

Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation

July 26, 2019

Health Notice for District of Columbia Health Care Providers
Increased Vigilance for Cases of Cyclosporiasis

Summary

The District of Columbia Department of Health (DC Health) has noted an increase in the number of cases of cyclosporiasis among DC residents. To date, a total of 14 cases have been reported in 2019 as compared to a total of 8 cases in 2018. An increase in the number of cases of cyclosporiasis has also been observed in multiple other states. On July 25, 2019, the United States (U.S.) Food and Drug Administration (FDA) released a [notice](#) regarding the outbreak stating that the *Cyclospora* illnesses are potentially linked to fresh basil exported by Siga Logistics de RL de CV located in Morelos, Mexico. DC Health is actively working with state, local, and Federal public health partners in the ongoing investigation. Cyclosporiasis is an intestinal illness caused by a microscopic parasite, spread through ingesting contaminated food or water. In the U.S. foodborne outbreaks of cyclosporiasis have been linked to imported fresh produce. Cases of infection also have occurred in people who traveled to endemic areas, which are commonly tropical and subtropical regions.

DC Health is requesting that healthcare providers consider cyclosporiasis in patients presenting with clinically compatible symptoms, collect a stool sample for testing specific for *Cyclospora*, and report all cases with positive results to DC Health. Please share this notice with all appropriate staff at your facility.

Background

Cyclospora infection is transmitted by ingesting infective *Cyclospora* oocysts (for example, in contaminated food or water). The incubation period from exposure to onset of symptoms ranges from 2-14 days with an average of 1 week. *Cyclospora* infects the small intestine and typically causes watery diarrhea, with frequent, sometimes explosive, stools. Other common symptoms include loss of appetite, weight loss, abdominal cramping/bloating, increased flatus, nausea, and prolonged fatigue. Vomiting, body aches, low-grade fever, and other flu-like symptoms may be noted. If untreated, the illness may last for a few days to a month or longer, and may follow a remitting-relapsing course. Although cyclosporiasis usually is not life threatening, reported complications have included malabsorption, cholecystitis, and reactive arthritis. Reinfection may occur with multiple exposures. The suggested treatment is trimethoprim-sulfamethoxazole (TMP-SMX), 160 mg plus SMX 800 mg, 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 those who are allergic or intolerant.

People of all ages are at risk for infection. Those living or traveling in the tropics and subtropics may be at increased risk because cyclosporiasis may be endemic. In some regions, infection appears to be seasonal, but the seasonality varies in different settings and is not well understood. In the U.S, foodborne outbreaks of cyclosporiasis have previously been linked to various types of imported fresh produce such as raspberries, basil, snow peas, mesclun lettuce, and cilantro; no commercially frozen or canned produce has been implicated to date.

It is important to emphasize to patients that the following steps can prevent cyclosporiasis:

- Avoiding food or water that might have been contaminated with stool
- Washing hands with soap and warm water before and after handling fruits and vegetables
- Washing all fruits and vegetables thoroughly under running water before eating, cutting, or cooking.
- Scrubbing firm fruits such as melons and cucumbers with a clean produce brush. Damaged or bruised areas should be cut away and discarded before preparing and eating
- Washing cutting boards, dishes, utensils, and counter tops with soap and hot water between the preparation of raw meat, poultry, and seafood products and the preparation of fruits and vegetables that will not be cooked
- Refrigerating cut, peeled, or cooked fruits and vegetables as soon as possible or within 2 hours.
- Storing fruits and vegetables away from raw meat, poultry, and seafood

Additional information on *Cyclospora* can be found on the following website:

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

Guidelines for Case Reporting

Laboratory-confirmed cases of cyclosporiasis should be reported **within 48 hours** by submitting a **Notifiable Disease and Condition Case Report Form** via the DC Reporting and Surveillance Center (DCRC). The online case reporting form and additional guidance and resources can be found on our Infectious Diseases webpage (<https://dchealth.dc.gov/service/infectious-diseases>).

Laboratory Testing for *Cyclospora*

Cyclospora infection is diagnosed by examining stool specimens. Some key points to keep in mind regarding testing for *Cyclospora*:

- Stool specimens examined for ova and parasites usually are **not** examined for *Cyclospora* unless such testing is **requested**.
- Not all gastrointestinal polymerase chain reaction (PCR) panels include a target for *Cyclospora*. Therefore, when evaluating persons with symptoms consistent with cyclosporiasis, **specifically request** testing for this parasite. If indicated, stool specimens also should be checked for other microbes that can cause a similar illness.
- *Cyclospora* oocysts are easily overlooked and may be shed intermittently and at low levels, even by persons with profuse diarrhea.
 - A single negative stool specimen **does not exclude** the diagnosis; several specimens collected on different days—that are processed and examined with sensitive methods—may be required.
- The laboratory should use sensitive recovery methods (concentration procedures) and detection methods that highlight *Cyclospora* oocysts.
 - The oocysts can be stained with modified acid-fast or modified (“hot”) safranin techniques.
 - *Cyclospora* oocysts also are autofluorescent, meaning that when stool containing the parasite is viewed under an ultraviolet (UV) fluorescence microscope the oocysts appear blue or green (see image above) against a black background.

Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation at:

Phone: 202-442-9065 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)

Fax: 202-442-8060 | Email: foodborne.epi@dc.gov