EPI Update for Friday, August 2, 2013  
Center for Acute Disease Epidemiology (CADE)  
Iowa Department of Public Health (IDPH)

Items for this week’s EPI Update include:
- Iowa Cyclospora outbreak investigation update
- Increase in Cryptosporidium cases in Iowa
- IDPH publishes MMWR article
- Meeting announcements and training opportunities

Iowa Cyclospora outbreak investigation update
Although the epidemiological data and food history interviews have implicated a pre-packaged salad mix as the source of the Cyclospora outbreak in both Iowa and Nebraska, IDPH recommends that Iowans continue eating salads as part of a healthy diet since the implicated pre-packaged salad mix is no longer in the state’s food supply chain.

Updated Testing Criteria - please use from now on
Over a hundred stools specimens a day continue to be submitted for Cyclospora testing, but the number that is found to be positive has greatly decreased. This outbreak appears to be over. The only persons that have tested positive in the last week had onset of diarrhea in June.

Because of this, IDPH and SHL are recommending that healthcare providers use the following criteria to determine whether Cyclospora testing of patients is appropriate. Patients should be tested for Cyclospora only if:
- Patient’s diarrhea began in June, or
- Patient has prolonged diarrhea (greater than five days duration - eliminating the more common causes of diarrheal illness), and accompanied by symptoms such as fatigue and anorexia, or
- Patient is a traveler with watery diarrhea returning from part of the world where Cyclospora is endemic (such as Nepal, Guatemala, or Peru).

When submitting a stool to be tested for Cyclospora (such as an O&P -ova and parasite test), Cyclospora must be specifically ordered.

For more information, visit: www.cdc.gov/parasites/cyclosporiasis/ or www.idph.state.ia.us/Cade/DiseaseIndex.aspx?disease=Cyclospora. For the latest Cyclospora outbreak information, visit www.idph.state.ia.us/EHI/Issue.aspx?issue=Cyclospora Outbreak Investigation.

Increase in Cryptosporidium cases in Iowa
Cryptosporidium (“crypto”) is a parasite that can live in the intestine of infected humans or animals and millions of crypto parasites can be released into the environment from their feces. This parasite can be found in soil, food, water, or surfaces that have become contaminated by the infected feces. A person becomes infected after ingestion
of the parasite which can occur if 1) a person fails to wash their hands after changing a diaper of an infected child or 2) when an infected person fails to wash their hands and prepares food to be eaten by others, or 3) by swallowing water that has become contaminated.

To prevent the spread of crypto it is important for everyone to practice good hygiene at recreational water venues (pools, spray pads, lakes or rivers):

- Shower before entering the water.
- Wash children thoroughly (especially their bottoms) with soap and water after they use the toilet or their diapers are changed and before they enter the water.
- Take children on frequent bathroom breaks and check their diapers often.
- Change diapers in the bathroom, not at the poolside.
- Protect others by not swimming if you are experiencing diarrhea (this is essential for children in diapers). If diagnosed with cryptosporidiosis, do not swim for at least two weeks after diarrhea stops.
- If a patient seeks medical care and is diagnosed with cryptosporidium and has swam at a public pool while they were experiencing symptoms the pool has probably been contaminated and needs to be hyperchlorinated to kill any crypto that was introduced into the water. This will protect other swimmers.

**MMWR: Notes from the Field: Use of Electronic Messaging and the News Media to Increase Case Finding During a Cyclospora Outbreak – Iowa, July 2013**

This week’s edition of CDC’s MMWR contains an article on the substantial increase in Cyclospora testing in Iowa following information sent out in EPI Updates, Twitter, press releases and HAN alerts during the early stages of the outbreak investigation. We appreciate everyone’s help in responding to this information. As a result, many patients were diagnosed and treated and IDPH obtained more information about cases of illness and possible exposures providing invaluable help in the investigation. To view the article, visit [www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a4.htm?s_cid=mm6230a4_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a4.htm?s_cid=mm6230a4_w)

**Meeting announcements and training opportunities**

None

**Have a healthy week!**

Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736