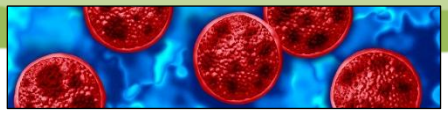
Health Trends

What is Cyclosporiasis?



Cyclosporiasis is a gastrointestinal illness caused by a microscopic (tiny, not seen without a microscope) parasite *Cyclospora cayetanensis*. It is a foodborne illness typically contracted by consuming contaminated fresh fruit, vegetables or water.

Who is at risk of getting Cyclosporiasis?

Anyone can get cyclosporiasis, but people with…

- Weakened immune systems (such as those taking immunosuppressive medications or living with HIV)
- The elderly
- Or children may experience more severe illness or complications from severe dehydration and may need longer treatment

It is commonly associated with foreign travel to tropical or subtropical areas of the world. Outbreaks have also been associated with various types of imported and domestic fresh produce.

How quickly will you get sick from Cyclosporiasis?

The time between becoming infected with Cyclosporiasis and becoming sick is usually about one week, though it can range from 2 to 14 days or more.

Symptoms of Cyclosporiasis

The most common symptoms include…

- Severe, watery diarrhea (loose stool/poop)
- Along with loss of appetite
- Weight loss
- Abdominal cramping and bloating
- Nausea and vomiting
- Fatigue
- Low-grade fever

How long do symptoms last?

Symptoms usually start about a week after ingestion and can last from days to several weeks.

Treatment for Cyclosporiasis

Oral antibiotics, specifically trimethoprim-sulfamethoxazole (e.g., Bactrim), along with rest and fluids to prevent dehydration.

Most people with healthy immune systems will eventually recover from Cyclosporiasis on their own without antibiotics, but the risk of being hospitalized for dehydration is extremely high.

References

1. U.S. Food and Drug Administration (2026, July). Cyclospora.
2. Cleveland Clinic (2026, April). Cyclosporiasis.
3. Balzer, Deb (2018). Infectious diseases A-Z: What you need to know about cyclospora infection.
4. Virginia Department of Health (2026). Cyclosporiasis.

How is Cyclosporiasis transmitted?

Direct person-to-person spread is very unlikely because the parasite requires days to weeks in the environment to become infectious. It spreads via the oral route - ingesting food or water contaminated with the parasite.

Things to do to the lower risk of getting Cyclosporiasis

- Wash hands carefully with soap and water for at least 20 seconds before and after food preparation, and after using the bathroom or changing diapers.
- Discard all outer layers of fruit and vegetables. For example, throw away the outer two to three layers of leafy vegetables like lettuce.
- Rinse all fruits and vegetables thoroughly under clean running water.
- Scrub fruit and vegetables with a vegetable brush.
- Clean kitchen counter tops, cutting boards, utensils, etc. with hot, soapy water.
- Cook all the food you eat to an inner temperature of at least 158 degrees.

Fruits and vegetables most frequently linked to Cyclosporiasis

- Leafy greens: Bagged salad mixes, romaine and iceberg lettuce, mesclun, and spinach.
- Fresh herbs: Cilantro, basil, and parsley.
- Berries: Raspberries, blackberries, and strawberries.
- Vulnerable vegetables: Snow peas, sugar snap peas, and green onions (scallions).

Cyclosporiasis and the Commonwealth of Virginia

Currently, there is no evidence that Virginia is experiencing a Cyclosporiasis outbreak. An outbreak is when there are more cases than expected in a specific community, area, or time.

As of July 16, 2026, VDH publicly reported 79 cases of cyclosporiasis in 2026 – more than double the 5-year average reported year to date. Beginning the week of July 20, 2026, VDH will post weekly Virginia case counts on its Cyclosporiasis webpage.

The DBHDS Office of Licensing issued a Memorandum, dated July 28, 2026, Re: VDH Cyclosporiasis Information for Stakeholders and Provider Reporting Reminders which reviews VDH-provided resources and reporting requirements for all DBHDS licensed providers and community stakeholders.

Please direct any questions or concerns regarding the Office of Integrated Health Supports Network "Health Trends" newsletter to communitynursing@dbhds.virginia.gov

ABA Snippets ...

