



Communicable Disease Case Reporting and Investigation Protocol CYCLOSPORIASIS

I. IDENTIFICATION AND DEFINITION OF CASES

- A. **Clinical Description:** An illness of variable severity caused by the protozoan *Cyclospora cayetanensis* and commonly characterized by watery diarrhea, loss of appetite, weight loss, abdominal bloating and cramping, increased flatus, nausea, fatigue, and low-grade fever. Vomiting also may be noted. Persistence of symptoms with remitting and relapsing episodes is typical.
- B. **Laboratory Criteria:** Confirmatory laboratory evidence—Detection of *Cyclospora* organisms or *Cyclospora* DNA (e.g., by polymerase chain reaction) in stool, intestinal fluid/aspirate, or intestinal biopsy specimens.
- C. **Wisconsin Surveillance Case Definition:**
- Confirmed: A case that meets the clinical description and at least one of the criteria for confirmatory laboratory evidence.
 - Probable: A case that meets the clinical description and that is epidemiologically linked to a confirmed case.

II. REPORTING

- A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04 \(3\) \(b\)](#). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form.
- B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).
- C. **Clinical Criteria for Reporting:** None
- D. **Laboratory Criteria for Reporting:** Confirmatory laboratory evidence. All positive results should be reported. All *Cyclospora* infections are reportable regardless of specimen source.

III. CASE INVESTIGATION

- A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.
- B. **Required Documentation:**
1. Complete the WEDSS disease incident investigation report, including all disease-specific tabs. The Wisconsin Cyclosporiasis Interview Worksheet, which includes sample interview scripts, is available on the [Enterics Program SharePoint Site](#). End the interview for case-patients who have been traveling outside of the United States or Canada during their entire exposure period after the International Travel section.
 2. Upon completion of investigation, set WEDSS disease incident process status to "Sent to State."
- C. **Additional Investigation Responsibilities**
1. Assess patient for high-risk settings or activities to include food handling, providing patient care or child care, or attending a child care facility.
 2. Source investigation by LHD.
 3. If the case is potentially outbreak-related, notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. Educate the public about proper handwashing after using the toilet, changing diapers, assisting another with toileting, handling contaminated clothing or linens, before cooking, or when associating with high-risk individuals.
- C. Exclusion of patients from high-risk settings is generally not necessary. Direct, person-to-person transmission is very unlikely because oocysts in freshly excreted stool are not infectious; they take days to weeks under the proper environmental conditions to develop outside the host and to become infectious.

V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies:
<https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
- C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES

- A. Heymann DL, ed. Cyclosporiasis In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 139-140.
- B. Pickering LK, ed. Cyclosporiasis In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 316.
- C. Centers for Disease Control and Prevention website: <https://www.cdc.gov/parasites/cyclosporiasis/index.html>