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Clinical Advisory

To: Massachusetts Clinicians

From: Alfred DeMaria, Jr., M.D.
State Epidemiologist and Medical Director, Bureau of Infectious Disease

Larry Madoff, M.D.
Director, Division of Epidemiology and Immunization

Date: July 24, 2014

Re: Increase in *Cyclospora* infection in Massachusetts

The Massachusetts Department of Public Health (MDPH) has observed an increase in reported *Cyclospora* infections since June 2014. Over the past three years, MDPH had received five or fewer reports of *Cyclospora* infection annually, with 50% associated with travel. This year, MDPH has already received reports of 12 cases of *Cyclospora* infection in July alone, with only one case reporting out-of-state travel.

Cyclosporiasis is a protozoan parasitic infection that results from ingesting infective *Cyclospora cayetanensis* cysts. Outbreaks in the United States and Canada have historically been linked to various types of imported fresh produce including: Guatemalan raspberries (2000), Thai basil (2001), and Mexican bagged salad mix (2013).

Individuals become symptomatic approximately one week after ingesting contaminated food (range 2-14 days). *Cyclospora* is not spread through direct person-to-person contact since it does not develop from oocyst to infectious cyst until after a period in the environment. Symptoms typically include watery diarrhea, with frequent and sometimes explosive defecation. Other common symptoms include loss of appetite, weight loss, abdominal cramping and bloating, flatulence, nausea, and prolonged fatigue. Low-grade fever occurs in 50% of patients. Infection is usually self-limited, but untreated people may have remitting, relapsing symptoms for weeks to months. Cyclosporiasis is typically and effectively treated using a 7-10 day regimen of trimethoprim-sulfamethoxazole (TMP-SMX). There are no alternative agents demonstrated to be effective.

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 a test done routinely in most clinical laboratories even when stool is examined for ova and parasites, and usually requires a specific request.

MDPH recommends the following:

- **Health care providers should consider *Cyclospora* infection as a potential cause of prolonged diarrheal illness in patients regardless of travel history.**
- **If suspected, health care providers should specifically request testing for *Cyclospora*.**

Patients with laboratory-confirmed *Cyclospora* infection should be promptly reported to the local board of health or MDPH by calling (617) 983-6800. Infection identified in Boston residents should be reported to the Boston Public Health Commission by calling (617) 534-5611.

For more information:

- CDC Cyclosporiasis website:
<http://www.cdc.gov/parasites/cyclosporiasis/>
- Public Health Fact Sheet (also available in Spanish and Portuguese on the MDPH web site):
<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/cyclospora.pdf>