

PUBLIC HEALTH ALERTS | IN PARTNERSHIP WITH CIDRAP

Cyclosporiasis Outbreak in Michigan, May–July 2026 — An Interim Report

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Abstract

In June 2026, Michigan identified a cyclosporiasis outbreak; the number of reported cases substantially exceeded the usual number of seasonal reports. As of July 22, 2026, 6065 cases had been reported across 69 of Michigan's 83 counties, with dates of illness onset ranging from May 10 through July 18, 2026. Food history data, obtained from 51.3% of patients, indicated that iceberg lettuce and consumption at one restaurant chain were potential exposure sources. This report describes Michigan's ongoing outbreak investigation.

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Introduction

Cyclosporiasis is a diarrheal illness caused by the parasite *Cyclospora cayentanensis*, historically associated with fresh produce imported into the United States. Michigan typically reports 40–50 cyclosporiasis cases annually.¹ From June 21 through June 27, 2026, the Michigan Department of Health and Human Services (MDHHS) identified 58 cyclosporiasis cases, prompting an outbreak investigation. This initial surge in Michigan, also noted in other states, signaled the beginning of what is among the largest documented cyclosporiasis outbreaks in U.S. history.² We report the interim investigation findings to help inform state and national responses to this outbreak.^{3,4} This activity was reviewed by the Centers for Disease Control and Prevention (CDC), deemed not research, and was conducted consistent with applicable federal law and CDC policy [45 C.F.R. part 46.102(l)(2), 21 C.F.R. part 56; 42 U.S.C. §241(d); 5 U.S.C. §552a; 44 U.S.C. §3501].

Investigation

Clinicians and laboratories reported cyclospora cases through the Michigan Disease Surveillance System (MDSS). Outbreak-related confirmed and probable cases were those reported to MDSS from June 22 through July 22, 2026, but excluded those who reported international travel within 14 days before illness onset (for further detail about case definitions see the Supplementary Appendix). Local and state health department investigators conducted patient interviews. As of July 22, 2026, 6065 cases had been reported to MDHHS

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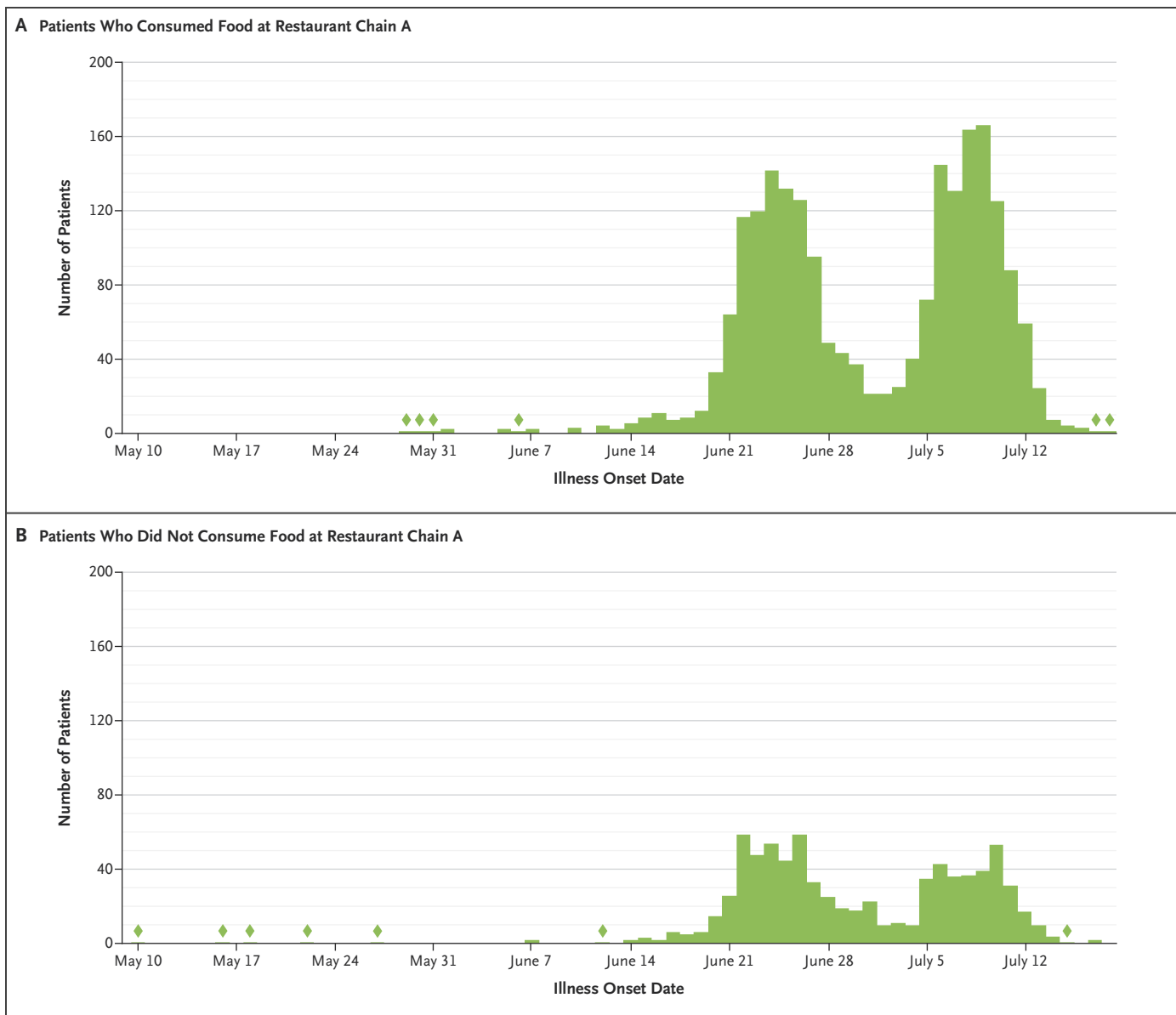


