

## MONTHLY COMMUNICABLE DISEASE REPORT

JULY 2026

Volume 10, Issue 7: August 17, 2026

## CYCLOSPORIASIS

Cyclosporiasis is an intestinal infection caused by the protozoan parasite *Cyclospora cayetanensis*. Common symptoms, which usually begin one week after exposure, include watery diarrhea, abdominal cramps, nausea, bloating, gas, weight loss, and fatigue. Untreated, symptoms may last for days to a month or more in the immunocompetent, often appearing to improve only to relapse. Those who are immunocompromised may be more susceptible to infection and may experience prolonged diarrhea. Trimethoprim-sulfamethoxazole is the only proven effective treatment.

Cyclosporiasis is endemic in many tropical and subtropical countries. It is transmitted through ingesting infective oocysts in fecally contaminated water or food, primarily fresh produce.

*Cyclospora* is resistant to routine chemical disinfection and sanitation methods such as chlorination. Oocysts are not immediately infective when shed in stool, requiring a one-to-two-week maturation period in favorable conditions outside the human body before they are infective. Direct fecal-oral transmission from person to person is unlikely.

*C. cayetanensis* was first identified in the early 1990s and has been nationally notifiable in the United States (U.S.) since 1999. Increases in [domestically acquired cases](#) of cyclosporiasis are often observed in the U.S. during the spring and summer months. Although many cases cannot be directly linked to an outbreak, several outbreaks have been identified in recent years, frequently associated with imported fresh produce such as raspberries, [cilantro](#), and [bagged salads](#). A large, [ongoing outbreak](#) linked to iceberg lettuce sourced from Central Mexico is currently being investigated in the U.S. and has affected multiple states. As of August 13, 2026, there have been more than 9,000 cases, over 350 hospitalizations, and two deaths. The contaminated lettuce was not distributed in California and there are no known local outbreaks within the state.

The current outbreak is contributing to a substantial increase in national cases reported this year, with the total already over 13,000, far surpassing the 2025 count, which was just under 4,000. In San Diego County, there were three cases associated with a multijurisdictional outbreak in 2008, then no additional reported cases until 2015. There have been 28 cases reported so far in 2026. The median age of all San Diego County case-patients was 46 years; 54% were female. Among the 46 of 49 cases since 2025 for whom a travel history was available, 35 had traveled internationally, one to another state, and 10 had not traveled outside the county.

Cyclosporiasis has typically been [difficult to diagnose](#) and likely remains underdiagnosed. *Cyclospora* testing by microscopy is usually not done unless explicitly requested, even when testing for other parasites. In addition, shedding can be intermittent and at low levels. Increased cases in recent years may be attributable to increased use of culture-independent diagnostic tests (CIDT), though not all CIDT panels include a target for *Cyclospora*.

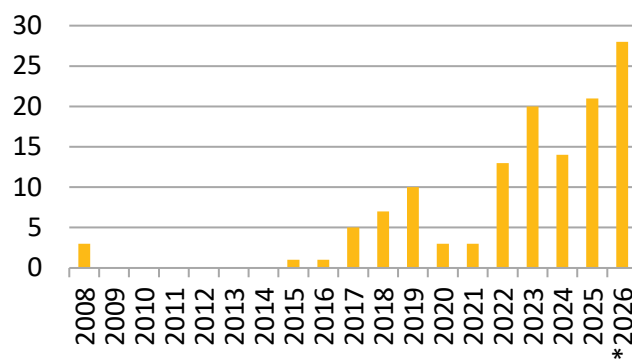
## Resources

- [Centers for Disease Control and Prevention \(CDC\) Cyclosporiasis website](#)
- [California Department of Public Health \(CDPH\) Cyclosporiasis website](#)
- [U.S. Food and Drug Administration \(FDA\) Cyclospora website](#)

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*The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the [Data and Reports](#) page on the Epidemiology Program website ([www.sdepi.org](http://www.sdepi.org)) and click on the subscribe link.*

