EPI WATCH

Monthly Epidemiology Newsletter

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Preventing Congenital Syphilis

Yomika Walker, BSPH

Congenital syphilis (CS) occurs when syphilis is passed to baby during pregnancy. According to the CDC, CS cases have more than tripled in recent years, with more than 3,800 cases reported in 2023 alone. This is the highest number reported in one year since 1994[1].

CS can have major health impacts on the baby. How CS affects the baby's health depends on how long the mother had syphilis and if — or when — the mother received treatment for the infection prior to delivery.

CS can cause miscarriages, stillbirths, low birth weights, even infant death. Babies that are born with CS can have bone deformity, anemia, an enlarged liver and spleen, jaundice, brain and nerve problems, meningitis or skin rashes. Not all babies born with CS will display symptoms but if not treated immediately may develop serious health concerns within weeks after birth.

In 2022, Nevada ranked 8th in the United States for reporting the highest number of CS cases. During 2017-2022, in Clark County, a case study was conducted to assess and identify females of reproductive age (15-44 years), with a confirmed or probable syphilis diagnosis and who delivered a liveborn or stillborn infant with CS, along with assessing their receipt of prenatal care, testing and treatment.

During the study it was found that approximately one-half of these females had access to prenatal care. Approximately one-half of these mothers had an emergency department encounter during their pregnancy, that was a possible opportunity for prevention. This included timely testing and treatment, with 68% of syphilis testing being done during those encounters.

In conclusion, it was determined that the lack of prenatal care was a considerable barrier to timely syphilis testing and treatment during pregnancy. Subsequent prevention of CS, and encounters in nontraditional settings, such as emergency departments, could provide an opportunity to provide early testing and treatment of pregnant females who are unable or unlikely to engage in prenatal care for preventing CS cases.

Prevention primarily begins with education, to lessen the risk before the problem arises. Conveying the importance of access to prenatal care for syphilis testing and treatment will equip females of childbearing age to take the proper steps to avoid acquiring or preventing transmitting the infection to their baby.

For more information: https://www.cdc.gov/mmwr/volumes/74/wr/mm7420a3.htm?s_cid=mm7420a3_w

Resources:

[1] STI Statistics | STI Statistics | CDC

Bat Maternity Season

By: Renee Veleva

The State of Florida has a diverse bat population. These bats typically inhabit trees or caves but can also be found in man-made structures like buildings.

Florida's bat maternity season runs from April 16 to August 14 each year. During maternity season, it is illegal to block bats from their roosts which prevents flightless young bats from being trapped within structures[1].

In Florida, it is illegal to kill bats per Florida Administrative Code rule 68A-4.001. Therefore, property owners are advised to follow proper exclusion guidelines that ensure safe and effective removal of bats from their property. Exclusion devices allow bats to safely exit a structure from the suspected entry point(s) but are blocked from returning inside. The Florida Fish and Wildlife Conservation Commission (FWC), recommends exclusions be done by someone with extensive experience with bats[2] and performed from August 15 to April 15 while no young bats are present.

Bats are the most reported animals to have rabies[3] and it is important to be mindful of bat activity throughout the year. Maintaining a safe distance from bats is the best way to protect yourself from rabies. If bitten or scratched by a bat or exposed to bat saliva or brains, it is important to wash the exposure area with soap and water, seek medical attention right away to determine the need for post exposure prophylaxes. If a bat is found inside the home, contact animal control to safely capture it for rabies testing. Do not release the bat until you have talked with your local health department.

To learn more about rabies prevention from bats please see: https://www.cdc.gov/rabies/prevention/bats.html

References:

[1] https://myfwc.com/news/all-news/bat-425/

[2] https://myfwc.com/conservation/you-conserve/wildlife/bats/bats-in-buildings/?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=campaign

[3] https://www.cdc.gov/rabies/prevention/bats.html

Clade Ib Mpox Outbreak—Kenya, July 2024—February 2025

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Summary

What is already known about this topic?

