

Reporting Criteria for Amebiasis

(1) Definition:

The causative agent is *Entamoeba histolytica*. Clinically it is characterized by gastrointestinal symptoms, though occasionally other organs are affected.

(2) Clinical signs and symptoms:

There are two types of amebiasis:

- a. **Intestinal amebiasis** is characterized by chronic syndromes, such as diarrhea, mucous or blood in stool (typically with strawberry jelly appearance), tenesmus, bloating, or lower bowel pain or discomfort during defecation. Very often exacerbation and remission alternate at intervals of several days to several weeks. Predilection sites of ulcers are from the cecum to the ascending colon and from the sigmoid colon to the rectum. Though infrequent, formation of granulomatous lesions or necrotic perforation of the ulcerative lesions may occur.
- b. **Extra-intestinal amebiasis** is caused by hematogenous dissemination of amoeba from the intestinal tract. Liver abscess is most frequent and occurs more often among male adults. It is accompanied by symptoms such as high fever (38-40° C), hypochondrial pain, nausea, vomiting, weight loss, night sweats, and general malaise. When the abscess erupts, the infection may spread to the peritoneum, pleura, or epicardium (and less frequently to skin, brain or lungs) to form abscess.

(3) Reporting criteria

a): “Patients (confirmed cases)”

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has examined a patient with clinical signs/symptoms as described in (2), has suspected amebiasis from clinical findings, and has made a diagnosis of amebiasis based on the laboratory methods and specimens as described below, the physician shall notify the case within 7 days.

b): “Deceased”

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician has suspected amebiasis in a deceased patient with clinical signs as described in (2), and has diagnosed that the death was due to amebiasis based on the laboratory methods and specimens as described below, the physician shall notify the case within 7 days.

Laboratory method	Specimen
Detection of the pathogen by microscopy	Stool, pathological lesion (mucous membrane of colon, abscess fluid)
Detection of the pathogen antigen by ELISA	
Detection of the pathogen’s genome by PCR	
Detection of antibody	Serum