

# HEALTH ADVISORY



**Public Health**  
Prevent. Promote. Protect.

## **REGION IV PUBLIC HEALTH**

Clark, Cowlitz, Skamania, Wahkiakum  
counties and Cowlitz Tribe

**TO: Physicians and other Healthcare Providers**

**Please distribute a copy of this information to each provider in your organization.**

Questions regarding this information may be directed to the following Region IV health officers:

**Alan Melnick, MD, MPH, CPH**

Clark County Public Health, (360) 397-8412

Skamania County Community Health, (509) 427-3850

**Jennifer Vines, MD, MPH**

Cowlitz County Health & Human Services, (360) 414-5599

Wahkiakum County Health & Human Services, (360) 795-6207

### **Alert categories:**

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; no immediate action necessary.

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**HEALTH  
ADVISORY**  
August 8, 2017

**Increase in Reported cases of  
*Cyclospora cayetanensis*  
Infection, United States, Summer 2017  
Increase in Reported cases of  
*Cyclospora cayetanensis***



*The following advisory is adapted from one sent by the CDC on August 7, 2017*

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## 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 advisory is to notify healthcare facilities, including hospitals and laboratories, and healthcare providers of the increase in reported cases and to provide guidance regarding recognizing cyclosporiasis, obtaining the appropriate tests, providing treatment and notifying public health.

Physicians and other 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 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 notifiable disease in Washington State; healthcare providers, hospitals and laboratories in Southwest Washington Region IV should report suspect and confirmed cases of infection to the appropriate local health department (providers, within 3 business days, laboratories, within 2 business days) listed below.

## 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.

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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 Physicians and other 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 the appropriate local health department listed below. 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](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>

**Thank you for your partnership.**

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Clark County Public Health:	(360) 397-8182	(360) 397-8080
Cowlitz County Health Department:	(360) 414-5599	(360) 425-7531
Skamania County Community Health:	(509) 427-3850	(509) 427-0188
Wahkiakum County Health and Human Services:	(360) 795-6207	(360) 795-6143

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