



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

July 26, 2019

Dear Colleague,

We are writing to alert you to a recent increase in cyclosporiasis cases in Maryland. From January 1 to July 20<sup>th</sup>, 2019, there have been 42 lab-confirmed cases of cyclosporiasis, of which 37 have reported in the past two weeks. Additional possible cases are being investigated as well. An increase in cyclosporiasis has been noted in other states as well. The Maryland Department of Health is working with local, state, and federal partners to investigate this increase in cases; no specific source for these infections has yet been confirmed.

## We recommend the following:

- Maintain heightened suspicion for cyclosporiasis in patients presenting with symptoms compatible with this infection, particularly watery diarrhea. Other symptoms may include abdominal cramps, bloating, fatigue, weight loss and anorexia. Untreated illness may last from several days to more than a month and may be remitting and relapsing.
- Ensure appropriate diagnostic testing for *Cyclospora* is completed when indicated. *Cyclospora* is diagnosed by examining stool specimens. However, routine stool tests for ova and parasites usually do not include examination for *Cyclospora*, so testing for *Cyclospora* must be specifically requested. Diagnosis can be difficult because patients might not shed enough oocytes to be readily detectable; therefore, diagnosis might require examination of several stool specimens collected on different days. Similarly, not all gastrointestinal polymerase chain reaction (PCR) panels include a target for *Cyclospora*. If indicated, stool specimens also should be checked for other pathogens that can cause a similar illness. If commercial lab testing is not available through your facility, contact your local health department for assistance.
- Report suspected or confirmed cyclosporiasis cases promptly to your local health department.
- Review treatment recommendations for *Cyclospora* infection. Trimethoprim-sulfamethoxazole (TMP-SMX, Bactrim, Septra, or Cotrim) is the treatment of choice. The typical regimen for immunocompetent adults is TMP 160 mg plus SMX 800 mg (one double-strength tablet), orally, twice a day, for 7–10 days. HIV-infected patients may need longer courses of therapy. Additional treatment information can be found here: [https://www.cdc.gov/parasites/cyclosporiasis/health\\_professionals/tx.html](https://www.cdc.gov/parasites/cyclosporiasis/health_professionals/tx.html).

## General information on cyclosporiasis

Cyclosporiasis is an intestinal illness caused by the parasite *Cyclospora cayetanensis*. *Cyclospora* infection is usually transmitted through contaminated food or water. The incubation period averages 1 week (range 2-14 or more days).

*Cyclospora* infects the small intestine and typically causes watery diarrhea, with frequent, sometimes explosive, stools. Other symptoms include loss of appetite, weight loss, abdominal cramping/bloating, increased flatus, nausea, fatigue, as well as vomiting, body aches, low-grade fever, and other flu-like symptoms. If untreated, the illness may last for a few days to a month or longer and may follow a remitting-relapsing course. Although cyclosporiasis usually is not life threatening, reported complications include malabsorption, cholecystitis, and reactive arthritis.

Cyclosporiasis occurs most often in tropical and subtropical regions. Foodborne outbreaks of cyclosporiasis in the United States have been linked to various types of imported fresh produce.

**Additional resources on cyclosporiasis**

CDC Cyclosporiasis Resources for Health Professionals

[https://www.cdc.gov/parasites/cyclosporiasis/health\\_professionals/index.html](https://www.cdc.gov/parasites/cyclosporiasis/health_professionals/index.html)

CDC Lab Identification of Parasites – Cyclospora

<https://www.cdc.gov/dpdx/cyclosporiasis/index.html>

If you have questions, please contact your local health department of the Maryland Department of Health Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700.

Sincerely,

A handwritten signature in black ink, appearing to read "Monique Duwell". The signature is fluid and cursive, with the first name "Monique" and last name "Duwell" clearly distinguishable.

Monique Duwell, MD, MPH

Chief, Center for Infectious Disease Surveillance and Outbreak Response

Maryland Department of Health