Since July 2024, Kenya has been experiencing an mpox outbreak caused by clade Ib *Monkeypox virus*, a newly recognized subclade.

What is added by this report?

Among 48 laboratory-confirmed clade Ib mpox cases diagnosed in Kenya during July 2024–February 2025, a total of 27 (56.3%) occurred among persons who worked as truck drivers, or were in contact with them, along a highway from Mombasa to Malaba, a transportation corridor that links Kenya to other East and Central African countries. Two thirds (30; 63%) of the cases were likely to have been sexually transmitted. Eleven (23%) patients also had HIV infection, one of whom died.

What are the implications for public health practice?

Public health measures, including vaccination focusing on those most at risk for mpox such as truck drivers, sex workers, and persons traveling to countries with ongoing clade Ib mpox outbreaks, might help stop the spread of the disease within Kenya and to other countries.

For more information: https://www.cdc.gov/mmwr/volumes/74/wr/mm7422a2.htm?s_cid=mm7422a2_w

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	May 2025	May 2024	Pinellas 2025	Florida 2025	2024	2023	2022
A. Vaccine Preventable							
Coronavirus 2019	548	700	3091	60461	19907	45495	110632
Measles	0	0	0	2	0	0	0
Mpox	0	0	0	13	12	6	162
Mumps	0	0	0	7	2	0	0
Pertussis	13	1	40	668	38	1	2
Varicella	1	32	9	222	175	25	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	2	0	2	18	3	1	3
Meningitis (bacterial, cryptococcal, mycotic)	0	1	0	74	16	6	12
Meningococcal Disease	0	1	1	12	1	3	2
C. Enteric Infections							
Campylobacteriosis	22	21	105	2404	227	224	208
Cryptosporidiosis	1	2	8	178	30	28	38
Cyclosporiasis	0	0	0	11	7	11	21
E. coli Shiga Toxin (+)	4	2	13	441	34	37	26
Giardiasis	4	13	17	411	59	40	34
Hemolytic Uremic Syndrome (HUS)	0	0	1	17	2	2	0
Listeriosis	0	0	1	24	1	2	3
Salmonellosis	17	26	51	2327	226	194	174
Shigellosis	2	2	28	472	46	56	37
D. Viral Hepatitis							
Hepatitis A	0	0	0	68	1	1	20
Hepatitis B: Pregnant Woman +HBsAg	0	0	3	176	4	17	20
Hepatitis B, Acute	1	1	5	234	32	37	33
Hepatitis C, Acute	8	7	33	759	93	106	120
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	42	1	1	0
Rabies, possible exposure	28	21	106	3161	249	227	151
Chikungunya Fever	0	0	0	2	1	0	0
Dengue fever	1	0	1	125	10	5	7
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	0	4	74	13	21	11
Malaria	0	1	0	15	2	4	4
West Nile Virus	0	0	0	1	1	0	0
Zika Virus Disease	0	0	0	0	0	0	0
F. Others							
Hansens Disease (Leprosy)	0	0	0	14	1	1	0
Legionellosis	6	0	20	243	36	16	38
Mercury Poisoning	0	0	0	21	0	0	0
Vibrio Infections	4	0	13	122	32	13	13
Tuberculosis	2	2	15	297	25	20	22
G. Sexually Transmitted Infections							
Chlamydia	306	339	1461	39131	3904	4256	4054
Gonorrhea	119	168	646	14294	1806	1802	1752
Syphilis, Total	32	65	203	6220	578	687	766
Syphilis, Infectious (Primary and Secondary)	14	27	77	1207	286	361	347
Syphilis, Early Latent	10	24	80	1935	144	206	279
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	8	13	45	2986	141	112	135
Syphilis, Congenital	0	1	1	92	7	8	5

*YTD up to May 31, 2025

**includes travel and non-travel associated cases