PRESENCE OF CRYPTOSPORIDIUM OOCYSTS AND GIARDIA CYSTS IN THE SURFACE WATER AND GROUNDWATER IN THE CITY OF CAYES, HAITI.

PRESENCIA DE CRYPTOSPORIDIUM OOCYSTS Y GIARDIA CYSTS EN EL AGUA SUPERFICIAL Y EN EL AGUA SUBTERRÁNEA EN LA CIUDAD DE CAYOS (LES CAYES), HAITÍ.

Ketty Balthazard-Accou^{1,2}, Evens Emmanuel¹, Patrice Agnamey², Philippe Brasseur³, Obicson Lilite⁴, Anne Totet², Christian P. Raccurt^{2*}

 ¹ Laboratoire de Qualité de l'Eau et de l'Environnement, Université Quisqueya, BP 796, Port-au-Prince, Haïti.
 ² Laboratoire de parasitologie et mycologie médicales, Faculté de médecine et CHU d'Amiens, Université de Picardie Jules Verne, 80054 Amiens, France.
 ³ Unité Mixte de Recherche 198, Institut de Recherche pour le Développement (IRD), Centre de Hann, Dakar, Sénégal
 ⁴ Centre d'Applications en Télédétection et en systèmes d'Informations Géographiques, Université Quisqueya, BP 796, Port-au-Prince, Haïti

Abstract

The aim of this study was to determine the number of *Cryptosporidium sp* oocysts and *Giardia sp* cysts in the surface water and groundwater used by the population of the city of Cayes (Haiti). Samples of 3 to 200 litres of water were collected from 15 sites in and surroundings of the city (bathing water and household waste water, spring water, boreholes, water supply, domestic wells), and filtered using filter cartridges and stored at 4°C until examination. Oocysts and cysts were isolated using an immuno-magnetic method and counted under fluorescence microscopy after labelling with a monoclonal antibody. Eight specimens out of 15 (53%) contained *Cryptosporidium* oocysts and / or *Giardia* cysts. The number of *Cryptosporidium sp* oocysts detected varied from 5 to 100 (mean 29) / 100 L of water filtered and the number of *Giardia* cysts ranged from 5 to 960 (mean 277) / 100 L. Results suggest that surface water and ground water of the city of Cayes are contaminated by faecal pollution resulting in a potential risk for health of the population exposed. **Keywords**: *Cryptosporidium sp*; *Giardia sp*; surface water; groundwater; drinking water; Haiti.

Résumé

Le but de cette étude était de déterminer le nombre d'oocystes de *Cryptosporidium sp* et de kystes de *Giardia sp* présents dans les eaux superficielles et souterraines utilisées par la population de la ville des Cayes (Haïti). Dans 15 sites répartis dans la ville, des volumes de 3 à 200 litres d'eau de différentes origines (eaux de baignade ou de travaux ménagers, eaux de source, de forage, de distribution, de puits domestiques) ont été recueillis, puis filtrés sur des cartouches de filtration conservées à 4°C jusqu'au traitement. Les oocystes et les kystes ont été isolés par une méthode immuno-magnétique et comptés au microscope à fluorescence après marquage par un anticorps monoclonal. Sur les 15 prélèvements d'eau analysés, 8 (53%) contenaient des oocystes de *Cryptosporidium* et/ou des kystes de *Giardia*. Le nombre d'oocystes de *Cryptosporidium sp* détecté variait de 5 à 100 avec une moyenne de 29 oocystes pour 100 litres d'eau filtrée ; pour les kystes de *Giardia* le nombre était compris entre 5 et 960 avec une moyenne de 277 kystes par 100 litres d'eau filtrée. Cette étude a montré que les eaux superficielles et souterraines de la ville des Cayes sont contaminées par une pollution d'origine fécale et constituent donc une source potentielle de risque biologique pour la santé de la population exposée. **Mots clés** : Cryptosporidium sp ; Giardia sp ; eaux de surface ; eau souterraine ; eau de boisson ; Haïti.

