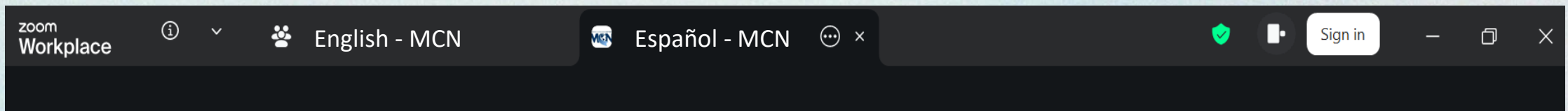
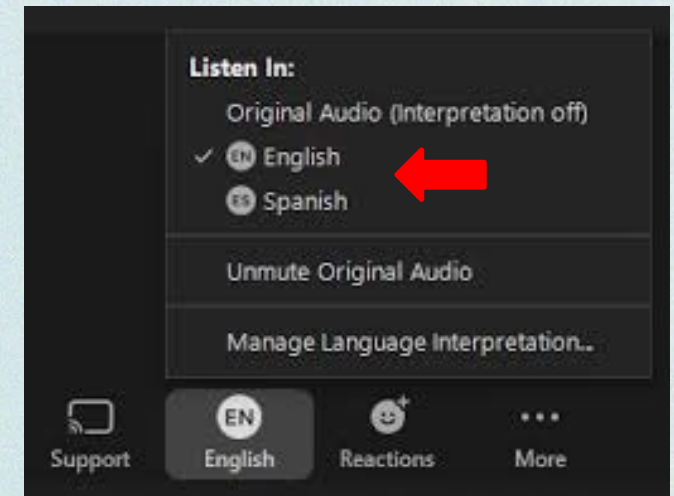
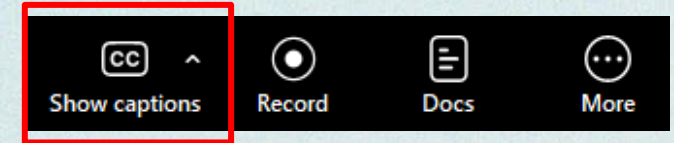


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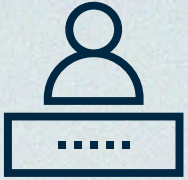


Housekeeping Items

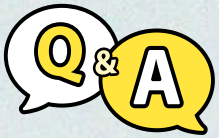


This presentation is being recorded in both English and Spanish

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Audio and video functions are enabled only for panelists



For questions, please use the Q&A function

- If we do not have time to answer all questions, a follow-up email will be sent with responses.



Remember to submit the post session evaluation that will be available at the end of the session and upon closing Zoom.

- Participants may request a Certificate of Successful Completion from the post session evaluation.