Figure 1. Illness Onset Date and Reported Restaurant Chain A Exposure among Interviewed Patients with Confirmed and Probable Cyclosporiasis — Michigan, May 10–July 18, 2026.

Only patients with illness onset date recorded are displayed (n=2920). ♦ Indicates a single patient with reported illness onset on that date.

across 69 of Michigan’s 83 counties; 6003 (99.0%) were confirmed and 62 (1.0%) were classified as probable cases. Of the 51.3% of patients (3114 of 6065) who were interviewed, their median age was 42 years (range: 2–93 years), 54.4% were female, and 4.4% reported being hospitalized (Table S1 in the Supplementary Appendix). Dates of illness onset ranged from May 10 through July 18, 2026, with distinct peaks from June 21 through 27 and July 5 through 11 (Fig. 1).

Among the 3114 patients interviewed (see Supplementary Appendix for details of the interview procedures), 2168 (69.6%) reported consuming food purchased from a single restaurant chain (Chain A) (Table 1). Reported food consumption from three other restaurant chains (Chains B–D) ranged from 9.3% to 27.3%. Chain A uses limited types of uncooked produce, and lettuce was the most-consumed. Among an early subset of 190 patients who consumed Chain A menu items, 170 (89.5%)

Exposure	Exposed/Interviewed	Exposed (%)
Restaurant chains†		
Chain A	2168/3114	69.6
Chain B	850/3114	27.3
Chain C	325/3114	10.4
Chain D	289/3114	9.3
Food ingredient from Chain A meals‡		
Iceberg lettuce	170/190	89.5
Tomatoes	109/190	57.4
Onions	34/190	17.9
Cilantro	16/190	8.4
Food ingredient§		
Overall		
Any lettuce¶	2375/2856	83.2
Iceberg Lettuce	1815/2776	65.4
Tomatoes	1676/2792	60.0
Onions	1223/2734	44.7
Romaine lettuce	948/2735	34.7
Cilantro	687/2750	25.0
Non-Chain A consumers (n=946)		
Any lettuce¶	573/729	78.6
Iceberg lettuce	370/700	52.9
Tomatoes	413/715	57.8
Onions	328/698	47.0
Romaine lettuce	260/696	37.4
Cilantro	170/706	24.1

* Percentages can sum to greater than 100% because people could report multiple exposures.

