



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

Date: August 10, 2017
To: North Carolina Clinicians
From: Zack Moore, MD, MPH, State Epidemiologist
Subject: Increase in *Cyclospora cayetanensis* Infections Nationally and Statewide (1 page)

This memo is intended to provide guidance to clinicians regarding an increase in reported cases of cyclosporiasis. Clinicians should consider a diagnosis of cyclosporiasis in patients with prolonged or remitting-relapsing diarrheal illness. CDC's health alert can provide additional details: <https://emergency.cdc.gov/han/han00405.asp>.

Summary

From May 1–August 2, 2017, 206 domestically-acquired *Cyclospora* infections were reported to the Centers for Disease Control and Prevention (CDC) from 27 states, including 15 cases from North Carolina. This is compared to 88 cases nationally during the same period in 2016. At this time, no common exposure has been identified.

Background

Cyclosporiasis is an intestinal illness caused by the parasite *Cyclospora cayetanensis*. People can become infected with *Cyclospora* by consuming food or water contaminated with the parasite; it is not transmitted directly from one person to another person. The most common symptom of cyclosporiasis is watery diarrhea, which can be profuse. Symptoms begin an average of 7 days (range: 2 days to ≥ 2 weeks) after ingestion. If untreated, the illness may last for a few days to a month or longer, and may have a remitting-relapsing course. The treatment of choice for cyclosporiasis is trimethoprim/sulfamethoxazole (TMP/SMX). No effective alternative treatments have been identified for persons who are allergic to or cannot tolerate TMP/SMX, thus observation and symptomatic care is recommended for these patients.

Cyclosporiasis is more common in tropical and sub-tropical regions. Previous outbreaks in the United States have been linked to various types of imported fresh produce (e.g., basil, cilantro, mesclun lettuce, raspberries, and snow peas). In the United States, most of the reported cases and outbreaks have occurred during the spring and summer months.

Recommendations for Clinicians

Clinicians are encouraged to take the following actions to help identify common exposures and limit future cases:

- Consider a diagnosis of cyclosporiasis in patients who have prolonged or remitting-relapsing diarrheal illness.
- If indicated, order testing for *Cyclospora*, whether testing is requested by ova and parasite (O&P) examination, by molecular methods, or by a gastrointestinal pathogen panel test. Several stool specimens may be required because *Cyclospora* oocysts may be shed intermittently and at low levels, even in persons with profuse diarrhea.
- Report suspected or confirmed cases to your local health departments or by contacting the state Communicable Disease Branch Epidemiologist on call at 919-733-3419. Cyclosporiasis is reportable under NC law.

For More Information

CDC Cyclosporiasis Resources for Healthcare Providers:

https://www.cdc.gov/parasites/cyclosporiasis/health_professionals/index.html