Resumen

El objetivo de este estudio fue de determinar el número de ooquistes de *Cryptosporidium sp* y de quistes de *Giardia sp* presentes en las aguas superficiales y subterráneas utilizadas por la población de la ciudad de Los Cayes (Haití). Se colectaron en 15 sitios distribuidos en la ciudad, volúmenes de 3 a 200 litros de agua de diferentes orígenes (aguas dulce y de baño, aguas de manatial, de perforación, de consumo y de pozos domésticos), luego se trataron por medio de cartuchos de filtración que fueron conservados a 4°C hasta el procesamiento. Los ooquistes y los quistes han sido aislados por un método immuno-magnético y contados al microscopio a fluorescencia después de su marcación por un anticuerpo monoclonal. De las 15 deducciones analizadas de agua, 8 (53 %) contenían ooquistes de *Cryptosporidium* y/o quistes de *Giardia*. El número de ooquistes de *Cryptosporidium sp* detectado variaba de 5 a 100 con un promedio de 29 oocystes para cada 100 litros de agua filtrada; para los quistes de Giardia el número variaba entre 5 y 960 con un promedio

^{*} Corresponding author : Professeur Christian P. Raccurt, Centre hospitalier universitaire d'Amiens, Hôpital Sud, Service de Parasitologie et Mycologie médicales, 80054-Amiens cedex 1, France, Tél. : 33 (0) 322-455-975; Fax: 33 (0) 322-455-653 ; E-mail: raccurt.christian@chu-amiens.fr; raccurt@yahoo.

de 277 quistes para cada 100 litros de agua filtrada. Este estudio mostró que las aguas superficiales y subterráneas de la ciudad de Los Cayes están contaminadas por una polución de origen fecal y constituyen a propósito una fuente potencial de riesgo biológico para la salud de la población expuesta a ella.

Palabras claves: Cryptosporidium sp; Giardia sp; aguas de superficie; agua subterránea; agua de bebida; Haití.

INTRODUCTION

Cryptosporidium sp and *Giardia sp* are widespread in the world, contaminating surface water, river water, coastal water, groundwater and water supply systems. They are Protozoan parasite of prime concern due to their capacity to transmit endemic diseases (Anderson et al., 1998; US Geological Survey, 2006 a, b). They are eliminated with faeces in the form of oocysts and cysts (Benton, 1991; Craun and Calderon, 2006; Savioli, 2006), and are responsible of diarrhoea in infants and adults. The Center for Disease Control of Atlanta (United States) attributed 71% of the hydric diseases recorded in 1993 and 1994 in the United States to *Cryptosporidium parvum* and to *Giardia duodenalis* (Gostin et *al.* 2000).

Oocysts are highly resistant to different environmental constraints including standard chemical disinfection by chlorine and disinfection by free monochloramine, even after 18h of exposure (Korich et al., 1990; WHO, 2002; Standish-Lee and Loboschefsky, 2006). Under favourable conditions, they are capable of surviving for several months in the environment (Tamburrini et Pozio, 1999). In contrast, Giardia sp cysts are less resistant to disinfection by chlorine (Smith and Grimason, 2003). The accidental ingestion of oocysts and/or cysts in bathing water (Yorder et al., 2004), water used for leisure purposes (Dziuban et al., 2006), or consumption of contaminated drinking water (Mac Kenzie, 1994), expose the population to an infection risk The presence of oocysts and cysts in water is a significant risk factor for human health, especially for the most vulnerable groups (Craun et al., 2005; Coupé et al., 2006; Raccurt, 2006).

In Haiti, Cryptosporidium sp is responsible for 17% of acute diarrhoeas observed in infants under 2 years of age (Pape et al., 1987) and 30% of chronic diarrhoeas in patients infected by HIV (Pape et al., 1983). In Port-au-Prince, Cryptosporidium sp oocysts were detected in surface water and in public water supplies (Brasseur et al., 2002). In the districts where water is contaminated, the risk of infection is estimated between $1x10^2$ and $5 x10^2$ for immunocompetent and immunosuppressed population respectively. This calculated risk level varies from 1x10² to 97x10² according to the number of oocysts in the water consumed (Bras et al., 2007). These studies concerned exclusively the contamination of few aquatic ecosystems of the city of Port-au-Prince by Cryptosporidium sp and to date, no study on the contamination by *Giardia sp* in the country's lakes and ponds has been performed. The aim of this work was to carry out a preliminary study of the circulation of Cryptosporidium sp oocysts and Giardia sp cysts

in the surface water and groundwater in Cayes, the third largest town of Haiti.

