



Date: July 1, 2021

BCD 2021-04

To: Wisconsin Clinicians, Infection Preventionists, Local and Tribal Health Departments, and Laboratorians

From: Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist for Communicable Diseases, Wisconsin Department of Health Services

Increased reports of laboratory-confirmed cases of cyclosporiasis

PLEASE DISTRIBUTE WIDELY

Summary

An increase in reported laboratory-confirmed cases of cyclosporiasis has been detected among Wisconsin residents statewide. Since June 19, 24 cases of cyclosporiasis have been reported occurring in residents of 13 counties across the state. It is currently unknown if the increase in cases represents a common, widely distributed food item or multiple possible sources associated with seasonal increases. Because of the increase in cases statewide, we request your assistance with detecting, reporting, and treating patients with cyclosporiasis.

For Health Care Providers

Symptoms: *Cyclospora* infects the small intestine and typically causes watery diarrhea with frequent, sometimes explosive stools. Other common symptoms include loss of appetite, weight loss, abdominal cramping/bloating, increased flatus, nausea, and prolonged fatigue. Vomiting, body aches, low-grade fever, and other flu-like symptoms may also be noted. The incubation period for *Cyclospora* averages 1 week (range: ~2-14 or more days). If untreated, the illness may last for weeks to a month or longer and may follow a remitting-relapsing course. Cyclosporiasis is not transmitted from person to person. However, persons working in high-risk occupations (e.g., food service, health care, child care) should not return to work until asymptomatic.

Diagnosis: Diagnosis can be made by identification of *Cyclospora* oocysts in stool specimens by fluorescent microscopy, special staining methods, or using a commercially available multi-target gastrointestinal pathogen panel that includes *Cyclospora*. *Cyclospora* testing is widely available; providers should contact their laboratory to request testing.

Treatment: [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 higher doses and/or longer courses of therapy.

[Nitazoxanide](#) (500 mg twice daily for 7 days) may be an acceptable alternative regimen for patients with sulfa allergy; its efficacy has been described in case reports.
(Source: UpToDate.com, *Cyclospora* Infection)

Anecdotal or unpublished data suggest that the following drugs are ineffective: albendazole, trimethoprim (when used as a single agent), azithromycin, nalidixic acid, tinidazole, metronidazole, quinacrine, tetracycline, doxycycline, and diloxanide furoate. Although data from a small study among HIV-infected patients in Haiti suggested that ciprofloxacin might have modest activity against *Cyclospora*, substantial anecdotal experience among many immunocompetent persons suggests that ciprofloxacin is ineffective. (Source: CDC Treatment for Cyclosporiasis)

Reporting: Cyclosporiasis is a reportable condition in Wisconsin. Reporting requirements for cyclosporiasis can be found on the [Wisconsin Department of Health Services \(DHS\) website](#).

For Laboratorians

Clinical laboratories are asked to forward patient specimens positive for cyclosporiasis to the Wisconsin State Laboratory of Hygiene (WSLH) as part of Wisconsin Enteric Pathogens Surveillance (WEPS). Instructions are available at http://www.slh.wisc.edu/wp-content/uploads/2017/07/170724_WEPS-Specimen-Submission-Instructions_FINAL.doc

Specimens should be shipped to:
Wisconsin State Laboratory of Hygiene
2601 Agriculture Drive
Madison, WI 53718
ATTN: Parasitology

If you have questions regarding specimen kits and shipping, please contact WSLH customer service at 800-862-1013.

Questions

If you have any questions, please contact [your local health department](#), the DPH enteric epidemiologist of the day (DHSDPHEnterics@dhs.wisconsin.gov or 608-267-7143), or the DPH Bureau of Communicable Diseases at 608-267-9003.

Thank you for your assistance in this important matter.