



Nebraska Department of Health and Human Services
HEALTH ALERT NETWORK
Advisory



TO: Primary care providers, infectious disease, labs, infection control, and local health departments

FROM: Joseph Acierno, M.D. J.D. Thomas J. Safranek, M.D.
Chief Medical Officer State Epidemiologist
State of Nebraska 402-471-2937 PHONE
402-471-8566 PHONE 402-471-3601 FAX

RE: Outbreak of Cyclospora Gastroenteritis

DATE: July 3, 2013

During the past week we have received five reports of Cyclospora-caused enteric infection. This most likely represents an outbreak from a common source. This type of occurrence was last seen in 1997 when the outbreak was attributed to raspberries imported from Guatemala. We are currently interviewing these cases to identify a common link or source.

Please be on the lookout for additional cases. This parasite is not routinely detected in an enteric disease laboratory workup.

The most common presumptive diagnostic method to screen for Cyclospora is an Ova & Parasite (O & P) exam wet mount. Suspicious wet mounts are subsequently confirmed as Cyclospora using a modified acid fast stain of the O & P concentrate. In addition the organism will fluoresce when examined under fluorescent light microscope.

Following approval by a state or local health department official, suspicious stool samples should be submitted to the Nebraska Public Health Laboratory for confirmatory testing. Ideally, stool should be placed into a preservative such as Proto-fix (available from Regional Pathology Services) and submitted using the Special Microbiology Requisition with a request for "Cyclospora Confirmation Testing".

Laboratories and clinicians should immediately report newly identified cases to their state or local health department (see attached map of local health departments).

The preferred treatment is oral Trimethoprim-sulfa (TMP-SMX 160-800 bid, adult). Suggested alternatives in allergic patients are ciprofloxacin or nitazoxanide (Alinia).

Our public health tracking system routinely identifies an uptick in enteric diseases caused by Salmonella, E coli O157, Campylobacter, and parasites during the warm weather months. Clinicians should be on the look-out and pursue appropriate laboratory diagnostic

testing, to include parasitic disease workup. In addition to rapid diagnostic tests for giardiasis and cryptosporidiosis, laboratories should consider wet mount tests to identify amoebiasis and cyclosporiasis.