

**Alabama Department of Public Health
Alabama Emergency Response Technology (ALERT)
Health Alert Network (HAN)**

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Cyclospora Infections Increase Statewide

The Alabama Department of Public Health is investigating multiple reports of *Cyclospora* infection statewide. The incidence of these types of infections in Alabama has shown a substantial increase since April having more than doubled the previous year's totals (42 cases vs. 19 cases, respectively).

Cyclospora cayetanensis is a parasite composed of one cell. This parasite causes an intestinal infection called cyclosporiasis. In the U.S., this infection is usually acquired by eating fresh produce that was grown outside the U.S. and contaminated with *Cyclospora*. There is no evidence it spreads directly from person to person. The incubation period between acquiring the infection and developing symptoms is typically one week, but can range from two to 14 days or more. Cyclosporiasis causes an illness that can result in prolonged gastrointestinal distress, including watery diarrhea with frequent, sometimes explosive, bowel movements that can last for weeks. Other common symptoms include:

- Loss of appetite
- Weight loss
- Abdominal cramping/bloating
- Increased flatus
- Nausea
- Prolonged fatigue

Cyclospora infection is diagnosed by examining stool specimens for ova and parasites, but these tests are not typically done unless specifically requested. Therefore, when evaluating persons with symptoms consistent with cyclosporiasis, specifically request testing for this parasite. Several stool specimens may be required since *Cyclospora* oocysts may be shed intermittently and at low levels, even by persons with profuse diarrhea. There are different methods that healthcare professionals can use to confirm the diagnosis. One such method is ultraviolet fluorescence microscopy, which involves examining stool specimens for *Cyclospora* oocysts. However, the quickest and most commonly used method to confirm the diagnosis is polymerase chain reaction (PCR) which looks for the parasite's DNA in the stool.

The standard treatment for *Cyclospora* infection is Trimethoprim/sulfamethoxazole (TMP/SMX), which is commonly sold under the trade names Bactrim, Septra, and Cotrim. For immunocompetent adults, the typical regimen is TMP 160 mg plus SMX 800 mg (one double-strength tablet), orally, twice a day, for 7–10 days. For people with HIV, longer courses of therapy may be needed. There are no highly effective alternatives for people who are allergic to or intolerant of TMP-SMX.

For more information, please visit

http://www.cdc.gov/parasites/cyclosporiasis/health_professionals/index.html