



# EPI WATCH

Monthly Epidemiology Newsletter

## *Whooping Cough Cases Have Increased Throughout the United States*

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## Division of Disease Control and Health Protection

### 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  
St. Petersburg, FL 33701

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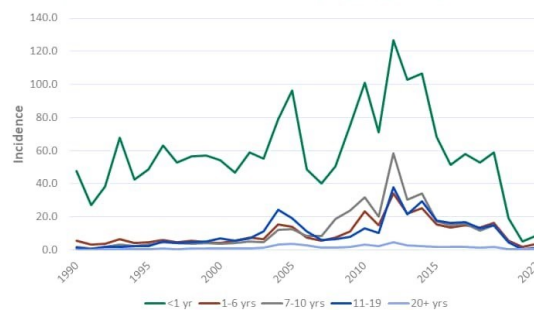
In 2024, reported cases of pertussis (whooping cough) increased across the United States. Preliminary data shows that more than six times as many cases have been reported in week 49 (ending December 7) as compared to the same time in 2023. Of note, cases seen in 2024 are higher than what was observed in 2019, prior to the pandemic.

For Week 49, 533 cases were reported nationally, with 41 reported from Florida<sup>1</sup>. Year to date, 30,258 and 663 cases were reported, respectively.

Pertussis is a nationally notifiable disease and should be reported immediately upon receipt of positive test result for prompt control measure implementation including ensuring contacts receive the appropriate postexposure prophylaxis.

Per the Centers for Disease Control and Prevention<sup>2</sup>, infants under one year old are at greatest risk for serious disease and death because their immune systems are still developing. This age group continues to have the highest reported rate of pertussis.

Reported pertussis incidence by age group: 1990-2022



SOURCE: CDC, National Notifiable Diseases Surveillance System

Retrieved from: [Pertussis Surveillance and Trends | Whooping Cough | CDC](#)

Polymerase chain reaction (PCR) is recommended for diagnosing symptomatic pertussis patients and should be conducted within the first 3 weeks of cough onset. PCR is a molecular technique used to detect DNA sequences of the *Bordetella pertussis* bacterium. PCR should only be used for patients with signs and symptoms consistent with pertussis. Testing asymptomatic persons can lead to falsely-positive results. Asymptomatic close contacts of confirmed cases shouldn't be tested and testing of contacts shouldn't be used to guide postexposure prophylaxis recommendations.

Immunization is the best way to protect against whooping cough<sup>3</sup>. Protection fades over time and those who have questions should speak with their provider.

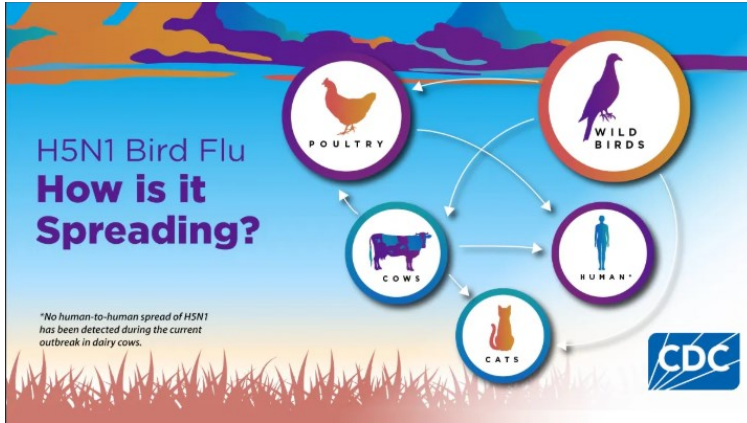
### References:

<sup>1</sup> [Weekly cases\\* of notifiable diseases, United States, U.S. Territories, and Non-U.S. Residents week ending December 7, 2024 \(Week 49\)](#)

<sup>2</sup> [Pertussis Surveillance and Trends | Whooping Cough | CDC](#)

<sup>3</sup> [Whooping Cough Vaccination | Whooping Cough | CDC](#)

# H5 Bird Flu: Current Situation



The Centers for Disease Control and Prevention (CDC) reports a total of 61 confirmed human cases of H5 bird flu in the United States, two with an unknown exposure source<sup>1</sup>. CDC has conducted targeted H5 surveillance since March 24, 2024 which identified 58 human cases. The three other human cases were identified through national flu surveillance, which has been ongoing since February 25, 2024.

H5 bird flu is widespread in wild birds and has caused outbreaks in U.S. poultry and dairy cows; however, risk to the general population remains low.

Illnesses of those infected with bird flu viruses have ranged from no symptoms to severe disease that have resulted in death. Human infections with bird flu viruses mostly occur after close or prolonged contact with infected

birds or surfaces that sick birds have come into contact with. The spread of these viruses from person-to-person is rare.

In animals, CDC reports 51 jurisdictions with bird flu in wild birds, all states reporting outbreaks in poultry, and 16 states with outbreaks in dairy cows. Reports can be found here: [H5 Bird Flu: Current Situation | Bird Flu | CDC](#)

On December 18, CDC reported a patient with severe avian influenza was hospitalized in Louisiana. The investigation into the source of exposure is ongoing; however, the patient did have exposure to sick and dead birds in backyard flocks. This is the first case of H5N1 bird flu in the U.S. that has been linked to a backyard flock. A sporadic case of severe H5N1 bird flu isn't unexpected and CDC reports the overall risk to the public remains low.

