OKLAHOMA
State Department of Health

Oklahoma Health Alert Network (OK-HAN)

OK-HAN Category: Health Advisory

Increase of Cyclosporiasis in US and Oklahoma

Summary

Since May 1, 2026, CDC has received reports of 843 confirmed domestic cases of cyclosporiasis and is aware of more than 1,500 cases that require further investigation to confirm the illness as domestically acquired cyclosporiasis. Oklahoma has seen an increase in cases in the last two weeks. Oklahoma will be launching a cyclosporiasis dashboard this week, available on OSDH Viral View. Cases will be updated weekly so that healthcare providers and the public may view case counts and trends within the state, stratified by international and domestic exposures.

The Oklahoma State Department of Health (OSDH) is advising clinicians in Oklahoma to consider cyclosporiasis among patients with an acute, afebrile (or low-grade fever) diarrheal illness, particularly in persons with diarrhea persisting greater than one week. Laboratorians should report laboratory-confirmed cases to the OSDH epidemiologist-on-call at (405) 426-8710 or via the Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) system. Cyclosporiasis is a reportable disease in Oklahoma and should be reported within one business day to the OSDH.

Background

Cyclosporiasis is a diarrheal illness caused by a single-celled parasite called *Cyclospora cayetanensis*. It is spread by consumption of food or water contaminated with fecal matter from infected individuals. *Cyclospora* is endemic in many underdeveloped countries. Cases in the United States are imported by international travelers or by ingestion of contaminated foods, with peak seasonality trends from May to August. Outbreaks and clusters of human illnesses have occurred from contaminated foods (typically fresh produce) imported from endemic countries into the United States.

Cyclospora is not known to be spread person-to-person via direct contact. *Cyclospora* infection is often asymptomatic, but when symptoms occur, they may include watery diarrhea, loss of appetite, weight loss, bloating, stomach cramps, nausea, vomiting, muscle aches, and fatigue. Weight loss can be significant (exceeding 20 pounds in some cases). Infected patients may have a single self-limited episode or a prolonged waxing and waning course. Symptoms begin an average of seven days after ingestion of the parasite (range of 2-14 days) and may last from several days to several weeks.

Persons of all ages are at risk of infection, with more severe clinical infections among young children and older adults. Symptoms can be more severe in patients with HIV/AIDS, although asymptomatic infections in the setting of HIV may occur. Treatment includes trimethoprim-sulfamethoxazole and rehydration with fluids.

Recommendations for Clinicians and Laboratories:

Clinicians should consider cyclosporiasis in patients presenting with an acute diarrheal illness with persisting watery diarrhea.

Laboratory testing to confirm *Cyclospora* can be challenging. Laboratory testing for suspected cyclosporiasis includes polymerase chain reaction (PCR) and/or ova and parasite (O&P) fecal examination.
Notify the clinical diagnostic laboratory about suspicion of cyclosporiasis to determine what testing is available, instructions for specimen collection and submission, and whether *Cyclospora* must be specified on the test order.

- If ordering a gastrointestinal PCR panel, clinicians need to ensure the PCR panel includes a target for *Cyclospora*.
- If microscopic examination is ordered, stool specimens are typically submitted in an O&P collection kit. Stool specimens should be obtained early in the course of illness; optimum time is 1-3 days after onset of illness, during the early morning hours when the parasite(s) should be present in the greatest numbers. Many parasites are shed intermittently during the course of an infection; therefore, for initial detection, three separate specimens should be collected on separate days, at a minimum of 24 hours apart – one every other day (over 5 days) is optimal but collection should not exceed 10 days.

Laboratories are encouraged to send specimens that have tested positive for *Cyclospora* to the Oklahoma Public Health Laboratory for additional testing to assist with national surveillance. Stool specimens can be sent following the suggested storage instructions for the transport media or fixative used. If no media/fixative was used, ship refrigerated with the routine OSDH PHL courier. Preferably ship within seven days of collection.

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Additional resources:

- CDC Fact Sheet for General Public
- CDC Fact Sheet for Providers
- OSDH Cyclosporiasis Web Page
- Oklahoma Public Health Laboratory - Specimen Packaging and Shipping

Contact for questions:
For all laboratory questions or specimen submission questions, please contact the OSDH PHL at PublicHealthLab@health.ok.gov or call 405-564-7750.

For all non-laboratory questions, please contact the OSDH Epidemiologist on Call at IDPR@health.ok.gov or call 405-426-8710.

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This message has been distributed to Primary Care and Infectious Disease Physicians, Family Medicine Physicians, Obstetrics, Pediatricians, Infection Preventionists, Laboratorians, Urgent Care Centers, Emergency Departments, and State and Local Health Officials

The Oklahoma State Department of Health (OSDH) Acute Disease Service (ADS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Categories of Health Alert messages:

Health Alert

Provides vital, time-sensitive information for a specific incident or situation; warrants immediate action or attention by health officials, laboratorians, clinicians, and members of the public and conveys the highest level of importance.

Health Advisory

Provides important information for a specific incident or situation; contains recommendations or actionable items to be performed by public health officials, laboratorians, and/or clinicians; may not require immediate action.

Health Update

Provides updated information regarding an incident or situation; unlikely to require immediate attention.

Health Info/Event

Provides general public health information; unlikely to require immediate action.