Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

July 16, 2026

Dear Colleagues:

We want you to be aware of a recent and widespread increase in cyclosporiasis, a parasitic infection that is characterized by prolonged watery diarrhea. People can become infected by consuming food or water contaminated with the parasite. The illness is not generally spread directly from person to person. Over the last few months, reported cases have increased in multiple states, including in Maryland. From January 1, 2026 through July 14, 2026, there have been 69 confirmed cases reported to MDH, including 65 cases since May 1.

To date, no obvious connection between the Maryland cases has been identified and no particular food items or other common food or water exposures have been implicated. MDH is working with Maryland local health departments to investigate cases and sharing information with other states and the US Centers for Disease Control and Prevention (CDC) to try to determine a source or sources.

On July 14, 2026, CDC issued a related Health Alert Network (HAN) notice. In that notice, the following recommendations are made for clinicians:

- Consider cyclosporiasis in patients presenting with prolonged or relapsing watery diarrhea, particularly during the May–August cyclosporiasis season, even without a history of international travel.
- Ask patients with suspected or confirmed cyclosporiasis about their recent food and travel history to assist local investigations.
- Specifically request Cyclospora laboratory testing on stool specimens because routine ova and parasite (O&P) examinations might not reliably detect the parasite. Consider molecular (PCR-based) diagnostic testing where available, because it can improve detection.
- Treat confirmed cases of cyclosporiasis with 7-10 days of trimethoprim-sulfamethoxazole (TMP-SMX) for immunocompetent adults and children over age 2 months; consider longer courses for patients with immunocompromising conditions. Consult current CDC clinical guidance for recommended dosing.
- Advise patients to stay well hydrated, especially if diarrhea is frequent or severe.

In addition, the following recommendations for disinfecting Cyclospora in healthcare settings were included in the HAN alert:

- Given the typical lifecycle of Cyclospora, person-to-person transmission is unlikely, even within healthcare settings. If an affected patient is continent of stool, the level of environmental contamination is probably small.

- Cyclospora is unlikely to be killed or inactivated by routine chemical disinfection. No EPA-registered disinfectant products have been demonstrated to be effective against Cyclospora. When affected patients are incontinent or diapered, the risk of contamination of healthcare surfaces might be higher. Facilities should clean surfaces initially with a detergent to remove any visible soil and scrub the surfaces thoroughly. After this cleaning, an EPA-registered hospital disinfectant should be used. Immediately after cleaning, healthcare personnel (HCP) should remove gloves used during cleaning and clean their hands.
- HCP should always use Standard Precautions, including wearing gloves when there might be direct contact with feces. A gown, facemask, and eye protection, or face shield should be used if splashing might occur. Hand hygiene should be performed before and after every patient contact. If hands are visibly soiled, HCP should wash them with soap and water, scrubbing vigorously for 15-20 seconds. If hands are not visibly soiled, alcohol-based hand sanitizer may be used. For patients with gastroenteritis who are diapered or incontinent of stool, HCP should use Contact Precautions when providing direct patient care in healthcare settings.

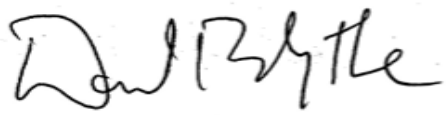
You might find the following recommendations provided to the public helpful as well:

- Visit a clinician if you have prolonged or watery diarrhea, especially if it lasts more than a few days.
- Reduce your risk by thoroughly washing fresh produce under clean running water before eating and by following safe food handling practices. Be aware that chemically disinfecting or sanitizing produce might not fully eliminate Cyclospora. It is important to thoroughly wash produce even if it is labeled as pre-washed.

As a reminder, cyclosporiasis is a reportable condition in Maryland.

If you have any questions about this information, please contact your local health department or the Maryland Department of Health Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700.

Sincerely,



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