

Parasitic Foodborne Illnesses

Etiology	Incubation Period	Signs and Symptoms	Duration of Illness	Associated Foods	Laboratory Testing	Treatment
Cryptosporidium parvum	7 days average (2-28 days)	Cramping, abdominal pain, watery diarrhea; fever and vomiting may be present and may be relapsing.	Days to weeks	Contaminated water supply, vegetables, fruits, unpasteurized milk.	Must be specifically requested. May need to examine water or food.	Supportive care, self-limited. If Severe, consider paromomycin for 7 days.
Cyclospora cayentanensis	1-11 days	Fatigue, protracted diarrhea, often relapsing.	May be protracted (several weeks to several months)	Imported berries, contaminated water, lettuce	Request specific examination of the stool of Cyclospora. May need to examine water or food.	TMP/SMX for 7 days.
Entamoeba histolytica	2-3 days to 1-4 weeks	Bloody diarrhea, frequent bowel movements (looks like Shigella), lower abdominal pain.	Months	Fecal-oral; may contaminate water and food.	Examination of stool for cysts and parasites-at least 3 samples. Serology for long-term infections.	Metronidazole and iodoquinol.
Giardia lamblia	1-4 weeks	Acute or chronic diarrhea, flatulence, bloating.	Weeks	Drinking water, other food sources.	Examination of stool for ova and parasites atleast 3 samples.	Metronidazole.

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Toxoplasma gondii	6- 10 days	Generally asymptomatic, 20% may develop cervical lymphadenopathy and/or a flu-like illness. In immunocompromised patients: central nervous system (CNS) disease, myocarditis, or pneumonia is often seen.	Months	Accidental ingestion of contaminated substances (e.g. putting hands in mouth after gardening or cleaning cat litter box); raw or partly cooked pork, lamb, or venison.	Isolation of parasites from blood or other body fluids; observation of parasites in patient specimens, such as bronchoalveolar lavage material or lymph node biopsy. Detection of organisms is rare, but serology can be a useful adjunct in diagnosing toxoplasmosis. Toxoplasma-specific IgM antibodies should be confirmed by a reference laboratory. However, IgM antibodies may persist for 6-18 months and thus may not necessarily indicate recent infection. For congenital infection: isolation of T. gondii from placenta, umbilical cord, or infant blood. PCR of white blood cells, CSF, or amniotic fluid (reference laboratory). IgM and IgA serology (reference laboratory).	Asymptomatic healthy, but infected, persons do not require treatment. Spiramycin or pyrimethamine plus sulfadiazine may be used for immunocompromised persons or pregnant women, in specific cases.

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Toxoplasma gondii (congenital infection)	In infants at birth	Treatment of the mother may reduce severity and/or incidence of congenital infection. Most infected infants have few symptoms at birth. Later, they will generally develop signs of congenital toxoplasmosis (mental retardation, severely impaired eyesight, cerebral palsy, seizures) unless the infection is treated.		Passed from mother who acquired acute infection during pregnancy to child.		
Trichinella spiralis	1-2 days to 2-8 weeks	Nausea, vomiting, diarrhea, abdominal discomfort followed by fever, myalgias periorbital edema.	Months	Raw or undercooked contaminated meat, usually pork or wild game meat, e.g. bear or moose.	Positive serology or demonstration of larvae via muscle biopsy. Increase in eosinophils.	Supportive care + mebendazole.