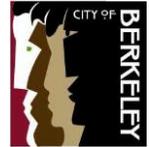




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JOINT HEALTH ADVISORY

ALAMEDA COUNTY AND CITY OF BERKELEY

Cyclosporiasis in San Francisco Bay Area

July 13, 2018

Situation: In recent months, local health departments (LHDs) in the San Francisco Bay Area have received an unusually high number of reports of cyclosporiasis (infection with *Cyclospora cayetanensis*) in patients who have not traveled outside the United States (U.S.). As of July 9, 2018, 50 cases not associated with international travel were reported to the California Department of Public Health (CDPH). Only one case has been reported to the Alameda County Department of Public Health (ACPHD) and no cases have been reported to the City of Berkeley Public Health Division in 2018; however, this may be due to under-detection of this infection, which requires special testing methods. LHDs are investigating cases with CDPH to identify a common source. Cyclosporiasis is endemic in tropical and subtropical regions. Prior cyclosporiasis outbreaks in the U.S. have been associated with imported fresh produce items.

Background: *Cyclospora cayetanensis* is a food- and water-borne protozoal parasite. Cyclosporiasis is characterized by symptoms of watery diarrhea, anorexia, weight loss, nausea, abdominal cramping, bloating, gas, and fatigue. Low-grade fever and vomiting are less common. Symptoms can wax and wane, and commonly persist for several weeks.

Testing: Fecal shedding of the parasite may be intermittent, so several stool specimens should be collected on different days. Testing for *Cyclospora* must be specifically ordered; it is not included in routine stool O&P testing in U.S. laboratories. Stool diagnostic testing for *Cyclospora* with PCR may also be available through some laboratories.

Treatment & Prevention: Cyclosporiasis is treatable and is not transmitted person-to-person. Preventive measures include thoroughly washing produce under running water before eating, cutting, or cooking.

Clinicians are requested to:

1. **Consider cyclosporiasis** in patients with persistent watery diarrhea.
2. **Test** by specifically ordering cyclosporiasis testing on several stool O&P specimens on different days.
3. **Treat** cyclosporiasis in immunocompetent adults with [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 dose may be indicated for immunocompromised patients.
4. **Report** laboratory-confirmed cyclosporiasis cases to ACPHD Acute Communicable Disease Section by submitting a Confidential Morbidity Report Form (CMR) by fax to (510)273-3744.
The CMR is available at <http://www.acphd.org/communicable-disease/disease-reporting-and-control.aspx>.
For Berkeley residents, submit a CMR by fax to (510)981-5345
https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/cdph110aAll%20conditions.pdf

Additional resources:

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