MATERIALS AND METHODS

Study site

The study site was the city of Cayes, the chief town of the South department with a population of 150,000 inhabitants. Likewise to all the towns of Haiti, Cayes has undergone considerable and rapid demographic growth over recent years (1950: 11,600 inhabitants; 1971: 22,000 inhabitants; 2007: 150,000 inhabitants). Cayes is located on the coast facing the Caribbean Sea, on a well-watered coastal plain (rainfall > 2,000 mm/yr), at 18°34'00" Northern Latitude and 72°21'00" Longitude. The average temperature varies from 24°C to 28°C. There are two successive rainy seasons: from April to May and August to October.

Ravine du Sud, main river in the town, has flow rate in average of 4.96 m³/s and a low water flow rate of 1.31 m³/s. The watershed is covered with lagoonlacustrine and marine sediments, respectively from the lower and middle Miocene. It is divided between 3 distinct types of groundwater: alluvial aquifers in free ground water, karstic aquifers, and cracked and compartmented carbonaceous aquifers, giving rise to varied resurgences and flows (UNDP, 1991).

Sampling points

Water samples were taken in September, November and December 2007, i.e. at the end of the main rainy season and at the beginning of the main dry season. The sampling points were chosen according to the water supply points of the population. The water samples were collected from the 15 sites in the conditions defined by standard AFNOR-NFT 90-455 of July 2001. Water samples were filtered using filter cartridges (Envirocheck®, Pall Gelman, Saint Germain en Laye, France). The quantities filtered varied from 3 to 200 litres depending on the turbidity level. Cartridges were then stored at 4°C until examination. A GPS was used to record the geographical coordinates of the sampling points selected.

Analysis of the samples

Oocysts and cysts purification

Cryptosporidium oocysts and Giardia cysts were separated using immunomagnetic beads coated with an anti-*Cryptosporidium* monoclonal antibody and anti-*Giardia* cyst (Dynabeads®, Dynal, Oslo, Norway) according to manufacturer's instructions. Briefly,

300 to 600 µl of centrifuge pellet was introduced in Leighton tubes and adjusted to 10 ml with deionised Anti-Cryptosporidium and water. anti-Giardia paramagnetic beads were added and incubated on a rotating mixer at room temperature for 1h. Then, the paramagnetic bead complexes were captured using a magnetic concentrator. Oocysts and / or cysts were dissociated from beads using an acid solution (0.1 N HCI). The acid suspension of ocysts and / or cysts obtained was neutralized by adding 5 µL of 1 N NaOH. Detection and counting of oocyst and cyst were performed using fluorescein isothiocyanate (FITC)conjugated monoclonal antibody (MAb) directed against a Cryptosporidium and a Giardia wall antigen

. (FITC-Cow MAb, Monofluokit *Cryptosporidium*® and *Giardia*, Bio Rad, Marnes la Coquette, France). A positive control slide was prepared by drying a 200 µl aqueous suspension containing approximately 10⁴ *C. parvum* oocysts from feces of calves experimentally infected with an isolate maintained by M. Naciri, (Laboratoire de Pathologie aviaire, Institut National de la Recherche Agronomique, Nouzilly, France) purified using density separation (1) Results were expressed as number of oocysts or cyst per 100L of water filtered.

RESULTS

Cryptosporidium sp oocysts and / or *Giardia sp* cysts were found in 8/15 (53%) samples analysed (Table 1). Samples from the 6 sites contaminated by *Cryptosporidium sp* contained 5 to 100 oocysts for 100 L of water collected, i.e. an average of 29. The samples of the 4 sites contaminated by *Giardia sp* contained 5 to 960 cysts, i.e. an average of 277 cysts for 100 L (table 2). Table 3 shows the levels and types of contamination and the sources of water. The geographical distribution of the water points tested in the city of Cayes and the average concentration in oocysts and cysts are shown in figure 1.