What Clinicians Should Know About Cyclosporiasis

Presenters: **Natasha Bagdasarian, MD, MPH, FIDSA, FACP** & **Eva Gálvez, MD**

Moderator: **Renai Edwards, MPH**

Wednesday, July 22, 2026

11 am PT/ 12 pm MT/ 1 pm CT/ 2 pm ET & AT

MIGRANT CLINICIANS NETWORK



Meet the panelists

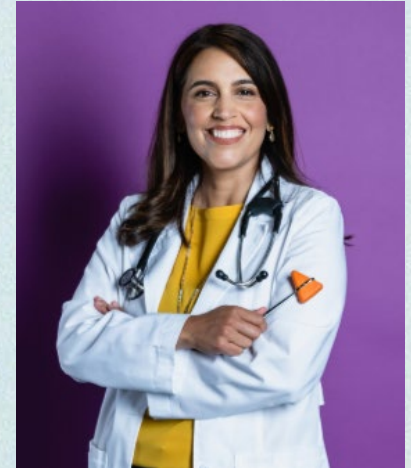


Dr. Natasha Bagdasarian,
MD, MPH, FIDSA, FACP



Renai Edwards, MPH

MODERATOR



Dr. Eva Gálvez, MD

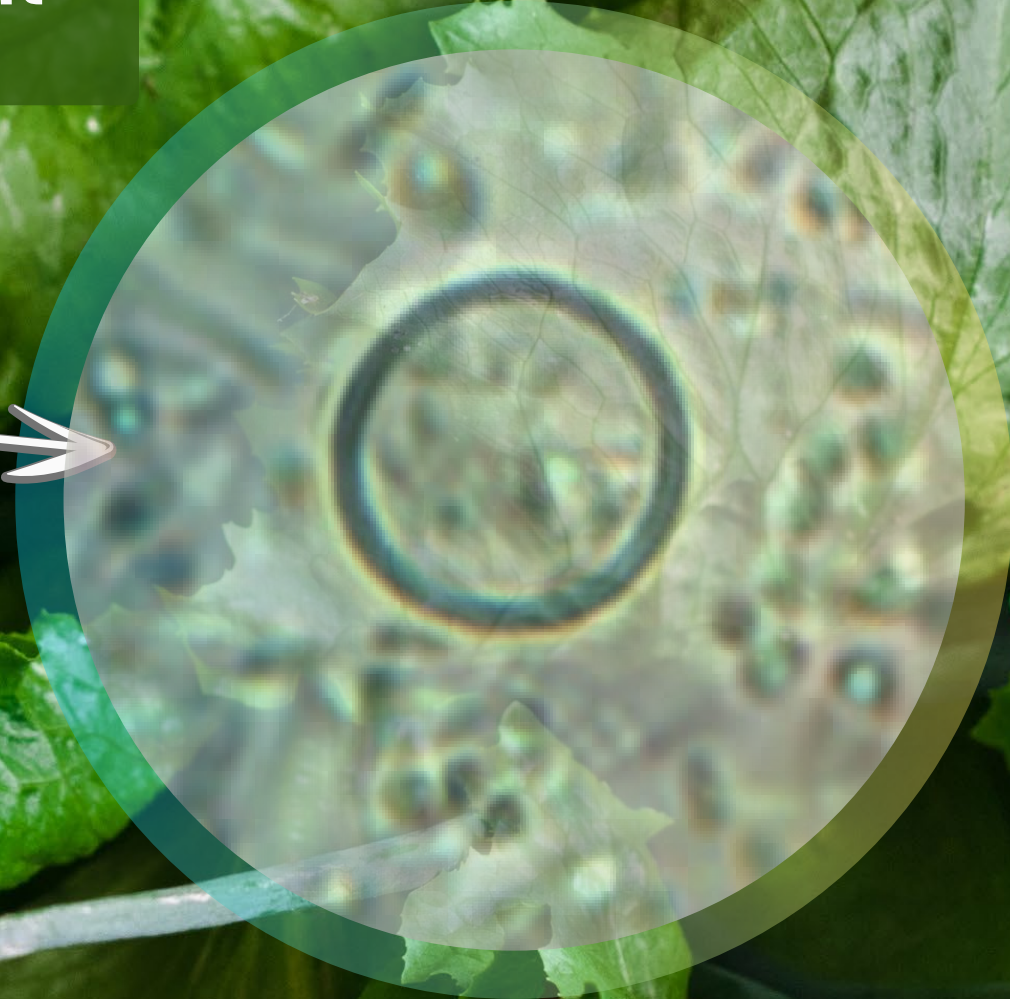


Session Learning Objectives

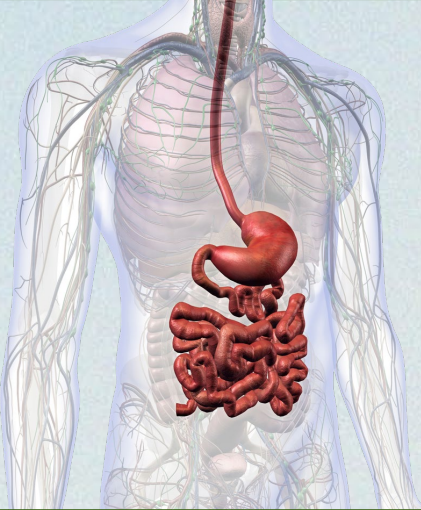
At the conclusion of this presentation, participants will be able to

- Describe the current cyclosporiasis outbreak and what distinguishes cyclosporiasis from other diarrheal illnesses.**
- Describe how health centers can collaborate with state and local health departments.**
- Recognize the risks and barriers for migrant, immigrant, seasonal agricultural and food-services workers may face during this outbreak.**
- Provide prevention messaging recommendations while the food source has not yet been confirmed.**

Cyclosporiasis is Unusual



Key Things to Know



- *Cyclospora cayetanensis* is a protozoa parasite



Oocyst: protective shell that the parasite lives in for a few days to weeks in the environment that opens inside intestines when eaten

- Enteric disease – illness of stomach and intestines



Humans are the only known host and reservoir.

- Livestock, pets, and wildlife do not carry or transmit this *Cyclospora*

- It is not spread person-to-person directly
- It must spend time in the environment as an oocyst
- Once oocyst matures, it is considered infectious
- Infects people through food or water contaminated with fecal matter (poop)

Clinical Presentation



Incubation

is 2 – 14+ days (avg. 7 days) after eating/drinking contaminated food/water



Watery diarrhea ~6 stools per day



Symptoms:

Anorexia (not hungry), fatigue (tired) and weight loss

Abdominal cramping, bloating, nausea and low-grade fever



May stop and start again, lasting weeks or months if untreated



Risk for dehydration, especially in young children and elderly

Diagnostics

Standard ova and parasite exams do not include *Cyclospora*

- Must specifically request inclusion of *Cyclospora*

Molecular assays:

