



August 7, 2026

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, Georgia 30329

Re: Docket No. CDC-2026-0925; Document No. 2026-11011

Dear Dr. Zirger:

Western Growers appreciates the opportunity to comment on the Centers for Disease Control and Prevention (CDC)'s proposed information collection related to cyclosporiasis outbreak investigations. Founded in 1926, Western Growers represents local and regional family farmers growing fresh produce in Arizona, California, Colorado, and New Mexico. Our members provide over half the nation's fresh fruits, vegetables, and tree nuts, including nearly half of America's fresh organic produce. In our comments, we offer suggestions regarding the proposed information collection project titled Use of the Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ) used during Investigations of Foodborne Disease Clusters and Outbreaks. The CNHGQ facilitates the collection of standard data during investigations of cyclosporiasis outbreaks, thereby increasing the likelihood that outbreaks will be recognized and sources will be identified.

Cyclospora is a complex pathogen with multiple potential exposure pathways. While foodborne transmission remains an important consideration, scientific evidence indicates that contamination may occur through different pathways. ^[1] Therefore, strengthening the questionnaire to assess all plausible exposure routes would improve hypothesis generation and support more effective outbreak investigations. Specifically, we recommend expanding the questionnaire while continuing to collect detailed food-consumption information. The questionnaire should also capture water, sanitation, environmental, occupational, and recreational exposures.

Because illness onset may occur from days to weeks after exposure, patient recall can be challenging. CDC should explore opportunities to collect detailed exposure information as early as possible, including working with local and state entities to offer patients a standardized electronic questionnaire soon after cyclosporiasis is suspected or confirmed. Earlier data collection of structured information across all plausible exposure pathways could improve patient recall, strengthen hypothesis generation, and support more effective outbreak investigations. In addition, improving traceability efficiencies and strengthening local, state, and national surveillance systems should help support more rapid source identification and response.

^[1] U.S. Food and Drug Administration (FDA). *Cyclospora Prevention, Response and Research Action Plan. Environmental and Microbial Sampling*. Available at: [Cyclospora Prevention, Response and Research Action Plan | FDA](#)

We specifically recommend the following actions associated with data collection:

Agricultural System Exposures: Human fecal contamination may enter agricultural systems through multiple pathways, including:

- Irrigation water
- Flooding
- Wastewater discharges
- Sanitation infrastructure
- Worker hygiene

Understanding these pathways strengthens prevention throughout the produce supply chain.

Drinking-water exposures: The CNHGQ should identify the patient's primary and secondary drinking-water sources during the exposure period, including:

- Municipal or community water systems
- Private domestic wells
- Small or transient water systems
- Untreated spring, surface, or other nonmunicipal water

Recreational and incidental water contact: The questionnaire should ask whether the respondent had contact with:

- Swimming pools (home vs. public)
- Splash pads or water parks
- Hot tubs
- Lakes, rivers, streams, or ponds
- Canals or irrigation ditches
- Floodwater or stormwater
- Water used for camping, hiking, or other outdoor activities

Questions should be distinguished between swimming, wading, boating, accidental ingestion, direct hand contact, and participation in activities where water may have contacted food, beverages, or eating utensils.

Wastewater and sanitation exposures: CDC should add questions addressing direct or indirect exposure to wastewater and human fecal material, including:

- Residence or work near a wastewater-treatment plant, sewer line, septic system, or wastewater discharge point
- Known sewer backups, sanitary sewer overflows, or wastewater releases
- Septic-system failures, pumping, repair, or overflow
- Contact with portable toilets or temporary sanitation systems
- Plumbing backups or sewage intrusion into homes, workplaces, businesses, or public spaces
- Exposure to biosolids or areas where biosolids were applied
- Contact with untreated or inadequately treated wastewater

Occupational exposures: The current questionnaire asks generally whether travel or events were related to work, but it does not appear to include a structured occupational exposure assessment. CDC should ask whether the respondent worked in or had routine contact with:

- Wastewater treatment

- Sewer maintenance
- Septic-system installation or servicing
- Plumbing
- Portable sanitation services
- Solid-waste handling

In closing, early collection and expanding the CNHGQ to more comprehensively evaluate all scientifically plausible exposure pathways would strengthen CDC's ability to generate robust epidemiologic hypotheses, improve source identification, and ultimately enhance efforts to prevent Cyclospora outbreaks. CDC should also use outbreak investigations to identify critical research gaps and work collaboratively with the National Institutes of Health (NIH) to help ensure those gaps are addressed through targeted research.

Thank you for considering these recommendations. Don't hesitate to contact us if you have any questions about this letter.

Sincerely,



Sonia Salas

ssalas@wga.com

Associate VP, Food Safety & Regulatory Affairs

Western Growers

6501 Irvine Center Dr, Suite 100

Irvine, CA 92618