

Cyclosporiasis Investigation Overview

The following guidelines provide a brief overview of the steps of a cyclosporiasis investigation. *Cyclospora cayetanensis* is a microscopic parasite that causes the diarrheal disease cyclosporiasis. Both the parasite and the disease are commonly known as “Cyclo.” The parasite is spread by the fecal-oral route and is usually transmitted by contaminated food or water. Foodborne cases/outbreaks are possible and have been linked to various types of fresh produce including basil, cilantro, raspberries, mesclun lettuce, and snow peas. It is unlikely that *Cyclospora* is passed directly from person to person as the parasite requires approximately 1-2 weeks after being passed in a bowel movement to become infectious to another person.

For additional support, consult the NC Communicable Disease Branch at (919) 733-3419.

**** This disease requires an additional CDC Cyclosporiasis Form be completed and attached to event located in the CD Manual**

Basic Steps of a Cyclosporiasis Investigation

1. Ensure case definition is met	<ul style="list-style-type: none"> Clinical criteria are not required for the cyclosporiasis case definition. Laboratory evidence is sufficient to meet case definition.
2. Collect clinical information	<ul style="list-style-type: none"> Onset of watery diarrhea, (which can be frequent and at times explosive) appetite loss, weight loss, stomach cramps/pain, bloating, increased gas, nausea, and fatigue. Vomiting, body aches, headache, fever, and other flu-like symptoms may also be noted Use information collected from medical records or speak with the case Some cases may be asymptomatic Epidemiologic linkages to similarly ill people and other risk factors If 2 or more cases are identified report as an outbreak
3. Determine the incubation period	<ul style="list-style-type: none"> The incubation period is usually 7 days (range, 2 days to more than 2 weeks) The duration can be a few days to >30
4. Manage the case	<ul style="list-style-type: none"> Verify that case has been appropriately tested, (a cyclosporiasis test must be specifically ordered, it is not usually included in routine test panel) treated and isolated during the infectious period Evaluate laboratory result to determine if requirements for case definition are met. Ensure reporting laboratory has forwarded the specimen to the SLPH for serotyping IF it is an outbreak situation. Interview the case and complete the Part 2 Form/risk history and clinical packages in NCEDSS. Most people with <i>cyclosporiasis</i> infection recover without specific treatment
5. Identify all contacts of case during infectious period	<ul style="list-style-type: none"> Direct person-to-person transmission is unlikely, as is transmission via ingestion of newly contaminated food or water, since the parasite requires approximately 1-2 weeks after being passed in a bowel movement to become infectious to another person
6. Identify source of exposure	<ul style="list-style-type: none"> If source of exposure is suspected to be restaurant related, involve Environmental Health Specialist
7. Manage high risk cases/contacts*	<ul style="list-style-type: none"> There are no special control measures for those in high-risk settings other than returning after symptoms have resolved Parasites are not usually passed from one person to another.
<ul style="list-style-type: none"> Symptomatic Contacts 	<ul style="list-style-type: none"> Symptomatic contacts may be an indication of a possible outbreak. Refer to healthcare provider for appropriate testing and treatment

	<ul style="list-style-type: none"> • Provide control measures
<ul style="list-style-type: none"> ➤ Implement Control Measures 	<ul style="list-style-type: none"> • Exclude symptomatic individuals until symptoms have resolved • Positive individuals who are no longer symptomatic, may return to food service, healthcare, and childcare • Exclude infected children from daycare facilities until diarrhea resolves.
<ul style="list-style-type: none"> ➤ Asymptomatic cases 	<ul style="list-style-type: none"> • Environmental Health Specialist (EHS) should be consulted regarding return criteria for food employees

*High-risk contacts include individuals at high-risk for severe illness or complications, healthcare workers, childcare workers and food handlers
 ➤ Resources – [CDC - Cyclosporiasis](#)

Critical Elements for NCEDSS

- Document if high risk (food worker, childcare attendee/worker or healthcare worker)