NORTH Dakota | Health & Human Services
Be Legendary.

Health Alert Network | Health Advisory | July 15, 2026

Domestically Acquired Cyclosporiasis Cases in Multiple U.S. States, 2026

The North Dakota Department of Health and Human Services (HHS) is issuing this health advisory regarding an outbreak of Cyclosporiasis in multiple states. North Dakota clinicians are recommended to include Cyclosporiasis in the differential diagnosis for individuals who present with gastrointestinal illness including watery diarrhea present for a prolonged period of time and/or watery diarrhea that presents intermittently. Since May 1, 2026, four cases of cyclosporiasis have been reported to HHS. Although these cases are associated with travel outside the United States, there is potential for domestically-acquired cases in North Dakota. Laboratory positive Cyclosporiasis cases are a mandatory reportable condition in North Dakota. Providers can contact the HHS Disease Control and Forensic Pathology Section at 701-328-2378 with any questions or to report a case. For questions about laboratory testing and specimen collection, providers can call the HHS Laboratory Services Section at 701-328-6272.



Distributed via the CDC Health Alert Network
July 14, 2026
CDCHAN-00531

Summary

The Centers for Disease Control and Prevention (CDC) is notifying clinicians, public health practitioners, and laboratorians of cases of domestically acquired cyclosporiasis in multiple U.S. states. Since May 1, 2026, CDC has received reports of 1,645 confirmed domestic cases of cyclosporiasis and is aware of more than 5,100 cases that require further analysis to confirm the illness as domestically acquired cyclosporiasis. This is substantially higher than the 249 cases reported nationally by this same time last year. Of the 1,645 case-patients with available information, 141 (9%) were hospitalized, and none have died. CDC, the U.S. Food and Drug Administration (FDA), and state and local health departments are working together to investigate multistate outbreaks of *Cyclospora* infections and to identify the sources of illness. Because cyclosporiasis is often underdiagnosed and underreported, the true number of illnesses is likely higher than what has been reported to CDC. This Health Advisory provides background information about cyclosporiasis, current U.S. surveillance data, and recommendations for clinicians, laboratorians, and public health departments to support recognition, diagnosis, and reporting.

Background

Cyclosporiasis is a gastrointestinal illness caused by the microscopic parasite *Cyclospora*. People can become infected by consuming food or water contaminated with the parasite. This illness is not usually spread directly from person to person. Case counts typically rise during spring and summer months, and CDC considers May 1-August 31 the annual cyclosporiasis season. Previous outbreaks have been linked to consuming contaminated fresh produce.

Symptoms of cyclosporiasis typically begin about 1 week after exposure. Onset of symptoms can occur 2-14 days after being exposed. The most common symptoms include watery diarrhea, which can be frequent, along with loss of appetite, weight loss, bloating, nausea, and fatigue. Less common symptoms include low-grade fever and vomiting. Without treatment, symptoms can follow a remitting-relapsing course that can last from a few days to a month or longer. Illness can be severe, but is not usually life-threatening. Complications can include malabsorption, cholecystitis, and reactive arthritis. Laboratory detection of *Cyclospora* in stool can be challenging even in symptomatic patients, and standard ova and parasite exams might not detect it reliably.

Clinicians should specifically request diagnostic testing for *Cyclospora* when it is clinically suspected.

Since May 1, 1,645 lab-confirmed cases were reported to CDC in people who acquired cyclosporiasis in the United States. Cases were reported by 34 states. Case-patients developed illness after eating food in the United States and did not report any travel during the previous 14 days. Case-patients ranged in age from 2-95 years, with a median age of 44 years, and 56% were female. Of 1,645 case-patients with information available, 141 (9%) were hospitalized. No deaths have been reported. This is substantially higher than the 249 cases reported nationally from May 1–July 16, 2025.

CDC is working closely with FDA and state health authorities to investigate multiple clusters of cyclosporiasis. CDC has posted an investigation notice about an outbreak with more than 400 cases in at least four U.S. states that appear to be epidemiologically linked, suggesting that there could be a common source of these infections.

