Cyclosporiasis Surveillance Update

Date: July 10, 2026

Public Health Message Type: ☐ Alert ☐ Advisory ☒ Update ☐ Information

Intended Audience: ☒ All public health partners ☒ Healthcare providers ☒ Infection preventionists ☒ Local health departments ☐ Schools/Childcare centers ☐ ACOs ☐ Animal health professionals ☐ Other:

Key Points

- While there have been clusters of cyclosporiasis in several states (particularly in the Midwest), to date NJ has been experiencing normal seasonal circulation without known clusters or outbreaks.
- The New Jersey Department of Health (NJDOH) continues to work with Local Health Departments (LHDs) and federal partners to investigate cases and monitor for any potential illness clusters.
- Case counts typically rise during the spring and summer months; therefore, the cyclosporiasis season is considered May 1 through August 31.
- Cyclosporiasis is an intestinal illness caused by the microscopic parasite *Cyclospora cayetanensis*. People are almost always infected by consuming contaminated food (particularly fresh produce) or water.
- Symptoms commonly include frequent watery stools, loss of appetite, weight loss, bloating, stomach cramps, nausea, vomiting, body aches, low-grade fever, and prolonged fatigue
- Prompt and thorough case investigation, including interviews with the case-patient or guardian, is crucial in identifying shared exposures, detecting commonalities, and recognizing potential outbreaks.

Action Items

- Clinicians should consider cyclosporiasis as a clinical diagnosis when the clinical presentation, history or travel suggests a possible infection.
- All cases should be reported by the next business day to the Local Health Department through ELR or manual reporting into CDRSS.
- Local health department (LHD) investigators should promptly interview all cyclosporiasis cases with the CDC Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ), submit the CNHGQ to the Foodborne and Waterborne Disease Unit, and update CDRSS.

Contact Information

- New Jersey Department of Health, Communicable Disease Service (CDS)
  - Phone: (609) 826-5964 during business hours; (609) 392-2020 after hours
  - Email: cds.fwd.epi@doh.nj.gov (Foodborne and Waterborne Disease Unit)

Background

Cyclosporiasis is an intestinal illness caused by ingesting food or water contaminated with the microscopic parasite *Cyclospora cayetanensis*. Symptoms commonly include frequent watery stools, loss of appetite, weight loss, bloating, stomach cramps, nausea, vomiting, body aches, low-grade fever, and prolonged fatigue. The incubation period is typically about 1 week, but symptoms may begin as soon as 2 days and as late as 2 weeks or more after exposure. If untreated, symptoms may last from a few days to a month or longer and can follow a remitting-relapsing course. Although cyclosporiasis is usually not life-threatening, reported complications have included malabsorption, cholecystitis, and reactive arthritis.

In the United States, reported cases most commonly occur from May through August, typically peaking in June and July. Cyclosporiasis is more common in tropical and subtropical regions, and infections in the United States have been linked to contaminated fresh produce. Many cases have historically been associated with international travel; CDC provides guidance on safe food and water practices while traveling for travelers when visiting areas where cyclosporiasis is endemic. *Cyclospora* oocysts generally require time in favorable environmental conditions to mature and become infectious; therefore, direct person-to-person transmission is unlikely.

Recommendations for Clinicians

- Consider *Cyclospora* as a potential cause of prolonged diarrheal illness, particularly in patients with recent travel to areas where cyclosporiasis is endemic, including tropical and subtropical regions.
- Request testing when the clinical presentation or exposure history suggests possible infection. Testing for *Cyclospora* is not routinely performed by many U.S. laboratories, and not all gastrointestinal PCR panels include *Cyclospora*.

Recommendations for Laboratorians

- Ensure *Cyclospora* testing is available or specimens can be referred to an appropriate reference laboratory when requested by a health care provider.
- Report positive test results by the next business day to the Local Health Department

Recommendations for Local Health Departments

- Interview the case-patient or family using the "Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ)"
- Enter critical details and relevant exposures into CDRSS and inform your regional epidemiologist or the Foodborne and Waterborne Disease Unit immediately if an outbreak is suspected.

References and Resources

- CDC Disease Page
- CDC Surveillance of Cyclosporiasis
- CDC Clinical Guidance
- CDC Cyclosporiasis Hypothesis Generating Questionnaire
- NJDOH Disease Page
- NJDOH Cyclosporiasis Chapter
- NJDOH Cyclosporiasis Case Investigation Checklist
- NJDOH Foodborne and Waterborne Disease Case Investigation Toolkit