Public Health Advisory
07/16/2026
Increasing Cases of Domestically Acquired Cyclosporiasis Reported in Multiple US States

SITUATIONAL AWARENESS SUMMARY

Situation: On July 14, 2026, the Centers for Disease Control and Surveillance (CDC) issued a Health Alert Network advisory regarding a significant increase in domestically acquired cyclosporiasis cases reported across multiple states since May 1, 2026. As of July 13, 2026, 34 states have reported 1,645 lab-confirmed cases to CDC- individuals who became ill after consuming food in the United States and had no international travel in the previous 14 days-compared with 249 cases reported nationwide during the same period in 2025 (May 1–July 16). In total, the CDC is aware of more than 5,100 suspect cases that require further analysis to confirm the illness was acquired domestically.

- Of the 1,645 cases, 141 (9%) required hospitalization, with no deaths reported.
- More than 400 across at least four U.S. states appear to be epidemiologically linked.
- **As of now, no Clark County residents are known to be associated with the outbreak.**
- Cyclosporiasis is a gastrointestinal illness caused by the microscopic parasite, Cyclospora cayetanensis. Cases typically increase during the spring and summer, with May 1 through August 31 considered the peak of cyclosporiasis season.

SNHD strongly urges all healthcare providers to:

1) **Consider cyclosporiasis infection in patients who present with:**
   a) Prolonged or relapsing watery diarrhea, particularly during the May-August cyclosporiasis season.
      - Incubation periods range from 2 days to 2 weeks or more.
      - Without treatment, symptoms can follow a remitting-relapsing course that can last from a few days to a month or longer.
   b) Other common symptoms: loss of appetite, weight loss, bloating, nausea, and fatigue.
   c) Less common symptoms: low-grade fever and fatigue.

2) **Ask patients with suspected or confirmed cyclosporiasis about their recent food and travel history to assist in local investigations.**

3) **Specifically request laboratory testing for *Cyclospora* on stool specimens.**
   a) **Order a gastrointestinal multiplex PCR panel that includes a target for Cyclospora *cayetanensis* whenever available.**
   b) **Routine ova and parasite (O&P) examinations do not reliably detect Cyclospora unless specifically requested.**
   c) **If PCR testing is unavailable, request specific testing for Cyclospora using appropriate staining methods or microscopy.**

LAB	CPL	LabCorp	Quest
Test code	7050	183145	10018
Test name	Parasitology stain	Cyclospora smear	Cyclospora exam

4) **Treat confirmed cases of cyclosporiasis with 7-10 days of trimethoprim-sulfamethoxazole (TMP-SMX).** Consider longer courses for persons with immunocompromising conditions.
   a) Adults: TMP-SMX 160-800 mg orally twice a day for 7-10 days.
   b) Children >2 months to 18 years: TMP 8-10 mg/kg and SMX 40-50 mg/kg per day orally in 2 divided doses for 7-10 days. Maximum dose is TMP-SMX 160-800 mg orally twice a day.

5) **Report:** Do not wait for laboratory confirmation to report to the SNHD Disease Surveillance and Control via Phone (702) 759-1300 or Fax (702) 759-1414.

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