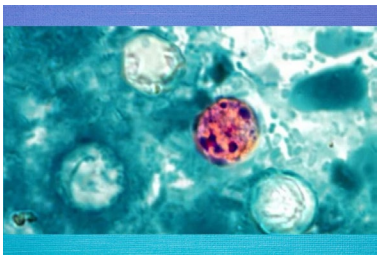
Cyclosporiasis Informational Bulletin



The Situation and Response:

Cyclosporiasis is a diarrheal disease caused by a parasite. Infection is typically acquired through consumption of contaminated food or water. Typically, cases rise in the spring and summer.

As of June 9, 2026, there has been an increase in reported cases in the United States. At least 31 states have reported cases. Click here for additional information

Local, state, and federal (CDC, FDA) public health authorities are investigating several clusters of cases. To date, a common source has not been identified.

Background:

Cyclosporiasis is an intestinal illness caused by the microscopic parasite *Cyclospora cayetanensis,* also known as Cyclospora. People can become infected by consuming food or water contaminated with feces that contain the parasite. Cyclosporiasis is not usually life-threatening, although disease can be more severe in immuno-compromised individuals.

People who are infected with *Cyclospora* may or may not experience symptoms. *Cyclospora* infects the small intestine (bowel) and usually causes watery diarrhea with frequent and sometimes explosive bowel movements.

- If not treated, the illness may last from a few days to over a month. Symptoms may seem to go away and then return one or more times.

Incubation Period and Symptoms

The time between becoming infected and becoming sick is usually about one week but can range from 2 days – 2 weeks or more.

People may be at an increased risk for infection when living or traveling in tropical or subtropical regions of the world where cyclosporiasis is endemic (regularly occurring within an area or region).

In the US, outbreaks of cyclosporiasis have been linked to various types of fresh produce. People can get infected with *Cyclospora* more than once.

Common Symptoms:

- Watery diarrhea which can be explosive or severe
- Stomach cramps or abdominal pain
- Nausea and vomiting
- Loss of appetite
- Weight loss
- Low-grade fever

It takes at least 1 – 2 weeks in the environment for *Cyclospora* to become infectious after passing in a bowel movement. Therefore, direct person-to-person transmission is unlikely.

Diagnosis

- Testing for *Cyclospora* is not routinely conducted in most U.S. laboratories, even when stool is tested for parasites.
- If *Cyclospora* is suspected, providers should notify the laboratory; examination of multiple stool specimens may be necessary.
- Some multiplex gastrointestinal polymerase chain reaction (PCR) panels test for *Cyclospora*.

Prevention

People can follow the following food and vegetable handling recommendations to prevent foodborne illness related to fresh produce:

Handwashing

- Wash hands with soap and water before and after handling or preparing raw fruits and vegetables.

Food preparation and storage

- Wash all fruits and vegetables thoroughly under running water before eating, cutting, or cooking.

- Buy whole heads of lettuce/leafy greens rather than prewashed, bagged lettuce or salad mixes. Throw away the outer two to three layers of leaves and wash the inner leaves under running water.
- Scrub firm fruits and vegetables, such as melons and cucumbers, with a clean produce brush.
- Cut away any damaged or bruised areas on fruits and vegetables before preparing and eating.
- Refrigerate cut, peeled, or cooked fruits and vegetables as soon as possible (within two hours).
- High risk patients should cook produce when possible (heating to 158 degrees F)

Treatment

- Most people with healthy immune systems will eventually recover from cyclosporiasis without treatment.
- Cyclosporiasis is treated with trimethoprim-sulfamethoxazole to shorten the duration of illness.
- For patients with sulfa allergies there are other options including ciprofloxacin.
- Supportive care with hydration and symptom management is critical, especially for people at risk of more severe illness.
- **People on dialysis are at risk of severe dehydration and electrolyte imbalance from diarrheal illnesses like cyclosporiasis and these complications may happen more quickly.**
- **People with a kidney transplant are at risk for more severe and prolonged illness from cyclosporiasis because of immunosuppression.**

References:

1. Centers for Disease Control and Prevention. Prevention Cycolsporiasis. CDC website CDC. Published February 29, 2024. Accessed July 13, 2026.
2. Centers for Disease Control and Prevention. Clinical Overview of Cyclosporiasis. CDC website. Clinical Overview of Cyclosporiasis | Cyclosporiasis | CDC Published March 4, 2024. Accessed July 13, 2026.
3. Centers for Disease Control and Prevention. Surveillance of Cyclosporiasis. CDC website. Surveillance of Cyclosporiasis | Cyclosporiasis | CDC. Published July 10, 2026. Accessed July 13, 2026.