South Australian Perinatal Practice Guidelines

Giardiasis

© Department of Health, Government of South Australia. All rights reserved.

Introduction

- > Giardiasis is a symptomatic infection of the small intestine caused by the microscopic parasite *Giardia lamblia* (also known as *Giardia intestinalis*)
- The Giardia trophozoites (disease-causing forms) damage the epithelial absorptive surface and upper intestine. This affects the absorption of glucose, sodium, and water, and reduces disaccharidase activity, which can lead to diarrhoea and malnutrition.
- > The trophozoites do not invade surrounding tissues or enter the bloodstream, but the immune response results in an increased inflammation of the intestine

Clinical symptoms

Acute stage (1 to 3 weeks after the infection)

Usually lasts 3 to 4 days, but may be prolonged to several months leading to significant malabsorption, weight loss, and debility

Acute symptoms

- > Sudden onset of explosive, watery, foul diarrhoea
- > Abdominal distension
- > Flatulence
- Nausea
- > Anorexia

Also

- Malaise
- Chills
- Low-grade fever
- Variable cramps in the abdomen

Chronic stage

- May persist for years, disappear spontaneously or women may become asymptomatic cyst passers
 - > Intermittent or persistent mild-to moderate symptoms e.g. episodic, loose, foul stools associated with increased flatus and abdominal distension
 - Sulfuric belching and substernal burning are common and malabsorption may occur

Route of transmission

- Person to person spread occurs by hand to oral transfer of cysts from the faeces of an infected person
- Spread may also occur from animal or human faecally contaminated recreational water, drinking water or food

Infection precautions

- Giardiasis is communicable for the entire period of cyst excretion
- Standard precautions



ISBN number: Endorsed by: Contact: UNKNOWN
SA Maternal & Neonatal Clinical Network
South Australian Perinatal Practice Guidelines workgroup at:
cywhs.perinatalprotocol@health.sa.gov.au

Giardiasis

© Department of Health, Government of South Australia. All rights reserved.

Diagnosis

- > Faecal specimen to identify cysts or trophozoites
- Duodenal aspirate

Treatment

Preventative measures

- Educate women about hand washing before meals, after toilet use and changing nappies
- Avoid drinking from contaminated water sources

Drug treatment

> Metronidazole 400 mg three times a day over seven days

References

- 1. Kreutner AK, Del Bene VE, Amstey MS. Giardiasis in pregnancy. Am J Obstet Gynecol 1981; 140:895-901.
- Maldonado YA. Protozoan and helminth infections (including Pneumocystis carinii).
 In: Remington JS, Klein JO, editors. Infectious diseases of the fetus and newborn infant. 5th ed. Philadelphia: WB Saunders; 2001 p. 867-8.
- Buret A. Mechanisms of epithelial dysfunction in giardiasis. Gut 2007;56:316-7.
- Granados CE, Reveiz L, Cuervo LG, Uribe LG, Criollo CP. Drugs for treating giardiasis. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD007787. DOI: 10.1002/14651858.CD007787. Available from URL: http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD007787/pdf_fs.ht ml.

Useful web site:

South Australian Department of Health. You've got what – Giardiasis. Available form URL: http://www.dh.sa.gov.au/pehs/Youve-got-what/ygw-giardiasis.pdf

Version control and change history

PDS reference: OCE use only

| Version | Date from | Date to | Amendment |
|---------|-----------|-----------|------------------|
| 1.0 | 19 May 04 | 25 Jan 10 | Original version |
| 2.0 | 25 Jan 10 | Current | |
| | | | |
| | | | |



ISBN number: Endorsed by: Contact: UNKNOWN
SA Maternal & Neonatal Clinical Network
South Australian Perinatal Practice Guidelines workgroup at:
cywhs.perinatalprotocol@health.sa.gov.au