



EPI WATCH

Monthly Epidemiology Newsletter

Decline in New HIV Infections

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Disease Reporting

To report diseases and clusters of illness:

Phone: (727) 824-6932

Fax: (727) 484-3865

(excluding HIV/AIDS)

To report HIV/AIDS by mail:

Surveillance Room 3-138
205 Dr. MLK Jr St. N

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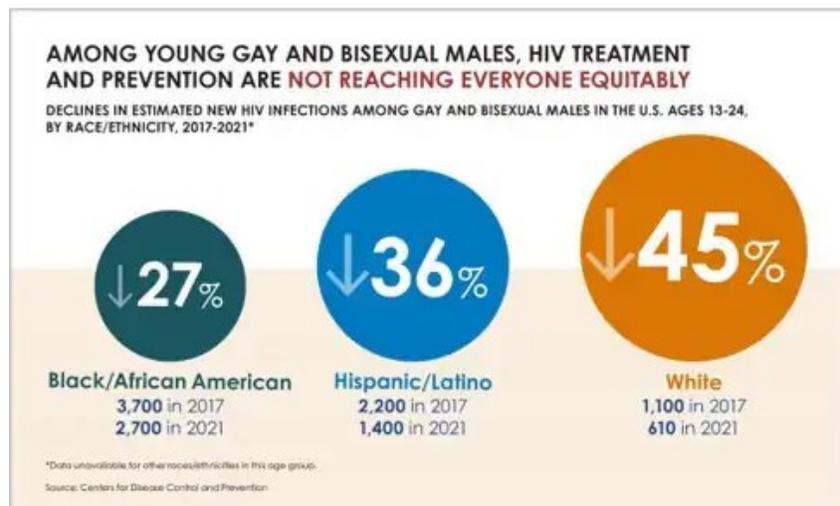
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On May 23, 2023, the Centers for Disease Control and Prevention (CDC) released information on the decline of Human Immunodeficiency Virus (HIV) among young people and the overall decrease in new HIV infections. In the United States approximately 20% of new HIV diagnoses in 2020 were among young people between the ages of 13 and 24.¹ In the newly released information, HIV infections were 12% lower in 2021 compared to 2017. The number of cases reported decreased from 36,500 infections in 2017 to 32,100 infections in 2021. The decline was seen among young adults (13-24 years), mostly in gay and bisexual males. Most new HIV infections in 2021 were among gay and bisexual men, the majority of whom were Black or Hispanic/Latino. It is believed the decline in newly infection young adults is attributed to the improved reach of HIV testing, treatment, and pre-exposure prophylaxis (PrEP) available.

Among gay and bisexual males aged 13-24, knowledge of HIV status increased 14% from 2017 to 2021. The percentage of viral suppression had also increased from the year 2017 to 2021. Approximately an 8% increase of complying with viral suppression medication was seen among the young gay and bisexual males diagnosed with HIV. The greatest improvement was in the number of people taking PrEP to prevent HIV. In 2021, approximately 30% of people who could benefit from PrEP were prescribed it. This was a notable improvement compared to about 13% prescribed PrEP in 2017. The progress in decline of newly diagnosed HIV cases is attributed to the initiative Ending the HIV Epidemic in the U.S. (EHE). The initiative seeks to reduce new HIV infections by four strategies diagnose, treat, prevent, and respond. By continuing to apply these strategies the goal of ending the HIV epidemic can be reached.

For more information on HIV, please visit [HIV Basics](#)

¹[HIV Information and Youth | DASH | CDC](#)



Retrieved from : [HIV Declines Among Young People and Drives Overall Decrease in New HIV Infections | CDC Online Newsroom | CDC](#)

Mpox Update—July 2023

By: Shekinah Oliver, MPH, CPH



The Centers for Disease Control and Prevention (CDC) declared Mpox as a public health emergency in August 2022. A year later, the Florida Department of Health continues to see sporadic cases and is preparing for an increase during the summer months due to populated outdoor activities such as parades, parties, and group events.

Mpox is a viral infectious zoonotic disease endemic to parts of western Africa. Since the beginning of 2023, Florida has identified 38 cases of Mpox across 12 counties which resulted in 7 hospitalizations. Since 2022, the majority of Mpox cases in Pinellas County have been in individuals between the ages of 25-49 years old. Those most at risk for Mpox are immunocompromised persons, men who have sex

with men (MSM), and those with multiple sexual partners.

