IOWA | Health and Human Services

Cyclosporiasis in Iowa: Frequently Asked Questions

Information current as of August 4, 2026. Case counts and outbreak findings may change as investigations continue.

1. What is cyclosporiasis?

Cyclosporiasis is an intestinal illness caused by the microscopic parasite *Cyclospora cayetanensis*. People become infected by consuming food or water contaminated with the parasite.

Cyclosporiasis is not typically transmitted directly from one person to another.

2. What are the symptoms?

The most common symptom is frequent, watery diarrhea. Other symptoms may include:

- Loss of appetite
- Weight loss
- Stomach cramps or pain
- Bloating and increased gas
- Nausea
- Fatigue
- Vomiting
- Body aches
- Headache
- Fever

Symptoms usually begin approximately one week after exposure but may begin sooner or later. Without treatment, symptoms can last for several weeks or longer. Symptoms may appear to improve and then return.

3. Is Iowa experiencing an increase in cases?

Yes. Iowa has reported substantially more cases in 2026 than during the same period in 2025. As of July 31, Iowa had identified 253 confirmed and probable cases, compared with 66 cases at the same point in 2025.

Case counts may increase as additional laboratory reports are received, interviews are completed, and cases are classified.

4. Have any deaths been associated with the outbreak?

Deaths associated with cyclosporiasis are rare, but they have been reported, particularly among people with underlying health conditions.

Cyclosporiasis is generally not life-threatening; however, prolonged diarrhea can lead to dehydration and other complications. People who are in poor health or have weakened immune systems may be at greater risk for severe or prolonged illness.

Iowa HHS continues to monitor cyclosporiasis cases and severe outcomes reported in Iowa and nationally.

5. How many cases have been reported in our county?

To protect patient confidentiality, case ranges will be displayed instead of individual case count by county. A person's county of residence does not necessarily indicate where the exposure occurred. People may have consumed contaminated food while traveling, working, shopping, or dining in another county or state.

6. Has a food source been identified, and what is the connection to Taco Bell?

Yes. CDC and FDA have linked a 15-state outbreak, including Iowa, to iceberg lettuce from Taylor Farms de Mexico that was sourced from central Mexico. The investigation initially identified shredded iceberg lettuce served at certain Taco Bell locations where people reported eating before becoming ill. FDA traceback subsequently identified Taylor Farms de Mexico as the common lettuce supplier. Taco Bell reported that it stopped using lettuce from this supplier on July 17, 2026.

Taco Bell itself is not considered the source of the contamination; it was one of the establishments where the implicated lettuce was served. This outbreak accounts for only a portion of the cyclosporiasis cases reported nationally. Other cases and clusters remain under investigation, and a source has not been identified for every case.

7. Was the recalled iceberg lettuce distributed or sold in Iowa?

Yes. FDA confirms that recalled iceberg lettuce intended for food-service customers was distributed in Iowa and several other states. Iowa is not included in FDA's list of states where recalled Marketside-brand products were sold at select Walmart stores.

8. Should people avoid all lettuce or fresh produce?

No. Iowa HHS, CDC and FDA are not advising consumers to avoid all lettuce or fresh produce. Consumers should avoid only the recalled iceberg lettuce from Taylor Farms de Mexico. Recalled products should be discarded or returned to the place of purchase. Items and surfaces that may have touched the recalled lettuce should be cleaned with hot, soapy water or in a dishwasher, when appropriate.

Rinsing produce under running water can remove dirt and reduce some germs, but it may not remove *Cyclospora*. Do not use soap, bleach or commercial produce washes on fruits and vegetables.

9. What should someone do if they ate recalled lettuce?

People who ate recalled lettuce but do not have symptoms generally do not need to be tested. They should monitor for symptoms, particularly frequent, watery diarrhea, during the following two weeks. Anyone who develops symptoms should contact a healthcare provider and mention the possible exposure.

10. When should someone seek medical care?

People experiencing persistent or severe diarrhea should contact a healthcare provider. Medical care is especially important for people who have weakened immune systems or are otherwise in poor health, cannot keep fluids down, or have severe or worsening symptoms.

Anyone experiencing signs of severe dehydration, such as very limited urination, dizziness, confusion, fainting, or extreme weakness, should seek urgent medical care.

11. How is cyclosporiasis diagnosed and treated?

Cyclosporiasis is diagnosed through laboratory testing of stool specimens. Testing for *Cyclospora* is not always included in routine stool testing, and several specimens collected on different days may be needed. Patients should tell their healthcare provider about their symptoms, recent travel, and possible food exposures and ask whether testing for *Cyclospora* is appropriate.

The treatment of choice is trimethoprim-sulfamethoxazole, also known as TMP-SMX or Bactrim. Patients who cannot take this medication should discuss potential options and symptom management with their healthcare provider. Drinking fluids is also important for people experiencing diarrhea.

12. Can cyclosporiasis spread from one person to another?

Direct person-to-person transmission is unlikely. After the parasite is passed in stool, it generally must remain in the environment for at least one to two weeks before it becomes infectious. Although Cyclospora is not spread directly from person-to-person, good hand hygiene remains an important general food-safety practice, particularly after using the restroom or changing diapers and before preparing or eating food.

13. Why is Iowa's case count different from CDC's count?

Iowa's count includes laboratory-confirmed cyclosporiasis cases reported among Iowa residents. CDC's national count may include confirmed and probable cases from all states. CDC also reports a separate count limited to laboratory-confirmed cases linked to the iceberg lettuce outbreak.

The counts include different cases and are updated on different schedules, so they should not be expected to match. CDC estimates that national reporting may lag illness onset by approximately six weeks.

14. How does public health determine whether cases share a common source?

Public health staff interview people about travel, restaurants, retailers, events, and foods consumed during the 14 days before illness began. Investigators look for exposures that occur more frequently than expected and for patterns involving particular products, locations, and time periods.

CDC, FDA, state, and local partners combine interview findings with product-distribution records, traceback information, and laboratory evidence. A frequently reported food is not automatically the source because many foods, such as lettuce, are commonly consumed. Frequency analyses help investigators generate and prioritize hypotheses, but additional epidemiologic and traceback evidence is needed before a food, business, or supplier is publicly identified.

15. What is Local Public Health doing?

Local Public Health agencies work with Iowa HHS to:

- Interview people with reported infections
- Collect food, restaurant, retail, event, and travel history
- Provide education for cases and the public
- Identify potential clusters or shared exposures

Additional Information

- Iowa HHS disease information
- CDC cyclosporiasis surveillance
- CDC iceberg lettuce outbreak information
- FDA outbreak investigation