



San Mateo County Health System

Public Health, Policy & Planning
225 37th Avenue, San Mateo, CA 94403
P: (650) 573-2346
F: (650) 273-2919
www.smchealth.org

Scott Morrow, MD, MPH, MBA
Health Officer
Cassius Lockett, PhD
Director

HEALTH ADVISORY: Increase in Cyclosporiasis Cases in the Bay Area

July 10, 2018

This message is intended for emergency medicine, urgent care providers, infectious disease, primary care, internal medicine, family practice, pediatrics, and OB/GYN providers. Please distribute as appropriate.

Key Messages

Consider:

- › Consider *Cyclospora* infection in patients with persistent diarrhea.

Test:

- › *Cyclospora* testing must be specifically requested, even when ordering O&P.

Treat:

- › TMP-SMX one double-strength 160mg/800mg tablet orally twice daily for 7 to 10 days for immunocompetent adults.

Report:

- › Fax a Confidential Morbidity Report (www.smchealth.org/cmrr) to CD Control at 650-573-2919.

Situation: In the last few months, San Mateo County Public Health has received an unusually high number of case reports of cyclosporiasis (infection with *Cyclospora cayetanensis*) in patients who have not traveled outside the United States. Other Bay Area counties have also seen increased case numbers. A total of 15 cases without international travel have been reported in San Mateo County residents during this timeframe, as compared with 0-4 case reports yearly over the last several years. San Mateo County Public Health is investigating the cause of the increase with other Bay Area Jurisdictions and the California Department of Public Health to identify a common source. Prior cyclosporiasis outbreaks in the United States have been associated with imported fresh produce items.

Background: *Cyclospora cayetanensis* is a food- and water-borne protozoal parasite. *Cyclospora* infection is characterized by nonspecific GI symptoms such as anorexia, nausea, cramping, and watery diarrhea. Low-grade fever, weight loss, and fatigue may also occur. Symptoms can wax and wane, and duration of symptoms for several weeks or longer is common. Transmission is generally not person-to-person. *Cyclospora* may be difficult to wash off produce although washing fresh produce is recommended.

Recommended Actions: Consider, and test for, *Cyclospora* infection in patients with persistent diarrhea. Diagnosis is typically based on stool microscopy for ova and parasites; however, when *Cyclospora* infection is suspected, you must order a stool study specifically for *Cyclospora* (e.g., modified acid-fast stain) as it is not part of routine O&P. Stool diagnostic testing for *Cyclospora* with PCR may also be available through some laboratories.

Treatment of cyclosporiasis in immunocompetent adults consists of [trimethoprim-sulfamethoxazole](#) (TMP-SMX; one double-strength 160 mg/800 mg tablet orally twice daily) for 7 to 10 days. A longer course of treatment and/or a higher concentration may be indicated for immunocompromised patients.

Report: Submit a Confidential Morbidity Report (CMR) for each laboratory-confirmed cyclosporiasis case that is identified. The CMR can be downloaded from www.smchealth.org/communicablediseasereporting.