EPI WATCH

Monthly Epidemiology Newsletter

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Disease Reporting
To report diseases and clusters of illness:
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(excluding HIV/AIDS)

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Surveillance Room 3-138
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Whooping Cough (Pertussis)

Key Points

- Pertussis (whooping cough) is common in the United States, with frequent outbreaks
- Protecting people at highest risk of serious illness is the primary focus during outbreaks
- Health departments take the lead during outbreak investigations
- Whooping cough cases are on the rise in 2024

Settings and trends

Whooping cough is an endemic (common) disease in the United States. There are peaks in reported cases of whooping cough every few years. Outbreaks of this contagious respiratory illness are frequent. They can occur in many different settings including:

- Schools and childcare centers
- Hospitals
- Large geographic areas

2024 trends

The number of reported whooping cough cases this year is higher than what was seen at this time last year. The United States is beginning to return to pre-pandemic patterns where more than 10,000 cases are typically reported each year.

Protecting those at highest risk of serious illness

During outbreaks, public health authorities focus on protecting those at highest risk of serious illness.

- Babies younger than 1 year old
- Immunocompromising conditions
- Moderate to severe medically treated asthma

Key strategies focus on vaccination and preventive antibiotics for these high-risk groups and people who are around them.
A second goal is to protect all other people from getting whooping cough. CDC recommends whooping cough vaccination for people of all ages.

For More Information

https://www.cdc.gov/pertussis/outbreaks/index.html

Preventing Norovirus Transmission

By: Renee Veleva

Norovirus is one of the leading causes of gastrointestinal illness in the United States[1]. According to the National Outbreak Reporting System (NORS) from the U.S. Centers for Disease Control and Prevention (CDC), the number of reported norovirus outbreaks have increase 200% compared to previous years. As of January 30, 2025, there were 791 reported norovirus outbreaks in 2025[2]. Using surveillance data like the CDC can help understand the spread of disease and allow targeted interventions.

Norovirus is a contagious virus that can spread easily regardless of age. It can be transmitted via fecal-oral route through direct contact with an infected person, eating contaminated food or liquids, or touching contaminated objects[1].

To prevent transmission of norovirus, several prevention measures can be taken[3]. Hand washing is preferred to alcohol-based hand rub (ABHR) as ABHR does not work well against norovirus. Norovirus is heat resistant and all foods (including shellfish) should be cooked to an internal temperature of at least 145 degrees Fahrenheit. Raw produce can become contaminated with the virus and should be washed thoroughly before consumption. If you are ill, do not prepare food or care for others until symptoms have resolved for at least 48 hours[3]. Symptoms typically resolve within 1 to 3 days, but norovirus can shed in the stool for at least 2 weeks after symptoms resolve[1].

If you are ill, it is important to increase cleaning to prevent transmission. High contact surfaces should be disinfected with a bleach water solution while wearing gloves. Soiled clothes or linen should be handled with gloves and washed on high heat with detergent.

For more information:

[1] https://www.cdc.gov/norovirus/about/index.html [2] https://www.cdc.gov/norovirus/php/reporting/norostat-data-table.html [3] https://www.cdc.gov/norovirus/prevention/index.html

First Clade 1b Monkeypox Virus Infection Reported in the Americas—California, November 2024

MMWR: Weekly / February 13, 2025 / 74(4);44–49

Summary

What is already known about this topic?

A clade I monkeypox virus (MPXV) outbreak is ongoing in the Democratic Republic of the Congo. Travel-associated clade I MPXV infections have been reported in non-African countries.

What is added by this report?