Recommendations for Clinicians

- Consider cyclosporiasis in patients presenting with prolonged or relapsing watery diarrhea, particularly during the May–August cyclosporiasis season, even without a history of international travel.
- Ask patients with suspected or confirmed cyclosporiasis about their recent food and travel history to assist local investigations.
- Specifically request *Cyclospora* laboratory testing on stool specimens because routine ova and parasite (O&P) examinations might not reliably detect the parasite. Consider molecular (PCR-based) diagnostic testing where available, because it can improve detection.
- Treat confirmed cases of cyclosporiasis with 7-10 days of trimethoprim-sulfamethoxazole (TMP-SMX) for immunocompetent adults and children over age 2 months; consider longer courses for patients with immunocompromising conditions. Consult current CDC clinical guidance for recommended dosing.
- Advise patients to stay well hydrated, especially if diarrhea is frequent or severe.

- Contact the Council for State and Territorial Epidemiologists (CSTE) clinician line after hours for on call support if needed.

Recommendations for Disinfecting *Cyclospora* in Healthcare Settings

- Given the typical lifecycle of *Cyclospora*, person-to-person transmission is unlikely, even within healthcare settings. If an affected patient is continent of stool, the level of environmental contamination is probably small.

- *Cyclospora* is unlikely to be killed or inactivated by routine chemical disinfection. No EPA-registered disinfectant products have been demonstrated to be effective against *Cyclospora*. When affected patients are incontinent or diapered, the risk of contamination of healthcare surfaces might be higher. Facilities should clean surfaces initially with a detergent to remove any visible soil and scrub the surfaces thoroughly. After this cleaning, an EPA-registered hospital disinfectant should be used. Immediately after cleaning, healthcare personnel (HCP) should remove gloves used during cleaning and clean their hands.

- HCP should always use Standard Precautions, including wearing gloves when there might be direct contact with feces. A gown, facemask, and eye protection, or face shield should be used if splashing might occur. Hand hygiene should be performed before and after every patient contact. If hands are visibly soiled, HCP should wash them with soap and water, scrubbing vigorously for 15-20 seconds. If hands are not visibly soiled, alcohol-based hand sanitizer may be used. For patients with gastroenteritis who are diapered or incontinent of stool, HCP should use Contact Precautions when providing direct patient care in healthcare settings.

Recommendations for Laboratorians

- Check that stool testing protocols include specific diagnostic methods for *Cyclospora* detection (e.g., modified acid-fast staining or PCR), rather than relying solely on routine ova and parasite (O&P) exams.

- Promptly report confirmed *Cyclospora* results to the ordering clinician and to the state, tribal, local, or territorial health department per jurisdictional reporting requirements.

Recommendations for Health Departments

- Communicate with local clinicians and laboratories about this increase in cases and the importance of specific *Cyclospora* diagnostic testing.
- Promptly report confirmed cyclosporiasis cases to CDC to support national surveillance; cyclosporiasis is nationally notifiable in 47 states, the District of Columbia, and New York City.
- Interview patients with confirmed cases about recent food and travel exposures to help identify potential common sources.
- Coordinate with CDC and FDA on multistate cluster and traceback investigations as requested.

Recommendations for the Public

- Visit a clinician if you have prolonged or watery diarrhea, especially if it lasts more than a few days.

  Reduce your risk by thoroughly washing fresh produce under clean running water before eating and by following safe food handling practices. Be aware that chemically disinfecting or sanitizing produce might not fully eliminate *Cyclospora*. It is important to thoroughly wash produce even if it is labeled as pre-washed.

Additional Resources

- To learn more about the current situation, visit the CDC outbreak website.
- To learn more about cyclosporiasis, visit the CDC cyclosporiasis website.
- To learn more about the clinical care of cyclosporiasis, visit the CDC clinical care website.

To learn more about safe food handling practices, visit our website. The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing

and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.