



Health Advisory: Cyclosporiasis Causes Prolonged Diarrhea

Minnesota Department of Health Wed July 2 11:45 CDT 2014

Action Steps:

Local and tribal health departments: Please forward to hospital, clinics, urgent care centers, and convenience clinics in your jurisdictions.

Clinics and Hospitals: Please forward to providers who might diagnose diarrheal illness.

Healthcare providers: Consider Cyclosporiasis when treating prolonged diarrheal illness, especially during the summer months.

Background

June of 2013 marked the beginning of multi-state outbreaks of cyclosporiasis that resulted in 631 cases in 25 states. Because outbreaks such as these that are linked to imported fresh produce may recur in subsequent years at the same time of year, health care providers should consider *Cyclospora* as a potential cause of prolonged diarrheal illness, especially in the next few months. Testing for *Cyclospora* is not routinely done in most U.S. laboratories, even when stool is tested for parasites. Therefore, **health care providers should specifically request testing for *Cyclospora*** if they suspect it. Laboratory confirmation may help guide antimicrobial therapy for the patient and help MDH identify the source of possible foodborne outbreaks.

Cyclospora cayetanensis a protozoan parasite that causes an illness characterized by watery diarrhea, often profuse and protracted. Profuse diarrhea can last weeks to months, and may relapse. Additional symptoms may include anorexia, fatigue, weight loss, abdominal cramps, bloating, vomiting, and low grade fever. Symptoms of cyclosporiasis usually begin 2-14 days after ingestion of oocysts in contaminated food or water.

Treatment

The CDC recommends treatment with Trimethoprim-sulfamethoxazole (e.g. Bactrim, Septra, or Cotrim). The typical regimen for immunocompetent adults is Trimethoprim 160 mg plus sulfamethoxazole 800 mg (one double-strength tablet), orally, twice a day, for 7-10 days. HIV-infected patients may need longer courses of therapy. No highly effective alternatives have been identified for persons who are allergic to (or are intolerant of) Trimethoprim-sulfamethoxazole. More information is available on the CDC's Cyclosporiasis page:

<http://www.cdc.gov/parasites/cyclosporiasis/>

Reporting Cyclosporiasis

Cyclospora spp. must be reported within one working day, and must include submission of clinical materials (stool). MDH Reporting Cyclosporiasis page:

<http://www.health.state.mn.us/divs/idepc/dtopics/reportable/cyclosporiasis.html>

Specimen Collection, Storage and Transport

Specimens collected prior to treatment should be refrigerated and sent to the diagnostic laboratory as rapidly as possible. If it is not possible to send the specimen to the laboratory promptly, it should be preserved. Because a range of tests might be performed, preserve stool in 10% formalin and Zn-PVA, OR one of the single-vial specimen collection systems.

Laboratory Diagnosis

It can be difficult to detect oocysts in wet mounts viewed with traditional light microscopy. MDH PHL has methods to detect and identify *Cyclospora* in stool specimens. Additionally, MDH PHL can provide assistance through consultation with digital images sent to mnlabsystem@state.mn.us. More information on the identification of *Cyclospora* is posted at: MDH website: <http://www.health.state.mn.us/mls/coccidia.pdf> or the CDC DPDx website: <http://www.cdc.gov/dpdx/cyclosporiasis/index.html>