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Cyclosporiasis

NH Division of Public Health Services (NH DPHS) recommends the following:

1. Be aware that there have been an increased number of cases of Cyclosporiasis in the US, including states that neighbor New Hampshire.
2. Consider Cyclosporiasis as a potential cause of prolonged diarrheal illness in patients, regardless of travel history.
3. If Cyclosporiasis is suspected, specifically request testing for *Cyclospora* (most laboratories do not test for *Cyclospora* in a routine ova and parasite test).
4. Report all laboratory-confirmed cases of *Cyclospora* to the NH DPHS Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext. 5300).

Background:

Cyclospora illness in the United States is traditionally associated with travel to tropical or subtropical regions where *Cyclospora* infection is endemic. Since May 2014, Texas, Maine, and Massachusetts have observed unusual increases in the number of cases of Cyclosporiasis, primarily among persons without a history of international travel. There have been no common food items identified to explain the current increases; previous domestic outbreaks have been linked to various types of imported fresh produce including raspberries (1995-2000), basil (1997), snow peas (2004), salad mix (2013), and cilantro (2013).

Cyclosporiasis is a gastrointestinal illness caused by the parasite *Cyclospora cayetanensis*. Illness is caused by ingestion of the infective oocyst, such as through contaminated food or water. *Cyclospora* is not transmitted directly from person to person, because its life cycle requires a period of time in the environment to become infective. Symptoms begin approximately one week after ingestion of infective oocysts (range: 2-14 days) and typically include watery diarrhea with frequent and sometimes explosive defecation. Other common symptoms include loss of appetite, weight loss, abdominal cramping/bloating, increased flatus, nausea, and prolonged fatigue. If untreated, symptoms can persist for several weeks to months. Cyclosporiasis is typically treated with 7-10 day regimen of trimethoprim-sulfamethoxazole (TMP-SMX).

Laboratory Testing for *Cyclospora cayetanensis*

Currently, the only tests available to assist in the diagnosis of Cyclosporiasis involve microscopy, with several staining methods in use. Microscopy to identify *Cyclospora cayetanensis* is not routinely done when stool is examined for ova and parasites, and therefore requires that a clinician makes a specific request to the laboratory. Because symptomatic persons may not shed enough oocysts in their stool to be detectable by laboratory examination, at least three stool specimens collected on different days should be tested before a negative result is reported.

Reporting:

Cyclosporiasis is reportable in New Hampshire and should be reported to the Bureau of Infectious Disease Control at 603-271-4496 (toll free at 1-800-852-3345 ext. 4496) or by fax to 1-603-271-0545. After hours, call 1-800-852-3345, ext. 5300 and ask for the public health professional on call.

For more information:

- General Cyclospora information is available at http://www.cdc.gov/parasites/cyclosporiasis/health_professionals/index.html?s_cid=fb_hpot161
- Printed materials and FAQs for the general public and physicians can be found at <http://www.cdc.gov/parasites/cyclosporiasis/printresources.html>
- Notice from American Academy of Family Physicians regarding when to consider Cyclospora testing at <http://www.aafp.org/news/news-in-brief/20140622wklynwsbrfs.html>

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email Denise.Krol@dhhs.state.nh.us

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From: Elizabeth A. Talbot, MD – Deputy State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services