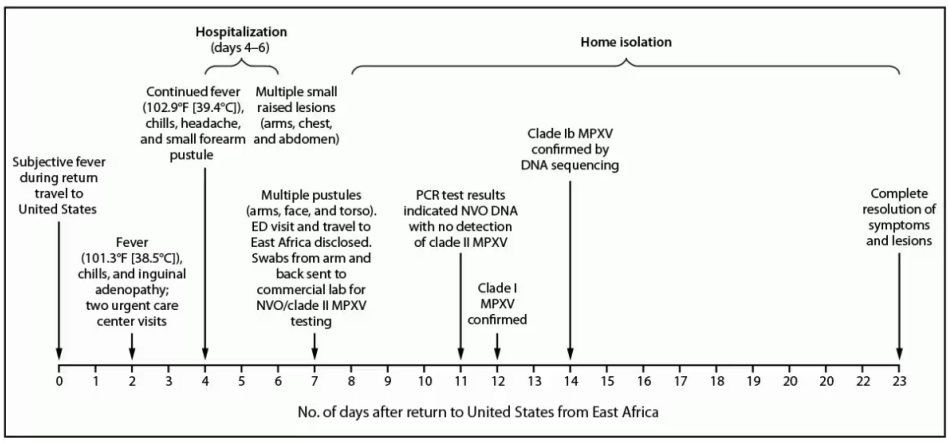
The first reported clade Ib MPXV infection in the Americas was identified via electronic laboratory reporting in California in a U.S. traveler who returned from East Africa. Rapid identification allowed for thorough contact tracing; no secondary cases were identified.

What are the implications for public health practice?

Public health authorities should be notified immediately of suspected clade I MPXV infections (e.g., compatible symptoms and travel history, or compatible laboratory results [e.g., presence of nonvariola orthopoxvirus with no detection of clade II MPXV]) to trigger additional testing and enable rapid implementation of transmission-based precautions and other public health interventions.

For more information: https://www.cdc.gov/mmwr/volumes/74/wr/mm7404a1.htm?s_cid=mm7404a1_w

FIGURE 1. Signs and symptoms; clinical evaluation, findings, and management*; and laboratory results in a case of clade Ib monkeypox virus infection in a traveler to East Africa† — California, 2024



Abbreviations: ED = emergency department; MPXV = monkeypox virus; NVO = nonvariola orthopoxvirus; PCR = polymerase chain reaction.

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	Jan 2025	Jan 2024	Pinellas 2025	Florida 2025	2024	2023	2022
A. Vaccine Preventable							
Coronavirus 2019	1132	3058	1728	29059	19923	45477	109779
Measles	0	0	0	0	0	0	0
Mpox	0	2	0	4	12	6	162
Mumps	0	0	0	0	2	0	0
Pertussis	6	0	14	246	38	1	2
Varicella	1	3	1	96	175	25	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	2	0	5	3	1	3
Meningitis (bacterial, cryptococcal, mycotic)	0	1	0	26	16	6	12
Meningococcal Disease	1	0	1	5	1	3	2
C. Enteric Infections							
Campylobacteriosis	11	17	23	719	227	224	208
Cryptosporidiosis	1	1	4	66	30	28	38
Cyclosporiasis	0	0	0	6	7	11	21
E. coli Shiga Toxin (+)	2	4	3	159	34	37	26
Giardiasis	3	5	6	150	59	40	34
Hemolytic Uremic Syndrome (HUS)	0	0	0	8	2	2	0
Listeriosis	1	0	1	12	1	2	3
Salmonellosis	8	13	13	802	226	194	174
Shigellosis	4	4	8	191	46	56	37
D. Viral Hepatitis							
Hepatitis A	0	0	0	27	1	1	20
Hepatitis B: Pregnant Woman +HBsAg	0	1	0	63	4	17	20
Hepatitis B, Acute	3	2	3	124	32	37	33
Hepatitis C, Acute	4	8	11	306	91	106	120
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	15	1	1	0
Rabies, possible exposure	20	17	38	1185	249	227	151
Chikungunya Fever	0	0	0	2	1	0	0
Dengue fever	0	1	0	87	10	5	7
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	0	20	17	21	11
Malaria	0	0	0	6	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	5	1	1	0
Legionellosis	3	3	6	114	36	16	38
Mercury Poisoning	0	0	0	3	0	0	0
Vibrio Infections	1	0	3	32	32	13	11
Tuberculosis	5	2	5	-	25	20	22
G. Sexually Transmitted Infections							
Chlamydia	244	327	516	12889	3897	4256	4054
Gonorrhea	97	131	229	4663	1805	1802	1752
Syphilis, Total	41	40	63	1266	575	687	766
Syphilis, Infectious (Primary and Secondary)	16	27	21	289	288	361	347
Syphilis, Early Latent	16	7	26	423	138	206	279
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	9	6	16	536	143	112	135
Syphilis, Congenital	0	0	0	18	6	8	5

*YTD up to January 31, 2025

**includes travel and non-travel associated cases