

Date: July 15, 2026

From: Kansas Department of Health and Environment – Division of Public Health

To: All HAN Users

RE: 2026 Multi-State Outbreak of Cyclosporiasis

United States Update

Outbreaks of cyclosporiasis have been occurring across the United States in 2026. Since May 1, 2026, the U.S. Centers for Disease Control and Prevention (CDC) has received reports of 1,645 confirmed domestic cases of cyclosporiasis and is aware of more than 5,100 cases that require further investigation to confirm the illness as domestically acquired cyclosporiasis rather than internationally acquired. Among confirmed domestic cases, 141 hospitalizations and zero deaths have been reported.

So far in 2026, multiple states have reported an increase in cases compared to the same period in 2025; case counts are expected to increase as there may be up to a six-week lag in reporting between illness onset and reporting to CDC. State and federal partners are working together to investigate several outbreaks of cyclosporiasis. Investigations to identify source(s) of illness are ongoing.

Local Update

The Kansas Department of Health and Environment (KDHE) is reporting 55 total cases of cyclosporiasis in 2026 in Kansas, which includes both domestically acquired cases and cases likely exposed during international travel. For comparison, through July 15 in 2025, Kansas reported 23 cases. The number of annual cyclosporiasis cases in Kansas varies widely from year to year. In 2021, there were 69 cases reported, while in 2022, there were 24 cases reported. Between 2020 and 2025, an average of 43.5 cases were reported each year.

As of July 15, 2026, of the 55 total cases reported to KDHE, 37 are classified as domestically acquired, 17 were likely acquired during international travel, and, in one case, the public health investigation could not definitively determine if infection was acquired domestically or internationally. Domestically acquired cyclosporiasis cases have risen sharply in Kansas since late June with 30 cases reported since June 24. KDHE continues to work with local health departments to interview cases and try to identify a common exposure(s) to prevent additional illnesses. Individuals diagnosed with cyclosporiasis are encouraged to talk to the local health department staff investigating these illnesses when they reach out to help identify a potential cause.

Background

Cyclosporiasis is caused by infection with the parasite *Cyclospora cayetanensis*, which is commonly found in tropical or subtropical countries and spread by food or water contaminated with feces. In recent years, outbreaks have occurred in the United States because of eating contaminated fresh produce, especially during the summer months. Cyclosporiasis is not known to spread from person to person. Symptoms occur two to 14 days after exposure and may include:

- Frequent watery diarrhea.
- Loss of appetite and weight.
- Abdominal cramps and bloating.
- Nausea (vomiting is less common).
- Low-grade fever.

Individuals experiencing sudden gastrointestinal illness are encouraged to be evaluated by a health care provider.

Recommendations for Healthcare Providers

Providers should consider cyclosporiasis among patients presenting with acute gastrointestinal illness. Testing for *Cyclospora* is not routinely conducted in most laboratories in the United States, even when stool is tested for parasites. Similarly, not all gastrointestinal polymerase chain reaction (PCR) panels include a target for *Cyclospora*. Therefore, if indicated, health care providers should specifically request testing for *Cyclospora*. The Kansas Health and Environment Laboratory does NOT routinely provide this testing.

If untreated, the illness may last for a few days to a month or longer. Symptoms of cyclosporiasis can be improved with antibiotic treatment. Trimethoprim-sulfamethoxazole (TMP-SMX, sold as Bactrim, Septra, or Cotrim) is the treatment of choice for cyclosporiasis. 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.

Laboratory-positive cases should be reported to KDHE within one business day of confirmation. Fax the laboratory results and a completed [Kansas Reportable Disease Form](#) to 877-427-7318, or send a secure, HIPAA-compliant email to kdhe.epihotline@ks.gov.

Please inform cyclosporiasis patients that they will receive telephone calls from health department staff investigating these illnesses, and that speaking with staff could help identify a potential cause.

Mandated Reporters, including clinicians, are required by [Kansas Administrative Regulation \(K.A.R.\) 28-1-2](#) to report cases of cyclosporiasis to KDHE or your local health department within 24 hours or the next business day. The [Kansas Reportable Disease Form](#) may be faxed to the KDHE Epidemiology Hotline at 877-427-7318 or sent via a secure, HIPAA-compliant email to kdhe.epihotline@ks.gov. Laboratories are required by [K.A.R. 28-1-18](#) to electronically report cyclosporiasis laboratory results to KDHE.

Recommendations for the Public

To help avoid any illness from *Cyclospora* or other harmful organisms, the CDC recommends the following:

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

It is important to note that there is no way to ensure all *Cyclospora* parasites have been washed away from the food, and consumers will not eliminate their risk of infection by washing produce. It is always good practice to wash fruits and vegetables thoroughly under running water before eating, cutting, or cooking; however, this does not reliably eliminate *Cyclospora* because of how the parasite can 'stick' to foods. Choosing locally grown produce or growing your own can help minimize risk of contracting cyclosporiasis.

Cooking fresh produce before consuming or avoiding fresh produce during periods of increased cyclosporiasis activity are the safest options. Cooking food to 158 degrees Fahrenheit (70 degrees Celsius) may inactivate the parasite. These are the preferred prevention methods for those who have a higher risk of dehydration or weakened immune systems such as patients on chemotherapy, organ transplant recipients, infants and young children, and elderly people.

For general questions on cyclosporiasis, visit <https://www.cdc.gov/cyclosporiasis/index.html>, or please reach out to the KDHE Epidemiology Hotline at kdhe.epihotline@ks.gov.

For media inquiries, please contact KDHE Communications at Jill.P.Bronaugh@ks.gov.

References

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