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epiTRENDS

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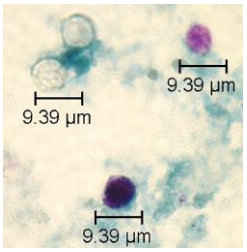
Cyclosporiasis

A large outbreak of cyclosporiasis has resulted in increased attention for this parasitic infection. The investigation underscores some of the complexities of cyclosporiasis surveillance and control.

The Agent and Clinical Presentation



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Cyclospora cayetanensis and other species were recognized relatively recently. It was initially identified in animals (moles, reptiles, birds, and myriapods like millipedes), with the first human cases documented in 1977.

As with many parasites, the life cycle is complex. Of importance to investigations is that oocysts excreted in the feces are not infectious but require one to two weeks in the environment to sporulate, which is facilitated by warm weather. As a result, *Cyclospora* does not directly transmit person-to-person but instead spreads through food or water.

Infection may be asymptomatic in endemic regions. The typical incubation is about a week (range one day to two weeks). There is typically watery or sometimes explosive diarrhea (about six stools a day), nausea, loss of appetite, cramping, bloating, fatigue and weight loss, and may be fever or headache. Symptoms can remit and relapse for a month or more but eventually resolve. Illness can be more severe at either age extreme or if a person is immunocompromised (e.g., untreated HIV infection) where diarrhea may continue for months and weight loss can be considerable. Trimethoprim-sulfamethoxazole may be prescribed.

Cyclospora diagnosis was often not included in a standard ova and parasite (O&P) examination of stool, requiring a specific request from the provider. Shedding of organisms may be intermittent. Diagnosis is a further challenge with microscopy because the small round organisms have variable staining so may resemble air bubbles, and collapsed or distorted oocytes are hard to detect.

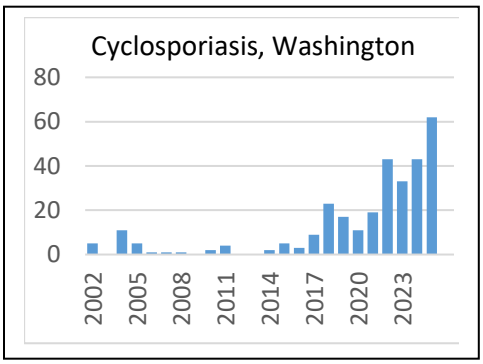
In 2014 the US Food and Drug Administration cleared the first culture-independent diagnostic test (CIDT) that included *Cyclospora* as one of many agents tested simultaneously. A CIDT test typically includes bacteria, viruses, and parasites causing diarrhea; not all kits include *Cyclospora*. CIDT is faster and cheaper than microscopy so has been increasingly adopted in clinical settings, which may have increased identification of cyclosporiasis cases. Molecular methods are not routinely done but can be used to characterize the strains during outbreak investigations.

Epidemiology and Surveillance

The infectious dose for cyclosporiasis is assumed to be low, possibly as few as ten oocysts. Identifying risk factors can be challenging because of the extended incubation period, requiring food recall over several weeks. International travel accounts for most cases reported in this country, but the specific food or water exposures during travel are usually not further investigated. There are still questions about how *Cyclospora* is transmitted and the endemic risk within this country. Cases occur with no travel and are generally unexplained. Imported produce could be a risk but may not be demonstrable in the absence of an identified outbreak.

With a small infectious dose, fecal contamination of irrigation or rinse water can affect a large produce harvest. The oocysts are highly resistant to disinfectants such as the standard level of water chlorination or iodination so drinking water may also be a source of exposure. During travel, routine recommendations for fresh produce including thorough washing, chemical disinfection, or other sanitizing methods are not likely to remove the organisms.

In Washington, cyclosporiasis has been reportable since 2000. Providers should notify the local health jurisdiction of suspected or confirmed case while laboratories report a positive result by any method. Specimens associated with positive result are submitted only on request. Case reports in Washington increased starting around 2017, recently reaching 30-62 cases annually. This increase may in part reflect increased CDIT testing availability. No associated deaths were ever reported. Most cases interviewed in Washington were exposed outside the United States.



