CYCLOSPORIASIS OUTBREAK: PROVIDER ALERT

CURRENT OUTBREAK: CDC, FDA, and state partners are investigating an open 5-state outbreak of *Cyclospora cayetanensis* linked to shredded iceberg lettuce. As of July 18, 2026: **more than 1,644 cases, 94 hospitalizations, and 0 deaths.** Taylor Farms de Mexico recalled all iceberg lettuce sourced from central Mexico.

WHEN TO SUSPECT

Prolonged or relapsing watery diarrhea plus food exposure

- Consumption of shredded iceberg lettuce, salads, sandwiches, tacos, or restaurant foods containing lettuce during the exposure window.
- Recalled Taylor Farms de Mexico iceberg lettuce or products distributed by Taylor Fresh Foods.
- Recent travel to tropical/subtropical regions or ingestion of potentially contaminated fresh produce or water.

INCUBATION & TRANSMISSION

Incubation: usually about 1 week; range 2 days to 2 weeks or more.

Direct person-to-person transmission is unlikely.

Oocysts shed in stool require at least 1-2 weeks in the environment to sporulate and become infectious. Infection is acquired by ingesting contaminated food or water.

SIGNS & SYMPTOMS TO WATCH FOR

COMMON PRESENTATION	COURSE	COMPLICATIONS / HIGH-RISK
Frequent watery, sometimes explosive diarrhea; anorexia; weight loss; abdominal cramping or bloating; increased flatus; nausea; prolonged fatigue.	Vomiting, body aches, headache, low-grade fever, and flu-like symptoms may occur. Untreated illness may last days to a month or longer and may relapse after apparent improvement.	Dehydration, malabsorption, cholecystitis, and reactive arthritis have been reported. Immunocompromised patients may have more prolonged or severe disease.

IMMEDIATE ACTION: IDENTIFY - TEST - TREAT - REPORT

1. IDENTIFY	2. TEST	3. TREAT	4. REPORT
Ask specifically about iceberg lettuce, restaurant meals, salads, sandwiches, tacos, and other recalled products.	Specifically order Cyclospora testing; routine O&P; exams and some GI PCR panels may not include it.	Start hydration and use TMP-SMX when clinically indicated and not contraindicated.	Notify Infection Prevention and report confirmed cases to the local health department.

ISOLATION & PPE

Routine precautions	Standard Precautions. Use gloves for stool, specimen, or contaminated-surface contact; add a gown if clothing may be contaminated.
Diarrhea not contained	Use Contact Precautions for diapered, incontinent, or actively diarrheal patients when stool cannot be reliably contained.
Airborne / droplet?	Not indicated. Cyclospora is foodborne/waterborne; routine airborne and droplet isolation are unnecessary.
Hand hygiene	Perform after glove removal and after contact with stool or contaminated surfaces. Soap and water is preferred when hands are visibly soiled.

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DIAGNOSTIC TESTING

Order specifically	Request stool testing specifically for *Cyclospora cayetanensis*. Confirm whether your institution's multiplex GI PCR panel contains a Cyclospora target.
If initial test is negative	A single negative stool specimen does not exclude infection. Oocyst shedding may be intermittent and low-level; collect several specimens on different days when suspicion remains high.
Laboratory methods	PCR is sensitive. Other methods include concentration procedures followed by modified acid-fast or hot safranin staining and UV fluorescence microscopy.
Assess severity	Evaluate volume status, creatinine, electrolytes, bicarbonate, and weight loss. Consider alternative or concurrent enteric pathogens when clinically indicated.

TREATMENT

Adults	**TMP 160 mg / SMX 800 mg** (one double-strength tablet) orally twice daily for 7-10 days.
Pediatrics 2 months-18 years	TMP 8-10 mg/kg/day plus SMX 40-50 mg/kg/day orally in 2 divided doses for 7-10 days.
HIV / immunocompromised	May require longer treatment courses and closer follow-up for relapse or prolonged illness.
Sulfonamide allergy	No highly effective alternative has been established. Consider supportive care, specialist consultation, or selected TMP-SMX desensitization when treatment is essential and allergy is not life-threatening.
Pregnancy / lactation	Use TMP-SMX only after individualized risk-benefit assessment; avoid near term when possible. Consider neonatal status and G6PD deficiency during breastfeeding decisions.

OUTBREAK-SPECIFIC FOOD SAFETY ACTIONS

Do not serve or consume recalled iceberg lettuce. Discard or return recalled Taylor Farms de Mexico iceberg lettuce and affected Taylor Fresh Foods products. Wash food-contact surfaces and utensils with hot soapy water or in a dishwasher. Washing produce alone cannot reliably remove Cyclospora; cooking to at least 158 F (70 C) kills the parasite. For hospitalized patients, visitors, staff, and dietary services, verify the source of iceberg lettuce and remove recalled inventory immediately.

IMMEDIATE CONTACTS

Hospital Infection Prevention	_____
Hospital Laboratory	_____
Chicago Department of Public Health	312-746-4835
Illinois Department of Public Health	Follow current state reporting pathway

Sources: CDC Cyclospora Outbreak Linked to Iceberg Lettuce in 5 States, July 18, 2026; CDC Clinical Overview, Clinical Guidance, and Clinical Care of Cyclosporiasis; FDA Taylor Fresh Foods recall, July 18, 2026.