Cyclosporiasis Outbreak in Southeast Michigan

Public Health Bulletin for Health Care Providers – July 2026

Dear colleagues,

We want to bring to your attention a significant rise in cyclosporiasis cases in Michigan, particularly in Southeast Michigan, and the ongoing public health impacts. As of Tuesday, July 7, **784 cases** have been reported since Monday, June 22; and are currently concentrated in **Monroe, Lenawee, Washtenaw, Wayne, Shiawassee, Jackson, Oakland, Ingham and Livingston counties**.

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.

MDHHS encourages health care providers to consider cyclosporiasis in patients with gastrointestinal symptoms:

- **Testing:** Standard microscopy methods such as modified acid-fast stain from concentrated specimen may have lower sensitivity due to low oocyst shedding. 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 (TMP-SMX) shortens illness duration substantially. Empiric treatment can be considered if testing is unavailable.

- **Reporting:** Confirmed cases should be reported to local health departments to assist in ongoing traceback investigations. If testing is not available, suspected cases should be reported.

Please provide general advice to your patients on food safety during this outbreak, 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).

Thank you for your continued commitment to protecting the health and safety of Michigan residents.

Sincerely,

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Epidemiology and Transmission

Cyclosporiasis is caused by the parasite *Cyclospora cayetanensis*. In the United States, infections are markedly seasonal with more than 90% of domestic cases occurring between May and August. Transmission occurs via the fecal-oral route through ingestion of contaminated food or water. Notably, direct person-to-person transmission is unlikely because the oocysts require days to weeks in the environment to become infectious.

Clinical Presentation

The incubation period averages approximately seven days with a range of two to 14+ days. Clinicians should maintain a high index of suspicion for patients presenting with:

- Watery diarrhea (median six stools/day).
- Anorexia, fatigue and significant weight loss (median ~3.6 kg).

- Abdominal cramping, bloating, nausea and low-grade fever.
- A "waxing and waning" course in which symptoms may appear to resolve before returning days later.

While generally not life-threatening, dehydration can cause severe illness, particularly in young children, the elderly and immunocompromised patients. In these populations, the illness can be protracted — lasting months if untreated — and may lead to rare extraintestinal complications like biliary disease (acalculous cholecystitis).

Diagnostic Considerations

Standard O&P examinations typically do not include testing for *Cyclospora*; specific testing must be requested.

- **Molecular assays:** PCR-based gastrointestinal multiplex panels,e.g., BioFire FilmArray, QIAstat-Dx, are preferred, offering ~95% sensitivity. Providers should verify that their laboratory's specific panel includes *Cyclospora*.
- **Microscopy:** If using microscopy, modified acid-fast staining is required. Because shedding can be intermittent and low-level, three stool specimens collected on subsequent days are recommended.

Treatment Guidelines

Cyclosporiasis is highly treatable, with symptoms typically resolving within one to two days of starting the correct antibiotic. Empiric treatment can be considered if testing is unavailable.

- **First-line treatment:** Trimethoprim-sulfamethoxazole (TMP-SMX), such as one double-strength (DS) tablet twice daily for seven days.
- **Immunocompromised patients:** May require a more intensive regimen, e.g., TMP-SMX DS four times daily for 10 days, and secondary prophylaxis to prevent frequent relapses.
- **Sulfa-intolerant patients:** Ciprofloxacin (500 mg twice daily for seven days) is an alternative, although it is less effective than TMP-SMX.

Additional Resources

- CDC: About Cyclosporiasis.
- Cyclospora | FDA.
- Preventing Foodborne Illness: Cyclospora cayetanensis.
- Cyclospora Cayetanensis—Major Outbreaks from Ready to Eat Fresh Fruits and Vegetables - PMC.
- Local Health Department Contact Information.