Symptoms of Mpox begin within three weeks of exposure to the virus. Symptoms include a pox like rash, fever, and swollen lymph nodes. Mpox is transmitted through close skin-to-skin contact with those who are infected, sharing bed linens and towels, and through respiratory droplets. Mpox can be spread from symptom onset until the rash heals, scabs fall off, and a new layer of skin forms. Those who are infected are recommended to isolate during their infectious period with most recovering within four weeks without the need for treatment. Treatment is available for severe cases and can be requested from the health department.

A vaccine for Mpox is available and DOH-Pinellas continues to offer the vaccine at outreaches and in the clinic.

For more information, please visit [Mpox | Poxvirus | CDC](#).

Preliminary Incidence and Trends of Infections Caused by Pathogens Transmitted Commonly Through Food – Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2022

What is already known about this topic?

Campylobacter and *Salmonella* are the leading causes of bacterial enteric infections transmitted commonly by food. Reported incidence of enteric infections was lower during the COVID-19 pandemic (2020–2021) compared with previous years.

What is added by this report?

During 2022, FoodNet identified higher incidences of Shiga toxin-producing *Escherichia coli*, *Yersinia*, *Vibrio*, and *Cyclospora* infections compared with 2016–2018. *Campylobacter*, *Salmonella*, *Shigella*, and *Listeria* incidences did not change.

What are the implications for public health practice?

Progress in reducing enteric infection incidence was not observed during 2022, as influences of the COVID-19 pandemic subsided. Collaboration among food growers, processors, retail stores, restaurants, and regulators is needed to reduce pathogen contamination during poultry slaughter and to prevent contamination of leafy greens.

For more information: https://www.cdc.gov/mmwr/volumes/72/wr/mm7226a1.htm?s_cid=mm7226a1_w

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	Jun 2023	Jun 2022	Pinellas 2023	Florida 2023	2022	2021	2020
A. Vaccine Preventable							
Coronavirus 2019	1113	13506	12172	296157	119224	103356	44852
Measles	0	0	0	0	0	0	0
Mpox	1	2	4	42	162	0	0
Mumps	0	0	0	9	0	1	1
Pertussis	0	0	1	35	2	1	8
Varicella	0	2	17	271	24	25	18
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	24	3	1	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0	3	52	12	5	5
Meningococcal Disease	0	0	1	25	2	1	2
C. Enteric Infections							
Campylobacteriosis	12	20	109	1949	208	213	247
Cryptosporidiosis	2	1	18	306	38	28	38
Cyclosporiasis	0	0	0	27	21	9	9
<i>E. coli</i> Shiga Toxin (+)	0	7	16	433	29	16	10
Giardiasis	0	2	11	564	34	29	28
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0
Listeriosis	0	0	0	14	3	3	2
Salmonellosis	3	15	57	2206	174	182	200
Shigellosis	3	5	28	533	37	37	19
D. Viral Hepatitis							
Hepatitis A	0	6	0	66	20	6	3
Hepatitis B: Pregnant Woman +HBsAg	0	2	6	243	20	10	18
Hepatitis B, Acute	3	2	14	340	33	51	40
Hepatitis C, Acute	2	7	47	646	120	91	117
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	28	0	0	0
Rabies, possible exposure	6	12	83	2709	151	135	118
Chikungunya Fever	0	0	0	1	0	0	0
Dengue fever	0	0	0	119	7	0	1
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	1	4	55	12	7	11
Malaria	0	0	3	20	4	2	2
West Nile Virus	0	0	0	0	0	0	0
Zika Virus Disease	0	0	0	0	0	0	0
F. Others							
Hansen's Disease	0	0	1	11	0	0	0
Legionellosis	0	3	3	154	38	36	33
Mercury Poisoning	0	0	0	13	0	2	1
Tuberculosis	5	3	9	283	22	21	24
<i>Vibrio</i> Infections	0	0	4	126	13	12	18
G. Sexually Transmitted Infections							
	Pinellas		YTD Total		Pinellas County Annual Totals		
	Jun 2023	Jun 2022	Pinellas 2023	Pinellas 2022	2022	2021	2020
Chlamydia	324	337	2033	1990	4027	4090	3956
Gonorrhea	145	169	824	951	1734	1883	1634
Syphilis, Total	42	71	310	379	879	634	479
Syphilis, Infectious (Primary and Secondary)	27	26	167	158	336	274	212
Syphilis, Early Latent	15	29	106	150	269	239	166
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	8	13	36	67	5	7	5
Syphilis, Congenital	0	0	1	4	269	114	96

*YTD up to June 30, 2023. n/a = not available at this time