DISCUSSION

During this study, the water from wells or distributed by the local company supplier was clear and large quantities of water were filtered (120 to 200 L). In contrast, for both surface water and water from certain wells, the quantities of water filtered were limited because of a heavy amount of suspended organic particle rapidly clogged the filters. When the turbidity was highest such as water collected in the estuary of the Islet river (number 2) and in the Ravine du Sud (number 1), the quantities filtered were too low (respectively 3.1 and 7.5 L) for assessment of absence of parasite and a significant relationship with a faecal contamination.

The results were obtained according to the standard method based on filtration, elution, and the concentration of oocysts and cysts by immunomagnetic separation which is considered as

an efficient tool for detecting and identifying oocysts and cysts in environmental samples (USEPA, 1999 a and b; Smith et al, 2006). In addition, this method reduces the number of false positives and gives better microscopic results, but it requires a large quantity of water (Connell et al., 2000).

Results obtained for Cryptosporidium sp and Giardia sp confirm that the population of Cayes city is exposed to parasitic contamination transmitted by drinking water. , Although it has been reported that a median infectious dose of 132 oocysts in healthy adult volunteers, provoked a human infection in 50% of cases (Dupont et al., 1995), a mathematical model based on the data from the Milwaukee outbreak suggested that some individuals developed a cryptosporidiosis after ingestion of only one oocyst (Haas et Rose, 1994). Rose, in 1990 estimated that an annual risk 1/10,000 Giardia infection would result from an exposure to an annual geometric mean of 0.0007 cysts per 100 L of water. Depending on the level of contamination in the raw water supply, utilities will have to apply treatment to achieve a geometric mean of less than 0.0007 cyst per 100 litres in treated water.

Giardiasis is a common cause of diarrhoea in man, and a chronic infection in infants, resulting in poor food absorption and in interrupted growth (Thompson and Monis, 2004). Cryptosporidiosis is particularly serious in under-nourished persons and immunosuppressed patients, especially those infected by human immunodeficiency virus (HIV). In immunocompetent subjects, the symptoms are relatively benign (Tzipori et al, 1983; Jokipii and Jokipii, 1986), while in AIDS patients it is one of important cause of morbidity and mortality (Pape and Johnson, 1993). In infants, it causes prolonged diarrhoea, malnutrition, and possible delayed psychomotor development (Agnew et al, 1998; Sanchez-Vega, 2006). According to PSI-UNFPA (2005), 12% of boys and 9% of girls aged from 19 to 24 years old are infected by HIV in the region of Cayes.

In the samples studied, Cryptosporidium sp oocysts were found more often (6/15) although Giardia sp cysts were more abundant on average. The largest numbers of oocysts and cysts were identified in sample 4 (Pont de la rivière l'Islet). This point of surface water, partly covered by aquatic plants (water hyacinth = Eichhornia Crassipes) is used as a watering place for free-roaming livestock (pigs, horses and cattle) (Photo 1). These water resources are used for bathing and washing clothes by the population only a few metres from its point of discharge into the sea. For the other surface waters used by the population either for domestic requirements (dish-washing), or for pleasure (bathing), this study shows that the water in the lagoon of Gelée beach, very frequently used for bathing and leisure, was heavily contaminated at the time of the survey, during the rainy season. Indeed, filtration highlighted 24 Cryptosporidium sp oocysts and 139 Giardia cysts. This contamination of

faecal origin increases the risk of outcome of parasitic disease and for health of vulnerable individuals (Coupe et al., 2006) on a beach attracting many inhabitants from Cayes and other parts of Haiti during holidays.

Among the different contaminated sites identified. the number of oocysts obtained for site 5 raises a serious concern since located within the perimeter of a pumping station of the public water production and supply network serving the town's population. The contamination of the water produced by this service has already been reported in the technical literature on the microbiological quality of the water distributed in Haiti and 110 faecal coliforms per 100 mL water were detected in the water of this network (sub-committee responsible for drinking water and the removal of human waste, 1991). Detecting Cryptosporidium sp in these waters is especially worrying for vulnerable populations (elderly, children, and immunosuppressed) and can contribute to increase the mortality rate in this city due to the lack of an effective treatment. (MacKenzie et al., 1994; Rose et al., 1991; Wright et Collins, 1997; WHO, 2002).

