EPI WATCH

Monthly Epidemiology Newsletter

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Concurrent Norovirus Outbreaks Associated with Consumption of Oysters Harvested in Mexico—California, December 2023-January 2024

Weekly / April 17, 2025 / 74(13);222–226

Summary

What is already known about this topic?

Consumption of contaminated raw oysters is a common cause of foodborne illness outbreaks.

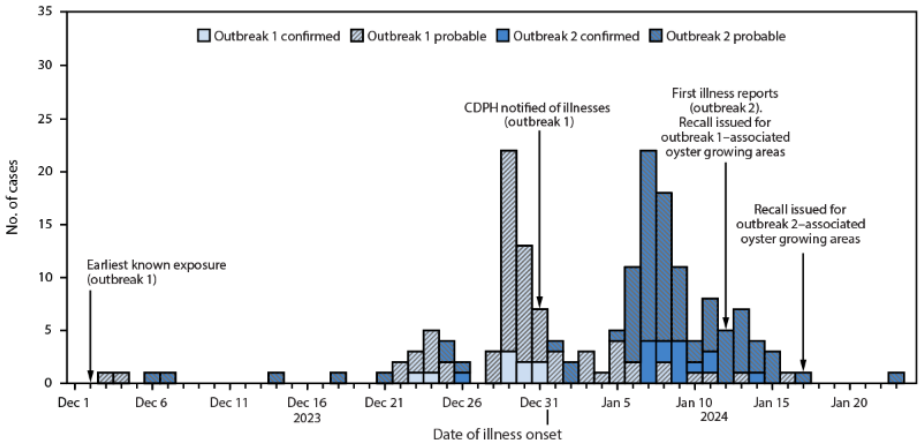
What is added by this report?

During December 2023–January 2024, approximately 400 persons across eight California local health jurisdictions reported gastrointestinal illness after consumption of raw oysters. The investigation identified two concurrent but unrelated outbreaks attributable to norovirus and other viral enteric pathogens. In the second outbreak, oysters might have been contaminated during wet storage of live oysters at a location separate from the original growing area.

What are the implications for public health practice?

Raw oysters are a continuing source of enteric illness. Producers and distributors should be aware of and prevent shellfish contamination in wet storage. Consumers should cook oysters to 145°F (62.8°C) before consumption. Concurrent outbreaks of foodborne illness with similar modes of transmission can be unrelated and should be confirmed by product traceback.

FIGURE. Illness onset dates of confirmed* and probable† norovirus cases in two outbreaks associated with consumption of raw oysters harvested in Mexico — California, December 2023–January 2024



For more information: https://www.cdc.gov/mmwr/volumes/74/wr/mm7413a2.htm?s_cid=mm7413a2_w

Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—DCD Recommendations, United States, 2025

Recommendations and Reports / May 8, 2025 / 74(1);1–56

Summary

Nonoccupational postexposure prophylaxis (nPEP) for HIV is recommended when a nonoccupational (e.g., sexual, needle, or other) exposure to nonintact skin or mucous membranes that presents a substantial risk for HIV transmission has occurred, and the source has HIV without sustained viral suppression or their viral suppression information is not known. A rapid HIV test (also referred to as point-of-care) or laboratory-based antigen/antibody combination HIV test is recommended before nPEP initiation. Health care professionals should ensure the first dose of nPEP is provided as soon as possible, and ideally within 24 hours, but no later than 72 hours after exposure. The initial nPEP dose should not be delayed due to pending results of any laboratory-based testing, and the recommended length of nPEP course is 28 days.

The recommendations in these guidelines update the 2016 nPEP guidelines (CDC. Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV — United States, 2016. Atlanta, GA: US Department of Health and Human Services, CDC; 2017). These 2025 nPEP guidelines update recommendations and considerations for use of HIV nPEP in the United States to include newer antiretroviral (ARV) agents, updated nPEP indication considerations, and emerging nPEP implementation strategies. The guidelines also include considerations for testing and nPEP regimens for persons exposed who have received long-acting injectable ARVs in the past. Lastly, testing recommendations for persons who experienced sexual assault were updated to align with the most recent CDC sexually transmitted infection treatment guidelines.