† Restaurant exposures were assessed using open- and closed-ended interview questions.

‡ A subset of patients reporting consumption from restaurant Chain A were reviewed to identify ingredient- level exposures extracted by investigators from the specific meals consumed. These data reflect only the reported meal at restaurant Chain A and not total food exposures reported during the 14 days before illness onset.

§ Food ingredient exposures were assessed during the 14 days before illness onset using closed-ended interview questions. Exposed patients were those reporting “Yes” or “Typically.” Unknown and missing responses were excluded from denominator calculations.

¶ Any lettuce includes premade salad, iceberg, romaine, and mesclun responses.

|| This subgroup consists of patients that did not explicitly recall consuming food at Chain A (i.e., No, Maybe, Unknown, and missing responses).

reported consuming a menu item containing iceberg lettuce. By contrast, MDSS data for 2022–2025 indicated 2.2% of patients with confirmed cyclosporiasis and no antecedent history of international travel reported eating at Chain A establishments.

To assess whether lettuce exposure extended beyond those who had consumed food at Chain A, we evaluated the 946 patients who did not recall consuming food at Chain A. Of these, 729 had available food exposure data for any lettuce product (iceberg, romaine, mesclun, or pre-made salad mixes), and the remaining 217 patients either replied “unknown” or did not reply. A total of 573 of the 729 patients (78.6%) reported consuming any lettuce product, and 370 of 700 (52.9%) reported consuming

iceberg lettuce specifically (the remaining 29 either replied “unknown” or did not reply). Among all patients with food exposure data, 1815 of 2776 (65.4%) reported consuming iceberg lettuce, and 2375 of 2856 (83.2%) reported consuming any lettuce. Among 481 patients who reported no lettuce exposure, 156 (32.4%) also did not recall consuming food at Chain A.

Preliminary Conclusions and Actions

Findings in this ongoing investigation suggest that iceberg lettuce at restaurant Chain A was a strong epidemiologic

indicator, although the possibility of additional exposure pathways cannot be excluded. For example, consumption rates of iceberg lettuce among patients who did not recall eating at restaurant Chain A were higher than comparable background estimates (Table S2), and a notable proportion of patients did not recall either Chain A or lettuce consumption.

Cyclospora contamination typically occurs during farming or processing.⁵ After contamination, products might be distributed to multiple destinations. In Michigan, this outbreak's bimodal distribution of illness-onset dates suggests two distinct batches of contaminated produce or a single contaminated lot with staggered distribution. In addition, shared contamination sources also are suggested by the coinciding illness-onset dates for persons with and without exposure to Chain A.

Because this report's findings are descriptive, they should not be interpreted as confirming an outbreak vehicle. Causal inferences are limited because this analysis did not include control groups, produce sampling, or traceback information and may be affected by patients' recall bias. For the 156 patients who did not report any lettuce or Chain A consumption, potential reasons include recall bias, unrecognized lettuce in prepared foods, and additional exposure vehicles.

In this investigation, real-time interview data have helped guide public health responses. On June 25, 2026, MDHHS notified CDC of an increase in cyclosporiasis cases. An alert notifying the public was issued on July 1.⁶ A July 4 alert recommended specific food safety guidance for restaurants and the public, after which several restaurants voluntarily removed specific menu ingredients.⁶ A July 13 alert notified the public of possible lettuce contamination and recommended additional precautions, reflecting a decision to issue a broader advisory while acknowledging that the underlying data remained preliminary.⁶ Epidemiologic evidence from Michigan also informed the Food and Drug Administration's traceback investigation of lettuce within the outbreak's first weeks.⁴

This investigation is ongoing. In total in Michigan, from June 22 through August 26, 2026, there have been 14,492 cases, 356 reported hospitalizations, and two deaths associated with cyclosporiasis. Updates are available online at <https://www.michigan.gov/mdhhs/keep-mi-healthy/infectious-diseases/infectious-disease-outbreaks>.⁶

Disclosures

Author disclosures and other supplementary materials are available at evidence.nejm.org.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.

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