## References:

<sup>1</sup>[H5 Bird Flu: Current Situation | Bird Flu | CDC](#)

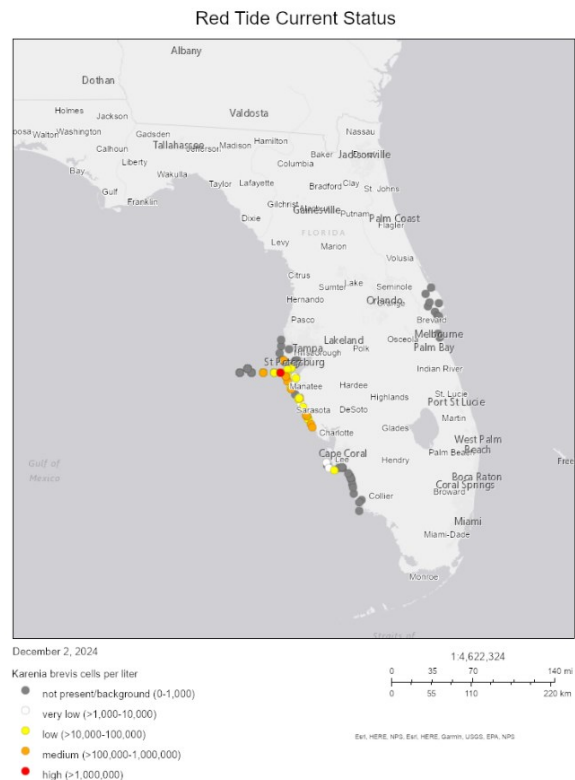
# Red Tide Current Status

By: Rachel Ilic, MPH, CPH, CIC

The Florida Fish and Wildlife Conservation Commission (FWC) sample sites daily throughout the gulf coast for the presence of the red tide organism *Karenia brevis*. Data for the most recent sampling showed *Karenia brevis* in 73 samples from Northwest and Southwest Florida. Bloom concentrations (>100,000 cells/liter) were observed in 14 samples which meets criteria for a *Health Alert* to be issued.

*Karenia brevis* produces a toxin that can affect the central nervous systems in fish, bird, mammals and other animals. At high concentrations (called blooms), the organism may discolor the water and cause scum. While most people can swim in red tide, it can cause skin irritation and burning eyes. Symptoms from breathing in red tide toxins usually include coughing, sneezing and teary eyes. For most people, symptoms are temporary when red tide toxins are in the air. People with chronic respiratory problems like asthma and COPD should avoid red tide areas.

For more information on current Red Tide status, please visit: <https://myfwc.com/research/redtide/statewide/>



Retrieved from:

<https://myfwc.maps.arcgis.com/apps/view/index.html?appid=87162eac3eb846218cec714d16462a72>

# Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	Nov 2024	Nov 2023	Pinellas 2024	Florida 2024	2023	2022	2021
<b>A. Vaccine Preventable</b>							
Coronavirus 2019	429	1150	429	7804	25494	119171	103400
Measles	0	0	0	12	0	0	0
Mpox	0	0	12	191	6	162	0
Mumps	0	0	1	10	0	0	1
Pertussis	9	0	29	617	1	2	1
Varicella	2	1	173	659	25	24	25
<b>B. CNS Diseases &amp; Bacteremias</b>							
Creutzfeldt-Jakob Disease (CJD)	0	0	3	18	1	3	1
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	1	16	137	6	12	5
Meningococcal Disease	0	1	1	29	3	2	1
<b>C. Enteric Infections</b>							
Campylobacteriosis	16	20	210	5057	224	208	213
Cryptosporidiosis	1	0	27	518	28	38	28
Cyclosporiasis	0	0	7	221	11	21	9
<i>E. coli Shiga Toxin (+)</i>	6	2	32	1000	37	28	16
Giardiasis	7	3	54	1188	40	34	29
Hemolytic Uremic Syndrome (HUS)	1	0	2	26	2	0	0
Listeriosis	0	0	1	39	2	3	3
Salmonellosis	19	19	211	7904	194	174	182
Shigellosis	3	7	41	1126	56	37	37
<b>D. Viral Hepatitis</b>							
Hepatitis A	1	0	2	106	1	20	6
Hepatitis B: Pregnant Woman +HBsAg	0	1	4	434	17	20	10
Hepatitis B, Acute	4	3	28	720	37	33	51
Hepatitis C, Acute	1	5	65	1539	106	120	91
<b>E. Vectorborne/Zoonoses</b>							
Animal Rabies	0	0	1	110	1	0	0
Rabies, possible exposure	20	20	233	6875	227	151	135
Chikungunya Fever	0	0	1	15	0	0	0
Dengue fever	3	1	10	955	5	7	0
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	1	2	16	244	21	11	7
Malaria	0	0	2	60	4	4	2
West Nile Virus	0	0	1	22	0	0	0
Zika Virus Disease	0	0	0	0	0	0	0
<b>F. Others</b>							
Hansen's Disease	0	0	1	19	1	0	0
Legionellosis	6	1	35	591	16	38	36
Mercury Poisoning	0	0	0	22	0	0	2
Tuberculosis	1	0	21	283	22	21	24
<i>Vibrio Infections</i>	0	1	30	331	13	0	0
<b>G. Sexually Transmitted Infections</b>							
	Pinellas		YTD Total		Pinellas County Annual Totals		
	Nov 2024	Nov 2023	Pinellas 2024	Pinellas 2023	2022	2021	2020
Chlamydia	296	386	3079	3200	4032	4090	3953
Gonorrhea	148	182	1385	1317	1753	1883	1634
Syphilis, Total	49	53	450	512	762	634	466
Syphilis, Infectious (Primary and Secondary)	24	31	216	272	348	274	212
Syphilis, Early Latent	9	14	113	156	275	239	159
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	16	6	117	79	134	114	91
Syphilis, Congenital	2	2	4	5	5	7	4

\*YTD up to November 30, 2024. n/a = not available at this time

\*\*includes travel and non-travel associated cases