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KENTUCKY HEALTH ALERT

Increase in Cyclosporiasis in Kentucky: Recommendations for Identification and Prevention

July 10, 2026

The Kentucky Department for Public Health (KDPH) is notifying providers of an increase in cases of cyclosporiasis in recent weeks. As of Thursday July 9th, **100 cases of cyclosporiasis have been reported in Kentucky** in 2026. Of these, 61 cases have been confirmed, and the remainder are currently under investigation. The majority of cases have illness onset in June or later.

Several other states are reporting similar increases, including Michigan (>1,200 cases), Ohio (177 cases), and Indiana. Investigations to identify potential clusters and sources of illnesses are ongoing with federal, state and local partners.

Cyclosporiasis is caused by several species of the microscopic parasite *Cyclospora*. *Cyclospora* infection is transmitted by ingesting food or water that has been contaminated with *Cyclospora* oocytes. Symptoms begin 2 days to 2 weeks following exposure and usually include watery diarrhea with frequent, sometimes explosive, bowel movements. Most healthy people will eventually recover from cyclosporiasis without treatment, although their illness may be prolonged. Direct person-to-person transmission of *Cyclospora* is unlikely due to the lifecycle of the parasite.

Healthcare providers should consider cyclosporiasis in patients with gastrointestinal symptoms:

- Diagnosis: Laboratory testing for *Cyclospora* may not routinely be conducted in all U.S. laboratories and may need to be specifically requested. Standard microscopy methods such as modified acid-fast stain from concentrated specimen may have lower sensitivity due to low oocyst shedding, therefore, patients may need to submit several specimens collected on different days. Molecular testing methods may be more sensitive. It is advised to contact the testing laboratory to ensure the stool order specifically targets *Cyclospora*. Do not rely on standard ova and parasite (O&P) test orders as *Cyclospora* may not be included.
- Treatment: Cyclosporiasis is self-limited in immunocompetent patients but can last weeks without treatment; treatment with Trimethoprim-sulfamethoxazole (TMPSMX) shortens illness duration substantially. Empiric treatment can be considered if testing is unavailable.
- Reporting: Cases of cyclosporiasis should be reported to local health departments in Kentucky within one (1) business day.

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Cyclosporiasis occurs every year in Kentucky and case counts typically rise during the spring and summer months; therefore, the cyclosporiasis season is considered May 1 through August 31. On average, 35 cases of cyclosporiasis are reported in Kentucky each year. While a specific produce grower or supplier has not yet been identified as the source of this outbreak, cyclosporiasis outbreaks have previously been linked to the consumption of contaminated fresh produce, such as raspberries, basil, cilantro and bagged salad mixes. Because this enteric illness can be protracted and relapse if untreated, provider awareness and timely clinical recognition are critical to managing the ongoing public health impacts.

Patients should be advised to follow food safety practices, including the following information specific to preventing exposure to *Cyclospora*:

- Wash all produce thoroughly.
- Buy whole heads of lettuce/leafy greens rather than prewashed, bagged lettuce or salad mixes. Throw away the outer two to three layers of leaves and wash the inner leaves under running water.
- Advise high-risk patients to cook produce when possible (heating to 158°F/70°C).