NEW YORK STATE Department of Health

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NYC Health

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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July 13, 2026

HEALTH ADVISORY: INCREASE IN CYCLOSPORIASIS

Please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Obstetrics/Gynecology (including Nurse Practitioners and Midwives), Family Medicine, Travel Medicine Service, Pediatrics, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.

SUMMARY

- The New York State Department of Health (NYSDOH) and New York City Health Department (NYC Health Department) are investigating an increase of cyclosporiasis in the state. Cyclosporiasis is an intestinal infection caused by the parasite *Cyclospora*.
  - *Cyclospora* infects the small intestine and typically causes watery diarrhea, with frequent, copious stools. The parasite is endemic in tropical and subtropical regions of the world.
  - In the United States (U.S.), *Cyclospora* infections are most common during the summer months and are usually transmitted by ingesting contaminated food or water.
- In 2026, 129 cases of cyclosporiasis have been reported in New York State outside of New York City as of 7/8/2026, exceeding the typical baseline of 20-55 cases by early July. In NYC, 381 cases of cyclosporiasis have been reported in 2026 to date which is approximately a three-fold increase compared to the same time period in 2025.
  - Other state health departments and the Centers for Disease Control and Prevention are also investigating recent increases in cases.
  - Previous U.S. outbreaks of cyclosporiasis have been linked to various types of imported fresh produce (e.g., basil, cilantro, mesclun lettuce, raspberries, and snow peas).
- Testing for *Cyclospora* may not be routinely conducted in some clinical laboratories, even when stool is tested for parasites. Similarly, some gastrointestinal polymerase chain reaction (PCR) panels do not include a target for *Cyclospora.* Therefore, if indicated, health care providers should specifically request testing for *Cyclospora.*
- Healthcare providers must report cases of cyclosporiasis to the local health department (LHD) where the patient resides. Contact information is available at https://www.health.ny.gov/contact/contact_information/.
  - Cases in NYC residents should be reported to the NYC Health Department online through PRISM (preferred), through the Provider Access Line (PAL) at **866-692-3641**, or by mailing or faxing a Universal Reporting Form.

EPIDEMIOLOGY

Cyclospora is a unicellular parasite that causes an intestinal illness called cyclosporiasis. Because *Cyclospora* is a coccidian parasite, infected people shed oocysts (rather than cysts) in their feces. These oocysts must mature (sporulate) outside the host, in the environment, to become infective for someone else. The process of sporulation requires approximately 1–2 weeks in favorable environmental conditions, and consequently, *Cyclospora* is not transmitted by direct person-to-person contact. *Cyclospora* infection is transmitted by ingesting contaminated food or water, with recent outbreaks in the U.S. linked to various types of imported fresh produce.

People of all ages are at risk of infection. Travelers to countries in the tropics and subtropics may be at increased risk because cyclosporiasis is endemic in some countries. Some infected persons are asymptomatic, particularly in settings where cyclosporiasis is endemic.

Among symptomatic people, the incubation period averages ~1 week (ranges from ~2–14 or more days). *Cyclospora* infects the small intestine and typically causes watery diarrhea, with frequent, copious, stools. Other common symptoms include loss of appetite, weight loss, abdominal cramping/bloating, increased flatus, nausea, and prolonged fatigue. Vomiting, body aches, low-grade fever, and other flu-like symptoms may be noted. If untreated, the illness may last for a few days to a month or longer and may follow a remitting-relapsing course. Although cyclosporiasis usually is not life threatening, reported complications have included malabsorption, cholecystitis, and reactive arthritis. Symptomatic reinfection can occur.

Cyclospora is unlikely to be killed by routine chemical disinfection or sanitizing methods.

TESTING AND DIAGNOSIS

Testing for *Cyclospora* may not be routinely conducted in some clinical laboratories, even when stool is tested for parasites. Similarly, some gastrointestinal PCR panels do not include a target for *Cyclospora*. Therefore, if indicated, health care providers should specifically request testing for *Cyclospora*.

TREATMENT

Many individuals who have healthy immune systems will recover from cyclosporiasis without treatment. However, if not treated, the illness may last for a few days to a month or longer, and symptoms may relapse. People who are in poor health or who have weakened immune systems may be at higher risk for severe or prolonged illness.

When indicated, trimethoprim-sulfamethoxazole (TMP-SMX) is the treatment of choice. No highly effective alternatives have been identified yet for people who are allergic to or intolerant of TMP-SMX. Approaches to consider for such people 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.

REPORTING OF CASES

Health care providers should report cases of cyclosporiasis to the LHD where the person resides. Contact information is available at https://www.health.ny.gov/contact/contact_information/. If you are unable to reach the LHD where the person resides, please contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays. Cases in NYC residents should be reported to the NYC Health Department online through PRISM (preferred), through the Provider Access Line (PAL) at **866-692-3641**, or by mailing or faxing a Universal Reporting Form.

PREVENTION

Patients should be encouraged to always follow safe fruit and vegetable handling recommendations:

- Wash: Wash hands with soap and warm water before and after handling or preparing fruits and vegetables. Wash and sanitize cutting boards, dishes, utensils, and counter tops between the preparation of raw meat, poultry, and seafood products and the preparation of fruits and vegetables that will not be cooked.
- Prepare: 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.
- Store: Refrigerate cut, peeled, or cooked fruits and vegetables as soon as possible, or within 2 hours. Store fruits and vegetables away from raw meat, poultry, and seafood.
- Cook: Cook your food when you can. Heating food to 158°F (70°C) or higher kills *Cyclospora*.

If you have any questions regarding this information, please contact your LHD or the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 or via email at bcdc@health.ny.gov. In NYC, please call 311.

Additional Resources

- New York State Department of Health: Cyclospora Infection: https://www.health.ny.gov/diseases/communicable/cyclosporiasis/
- New York City Health Department: Cyclospora Infection https://www.nyc.gov/site/doh/health/health-topics/cyclosporiasis.page