

JB Pritzker, Governor

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## Summary and Action Items

- Alert providers and local health departments that an increase in Illinois' *Cyclospora* cases has been observed
- Remind health care providers and laboratories about special testing requirements to identify *Cyclospora*
- Request LHDs conduct enhanced investigation of domestically acquired cases, as detailed below
- Request laboratories forward clinical materials positive for *Cyclospora* to the IDPH Springfield Laboratory

## Background

Cyclosporiasis is an intestinal illness caused by the microscopic parasite *Cyclospora cayentanensis*. There has been an increase in *Cyclospora* cases in Illinois since June 1, 2020. At least 47 cases have been reported to IDPH among Illinois residents. The source of the increase in cases is not yet known, but steps are being taken to identify a source(s). The U.S. Food and Drug Administration (FDA), along with the Centers for Disease Control and Prevention (CDC) and state and local officials, are investigating a cluster of cyclosporiasis that is possibly linked to prepackaged salads.

## Potential Exposures

People can become infected with *Cyclospora* by consuming food or water contaminated with the parasite. In the United States, foodborne outbreaks of cyclosporiasis have previously been linked to various types of imported fresh produce such as raspberries, basil, cilantro, snow peas, and lettuce.

## Symptoms

The average incubation period is seven days. *Cyclospora* can cause watery diarrhea, weight loss, fatigue, anorexia, nausea, and abdominal cramps. Symptoms can last for a few days to a month or longer. Symptoms may go away and come back again multiple times. Most people who have healthy immune systems will recover without treatment. However, there is an effective antibiotic, and clinicians should consider treatment of confirmed cases based on clinical status.

## Transmission

People can become infected with *Cyclospora* by consuming food contaminated with the parasite or by drinking or swimming in contaminated water. Person-to-person transmission generally does not occur.

## Diagnosis

**Health care providers** should consider *Cyclospora* as a potential cause of prolonged diarrheal illness. *Cyclospora* infection is diagnosed by examining stool specimens or with the use of culture-independent diagnostic tests on stool specimens. Clinicians should specifically request stool testing for *Cyclospora*, as testing is not routinely conducted in laboratories. A single negative test result is not definitive to rule out *Cyclospora* infection. When clinical suspicion is high, multiple stool specimens should be submitted to increase the testing yield.

**Laboratories:** *Cyclospora cayetanensis* oocysts, which are 8-10 micrometers in diameter, can be detected by modified acid-fast staining of stool. Fluorescence microscopy also can be utilized for detection of oocysts, which are auto fluorescent. This [link](#) provides additional helpful tools to aid in the laboratory diagnosis of *Cyclospora*. Diagnosis using culture-independent diagnostic tests (CIDT), such as the FilmArray Gastrointestinal Panel by BioFire (multiplex PCR), has become more common. Laboratories should forward clinical materials positive for *Cyclospora* to the IDPH Springfield or Chicago Laboratory upon request.

## Prevention

Avoiding food or water that may have been contaminated with feces is the best way to prevent cyclosporiasis. Consumers and retailers should always follow safe fruit and vegetable handling recommendations.

## IDPH and LHD Response

Cyclosporiasis is reportable to the local health department by the health care provider and laboratory. Local health departments should interview laboratory confirmed cases, who become ill during May through August with the standard questions for this disease. Clinically compatible cases that are laboratory confirmed by microscopy or CIDT are considered confirmed cases. If the person does not report international travel during the 14 days prior to illness onset, they also should be interviewed with the [Cyclosporiasis National Hypothesis Generating Questionnaire \(CNHGGQ\)](#), available on the IDPH CD Web Portal page under Cyclosporiasis. This questionnaire should be faxed to the Communicable Disease Control Section at 217-524-0962 upon completion. Local health departments, who are unable to attempt to complete the interview within 48 hours, should request assistance with conducting the interview by contacting the IDPH CD Section Foodborne Program at 217-782-2016.

IDPH, along with local health departments, will investigate cases through extensive case interviews, identify potential outbreaks, and work with federal partners to identify sources of exposure.

## Contact

Health care providers and laboratories should contact their [local health department](#) with questions or to report cases. Local health departments should contact the IDPH CD Section at 217-782-2016 with any questions.

## Additional Resources

IDPH resources: <http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/cyclospora>

CDC resources: <https://www.cdc.gov/parasites/cyclosporiasis/index.html>

## Date Issued

June 19, 2020