Cyclospora

Laboratory Testing Guidance: Evaluation for Cyclospora

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Background:

Cyclospora cayetanensis is an intestinal protozoan parasite that causes cyclosporiasis. In the United States, cases normally occur seasonally, most commonly from May through August, and are frequently associated with fresh produce. Current CDC surveillance has identified widespread domestically acquired cases across multiple states. Per the CDC, this outbreak primarily involves Michigan, Ohio, West Virginia, and Kentucky. The CDC is reporting that Nebraska and Iowa each have <10 confirmed cases of cyclosporiasis. Because sources of the current outbreak are still being investigated, it is unclear if the cases in our region are seasonal cases or are related to the outbreak.

Most infections in immunocompetent individuals are self-limited, although symptoms may be relapsing or persist for several weeks. Most patients will recover on their own with hydration and supportive care. Patients who are immunocompromised may experience more prolonged or severe disease and may require treatment. **For guidance on treatment in immunocompromised or other high risk patients, contact Infectious Disease.**

Laboratory testing at Methodist and Treatment:

Common things are still common- viral and bacterial causes are the most likely culprit in most cases of diarrhea. Routine initial evaluation of diarrheal illness should be based on the patient's clinical presentation. For most patients, this should include:

- **Stool Pathogen Panel (molecular panel)** for common bacterial and viral enteric pathogens,
- **O&P Screen** for **Giardia** and **Cryptosporidium**,
- **Clostridioides difficile** testing may be appropriate in specific clinical situations.

These tests should continue to be utilized (as appropriate) based on the patient's presentation and differential diagnosis. For patients who are negative for the above tests and who fit the clinical presentation, **O&P Complete** may be considered. O&P Complete can identify Cyclospora, but because shedding of the parasite is inconsistent, the test has a relatively low diagnostic yield and should be repeated (up to three times) if negative.

O&P Complete can only be ordered with lab approval. **Requests for this testing should be reserved for patients who fit the clinical scenario and are at risk of requiring more specific treatment.**

For patients with a high pre-test probability of cyclosporiasis (recent travel in an area known to be part of the outbreak) or patients who may require specialized treatment, call the Methodist Hospital microbiology lab (402-354-4578) to discuss testing strategies.

Clinical Features:

Cyclosporiasis should be considered in in the differential diagnosis for patients with a compatible clinical presentation:

- Frequent or profuse watery diarrhea
- Diarrhea persisting for several days or relapsing after initial improvement
- Abdominal cramping or bloating
- Fatigue
- Loss of appetite
- Weight loss

Supportive epidemiologic factors include:

- Recent consumption of fresh produce (salads, leafy greens, herbs, berries, cilantro, basil, etc.)
- Exposure to a recognized outbreak
- Recent domestic or international travel

While fever and nausea/vomiting can sometimes be seen in cyclosporiasis, they are more commonly seen in other diarrheal illnesses (i.e. Norovirus). Similarly, bloody diarrhea is not associated with cyclosporiasis and should prompt consideration of other etiologies.

References:

1. CDC. **Clinical Guidance for Cyclosporiasis**: https://www.cdc.gov/cyclosporiasis/hcp/clinical-guidance/index.html
2. CDC. **Cyclosporiasis Outbreak Updates**: https://www.cdc.gov/cyclosporiasis/php/surveillance/index.html
3. Texas Department of State Health Services. **Health Advisory: Test Patients with Symptoms Consistent with Cyclospora Infection**: https://www.dshs.texas.gov/news-alerts/health-advisory-test-patients-symptoms-consistent-cyclospora-infection

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