The presence of Cryptosporidium sp in the public water supply system can be explained by several factors. (i) There is no water quality control performed for public water supplies in Haiti (Ministry of Public Health and WHO, 1998). (ii) Chlorination remains the only method of treating raw water intended for human consumption (Emmanuel and Lindskog, 2002). It has been shown that disinfection by chlorination is ineffective in inactivating Cryptosporidium sp oocysts (Korick et al., 1990; Lorenzo-Lorenzo et al., 1993). Giardia cysts are susceptible to inactivation with chlorine but at extended contact times (Rice and Hoff, 1981). This may explain the absence of Giardia cysts in sample 5. Inactivation of Cryptosporidium sp oocysts is simply impracticable using chlorine; filtration may be the most appropriate barrier (Korick et al., 1990; Gyüré et al., 1997). (iii) The city of Cayes is characterised by the absence of basic services, such as the collection and treatment of wastewater, the collection of solid wastes and the removal of excreta. (iv) The presence of latrines and septic tanks in the hydraulic perimeter of the wells supplying the town with drinking water. This situation can contribute towards contaminating the water resources available in the groundwater by human faeces. (v) One of the major characteristics of the geology and hydrogeology of Cayes is the presence of a karstic aquifer (UNDP, 1991). The main characteristic of karstic aquifers is the existence of irregular networks of pores, cracks, fractures and conduits of various forms and dimensions. The considerable physical and geometric heterogeneity of this type of structure

gives rise to complex hydraulic conditions varying in space and time. Following a rainfall, the replenishment of the groundwater is both rapid and turbulent, with the drainage of high volumes of non-filtered water in large conduits (Denić-Jukić and Jukić, 2003).

These results highlight significant contamination of the surface water and groundwater resources of Cayes by Cryptosporidium sp and Giardia sp, and underline the existence of a biological danger for the population exposed. The presence of Giardia sp and Cryptosporidium sp in water resources requires further study. Contamination levels may fluctuate significantly, as they are influenced by a variety of poorly defined factors, such as the climate, e.g., flooding, agricultural practices and free-roaming livestock (cattle, poultry), on-site sanitation and pit latrines in karstic aguifers, and the sporadic nature of the deposition of animal faeces containing cysts and oocysts. Unfortunately, there are no reliable methods of determining the viability of the individual cysts and oocysts observed in environmental samples. Hence additional research to develop reliable methods of determination and studies should also be performed to evaluate the virulence of environmental cysts and oocysts. It is now necessary to validate these initial data by characterising the parasites found and apply molecular genotyping techniques to Cryptosporidium sp oocysts and Giardia sp cysts at the sites studied and at new ones to be chosen in Cayes. It would also be of interest to combine these parasitological examinations with the bacteriological characterisation of the water points, for example, by seeking Escherichia coli, and the determination of several physicochemical parameters such as pH, electrical conductivity, total dissolved solids and turbidity.

Table 1: Distribution of 15 sites studied for the
presence or absence of *Cryptosporidium sp*
oocysts and/or *Giardia sp* cysts

Water filtration	n	%
Absence of parasitic organisms	7	47%
Presence of Cryptosporidium sp oocysts	4	27%
Presence of giardia Giardia sp cysts	2	13%
Presence Cryptosporidium sp oocysts and Giardia sp cysts	2	13%
Total	15	100%

No	Number of litres of water filtered	Number of oocysts /100 L	Number of cysts /100L	Type of water
1	7.5	0	0	Surface water
2	3.1	0	0	Surface water
3	120	0	0	Well water
4	20	0	960	Surface water
5	200	9	0	Water supply network
6	13	24	139	Surface water
7	200	0	0	Well water
8	30	0	0	Domestic well
9	63	100	0	Domestic well
10	132	14	0	Surface water
11	15	0	0	Surface water
12	12	0	0	Surface water
13	200	23	0	Well water
14	200	5	5	Well water
15	200	0	5	Well water

Table 2: Number of Cryptosporidium sp oocysts and Giardia sp cysts obtained in the samples studied.