ABA in the Playbooks

By the time September rolls around, many families and fans are in full sports mode. Fall sports for schools have started, the NFL regular season kicks off while the MLB and WNBA wrap up their regular seasons and start playoffs. Whether you're actively involved in participating or coaching a sport, you're an avid fan or parent attending as many games as you can, or you just tune in to see if Taylor Swift is attending her husband's game that week, you might be interested in knowing that behavior science also has a place in the world of sports.

Many people are familiar with Applied Behavior Analysis (ABA) as a treatment option to address behavioral and adaptive skill needs for individuals with autism and related developmental disabilities. You may be surprised to learn that there is an ABA subspecialty dedicated to sports psychology, which "focuses on the use of behavior analysis concepts, principles, and techniques to enhance the performance and satisfaction of athletes, teams and coaches" [1]. Schenk and Miltenberger (2019) reviewed 101 articles that used behavior science across 21 different sports. The articles included 23 different behavioral procedures and 82 different target behaviors [2]. Some of those target behaviors include improving foul shooting accuracy in basketball, decreasing time in the penalty box in hockey, and increasing total distance ran in track and field. This shows how vast the application of ABA is to the world of sports.

The Behavior Analyst Certification Board® (BACB®) lists 13 different subspecialties of ABA. Previous ABA Snippets have discussed some of these, such as behavioral gerontology, public health, or substance use disorders. To learn more about ABA subspecialties, check out the fact sheets and videos on the BACB website.

You may contact DBHDS about these efforts via the following: Courtney.Pernick@dbhds.virginia.gov

References
1. Behavior Analyst Certification Board (2023, March). Behavioral Sport Psychology [Fact sheet]. https://www.bacb.com/wp-content/uploads/2020/05/Behavioral-Sport-Psychology-Fact-Sheet_230306-a.pdf
2. Schenk, M., & Miltenberger, R. (2019). A review of behavioral interventions to enhance sports performance. Behavioral Interventions, 34(2), 248-279. https://doi.org/10.1002/bin.1659

Getting to Know Developmental Services - Customized Rate (CR) Team

Introducing the Customized Rate (CR) Team working within the Office of Waiver Network Supports (WNS) part of the Division of Developmental Services (DS) at the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

CR was created by DBHDS, in partnership with the Department of Medical Assistance Services (DMAS), as a long-term solution to identify funding gaps that exist amongst specific populations. Customized rates are Medicaid Waiver funds designated for individuals with complex medical and/or behavioral support whose needs fall outside the scope of the standard reimbursement rate for the specified service.

The CR team consists of a CR Processor, and two CR Technical Consultants (CRTC) along with the collaboration of five offices within DBHDS to make up the CR Review Committee (CRRC).

The CR team duties include:

- Tracking and reviewing incoming CR applications to ensure all data has been submitted per application requirements to support the need for a customized rate, that data is current and complete, along with being concise and organized for CRRC review. On average between 30-50 applications are received per month.
- Processing intakes which involves contact with the provider, which is done either over the phone or virtually, contact with the individual's assigned Support Coordinator at a Community Service Board (CSB), and contact with a behaviorist or nurse, when applicable. Preparing files for assessment phase, reviewing the application data and assigning cases to a CRTC.
- Providing training. The CRTCs conduct CR trainings via virtual meetings, in-person on an individual basis or in large forums along with recorded videos. All providers requesting CR are encouraged to complete the CR training.
- Completing assessments done by a CRTC either in-person or virtually. Data is reviewed for content such as background/history, validity, analyzation, clarification, along with other services explored, barriers to services and supports, request for additional documentation, review of critical incidents, determination that documentation supports the need for exceptional supports, provider demonstrates a pattern of expending resources beyond the standard rate, verification of staff credentials, and reporting violations. CRTCs make up to 24 on-site visits monthly, announced and unannounced.
- CR committee who meets twice weekly to review applications and documentation. CRTCs serve as the liaison between the provider requesting CR and the CRRC. The CRRC complete site visits when warranted.
- Audit of all application information data as a final review prior to issuing a notice of action for approved customized rate to providers.
- Represents CR at conferences and community stakeholder events when requested.

To learn more about Customized Rate it can be found on the DBHDS website under the "For Individuals & Families" tab at the top, on the drop-down under "Developmental Services/Waiver Services/Customized Rate"