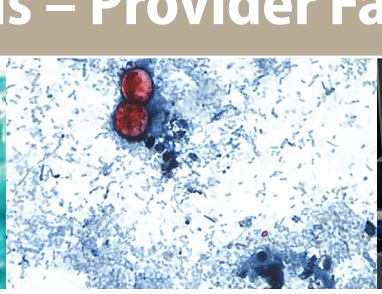
Cyclosporiasis – Provider Fact Sheet

What is cyclosporiasis?

Cyclospora cayetanensis is a unicellular parasite that causes an intestinal infection called cyclosporiasis. Because *Cyclospora* is a coccidian parasite, infected people shed oocysts (rather than cysts) in their feces. These oocysts must mature (sporulate) in the environment for days to weeks to become infective; therefore, direct person-to-person (fecal-oral) transmission is unlikely.

How is cyclosporiasis transmitted?

Cyclospora infection is transmitted by ingesting infective *Cyclospora* oocysts (for example, in contaminated food or water). Outbreaks in the United States and Canada have been linked to various types of imported fresh produce. In the United States, most reported cases have occurred during the months of May through August, peaking in June and July.

Who is at risk for cyclosporiasis?

- Persons of all ages are at risk for infection.
- Persons living or traveling in the tropics and subtropics may be at increased risk because cyclosporiasis is endemic in some countries in these zones.

What are the signs and symptoms of cyclosporiasis?

- Some infected persons are asymptomatic.
- The incubation period averages ~1 week (ranges from ~2–14 or more days).
- *Cyclospora* infects the small intestine and typically causes watery diarrhea, with frequent, sometimes explosive, stools.
- Other common symptoms:
  - Loss of appetite and weight
  - Cramping, bloating, and/or increased flatus
  - Nausea (*vomiting is less common*)
  - Increased flatus
  - Prolonged fatigue
  - Body aches
  - Low-grade fever and other flu-like symptoms
- If untreated, the illness may last for a few days to a month or longer, and may have a remitting-relapsing course.

How is cyclosporiasis diagnosed?

- Stool specimens examined for ova and parasites usually are not examined for *Cyclospora* unless such testing is requested. Therefore, when evaluating persons with symptoms consistent with cyclosporiasis, specifically request testing for this parasite.
- Several stool specimens may be required since *Cyclospora* oocysts may be shed intermittently and at low levels, even by persons with profuse diarrhea.

How is cyclosporiasis treated?

- Trimethoprim-sulfamethoxazole (TMP-SMX) is the treatment of choice.
- The typical regimen for immunocompetent adults is TMP 160 mg plus SMX 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) TMP-SMX.

How can I advise my patients to prevent cyclosporiasis?

Travelers to cyclosporiasis-endemic areas should be told that food and water precautions for *Cyclospora* are similar to those for other intestinal pathogens, except that *Cyclospora* is unlikely to be killed by routine chemical disinfection or sanitizing methods.

For more information, please visit http://www.cdc.gov/parasites/cyclosporiasis/health_professionals/index.html or call 404.718.4745 for clinical consults.

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