

# PUBLIC HEALTH REFERENCE SHEET

## Cyclosporiasis



<b>Name</b>	<i>Cyclospora cayetanensis</i>
<b>Reservoir &amp; Transmission</b>	Humans. Occurs through drinking (or swimming in) contaminated water or through consumption of contaminated fresh fruits and vegetables Person-to-person transmission is unlikely
<b>Incubation Period</b>	Approximately 1 week
<b>Symptoms</b>	Watery diarrhea, nausea, anorexia, abdominal cramps, fatigue, myalgia, and weight loss; fever is rare
<b>Gold Standard Diagnostic Test</b>	Microscopic identification or DNA identification through PCR
<b>Risk Groups</b>	Those with HIV and HIV/tuberculosis co-infection are particularly susceptible
<b>Geographic Significance</b>	Most common in tropical and subtropical countries, where asymptomatic infections are not infrequent; also associated with diarrhea in travelers to Asia, the Caribbean, and Latin America

### What is Cyclosporiasis?

Cyclosporiasis is an intestinal infection caused by a single-cell microscopic parasite called *Cyclospora cayetanensis*.

### How is *Cyclospora* transmitted?

*Cyclospora* is spread by people ingesting food or water that contaminated with feces, or through consumption of contaminated fresh fruits and vegetables. *Cyclospora* needs time (days to weeks) after being passed in a bowel movement to become infectious for another person. Therefore, it is unlikely that *Cyclospora* is passed directly from one person to another.

### Who is at risk for Cyclosporiasis?

People living or traveling in tropical or subtropical regions of the world may be at increased risk for infection because cyclosporiasis is endemic in some countries in these zones. In the United States, foodborne outbreaks of cyclosporiasis have been linked to various types of imported fresh produce.

### What are the signs and symptoms of Cyclosporiasis?

The time between becoming infected and becoming sick is usually about 1 week. *Cyclospora* infects the small intestine and usually causes watery diarrhea, with frequent, sometimes explosive, bowel movements. Other common symptoms include loss of appetite, weight loss, stomach cramps/pain, bloating, increased gas, nausea, and fatigue. Vomiting, body aches, headache, fever, and other flu-like symptoms may be noted. Some infected people remain asymptomatic. If not treated, the illness may last from a few days to a month or longer. Symptoms may seem to go away and then relapse. Fatigue is common.

### How is Cyclosporiasis diagnosed?

Identification of this parasite in stool requires special laboratory tests that are not routinely done. More than one stool specimen from different days is submitted and testing is specifically requested for *Cyclospora* as well as other organisms that can cause similar symptoms.

### How is Cyclosporiasis treated?

The recommended treatment is a combination of two antibiotics, trimethoprim-sulfamethoxazole, also known as Bactrim®, Septra®, or Cotrim®. Nitazoxanide (anti-parasite/anti-protozoal) or ciprofloxacin may be considered to treat patients who are allergic to

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or cannot tolerate sulfa drugs. People who have diarrhea should also rest and drink plenty of fluids.

### How is Cyclosporiasis prevented?

Avoiding food or water that might have been contaminated with stool may help prevent the infection. People who have previously been afflicted with *Cyclospora* can become infected again. Cooking foods that may be infected may kill the parasite. Thoroughly washing and peeling contaminated fruits and vegetables may help prevent infection.

### What are some public health considerations?

- Document the source of the infection, if known.
- Document if the case patient works in, lives in, or attends a high transmission setting such as food handling, day care, school, group living, healthcare, training center, or ship.

### References:

“Cyclosporiasis,” Centers for Disease Control and Prevention, last reviewed March 12, 2022.

<https://www.cdc.gov/parasites/cyclosporiasis/>.

Defense Health Agency. 2022. *Armed Forces Reportable Medical Events Guidelines and Case Definitions*.

<https://www.health.mil/Reference-Center/Publications/2022/11/01/Armed-Forces-Reportable-Medical-Events-Guidelines>

Heymann, David L. ed. 2022. *Control of Communicable Diseases Manual*. 21st Edition. Washington DC: APHA Press.

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