

CYCLOSPORIASIS

Case definition

CONFIRMED CASE

Laboratory confirmation of infection in a person, with or without clinical illness:

- demonstration of *Cyclospora cayetanensis* oocysts in stool, duodenal/jejunal aspirate or small bowel biopsy.

PROBABLE CASE

Clinical illness in a person who is epidemiologically linked to a confirmed case.

Causative agent

Cyclospora cayetanensis, a protozoan.

Source

Contaminated food or water. Humans are the only known hosts.

Incubation

Approximately 7 days, range 2-14 days.

Transmission

Occurs either through drinking [or swimming in] contaminated water or through consumption of contaminated food [i.e. fresh fruits and vegetables]. The way in which contamination occurs has not been clearly identified. Person-to-person and animal-to-person transmission is unlikely.

Communicability

Uncertain.

Symptoms

Characterized by watery diarrhea, loss of appetite, weight loss, abdominal bloating and cramping, increased flatus, nausea, fatigue and low-grade fever. Vomiting may also be noted. Relapses and asymptomatic infections can occur. Some evidence suggests that symptoms may be more severe and long-lasting in immunocompromised individuals.

Diagnostic testing

Stool, duodenal/jejunal aspirate or [in rare circumstances] small bowel biopsy

Treatment

Oral trimethoprim-sulfamethoxazole. Health care providers should consult their drug reference guidelines for appropriate dosing of the medication.

PUBLIC HEALTH MANAGEMENT & CONTROL

Case management

- Contact the primary care provider to obtain clinical information about the case.
- Interview the case, review clinical information, determine food history and activities, identify potential source of exposure and determine any contacts that may require investigation.
- Educate the case and/or family about cyclosporiasis and prevention measures.
- If the case identifies drinking water or recreational water as a potential source and an inspection is required, contact Nova Scotia Environment (NSE). Discuss the concern with the Medical Officer of Health prior to contacting the NSE District Manager for the region.
- If the case identifies a local food establishment [including an institutional setting] as a potential source of exposure, contact Nova Scotia Environment.
- Document the information on the [Enteric Case Report Form, the Nova Scotia Notifiable Disease Surveillance Case Report Form](#) and the [Travel Case Report Form](#) [if travel-related] or designated electronic information system.

Exclusion

None.

Surveillance forms

novascotia.ca/dhw/populationhealth/surveillanceguidelines/NS_Notifiable_Disease_Surveillance_Case_Report_Form.docx

novascotia.ca/dhw/populationhealth/surveillanceguidelines/Enteric_Case_Report_Form.pdf

novascotia.ca/dhw/populationhealth/surveillanceguidelines/Sporadic_Com_Dis_in_Ret_Trav.pdf

General Information Sheet

REFERENCES

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[**Provincial Microbiology Users Manual**](#)