TEXAS Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

Date: April 1, 2021

HEALTH ADVISORY:
Recommendation to test patients with symptoms consistent with *Cyclospora* infection

In 2020, Texas had over 500 reported cases of cyclosporiasis, with most of these reported cases occurring during summer months between May and August. The Texas Department of State Health Services is advising healthcare providers to consider testing patients for the parasite *Cyclospora* if they have diarrheal illness lasting more than a few days or diarrhea accompanied by severe anorexia or fatigue. Diagnosis of cyclosporiasis can be made by the submission of stool specimens for "Ova and Parasite" testing, with specific orders for *Cyclospora* identification. Due to intermittent shedding of the parasite, a single negative stool specimen does not exclude the diagnosis; three specimens are optimal. *Cyclospora* may also be detected by molecular methods (e.g., polymerase chain reaction (PCR)).

Symptoms of cyclosporiasis usually begin 2 to 14 days after ingestion of *Cyclospora* oocysts in contaminated food or water. Watery diarrhea can persist for several weeks to a month or more and affected patients may relapse. Additional symptoms may include anorexia, fatigue, weight loss, abdominal cramps, bloating, increased gas, nausea, vomiting, and low-grade fever.

Previous outbreaks of cyclosporiasis have been associated with the consumption of imported fresh produce, including: fresh cilantro, pre-packaged salad mix, raspberries, basil, snow peas, and mesclun lettuce. Avoiding food or water contaminated with feces is the best way to prevent cyclosporiasis. Thorough washing of all fresh produce is recommended. Consumers and retailers should also be aware that washing may not eliminate all risk of transmission since *Cyclospora* can be difficult to completely remove from produce. *Cyclospora* does not appear to be spread through direct person-to-person contact.

Rapid reporting to public health is essential to preventing additional cases of cyclosporiasis. Healthcare providers and laboratories are required to report confirmed cyclosporiasis cases to their respective local health department. We ask that healthcare providers remain vigilant in surveillance and testing.

Contact information can be found at:
https://www.dshs.texas.gov/IDCU/investigation/conditions/Disease-Reporting-Contacts.aspx.

Information about *Cyclospora* is available at: http://dshs.texas.gov/idcu/disease/cyclospora/ and www.cdc.gov/parasites/cyclosporiasis/health_professionals/index.html

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RE: Submission of *Cyclospora* specimens April 1, 2021- Statewide Request

To Whom It May Concern:

During the past eight summers, a large number of cyclosporiasis cases have occurred in Texas. The Texas Department of State Health Services (DSHS) is collaborating with the Centers for Disease Control and Prevention (CDC) on a project to identify and validate genotyping tools that could be beneficial in linking cases of cyclosporiasis in outbreak investigations. Therefore, we are **requesting that clinical laboratories send all appropriate* *Cyclospora* positive stool specimens to the DSHS Laboratory in Austin for molecular analysis.** These specimen submissions will help us detect future disease clusters and respond to them more quickly.

Sample Submission:

- Submitted samples must be accompanied by a submission form (G-2B). To assist with this process, an example of a G-2B form outlining the fields appropriate for submission of *Cyclospora* stool specimens has been included at the end of this letter. If your facility needs an updated G-2B submission form, please email LabInfo@dshs.texas.gov
- Submitting laboratories will not be charged for testing specimens sent for this surveillance project, and a report will be issued to the submitting laboratory.
- If you don't already have an account or submitter number with the DSHS Laboratory, contact the laboratory at LabInfo@dshs.texas.gov

***Appropriate Specimens and Shipping Methods:**

- Appropriate specimens for molecular testing are stool specimens fixed with Zn-PVA, Cu-PVA or Ecofix (or other parasitology fixative without formalin); fixed samples can be stored and shipped at room temperature. LV-PVA is not acceptable.
- Raw stool and unfixed samples (e.g., collected in Cary-Blair medium for bacteriologic testing) are also acceptable. Unfixed specimens and raw stool should be sent in insulated containers with cold packs (not dry ice).

Shipping Information & Address:
https://www.dshs.texas.gov/lab/mrs_shipping.shtm#Shipping

Shipping address:

US Postal Service
Specimen Receiving: Walter Douglass
Laboratory Services Section, MC 1947
Department of State Health Services
PO Box 149347
Austin, TX 78714-9347
(512) 776-7569

Overnight/Priority or Courier Service
Specimen Receiving: Walter Douglass
Laboratory Services Section, MC 1947
Department of State Health Services
1100 W. 49th Street
Austin, TX 78756-3199
(512) 776-7569

For questions about *Cyclospora* testing or specimen suitability, please contact La Chae' Butler at 512-776-7560
For all other questions, please contact Kenneth Davis at 512-921-5368 or email FoodborneTexas@dshs.texas.gov

Please note: Fields highlighted in Yellow are **required** upon submission. Green fields are preferred when available.

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Specimen Acquisition: (512) 776-7599

G-2B Specimen Submission Form (Jan 2020)

CAP# 3024401 CLIA #45D0660044

www.dshs.texas.gov/lab

For DSHS Use Only

Section 1. SUBMITTER INFORMATION – (** REQUIRED)

This section **must be a prepopulated** copy from our lab with your submitter number and information. If your facility does not have a submitter number or needs an updated G-2B submission form, please email labinfo@dshs.texas.gov

Section 2. PATIENT INFORMATION (** REQUIRED)

NOTE: Patient name MUST match name on this form, Medicare/Medicaid card, & specimen container. Specimen must have two (2) identifiers that match this form.

