PENNSYLVANIA DEPARTMENT OF HEALTH

2026 – PAHAN – 833-07-16- ADV

Increase in Domestically Acquired Cyclosporiasis Cases, United States and Pennsylvania, 2026

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TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	Increase in Domestically Acquired Cyclosporiasis Cases, United States and Pennsylvania, 2026
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SUMMARY

- The Pennsylvania Department of Health (DOH) is notifying clinicians, public health practitioners, and laboratorians of cases of domestically acquired cyclosporiasis in multiple states.
- In Pennsylvania, cases of cyclosporiasis are voluntarily reported to DOH. PA confirmed 28 cases in 2026, however, additional reports have been received, investigations are underway, and case counts are expected to increase in the coming days to weeks.
- Providers should consider cyclosporiasis in patients presenting with prolonged or relapsing watery diarrheal illness, even without a history of international travel.
- Providers should specifically request Cyclospora laboratory testing on stool specimens, as routine ova and parasite (O & P) exams often miss the parasite. When available, molecular (PCR) tests should be used as it can improve detection of the parasite.
- Laboratories should submit Cyclospora-positive samples to DOH Bureau of Laboratories with a request for "Cyclospora genotyping."
- Report cases to DOH at 877-PA-HEALTH or your local health department.

Background

DOH and the Centers for Disease Control and Prevention (CDC), are notifying clinicians, public health practitioners, and laboratorians of cases of domestically acquired cyclosporiasis in multiple states, including Pennsylvania. Cases were reported by 34 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. 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.

CDC, the 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 surveillance data, and recommendations for clinicians, laboratorians, and public health departments to support recognition, diagnosis, and reporting.

In Pennsylvania, cases of cyclosporiasis are voluntarily reported to DOH. PA confirmed 28 cases so far in 2026; however, additional reports have been received, investigations are underway, and case counts are expected to increase in the coming days and weeks.

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 but can begin 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 often do not detect it reliably. **Clinicians should specifically request diagnostic testing for *Cyclospora* when it is clinically suspected.**

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 states that appear to be epidemiologically linked, suggesting that there could be a common source of these infections.

Recommendations for Clinicians and Health Care Facilities

- 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 do not reliably detect the parasite. Consider molecular (PCR-based) diagnostic testing where available, because it can improve detection.
- Be aware that diagnosis can be difficult, and several stool specimens may be required. Because *Cyclospora* oocysts may be shed intermittently and at low levels, even in persons with profuse diarrhea. Providers can consider collecting more than one specimen across different days to increase identification of the parasite.
- 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. No highly effective alternatives have been identified yet for persons who are allergic to (or are intolerant of) TMP-SMX. Approaches to consider for such persons include observation and symptomatic treatment, use of an antibiotic whose effectiveness against *Cyclospora* is based on limited data, or desensitization to TMP-SMX. The latter approach should be considered only for selected patients who require treatment, have been evaluated by an allergist, and do not have a life-threatening allergy. Consult current CDC clinical guidance for recommended dosing.
- Advise patients to stay well hydrated, especially if diarrhea is frequent or severe.
- Report cases to DOH at 877-PA-HEALTH or your local health department.

Recommendations for Disinfecting Cyclospora in Healthcare Settings

- Given the typical lifecycle of *Cyclospora*, person-to-person transmission is unlikely, even within healthcare settings. The C*yclospora* parasite needs time (days to weeks) after being passed in a bowel movement to become infectious for another person. 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 DOH or your local health department. **Please forward stool specimens testing positive for *Cyclospora* to the DOH Bureau of Laboratories.** Acceptable specimens include refrigerated stools in a preservative such as Cary Blair. Please ship with cold packs to maintain the sample temperature at 2-8°C, and include a completed submission form with a request for "*Cyclospora* genotyping". Please also include the method that *Cyclospora* was identified with i.e., Biofire® FilmArray® Gastrointestinal (GI) Panel (multiplex PCR), etc. or attach a printout of the results.
- Specimens can be sent Monday through Thursday to:

PA Department of Health, Bureau of Laboratories
110 Pickering Way
Exton, PA 19341
610-280-3464

Recommendations for the Public

- Consult your medical provider 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.

For More Information

- Cyclosporiasis Fact Sheet | PADOH
- Cyclosporiasis | CDC
- Surveillance of Cyclosporiasis | CDC
- Clinical Care of Cyclosporiasis | CDC
- Preventing Cyclosporiasis | CDC

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This information is current as of July 16 but may be modified in the future.