Figure 1. Cyclosporiasis Cases, San Diego County, 2008-2026\*



\*2026 data are year-to-date; current as of 8/17/2026. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

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| Table 1. Select Reportable Diseases                   |       | 2026 |      |                      | Prior Years |                    |            |
|-------------------------------------------------------|-------|------|------|----------------------|-------------|--------------------|------------|
|                                                       |       | July | June | January - July (YTD) | 2025 YTD    | Avg YTD, 2023-2025 | 2025 Total |
| Disease and Case Inclusion Criteria (C,P,S)           |       |      |      |                      |             |                    |            |
| Botulism (Foodborne, Infant, Wound, Other)            | C,P   | 0    | 0    | 1                    | 3           | 2.0                | 4          |
| Brucellosis                                           | C,P   | 0    | 0    | 2                    | 0           | 0.7                | 0          |
| Campylobacteriosis                                    | C,P   | 119  | 126  | 681                  | 611         | 642.3              | 1,199      |
| <i>Candida auris</i>                                  | C     | 10   | 19   | 111                  | 100         | 72.0               | 169        |
| Chickenpox, Hospitalization or Death                  | C,P   | 0    | 1    | 2                    | 1           | 3.0                | 2          |
| Chikungunya                                           | C,P   | 1    | 0    | 1                    | 0           | 0.0                | 1          |
| Coccidioidomycosis                                    | C     | 93   | 67   | 441                  | 423         | 339.7              | 662        |
| Cryptosporidiosis                                     | C,P   | 15   | 17   | 90                   | 73          | 74.0               | 154        |
| Cyclosporiasis                                        | C,P   | 14   | 11   | 28                   | 19          | 15.3               | 21         |
| Dengue Virus Infection                                | C,P   | 2    | 0    | 4                    | 11          | 14.0               | 17         |
| Encephalitis, All                                     | C     | 0    | 0    | 15                   | 22          | 20.3               | 35         |
| Giardiasis                                            | C,P   | 23   | 24   | 126                  | 150         | 144.0              | 250        |
| Hepatitis A, Acute                                    | C     | 0    | 2    | 3                    | 4           | 14.3               | 11         |
| Hepatitis B, Acute                                    | C     | 1    | 3    | 12                   | 11          | 9.7                | 15         |
| Hepatitis B, Chronic                                  | C,P   | 41   | 41   | 338                  | 416         | 399.0              | 703        |
| Hepatitis C, Acute                                    | C,P   | 0    | 1    | 42                   | 55          | 66.3               | 93         |
| Hepatitis C, Chronic                                  | C,P   | 115  | 103  | 662                  | 916         | 1,092.3            | 1,391      |
| Legionellosis                                         | C     | 3    | 11   | 64                   | 42          | 48.3               | 79         |
| Listeriosis                                           | C     | 2    | 3    | 6                    | 6           | 6.7                | 10         |
| Lyme Disease                                          | C,P   | 1    | 1    | 2                    | 4           | 5.3                | 8          |
| Malaria                                               | C     | 2    | 0    | 5                    | 10          | 6.7                | 16         |
| Measles (Rubeola)                                     | C     | 0    | 0    | 0                    | 0           | 1.0                | 1          |
| Meningitis, Aseptic/Viral                             | C,P,S | 2    | 12   | 33                   | 45          | 50.3               | 92         |
| Meningitis, Bacterial                                 | C,P,S | 1    | 5    | 24                   | 26          | 23.7               | 51         |
| Meningococcal Disease                                 | C,P   | 0    | 0    | 1                    | 7           | 5.0                | 11         |
| Mumps                                                 | C,P   | 0    | 0    | 0                    | 5           | 2.0                | 8          |
| Pertussis                                             | C,P   | 19   | 31   | 169                  | 237         | 233.7              | 342        |
| Rabies, Animal                                        | C     | 8    | 2    | 24                   | 8           | 4.3                | 21         |
| Rocky Mountain Spotted Fever                          | C,P   | 0    | 0    | 0                    | 1           | 2.0                | 1          |
| Salmonellosis (Non-Typhoid/Non-Paratyphoid)           | C,P   | 129  | 98   | 501                  | 537         | 418.7              | 928        |
| Shiga toxin-Producing <i>E. coli</i> (including O157) | C,P   | 39   | 19   | 173                  | 165         | 147.7              | 301        |
| Shigellosis                                           | C,P   | 46   | 46   | 250                  | 216         | 240.0              | 400        |
| Typhoid Fever                                         | C,P   | 0    | 0    | 1                    | 1           | 2.3                | 2          |
| Vibriosis                                             | C,P   | 9    | 7    | 34                   | 27          | 24.3               | 58         |
| West Nile Virus Infection                             | C,P   | 2    | 2    | 4                    | 0           | 0.0                | 0          |
| Yersiniosis                                           | C,P   | 24   | 11   | 105                  | 101         | 79.0               | 160        |
| Zika Virus                                            | C,P   | 0    | 0    | 1                    | 1           | 0.3                | 1          |

**Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

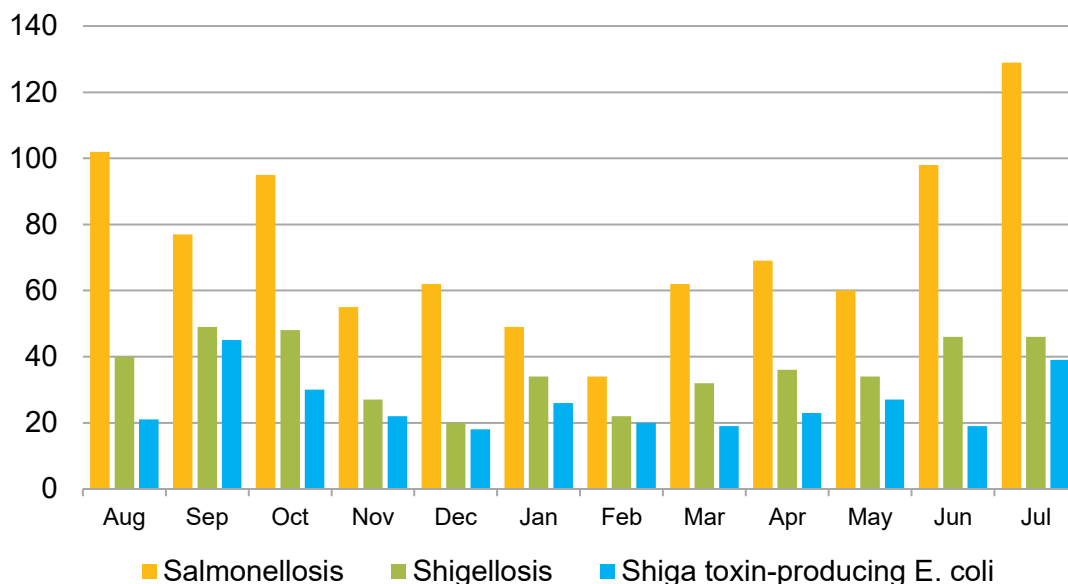
[San Diego County Sexually Transmitted Infection Data](#) | [San Diego County Tuberculosis Data](#)