Table 3: Levels and types of contamination of the water studied in the city of Cayes

Type of water		Absence of parasitic organisms	Crypto oocysts	Giardia cysts	Crypto + Giardia	% of contaminated water
Surface water	River water (bathing)	2		1		33%
	Lagoon water (bathing)				1	100%
Groundwater	Spring water	2	1			33%
	Well water	1	1			50%
	Borehole water	2	1	1	1	60%
	Water supply		1			100%
	Total number	7	4	2	2	53%



Figure 1. Graphic representation of the contamination of water sites studied in the region of Cayes in southern Haiti (number of *Cryptosporidium* oocysts and *Giardia* cysts for 100 litres of filtered water).



Photograph 1: Bridge over The Islet River at the eastern entry of Cayes (no. 4): water loaded with organic and sediment material clogged by aquatic plants and frequented by domestic animals.

CONCLUSION

This study highlighted that the surface water and groundwater of the town of Cayes are considerably contaminated by *Cryptosporidium sp* and *Giardia sp*, two enteric Protozoa responsible for hydric diseases in man, with potentially serious complications in vulnerable subjects. Their potentially high prevalence in source water used to supply the population, their resistance to conventional water treatment, the lack of effective treatment and the absence of adequate techniques to detect the presence of infectious oocysts and cysts, requires the consistent and effective removal of these parasites from the water supply. There is a clear need for utilities to perform evaluations of raw water parasite levels in order to determine the appropriate level of treatment.

ACKNOWLEDGEMENTS

The authors would like to thank the Normandy Region and the Cooperation and Cultural Action Department

of the French Embassy in Haiti for funding this study.

REFERENCES

Agnew D.G., A.A.M. Lima., R.D. Newman., T. Wuhib., R.D. Moore., R.L. Guerrant., C.L. Sears.1998. Cryptosporidiosis in northeastern Brazilian children: association with increased diarrhoeal morbidity. Journal of Infectious Diseases 177: 754-60.

Anderson M.A., Stewart M.H., Yates M.V., Gerba C.P. 1998. Modeling the impact of body-contact recreation on pathogen concentrations in a source drinking water reservoir. Water Research 32: 3293–3306.

AFNOR Association Française de Normalisation. 1997. Analyse Biochimique et Biologique, analyse microbiologique, textes réglementaires. France, 296.

Benton C., Forbes G.L., Paterson G.M., Sharp J.C.M., Wilson T.S. 1991. The incidence of water borne and water-associated disease in Scotland from 1945 to 1987. Water Science and Technology 21: 125-9.

Bras A., Emmanuel E., Obiscon L., Brasseur P., Pape J.W., Raccurt C.P. 2007. Evaluation du risque biologique dû à Cryptosporidium sp présent dans l'eau de boisson à Port-au-Prince, Haïti. Environnement Risques et Santé 6: 355-364.

Brasseur P., Eyma E., Li X., Verdier R.I., Agnamey P., Liautaud B., Dei Cas E., Pape J.W., Raccurt C. 2002. Circulation des oocystes de Cryptosporidium dans les eaux de surface et de distribution par adduction publique à Port au Prince, Haïti. In: Emmanuel E. et Vermande P. (ed) Actes du Colloque International Gestion Intégrée de l'Eau en Haïti. Port-au-Prince : Laboratoire de Qualité de l'Eau et de l'Environnement Université Quisqueya, 172-175.

Coupe S., Delabre K., Pouillot R., Houdart S., Santillana-Hayat M., Derouin F. 2006. Detection of Cryptosporidium Giardia and Enterocytozoon bieneusi in surface water, including recreational areas: a oneyear prospective study. FEMS Immunology and Medical Microbiology 47: 359.

Craun G.F, Calderon R.L. 2006. Observational epidemiologic studies of endemic waterborne risks : cohort, case-control, time-series, and ecologic studies. Journal of Water and Health, 4 (Suppl 2): 101-19.

Craun G.F., Calderon R.L., Craun M.F. 2005. Outbreaks associated with recreational water in the United States. International Journal of Environment and Health Research 15: 243–262.

Deni□-Juki□ V., and Juki□ D. 2003. Composite transfer functions for karst aquifers'. Journal of Hydrology 274: 80–94.

