

Cyclosporiasis

Cyclosporiasis is a Class C Disease and must be reported to the state within five (5) business days.

Cyclospora cayetanensis is a microscopic unicellular protozoan previously referred to as a cyanobacteria-like or coccidia-like body (CLB). Cyclosporiasis is a parasitic disease of public health importance, most commonly causing watery diarrhea or other symptoms, such as weight loss, stomach cramps, gastrointestinal pain, bloating, flatulence, nausea, and fatigue, associated with the organism's parasitism of the small intestine. Vomiting, headache, and fever may also be present. The time between becoming infected and becoming sick is usually around 1 week. Symptoms may spontaneously resolve, but if left untreated relapses are frequently noted. Asymptomatic infections also occur.

Cyclospora organisms are present throughout the world and are endemic in some Caribbean, South and Central American, South and South East Asian, Middle Eastern, and African countries. Persons traveling in developing nations may be at increased risk, but the potential for infection also exists in the United States and other developed nations. Outbreaks have been associated with contaminated food and water. Infection occurs when sporulated oocysts are ingested, which most commonly occurs when food or water contaminated with feces are consumed. Person-to-person transfer is not thought to occur due to the days-to-weeks required for oocysts to sporulate to an infectious state. Infection in developed countries seems to occur most commonly in the spring and summer.

Prevention is through avoidance of food or water that may have been contaminated with feces. Travelers should be extremely cautious when visiting endemic areas. Travelers should be aware that that treatment of water or food by routine chemical disinfection methods is unlikely to kill *Cyclospora*.

The first human cases in the U.S. were reported in 1979. Due to increased awareness of the organism and improved laboratory diagnosis, the number of reported cases increased dramatically in the 1980s. Several outbreaks within the past decade originating from contaminated raspberries, mesclun lettuce, basil, have contributed to public concern.

Incidence Rate and Cases of Cyclosporiasis

Beginning in 2017, the number of cases have dramatically increased from previous years. This increase is attributed to a changed in laboratory technology. In recent years there has been an increase in panel tests for gastrointestinal illnesses, so individuals are being diagnosed far more frequently than in the past. Over the last 20 years, there have been 1 to 101 cases reported annually. The annual incidence rates in Louisiana range from .02 to 2.17 cases per 100,000 population.

Figure 1: Cyclosporiasis Incidence Rates and Cases - Louisiana, 2001-2022

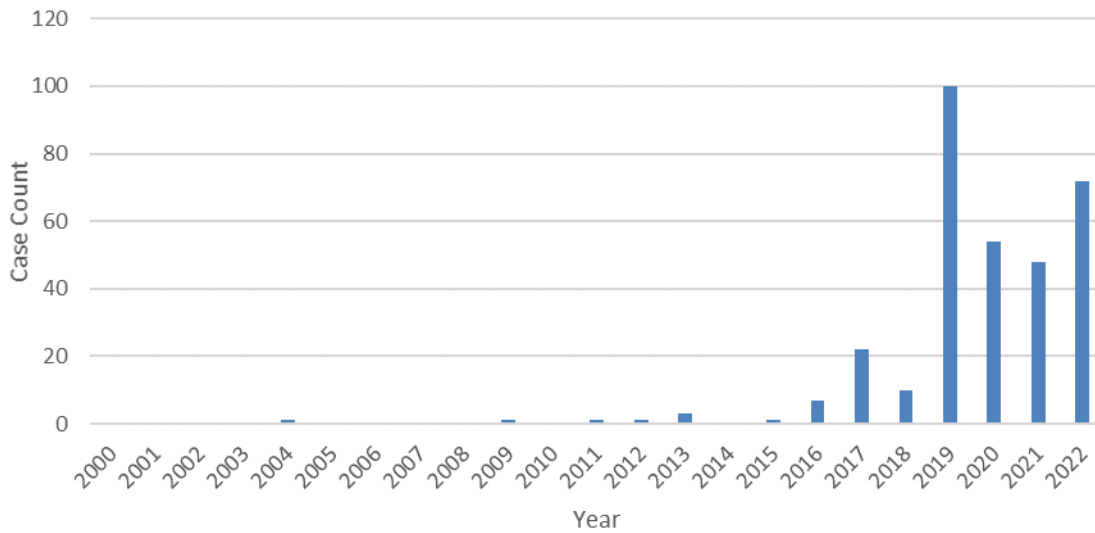
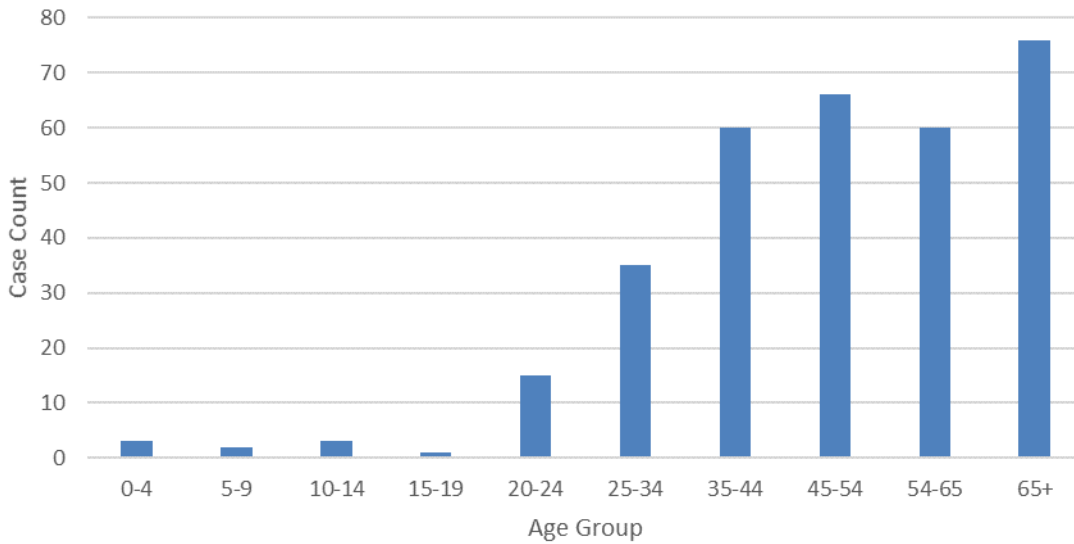
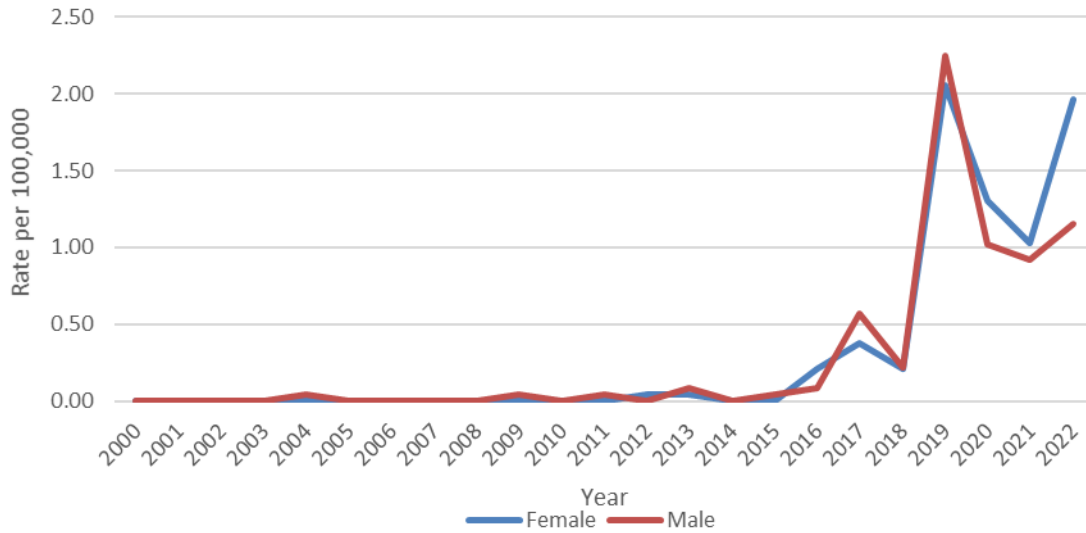


