

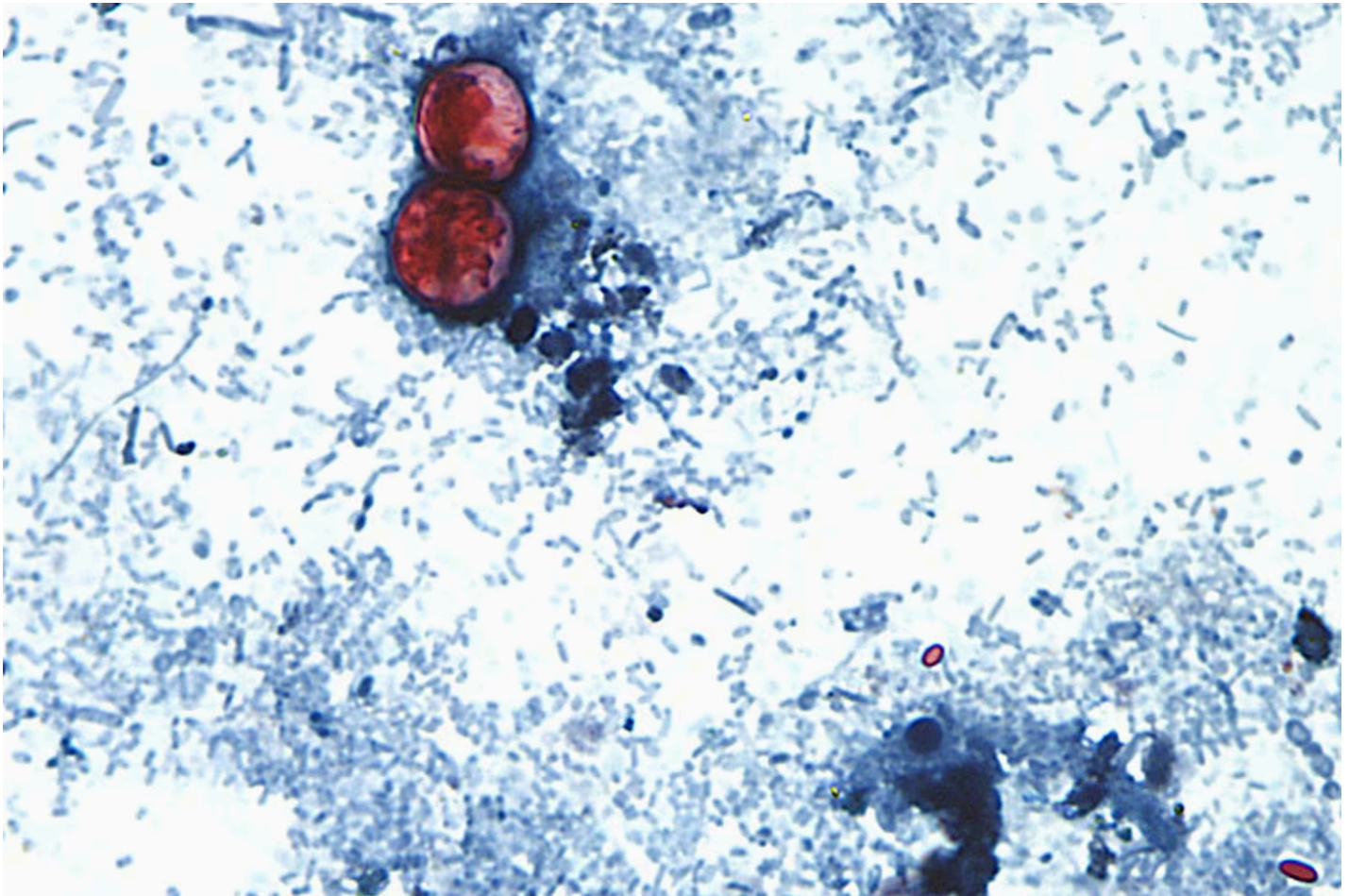
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OPINION

US needs to find outbreaks before patients do

The cyclospora outbreak reveals a public health system that often detects threats only after people are already ill.

By **Ashish K. Jha** Updated July 21, 2026, 12:36 p.m.



This photo taken through a microscope shows cyclospora cayetanensis oocysts found in a fresh stool sample. MELANIE MOSER/CDC VIA AP

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This summer, a parasite most Americans had never heard of has sickened thousands. Since May 1, federal officials have counted more than [6,700 confirmed or suspected cases of cyclosporiasis across 34 states](#).

