

FACT SHEET

CYCLOSPORA

Information for Health Professionals

What is Cyclospora?

Cyclospora cayetanensis (*Cyclospora*) is a unicellular parasite formerly known as cyanobacterium-like, coccidia-like, and *Cyclospora*-like bodies (CLBs). Cases have been reported more frequently since the mid-1980s, in part because of the availability of better techniques for detection of the parasite in stool samples.

How is *Cyclospora* transmitted?

Cyclospora is transmitted by a person ingesting water or food that is contaminated with infected stool. Outbreaks linked to contaminated water, and outbreaks linked to various types of fresh produce, have been reported in recent years. It is unknown whether animals can be infected or serve as sources of human infection.

Cyclospora is not infectious at the time it is excreted in the stool of an infected person. In fact, the parasite does not become infectious until days to weeks after it is excreted (the time depends on factors such as temperature and humidity). Indirect transmission occurs when the stool from an infected person contaminates something in the "environment" (e.g., water) to which someone else is exposed after the parasite has had time to become infectious.

Who gets *Cyclospora*?

Persons of all ages are at risk for infection. Although persons living or traveling in developing countries may be at increased risk, infections occur worldwide, including North America. The risk may vary by season; some evidence suggests that infection is most common in spring and summer.

What are the symptoms of *Cyclospora*?

Cyclospora infects the small intestine and typically causes illness characterized by watery diarrhea, with sometimes explosive stools. Other symptoms can include loss of appetite, substantial loss of weight, bloating, increased flatus, stomach cramps, nausea, vomiting, muscle aches, low-grade fever, and fatigue. Some persons notice flu-like symptoms before they notice gastrointestinal symptoms. Some infected persons are asymptomatic.

How soon do symptoms appear?

The incubation period is usually about 1 week. If the illness is not treated the person may have a relapsing course of variable duration, with a range of 9 - 43 days. Persons with weakened immune systems may experience symptoms for a longer period of time if infected.

How can cyclospora infection be treated?

Cyclospora infection can be treated with a 7-10 day course of oral trimethoprim-sulfamethoxazole (for adults 160mg trimethoprim plus 800mg sulfamethoxazole twice daily; for children, 5mg/kg trimethoprim plus 25mg/kg sulfamethoxazole twice daily).

How is the infection identified?

Identification of this parasite in a stool requires special kinds of laboratory techniques that are not routinely used. Currently, the most practical diagnostic method consists of the identification of oocysts in stool specimens by light microscopy. Other methods are also available or under investigation. Therefore requests should specify that you are looking for *Cyclospora*. More than one stool sample may need to be checked to find the organism.

Can infection with *Cyclospora* occur more than once?

Yes. Persons who have previously been infected with *Cyclospora* can become infected again.

How can infection with *Cyclospora* be prevented?

Avoiding water or food that may be contaminated with stool may help prevent infection. Infected persons should wash their hands often to prevent the spread of infection. Thoroughly wash fruits and vegetables before eating.