These guidelines are divided into two sections: Recommendations and CDC Guidance. The preferred regimens for most adults and adolescents are now bictegravir/emtricitabine/tenofovir alafenamide or dolutegravir plus (tenofovir alafenamide or tenofovir disoproxil fumarate) plus (emtricitabine or lamivudine). However, the regimen can be tailored to the clinical circumstances. Medical follow-up for persons prescribed nPEP also should be tailored to the clinical situation; recommended follow-up includes a visit at 24 hours (remote or in person) with a medical provider, and clinical follow-up 4–6 weeks and 12 weeks after exposure for laboratory testing. Persons initiating nPEP should be informed that pre-exposure prophylaxis for HIV (PrEP) can reduce their risk for acquiring HIV if they will have repeat or continuing exposure to HIV after the end of the nPEP course. Health care professionals should offer PrEP options to persons with ongoing indications for PrEP and create an nPEP-to-PrEP transition plan for persons who accept PrEP.

For more information: https://www.cdc.gov/mmwr/volumes/74/rr/rr7401a1.htm?s_cid=rr7401a1_w

Outbreak of Cyclosporiasis Among Patrons of a Mexican-Style Restaurant—Limestone County, Alabama, May-June 2023

Weekly / April 17, 2025 / 74(13);217–221

Summary

What is already known about this topic?

Cyclosporiasis is an intestinal illness caused by the parasite *Cyclospora cayetanensis*. In the United States, cyclosporiasis outbreaks are commonly associated with fresh, imported produce.

What is added by this report?

In June 2023, a total of 47 cases of cyclosporiasis were associated with consumption of food from a Mexican-style restaurant in Alabama. Analysis of case-control data identified cilantro as the likely food source. Collaboration among multiple states and their respective agencies enabled successful traceback of cilantro to a source in Mexico.

What are the implications for public health practice?

Cilantro imported from Mexico remains a food source of concern for cyclosporiasis. Distribution of potentially contaminated products via improper supply chain channels remains a public health challenge.

For more information: https://www.cdc.gov/mmwr/volumes/74/wr/mm7413a1.htm?s_cid=mm7413a1_w

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	Mar 2025	Mar 2024	Pinellas 2025	Florida 2025	2024	2023	2022
A. Vaccine Preventable							
Coronavirus 2019	379	1073	2126	39967	19907	45495	110632
Measles	0	0	0	1	0	0	0
Mpox	0	0	0	4	12	6	162
Mumps	0	1	0	6	2	0	0
Pertussis	1	3	15	331	38	1	2
Varicella	2	45	3	131	175	25	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	7	3	1	3
Meningitis (bacterial, cryptococcal, mycotic)	0	2	0	41	16	6	12
Meningococcal Disease	0	0	1	8	1	3	2
C. Enteric Infections							
Campylobacteriosis	19	14	42	1175	227	224	208
Cryptosporidiosis	2	2	6	109	30	28	38
Cyclosporiasis	0	0	0	7	7	11	21
E. coli Shiga Toxin (+)	5	1	8	254	34	37	26
Giardiasis	5	7	11	222	59	40	34
Hemolytic Uremic Syndrome (HUS)	1	0	1	10	2	2	0
Listeriosis	0	0	1	14	1	2	3
Salmonellosis	8	16	21	1166	226	194	174
Shigellosis	10	5	18	275	46	56	37
D. Viral Hepatitis							
Hepatitis A	0	0	0	41	1	1	20
Hepatitis B: Pregnant Woman +HBsAg	1	0	1	98	4	17	20
Hepatitis B, Acute	0	7	3	160	32	37	33
Hepatitis C, Acute	6	2	17	487	92	106	120
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	25	1	1	0
Rabies, possible exposure	18	18	57	1793	249	227	151
Chikungunya Fever	0	1	0	1	1	0	0
Dengue fever	0	2	0	104	10	5	7
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	0	35	14	21	11
Malaria	0	0	0	8	2	4	4
West Nile Virus	0	0	0	0	1	0	0
Zika Virus Disease	0	0	0	0	0	0	0
F. Others							
Hansens Disease (Leprosy)	0	0	0	9	1	1	0
Legionellosis	3	5	9	156	36	16	38
Mercury Poisoning	0	0	0	11	0	0	0
Vibrio Infections	1	1	4	53	32	4	4
Tuberculosis	2	5	9	166	25	20	22
G. Sexually Transmitted Infections							
Chlamydia	300	407	896	22721	3907	4256	4054
Gonorrhea	129	162	393	8287	1806	1802	1752
Syphilis, Total	57	47	140	3608	580	687	766
Syphilis, Infectious (Primary and Secondary)	25	23	50	706	286	361	347
Syphilis, Early Latent	23	12	59	1120	145	206	279
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	9	11	31	1728	142	112	135
Syphilis, Congenital	0	1	0	54	7	8	5

*YTD up to March 30, 2025

**includes travel and non-travel associated cases