DuPont J., Chappell C.L., Sterling C.R., Okhuysen P.C., Rose J.B., Jakubowski W. 1995. The infectivity of Cryptosporidium parvum in healthy volunteers. New England Journal of Medicine 332: 855–9.

Dziuban E.J., Liang J.L., Craun G.F., Hill V., Yu P.A., Painter J. 2006. Surveillance for waterborne disease and outbreaks associated with recreational water— United States, 2003–2004. Morbidity and Mortality Weekly Report 55: 1–30.

Emmanuel E. et Lindskog P. 2002. Regards sur la situation actuelle des ressources en eau de la République d'Haïti. In: Emmanuel E. et Vermande P. (ed) Actes du Colloque International Gestion Intégrée de l'Eau en Haïti. Port-au-Prince : Laboratoire de Qualité de l'Eau et de l'Environnement : Université Quisqueya, 30-52.

PSI-UNFPA Programme Santé et Information/ Population Services International - Fonds des Nations Unies pour la Population. 2005. Représentations du corps et comportements sexuels. Les facteurs socioculturels en jeu dans l'utilisation ou non du préservatif masculin en Haïti, Port-au-Prince, 25.

Haas C.N, Rose J.B. 1994. Reconciliation of microbial risk models and outbreak epidemiology: the case of the Milwaukee outbreak. In: Proceeding of the 1994.

Annual Conference: Water Quality. Published in New York, American Water Works Association 517–23.

Haas C.N. and Rose J.B. 1995. Developing an action level for Cryptosporidium. Journal of the American Water Works Association 87: 81±84.

Gostin L.O., Lazzarini Z., Neslund V.S, Osterholm M.T. 2000. Water quality laws and waterborne diseases: Cryptosporidium and other emerging pathogens. American Journal of Public Health 90: 847–53.

Gyürék L.L., Finch G.R., Belosevic M. 1997. Modeling chlorine inactivation kinetics of Cryptosporidium parvum in phosphate buffer. J. Environ. Eng 125: 913–924.

Jokipii L., Jokipii A.M. 1986. Timing of symptoms and oocysts excretion in human cryptosporidiosis. New England Journal of Medicine 315: 1643-7.

Korich D.G., Mead J.R., Madore M. S., Sinclair N.A., Sterling C.R. 1990. Effects of ozone, chlorine dioxide, chlorine and monochloramine on *Cryptosporidium parvum* oocyst viability. Applied and Environment Microbiology 56: 1423–8.

Lorenzo-Lorenzo M.J., Ares-Mazas M.J., de Maturana V.M., Duran D.D. 1993. Effect of ultraviolet disinfection of drinking water on the viability of *Cryptosporidium parvum* oocysts. Journal of Parasitology 79: 67-70.

Mac Kenzie W.R., Hoxie N., Proctor M., Gradius M., Blair K., Peterson D., Kazmierczak J., Addiss D., Fox K., Rose J. B., and Davis J. 1994. A massive outbreak in Milwaukee of *Cryptosporidium* infection transmitted through the public water supply. New England Journal of Medicine 331: 161-7.

OMS Ministère de la Santé Publique. Analyse de la situation sanitaire – Haïti. 1998. Imprimerie Henri Deschamps Port-au-Prince, 1998.

Pape J.W, Johnson Jr. W.D. 1993. AIDS in Haiti: 1982-1992. Clinical Infectious Diseases 17: S341-5.

Pape J.W., Levine E., Beaulieu M.E., Marshall F., Verdier R., Johnson W.D Jr. 1987. Cryptosporidiosis in Haitian children. American Journal of Tropical Medicine Hygiene 36: 333-7.

Pape J.W., Liautaud B., Thomas F et al. 1983. The acquired immunodeficiency syndrome in Haïti. Annals Internal Medicine 103: 674-678.

PNUD Programme des Nations Unies pour le Développement. 1991. Développement et gestion des ressources en eau. Haïti : Disponibilité en eau et adéquation aux besoins. Région Sud-Ouest. New-York, 6: 50 p.

Raccurt C P., Brasseur P., Verdier R.I., Li X., Eyma E., Panier Stockman C., Agnamey P., Guyot K., Totet A., Liautaud B., Nevez G., Dei-Case E., Pape J.W. 2006. Cryptosporidiose humaine et espèces en cause en Haïti. Tropical Medicine International Health 11: 929-934.