Figure 2: Cyclosporiasis 10 Year Incidence Rates by Age Group - Louisiana, 2012-2022



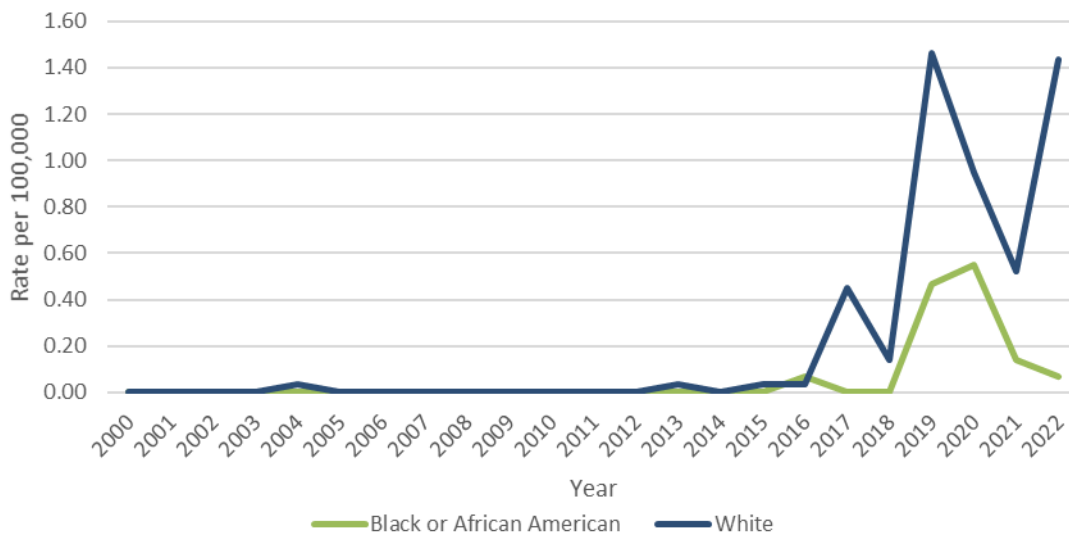
Females and males usually have exhibited similar rate trends throughout the period. In 2022, there seems to be an increase in females compared to males.

Figure 3: Cyclosporiasis Incidence Rates by Sex - Louisiana, 2000-2022



Nationally, incidence rates are higher in Whites than in African-Americans; Louisiana shows the same racial distribution.

Figure 4: Cyclosporiasis Incidence Rates by Race - Louisiana, 2000-2022



In the U.S., a seasonal peak in case reports occurs during the summer months. Common exposures among domestically acquired cases include fresh produce, including basil, cilantro, mesclun lettuce, raspberries, and snow peas. International travel remains a common exposure.

Figure 5: Cyclosporiasis Cases by Month - Louisiana, 1990-2022

