



Reporting Criteria for Disseminated cryptococcal infection

(1) Definition

Cryptococcal infection indicated by the presence of *Cryptococcus* in the cerebrospinal fluid, blood or otherwise aseptic clinical specimens or positive for *Cryptococcus* capsular antigen in the cerebrospinal fluid.

(2) Clinical manifestations

The incubation period is unknown.

The clinical picture of cryptococcal infection differs between immunocompromised and immune competent hosts.

- a. Immunocompromised hosts: Cerebrospinal meningitis accompanied by fever and headache is a frequent sign at onset. Lymphadenopathy as well as skin, bone, articular and other lesions may also be observed as a result of dissemination of *Cryptococcus*.
- b. Immune competent hosts: Central nervous system complications vary from severe (e.g. convulsions, impaired consciousness) to less serious manifestations (e.g. fever, headache). Some central nervous system infections may manifest as tumorous lesions, which require differential diagnosis from tumors; character change by chronic elevated intracranial pressure may be the only observable manifestation among some cases. Non-central nervous system dissemination involving ocular, cutaneous and bone (bone marrow) lesions exhibit lesion site-specific manifestations.

(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 and symptoms as described in (2), suspected disseminated cryptococcal infection, and diagnosed as so based on the results obtained by the laboratory method and specimen 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 examined a deceased person with clinical signs and symptoms as described in (2), suspected disseminated cryptococcal infection, and considered that the death was due to disseminated cryptococcal infection based on the results obtained by the laboratory method and specimen as described below, the physician shall notify the case within 7 days.

Laboratory method	Specimen
Detection of the pathogen by isolation and identification	Blood, pleural effusion, ascites fluid or cerebrospinal fluid
Histopathological diagnosis (histological and cytological detection of encapsulated yeast cells)	Cerebrospinal fluid, tissue specimens or other otherwise sterile specimens
Detection of capsular antigen of <i>Cryptococcus</i> by latex agglutination method	Cerebrospinal fluid, blood and other otherwise sterile specimens