PCR-based gastrointestinal multiplex panels
preferred – confirm the panel includes *Cyclospora*

Microscopy: acid-fast staining required

- Shedding can be low-level and intermittent
- 3 stool samples collected on different days is recommended

Treatment Guidelines

Highly treatable – symptoms resolve quickly

- **First line:** Trimethoprim-sulfamethoxazole (TMP-SMX)
 - 1 double-strength (DS) tablet 2x/daily for 7 days
- **Immunocompromised patients:**
 - TMP-SMX DS 4x/daily for 10 days, AND
 - Secondary prophylaxis (1 TMP-SMX DS 3x/week) to prevent relapses
- **Sulfa-intolerant patients:**
 - Ciprofloxacin 500mg 2x/daily for 7 days
 - Less effective than TMP-SMX

Cyclosporiasis Outbreak Map,

July 20, 2026

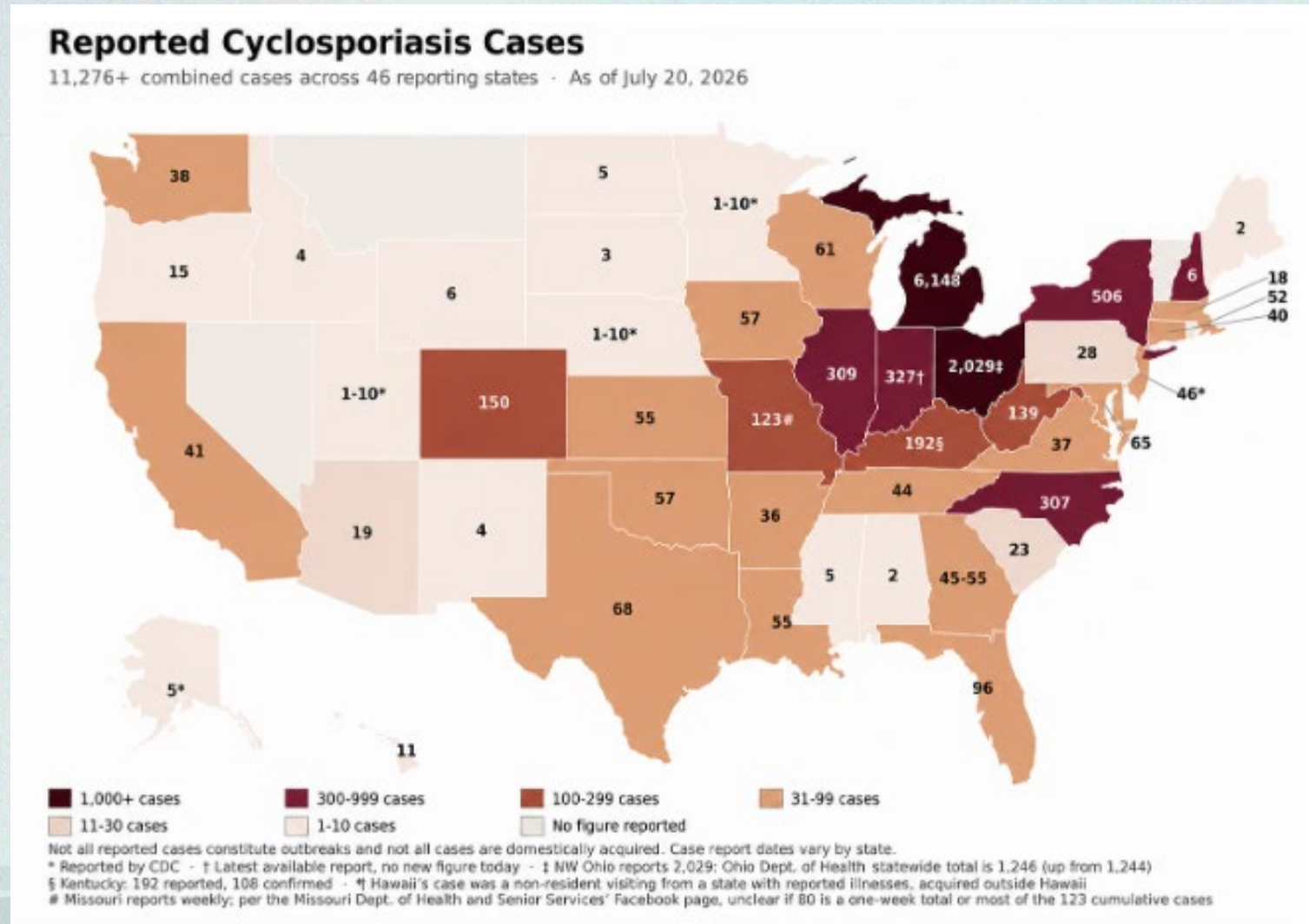


Figure 1. Cyclosporiasis cases reported by state as of July 20, 2026. Georgetown University, HSOC Situation Report.

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