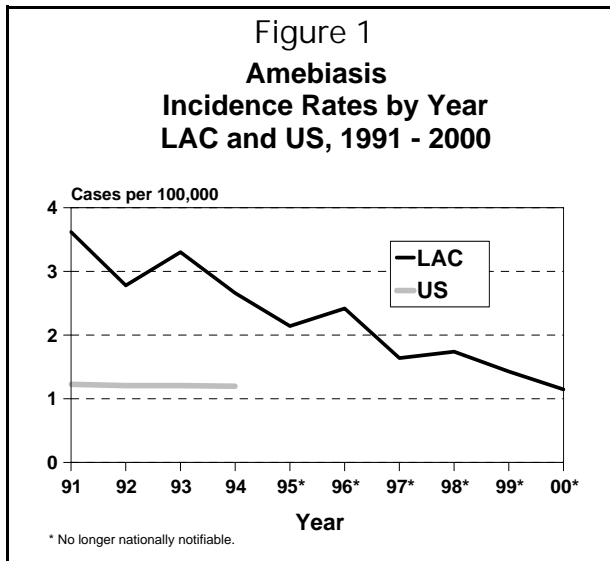


## AMEBIASIS

CRUDE DATA	
Number of Cases	106
Annual Incidence <sup>a</sup>	
LA County	1.2
United States	N/A
Age at Onset	
Mean	34 years
Median	35 years
Range	3 - 99 years
Case Fatality	
LA County	0.0%
United States	N/A

<sup>a</sup> Cases per 100,000 population.



### ETIOLOGY

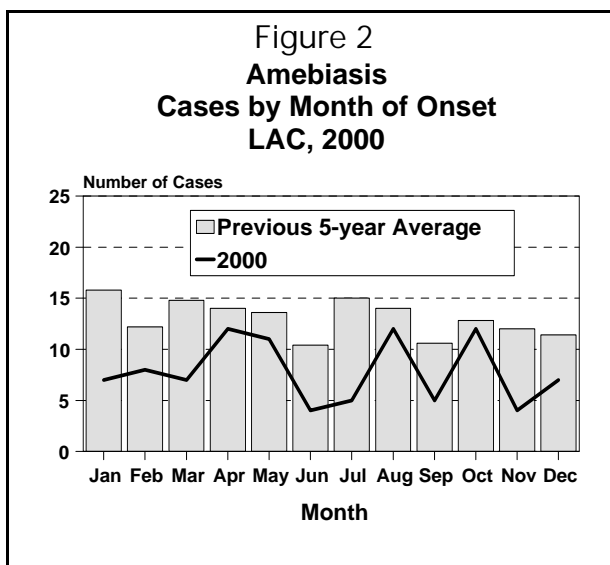
Amebiasis is caused by the protozoan parasite *Entamoeba histolytica*. Cysts shed in human feces may contaminate food or drinking water or be transferred sexually, on hands, or on fomites. Recreational waters such as lakes and pools also may serve as transmission vehicles, since cysts are relatively chlorine-resistant. 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 and, less commonly, in the 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.

### DISEASE ABSTRACT

- Amebiasis rates dropped again in all racial groups, but increased in persons aged 35 - 44 years.
- No amebiasis outbreaks were reported in 2000.

### STRATIFIED DATA

**Trends:** The 2000 amebiasis incidence of 1.2 per 100,000 population is the lowest on record in LAC (Figure 1).



**Seasonality:** As the number of reported cases decreases, seasonal trends become less apparent (Figure 2).

**Age:** Compared to 1999 rates, all age group rates dropped or remained stable except that of cases aged 35-44 years (n = 27), which rose 44% from 1.6 to 2.3 cases per 100,000 (Figure 3). Non-Hispanic cases were significantly older than Hispanics (means of 37 and 30 years, respectively; p = 0.003); 70% of non-Hispanic cases were aged 15-44 years, compared to only 43% of Hispanic cases (p = 0.006).

**Sex:** The male-to-female rate ratio rose slightly from 1.5:1 to 1.8:1. The number of White cases, who are predominantly male (82%), did not decrease as much as Hispanic cases, who tend to have equal male and female rates.

**Race/Ethnicity:** Rates fell within each group (Figure 4), though not as much for Whites as for the other racial groups. As in the past, Hispanics comprised the majority of cases in most health districts. Fifteen percent of cases (n = 16) were of unknown race.

**Location:** West Health District had the highest rate (3.5 per 100,000), with 20 reported cases. Central and Hollywood-Wilshire Health Districts also had higher rates than average, 2.3 and 2.2 per 100,000, respectively (Map 1).

## COMMENTS

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*. 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 is likely to travel to endemic countries in Asia and Central America. Decreasing numbers of refugees and immigrants from endemic regions or reduction in testing may explain the falling rate.

