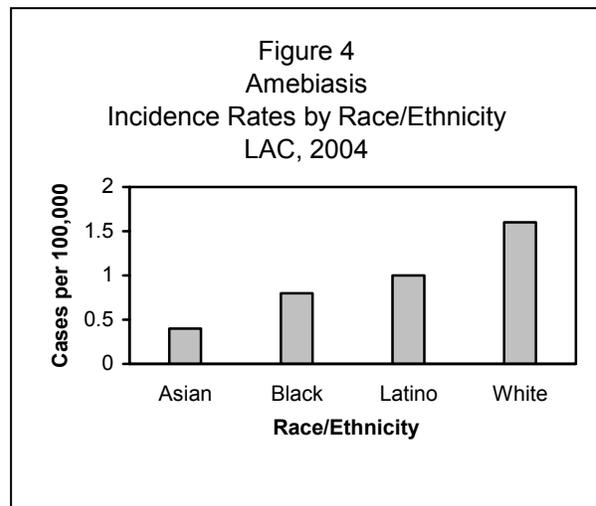
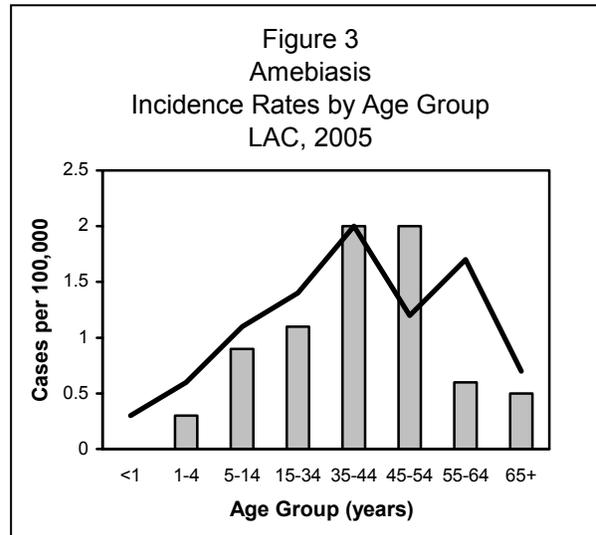
COMMENTS

Amebiasis is no longer nationally reportable, so there are no current national rates for comparison. The disease remains reportable in California because a large proportion of the population travels to endemic countries in Asia and Central America. The impact of new tests that distinguish *E. histolytica* from *E. dispar* is unknown since such tests are rarely ordered. It is believed that many reported amebiasis cases are actually not infected with pathogenic *E. histolytica*.

ADDITIONAL RESOURCES

Amebiasis - Health Information for International Travel:
www.cdc.gov/travel/diseases/amebiasis.htm

More CDC Information on Amebiasis:
www.cdc.gov/ncidod/dpd/parasites/amebiasis/default.htm



Map 1. Amebiasis

Rates by Health District, Los Angeles County, 2005*

