

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Cyclosporiasis

Cyclosporiasis

1.0 Provincial Reporting

Confirmed cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case

Laboratory confirmation of infection, with or without clinically compatible signs and symptoms, from an appropriate clinical specimen (e.g., stool, duodenal/jejunal aspirate, small bowel biopsy):

- Demonstration of *Cyclospora cayetanensis* oocysts (by morphologic criteria) or *Cyclospora* deoxyribonucleic acid (DNA), by polymerase chain reaction (PCR)

3.2 Probable Case

Clinically compatible signs and symptoms in a person with an epidemiologic link to a laboratory-confirmed case

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

The following will constitute a confirmed case of Cyclosporiasis:

- Microscopic demonstration of *Cyclospora cayetanensis* oocysts.

4.2 Approved/Validated Tests

- Microscopy
- PCR

4.3 Indications and Limitations

- Nucleic acid amplification test (NAT) is under development for diagnostic use but is not currently being performed in Canada

5.0 Clinical Evidence

Clinically compatible signs and symptoms are characterized by watery diarrhea (> five bowel movements within a 24 hour period), loss of appetite, weight loss, abdominal bloating and cramping, increased flatus, nausea, fatigue, and low-grade fever. Vomiting may also occur. Relapses and asymptomatic infections can occur. Some evidence suggests that symptoms may be more severe and long-lasting in immunocompromised individuals.

6.0 ICD Code(s)

6.1 ICD-10 Code(s)

A07.8 Other specified protozoal intestinal diseases (includes *Cyclospora cayetanensis*)

6.2 ICD-9/ICD-9CM Code(s)

007.5 Cyclosporiasis

7.0 Comments

This disease is not endemic in Canada, therefore should be investigated as most likely associated with imported food or travel.

8.0 References

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