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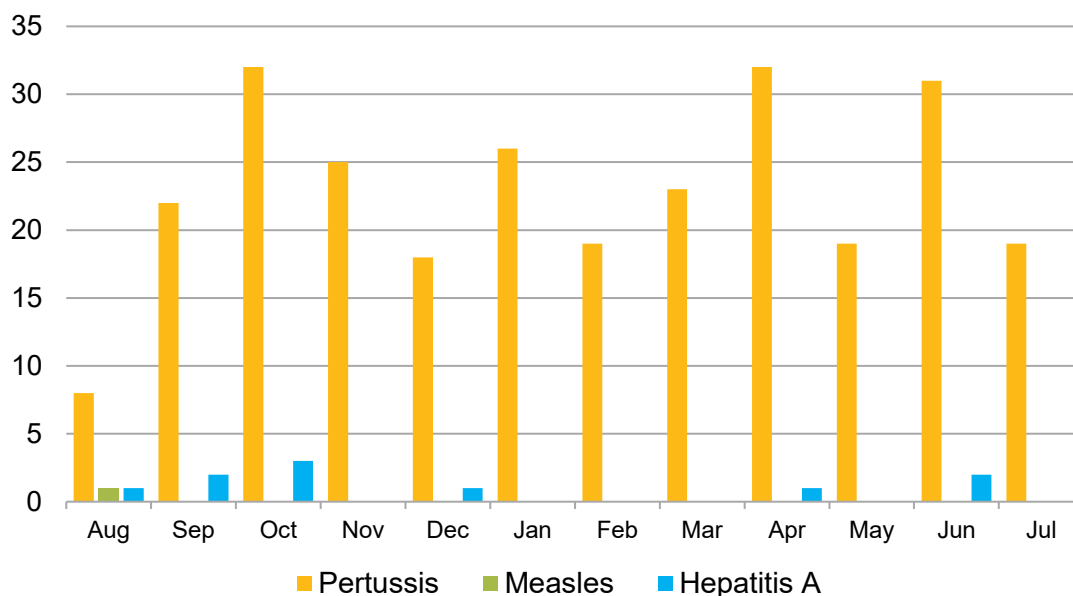
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**Figure 2. Select Enteric Infections by Month  
August 2025 – July 2026**



**Figure 3. Select Vaccine-Preventable Infections by Month  
August 2025 – July 2026**



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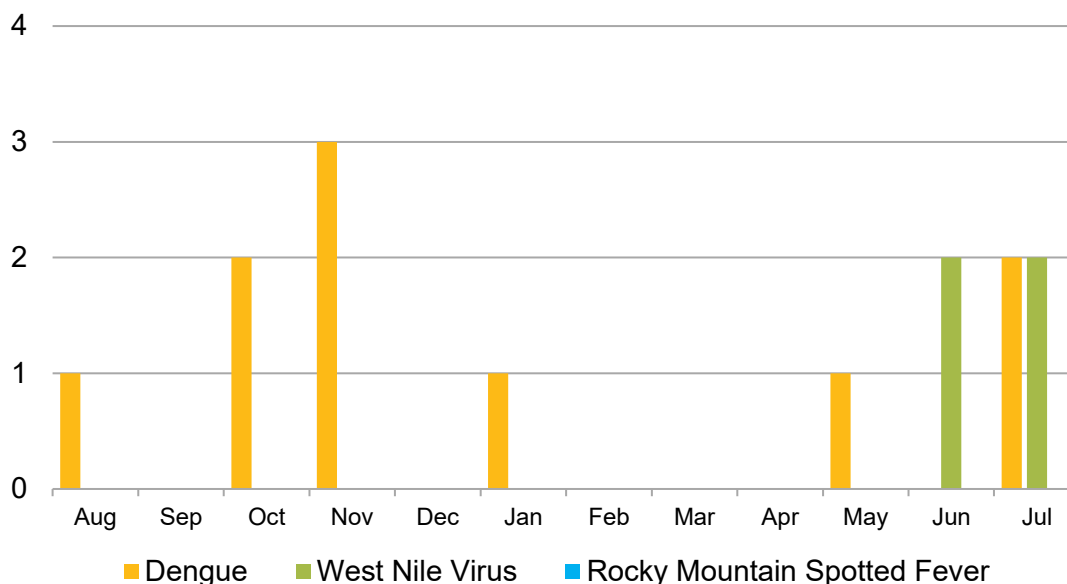


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**Figure 4. Select Vector-Borne Infections by Month  
August 2025 – July 2026**



See the County disease-specific webpages, for more information on [West Nile virus](#) and [Dengue](#).

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## Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the [San Diego Health Connect](#) Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections [2500](#), [2505](#), and [2508](#)), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, [www.sdepi.org](http://www.sdepi.org).

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, <http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html>.