Rice E.W., and Hoff J.C. 1981. Inactivation of *Giardia lamblia* cysts by ultraviolet irradiation. Applied and Environment Microbiology 42: 546-547.

Rose J.B. 1990. Occurrence and control of *Cryptosporidium* in drinking water. In *Drinking Water Microbiology* (Edited by McFeters G. A.) 294~321. Springer, Berlin.

Rose, J.B., Haas, C.N., Regli, S., 1991. Risk assessment and control of waterborne giardiasis. American Journal of Public Health 81: 709–713.

Sauch JF. 1985. Use of immunofluorescence and phase-contrast microscopy for detection and identification of Giardia cyst in water samples. Applied and Environment Microbiology 50: 1434-38.

Sanchez-Vega J.T, Tay-Zavala J, Aguilar-Chiu A et al. 2006. Cryptosporidiosis and other intestinal protozoan infections in children less than one year of age in Mexico city. American Journal of Tropical Medicine Hygiene 75: 1095-8.

Savioli L., Smith H., Thompson A. 2006. Giardia and Cryptosporidium join the Neglected Diseases initiative. Trends Parasitology 22(5): 203-8.

Smith, H.V. and Grimason, A.M. 2003. Giardia and Cryptosporidium in water and waste water. In The Handbook of Water and Wastewater Microbiology (Mara, D. and Horan, N., eds). Elsevier 619–781.

Smith, H.V., Caccio`, S.M., Tait, A., McLauchlin, J., Thompson, R.C.A. 2006. Tools for investigating the abiotic transmission of Cryptosporidium and Giardia infections in humans. Trends Parasitology 22: 160– 166.

Smith H.V., Rose J.B. 1990. Waterborne Cryptosporidiosis. Parasitol Today 6: 8–12.

S/Comité chargé de l'eau potable et de l'évacuation des déchets humains. 1991. Évaluation rapide des besoins. Comité National de Surveillance et de Contrôle des Maladies Diarrhéiques et du Choléra. Port-au-Prince.

Standish-Lee, P., Loboschefsky, E. 2006. Protecting public health from the impact of body-contact recreation. Water Sci. Technol 53: 201–207.

Tamburrini A., Pozio E. 1999. Long-term survival of *Cryptosporidium parvum* oocysts in seawater and in experimentally infected mussels (Mytilus galloprovincialis). Int. J. Parasitol 29: 711–715.

Thompson R.C.A. and Monis, P.T. 2004. Variation in Giardia: implications for taxonomy and epidemiology. Adv. Parasitol 58: 69–137.

Tzipori S., Smith M., Birch C., Barnes G., Bishop R. 1983. Cryptosporidiosis in hospital patients with gastroenteritis. Am J Trop Med Hyg 32: 931-4.

USEPA 1999a Method 1622: *Cryptosporidium* in water by Filtration /IMS/ FA. EPA/821-R-99/001. USEPA, Office of Water, Washington, D.C.

USEPA 1999b Method 1623: *Cryptosporidium* and *Giardia* in water by Filtration /IMS/FA. EPA/821-R-99/006. USEPA, Office of Water, Washington, D.C.

USEPA 1989. Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources. Federal Register 54 (124).

US Geological Survey, 2006a. Microbiology and public beach safety: integrated science for the protection of public health, FS 2006-3045 ed.

US Geological Survey, 2006b. Pathogen exposure through recreational water. Retrieved 10/31/2006. http://health.usgs.gov/pathogens.

WHO World Health Organization. 2002. Guidelines for Drinking Water Quality; Addendum-Microbial Agents in Drinking Water, 2nd ed. Geneva, Switzerland.

Wright M.S., Collins P.A.1997. Waterborne transmission of Cryptosporidium, Cyclospora and Giardia. Clin. Lab. Sci 10: 287–290.

Yoder J., Blackburn B., Gunther G., Hill V., Levy D., Chen, N. 2004. Surveillance for waterborne-disease outbreaks associated with recreational water—United States, 2001–2002. Washington, DC.