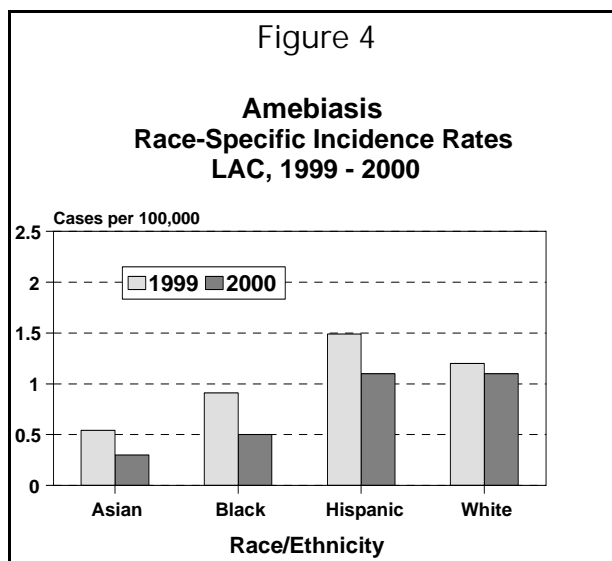
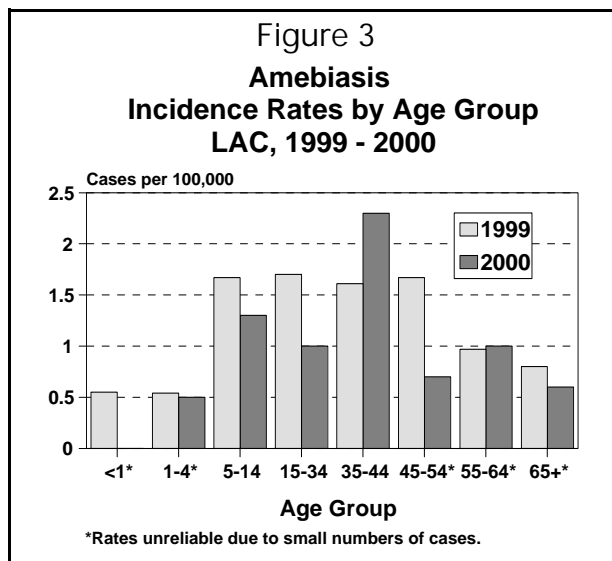
## ADDITIONAL RESOURCES

Amebiasis - Health Information for International Travel, 2001 - 2002.

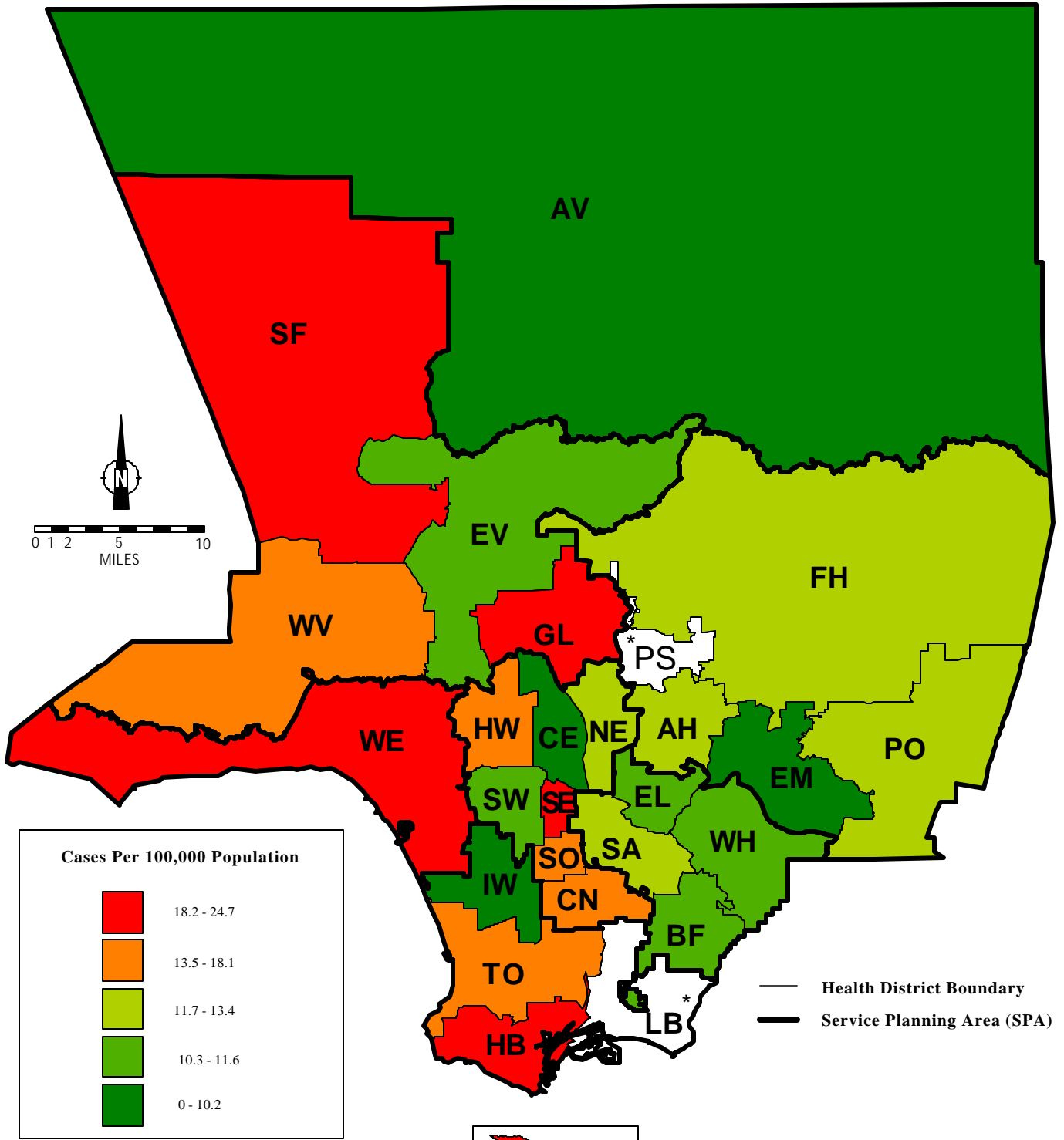
<http://www.cdc.gov/travel/diseases/amebiasis.htm>

Acute Communicable Disease Control website:

<http://lapublichealth.org/acd/procs/b73/b73index.htm>



## MAP 2. Campylobacteriosis Rates by Health District, Los Angeles County, 2000\*



\*Excludes Long Beach and Pasadena Data.