Cyclosporiasis Outbreaks

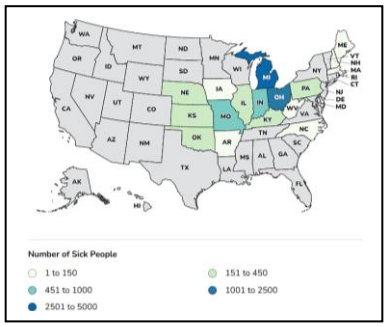
Periodically a cyclosporiasis outbreak is identified in the United States, some limited to one state. The larger recent outbreaks, numbering in the tens to hundreds of laboratory-confirmed cases, have been multistate. Some notable outbreaks include 592 cases associated with imported fresh basil in 2005, 631 cases associated with imported romaine lettuce in 2014, 546 cases associated with imported cilantro in 2015, and 511 cases associated with domestic salad mix in 2018.

Cases without international travel have a detailed interview. The emphasis is on imported produce items implicated in outbreaks such as raspberries, sugar snap peas, broccoli, cilantro, basil, parsley, mesclun lettuce, romaine lettuce, and various salad mixes or fruit trays. These foods tend to be difficult to wash thoroughly, and even a disinfectant rinse will not eliminate the organism.

Cyclosporiasis outbreaks are challenging. Molecular sequencing is not done routinely, so with interviews alone it is difficult to distinguish simultaneous outbreaks due to different sources. Contaminated produce may not be identified because the risk item is difficult to recall, since a

person may remember a sauce but not know that it contained an herb, or recall eating a salad but not the separate components. By the time of an outbreak investigation, a specific lot of perishable produce may no longer be available for testing. If a specific item is identified as the cause of a cluster, product traceback relies on distribution records.

As of August 2026, investigations are ongoing for more than one national cyclosporiasis outbreak. One outbreak was associated with iceberg lettuce that resulted in at least 9,481 cases in 17 states. Higher numbers of cases are likely, since not all affected people would have sought testing. Additional 4,110 cases (not linked to the iceberg lettuce outbreak) were exposed in the United States, but the source(s) are still under investigation. CDC is aware of thousands of cases of cyclospora that are pending further analysis to determine likely area of exposure (in-state versus international travel). As of August 10, 2026, 34 subclusters are under investigation in 14 states – suspected sources include cilantro, parsley, onion, lettuce. Food tracebacks are underway by FDA.



In Washington, 61 cases of cyclosporiasis have been reported since May 1, 2026. Among 59 cases with interviews, 39 traveled to another country (most to Mexico) and 20 did not travel outside the United States. Of 15 cases who traveled to other states, two cases were linked to the iceberg lettuce outbreak. five cases did not travel outside Washington and have no source identified.

Local health jurisdictions can interview cyclosporiasis cases using the WDRS form and for cases without international travel interview using the cyclosporiasis national hypothesis generating questionnaire (see Resources). After completing the interview, please attach it to the WDRS record for the case and also email it to the Foodborne Epi team at foodborne-epi@doh.wa.gov.

Confirmatory *Cyclospora* testing is available at Washington State Public Health Laboratories; a county can request specimens to be forwarded from clinical labs for O&P exam (microscopy). Submit stool using transport media that contains fixative, for example Para-Pak® Ultra Ecofix, or 10% formalin. Do not send raw stool or specimens in Cary-Blair transport media. For interviewing and cluster investigation assistance, please reach out to Foodborne-epi@doh.wa.gov for support.

Resources

CDC Cyclosporiasis surveillance: https://www.cdc.gov/cyclosporiasis/php/surveillance/index.html

CDC Cyclosporiasis lettuce outbreak: https://www.cdc.gov/cyclosporiasis/outbreaks/07-26/index.html

CDC *Cyclospora* life cycle: https://www.cdc.gov/dpdx/cyclosporiasis/index.html

DOH guideline: https://doh.wa.gov/sites/default/files/2025-08/420-051-Guideline-Cyclosporiasis.pdf

DOH WDRS Interview Form for Cyclosporiasis (for all cases of cyclosporiasis): https://doh.wa.gov/sites/default/files/2025-08/210-023-ReportForm-Cyclo.pdf

CDC Cyclosporiasis national hypothesis generating questionnaire (for cases without international travel): https://www.cdc.gov/cyclosporiasis/media/pdfs/2024/05/CNHGQ-2023.pdf with instructions: https://doh.wa.gov/sites/default/files/2025-08/CDC_CycloFormDirections.docx

Washington State Public Health Laboratories Instruction for *Cyclospora* Specimen Submission: https://www.medialab.com/dv/dl.aspx?d=2086805&dh=1e5c5&u=69790&uh=0e2a1