

## Increase in Provincial Cyclosporiasis Cases

**Attention:** Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners

**Date:** July 19, 2017

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The purpose of this communication is to provide information about cyclosporiasis to support prompt diagnosis and treatment of infected patients.

Between the dates of May 1 - July 11, 2017, 52 domestically-acquired cases have been reported in Ontario which is substantially higher than the same time period in previous years. To date, additional cases continue to be reported. A national outbreak investigation is underway with domestically-acquired cases also identified in British Columbia.

In 2016, six cyclosporiasis cases were reported in the Simcoe Muskoka District Health Unit and so far, in 2017, we are not seeing significant increases. However, cyclosporiasis is often underdiagnosed.

As *Cyclospora spp.* is not endemic in Canada, and is acquired through the consumption of food or water containing the *Cyclospora* parasite, the source of infection for domestically-acquired cases is usually produce imported from countries where *Cyclospora spp.* is endemic.

### What is cyclosporiasis?

Cyclosporiasis is a gastrointestinal illness caused by infection with the parasite *Cyclospora cayetanensis*. It is commonly characterized by frequent watery diarrhea, as well as other symptoms such as anorexia, fatigue, abdominal cramps, nausea, and myalgia. Left untreated, symptoms typically last six to seven weeks and can wax and wane in intensity. Symptoms typically improve within two to three days of starting trimethoprim-sulfamethoxazole (TMP-SMX), the first-line treatment for cyclosporiasis.

### Diagnosis & Treatment

- **Diagnosis:** *Cyclosporiasis* can be diagnosed by a stool ova and parasite (O&P) examination. **If patients present with cyclosporiasis-compatible symptoms between now and the end of summer, please request a stool ova and parasite (O&P) on the lab requisition. Please note on the lab requisition to rule out *Cyclospora*.**
- **Treatment:** First-line treatment of laboratory-confirmed *Cyclospora* is trimethoprim-sulfamethoxazole (**TMP-SMX**) for seven to ten days for immunocompetent persons.

**Note:** SMDHU has launched its **new interactive Reportable Disease Toolkit** which provides easier access to disease specific testing, treatment recommendations and patient and clinician resources. Available at: <http://www.smdhu.org/reportablediseaselist>

### Additional resources on cyclosporiasis

1. SMDHU Reportable Diseases Toolkit: Cyclosporiasis <http://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/reportable-diseases/cyclosporiasis.pdf?sfvrsn=6>
2. Public Health Agency of Canada: Cyclospora Information for Health Professionals <https://www.canada.ca/en/public-health/services/diseases/cyclosporiasis-cyclospora/health-professionals-cyclosporiasis-cyclospora.html>
3. For more information on cyclosporiasis in Ontario, including links to testing information, see: <http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/IDLandingPages/Cyclosporiasis.aspx>