Last Name ** | First Name ** | MI

Address ** | Telephone Number

City ** | State ** | Zip Code ** | Country of Origin / Bi-National ID # ⊖

DOB (mm/dd/yyyy) | Sex | Pregnant? ☐ Yes ☐ No ☐ Unknown

Race: ☐ White ☐ Black or African American ☐ American Indian / Native Alaskan ☐ Asian ☐ Native Hawaiian / Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Date of Collection ** (REQUIRED) | Time of Collection ☐ AM ☐ PM | Collected By

Medical Record # Alien # / CUI | CDC ID | Previous DSHS Specimen Lab Number

ICD Diagnosis Code ** (1) | ICD Diagnosis Code ** (2) | ICD Diagnosis Code ** (3)

Date of Onset ⊖ | Diagnosis / Symptoms ⊖ | Risk

☐ Inpatient ☐ Outpatient ☐ Outbreak association ⊖ ☐ Surveillance ⊖

Section 3. SPECIMEN SOURCE OR TYPE (** REQUIRED)

- ☐ Abdominal fluid
- ☐ Abscess (site)_____
- ☐ Blood
- ☐ Bone marrow
- ☐ Bronchial washings
- ☐ Cervical
- ☐ CSF
- ☐ Endocervical
- ☐ Eye
- ☐ Fecal/Stool
- ☐ Gastric
- ☐ Lesion (site)_____
- ☐ Lymph node (site)_____
- ☐ Nasopharyngeal
- ☐ Plasma
- ☐ Rectal swab
- ☐ Semen
- ☐ Sputum Induced
- ☐ Sputum, Natural
- ☐ Throat swab
- ☐ Tissue (site)_____
- ☐ Urethral
- ☐ Urine
- ☐ Vaginal
- ☐ Wound (site)_____
- ☐ Other:_____

Section 4. PARASITOLOGY (MORPHOLOGICAL EXAM)

- ☐ Cryptosporidium/Cyclospora Exam
- ☐ Fecal Ova and Parasite Exam
- ☐ Malaria/Blood Parasite Exam @
- ☐ Schistosoma/Urine Parasite Exam @
- ☐ Worm Identification @
- ☐ Other :

Include brief patient history on tests marked with @

Section 5. BACTERIOLOGY

Clinical specimen:

- ☐ Aerobic Isolation
- ☐ Anaerobic Isolation
- ☐ Culture, stool
- ☐ Diphtheria Screen
- ☐ GC/CT, amplified RNA probe
- ☐ Haemophilus, isolation

Pure culture:

- ☐ Anaerobic Identification
- ☐ Organism suspected:_____

Definitive Identification:

- ☐ Bacillus
- ☐ Campylobacter
- ☐ Enteric Bacteria
- ☐ Gram Negative Rod
- ☐ Gram Positive Rod
- ☐ Legionella
- ☐ Neisseria
- ☐ Pertussis / Bordetella
- ☐ Staphylococcus
- ☐ Streptococcus
- ☐ Other:_____

Section 6. ORDERING PHYSICIAN INFORMATION (** REQUIRED)

Ordering Physician's NPI Number ** | Ordering Physician's Name **

Section 7. PAYOR SOURCE – (REQUIRED)

1. **Reflex testing** will be performed when necessary and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, **the submitter will be billed.**
3. Medicare generally does not pay for screening tests-please refer to applicable Third party payor guidelines for instructions regarding covered tests, benefit limitations, medical necessity determinations and Advance Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided below.
5. If private insurance is indicated, the required billing information below is designated with an asterisk (*).
6. **Check only one box below to indicate who we should bill: the submitter, Medicaid, Medicare, private insurance, or DSHS.**

☐ Medicaid (2) ☐ Medicare (8)

Medicaid/Medicare #.

- ☐ Submitter (3)
- ☐ BIDS (1720)
- ☐ BT Grant (5119)
- ☐ HIV / STD (1620)
- ☐ IDEAS (1610)
- ☐ Immunizations (1609)
- ☐ Private Insurance (4)
- ☐ TIPP (5144)
- ☐ Zoonosis (1620)
- ☐ Other:_____

Check the above "**IDEAS (1610)**" box

HMO / Managed Care / Insurance Company Name *

Address *

City * | State * | Zip Code *

Responsible Party *

Insurance Phone Number * | Responsible Party's Insurance ID Number *

Group Name | Group Number

"I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section."

Signature of patient or responsible party.

Signature * | Date *

Section 8. MOLECULAR STUDIES

PCR:

- ☐ Bordetella Pertussis, Parapertussis, and Bordetella holmesii detection, real-time
- ☐ Cyclospora Identification
- ☐ Malaria identification
- ☐ Norovirus

Section 9. REQUIRED/REQUESTED SUBMISSIONS

- ☐ Corynebacterium diphtheriae ⊖
- ☐ Haemophilus influenza (from sterile sites and <5 years old) ⊖
- ☐ Listeria ⊖
- ☐ Neisseria meningitidis(from sterile sites or purpuric lesions) ⊖
- ☐ Outbreak stool culture ⊖
- ☐ Salmonella ⊖
- ☐ Shigella ⊖
- ☐ Shigatoxin-producing Escherichia coli
- ☐ Staphylococcus aureus (VISA/VRSA) ⊖
- ☐ Streptococcus pneumoniae(from sterile sites and <5 years old) ⊖
- ☐ Vibrio cholera ⊖
- ☐ Vibrio sp. ⊖

Include patient history on reverse side of form to avoid delay of specimen processing on test marked with ⊖

NOTES: All dates must be entered in mm/dd/yyyy format For culture ID or typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test section (ex. Bacteriology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form. Visit our web site at http://www.dshs.texas.gov/lab/

FOR LABORATORY USE ONLY: Specimen Received: ☐ Room Temp ☐ Cold ☐ Frozen