



**CDC Health Advisory:
Increase in Reported Cases of *Cyclospora cayetanensis* Infection, United States, Summer 2017**
August 9, 2017

This message is intended for primary care, emergency medicine, urgent care, gastroenterology, and infectious disease providers and all clinical and reference laboratories.

The Centers for Disease Control and Prevention (CDC) issued a Health Advisory on August 7, 2017 reporting an increase in the number of reported cases of *Cyclospora cayetanensis* infection nationally during summer 2017. In Los Angeles County (LAC), 14 confirmed or suspect *Cyclospora* cases were reported between June 1 and August 1, 2017, compared with no cases reported earlier during the year. Only seven cases were reported in LAC during 2016 with a single case in June or July. Previous U.S. *Cyclospora* outbreaks have occurred associated with consumption of fruits or vegetables.

Providers should consider cyclosporiasis in patients with prolonged or remitting-relapsing diarrheal disease. In addition to the CDC's recommendations for healthcare providers in the advisory below, the LAC Department of Public Health provides the following guidance:

Laboratory Diagnosis

- Laboratory diagnosis of cyclosporiasis requires either submission of stool specimens for ova and parasite testing with a specific request for *Cyclospora* identification, pathogen-specific PCR, or a gastrointestinal pathogen (GI) panel. A single negative stool specimen does not exclude the diagnosis of cyclosporiasis as oocysts may be shed intermittently or in small numbers. Three specimens collected on different days may be required.
- Specimen requirements may vary depending on the tests available at the diagnostic laboratory. Providers should contact their diagnostic laboratory to inquire about available tests to diagnose *Cyclospora* and instructions on specimen submission.
- Providers should note that not all GI panels include *Cyclospora*. Providers should confirm with their laboratory that *Cyclospora* is included in the GI panel and, if needed, order a separate *cyclospora* test.
- Public Health requests that diagnostic laboratories send *Cyclospora* positive stool samples to the Los Angeles Public Health Laboratory (PHL) for molecular typing and characterization. Laboratory assistance with diagnosis via telemicroscopy for UV fluorescence wet-mounts or stained smears is also available. The PHL can be contacted at 562-658-1330.

Reporting

Cyclospora infections are reportable to Public Health.

- In Los Angeles County, providers should report all confirmed and suspect *Cyclospora* cases to Los Angeles County Morbidity Unit by faxing a [Confidential Morbidity Report](#) (CMR) to 888-397-3778 or by calling 888-397-3993.

Reporting suspect cases in the cities of Long Beach or Pasadena

- Long Beach Health and Human Services:
Fax a CMR to (562) 570-4374 or call (562) 570-4302.
- Pasadena Health Department:
Fax a CMR to (626)744-6115 or call (626) 744-6089.

The full CDC Advisory can be found on the next page and [online](#).

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<http://publichealth.lacounty.gov/lahan>

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CDC HEALTH ADVISORY

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Infection, United States, Summer 2017**

Summary

The Centers for Disease Control and Prevention (CDC), State and Local Health Departments, and the Food and Drug Administration (FDA) are investigating an increase in reported cases of cyclosporiasis. The purpose of this HAN Advisory is to notify public health departments and healthcare facilities and to provide guidance to healthcare providers of the increase in reported cases. Please disseminate this information to healthcare providers in hospitals and emergency rooms, to primary care providers, and to microbiology laboratories.

Healthcare providers should consider a diagnosis of cyclosporiasis in patients with prolonged or remitting-relapsing diarrheal illness. Testing for *Cyclospora* is not routinely done in most U.S. laboratories, even when stool is tested for parasites. Healthcare providers must specifically 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. Cyclosporiasis is a nationally notifiable disease; healthcare providers should report suspect and confirmed cases of infection to public health authorities.

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. Other common symptoms include anorexia, fatigue, weight loss, nausea, flatulence, abdominal cramping, and myalgia; vomiting and low-grade fever may also occur. Symptoms of cyclosporiasis begin an average of 7 days (range: 2 days to \geq 2 weeks) after ingestion of the parasite. 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 yet been identified for persons who are allergic to or cannot tolerate TMP/SMX, thus observation and symptomatic care is recommended for these patients.

Cyclosporiasis occurs in many countries but 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). To date, no commercially frozen or canned produce has been implicated. In the United States, most of the reported cases and outbreaks have occurred during the spring and summer months, especially during May through August or September.

As of August 2, 2017, 206 cases of *Cyclospora* infections have been reported to CDC in persons who became infected in the United States and became ill on or after May 1, 2017. These cases have been reported from 27 states, most of which have reported relatively few cases. Eighteen cases reported hospitalization; no deaths have been reported. At this time, no specific vehicle of interest has been identified, and investigations to identify a potential source of infection are ongoing. It is too early to say

whether cases of *Cyclospora* infection in different states are related to each other and/or to the same food item(s).

The number of cases (206) reported in 2017, is higher than the number of cases reported by this date in 2016. As of August 3, 2016, 88 *Cyclospora* infections had been reported in persons who became infected in the United States and became ill on or after May 1, 2016.

Recommendations for Healthcare Providers

- Consider a diagnosis of cyclosporiasis in patients who have prolonged or remitting-relapsing diarrheal illness.
- If indicated, healthcare providers should specifically 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 cases to local health departments. Contact the local health department if assistance is needed with reporting or submitting specimens.

For More Information

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

CDC Cyclosporiasis Resources for Healthcare Providers:

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

CDC DPDx Laboratory Identification of Parasites of Public Health Concern:

<https://www.cdc.gov/dpdx/cyclosporiasis/index.html>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

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HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##