The intestinal illness is miserable: severe diarrhea, cramping, and fatigue that can last weeks. It is rarely fatal and can be treated with a common antibiotic once diagnosed. Yet the infection spread widely before health investigators identified even one major source of the infection. The deeper story is how late they saw this outbreak, which has been linked to contaminated lettuce.

An ill-suited reporting network

Here's what must happen for one infection to become a public health data point.

A person must become sick enough to seek care. The doctor must suspect cyclospora. Because it does not appear on a routine test, the doctor must then order the specific one that detects it. A laboratory must run that test and find the parasite. The result must reach the state. State officials must confirm the case and report it to the Centers for Disease Control and Prevention. [Finally, someone at the state or CDC must recognize that a particular week's numbers are outside the normal range.](#)

Time is lost at every step. Symptoms can take a week or longer to appear, then fade and return before many patients seek care. Testing, reporting, and confirmation add further delays. Many weeks can pass between infection and the moment a case appears in a federal database.

This is the nation's detection system working as designed: counting cases accurately, one patient at a time, after people become sick. It's a fine system for measuring a stable problem but poorly suited for a dynamic one. While the signal moves slowly through clinics, laboratories, and government agencies, contaminated food remains on the shelf.

The federal government's cuts

Over the past year, the federal government made this system less reliable.

Last July, state reporting to the CDC's Foodborne Diseases Active Surveillance Network, or FoodNet, became optional for six of the eight pathogens it had actively tracked, including cyclospora. National case reporting continued through other systems. But FoodNet had spent nearly three decades building the detailed, population-based reference data that [help officials distinguish a true spike from random variation.](#)

Specialized expertise also shrank. [According to the former leader of the CDC laboratory that responds to cyclospora outbreaks, the lab was reduced from 11 people to 3.](#) Its scientists perform the genetic analysis that can reveal whether scattered

cases came from the same source — critical evidence when produce has moved through a sprawling supply chain.

The federal government also delayed enforcement of a food-traceability rule designed to help investigators follow contaminated products rapidly through that chain. [Its original compliance date was in January. Enforcement will now wait until July 2028.](#)

These decisions did not create the outbreak. But federal officials reduced active tracking, diminished specialized expertise, and postponed faster tracing — and the result is an extraordinary surge.

Investigators are still searching for the source. The first patients fell ill in mid-May, and with every week the trail goes colder — memories of meals eaten a month ago begin to fade, and a smaller public health workforce means slower follow-up. The delay compounds itself: the longer a source goes unidentified, the harder it becomes to identify.

Surveillance tells health officials how large a problem is. When surveillance programs are cut, reported cases usually fall because fewer illnesses are counted, not because fewer people are sick.

That creates a dangerous feedback loop. A poorly measured problem begins to look too small to justify investment. The weakened system then produces even less evidence of harm. Cutting the capacity that documents a problem can erase the argument for restoring it. The United States is now entering that trap as biological risks become more complex.

A new detection strategy

The federal government should restore the surveillance capacity that was lost, rebuild specialized expertise, and implement modern food tracing. Those steps would improve our nation's response to known threats such as cyclospora.

But even if this happened, the larger weakness would remain. Nearly every system that the United States depends on requires someone to name the threat in advance. A doctor must suspect cyclospora to order the right test. A laboratory must know what it is looking for. Surveillance systems usually use targeted tests selected before testing begins. An unexpected pathogen can therefore spread without producing a recognizable signal.

The United States needs an added layer of detection that scans broadly for unusual biological activity. Metagenomic sequencing can scan wastewater broadly for genetic material from many organisms at once. It will not find every pathogen in every sample but it can [reveal changes that targeted tests miss and provide an earlier indication that something unexpected is spreading.](#)

Such a detection strategy would help clinicians know the disease was spreading, epidemiologists know where to look, and food inspectors target their attention. Instead of waiting for sick patients to move one by one through doctors, labs, and health agencies, officials could act on the wastewater warning first.

Cyclospora has a known season, familiar sources, and an effective treatment. Yet thousands became sick before officials realized what was happening.

The lesson extends far beyond one parasite or one shipment of lettuce. The United States has built a public health system that sees biological threats mainly through patients who become sick enough, reach the right doctor who knows the right test to order, and receive the right test and results that make it into a government database.

That system often fails. And it is nearly always late.

The United States can build another layer in front of it, designed to recognize outbreaks before they are definitively identified. Instead, the federal government chose to undermine an already weak system.

This was foreseeable. And there will be more. This is a good time to start building better systems so public health officials can see outbreaks before thousands of Americans get needlessly sick.

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