# EPI WATCH

Monthly Epidemiology Newsletter

205 Dr. MLK Jr. St. N
St. Petersburg, FL 33701
(727) 824-6900

**Director**
Ulyee Choe, DO

**Editor**
Rachel Ilic, MPH, CPH, CIC
Rachel.Ilic@FLHealth.gov

**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

**Find us on Facebook**
www.facebook.com/HealthyPinellas

**Follow us on X:**
@HealthyPinellas

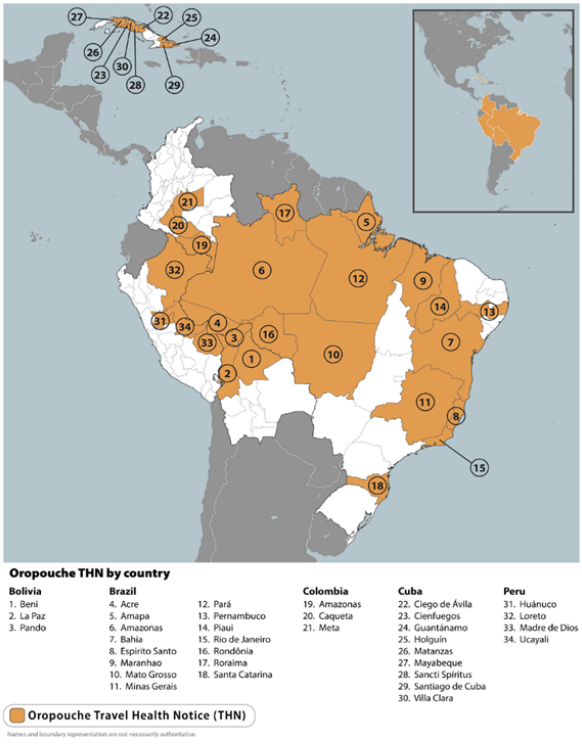
## Increased Activity of Oropouche Fever in the Americas

By: Renee Veleva

Oropouche virus is a vector-borne illness which regularly circulates throughout South America, Central America, and the Caribbean such as Brazil, Panama and Peru[1]. It is transmitted by the bite of and infected biting midge (*Culicoides paraensis)* or various mosquito species including *Culex quinquefasciatus*. As of September 6, 2024 there has been a total of 9,852 confirmed cases throughout Latin America[2]. This includes 506 cases in Cuba, a country where Oropouche has not been previously recorded[3]. While there has been no evidence of Oropouche transmission in the United States, as of September 16, 70 cases have been identified in Florida residents who report travel. Both providers and community members should remain alert for possible Oropouche transmission.

The incubation period for Oropouche fever is 3-10 days. The clinical features of Oropouche are similar to Dengue, Chikungunya, Zika and Malaria. Symptoms are characterized by sensitivity to light, dizziness, eye pain, nausea, vomiting, and a maculopapular rash. Oropouche fever could lead to more severe complications such as neuroinvasive disease (i.e. meningitis and encephalitis) and hemorrhagic symptoms. In Brazil, there have been several reports of birthing complications in mothers who tested positive for Oropouche (i.e. microcephaly and uterine hemorrhaging)[4]. Symptoms typically resolve between 2-7 days; however, symptoms may reoccur within days or weeks later. There is currently no treatment for the disease and supportive care is recommended.

The best way to protect yourself and others is to prevent bites from midges and mosquitoes by using EPA-registered insect repellents, using effective window and door screens, and fanning to blow midges away while outdoors.




Retrieved from: Oropouche in the Americas - Level 1 - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

[1] About Oropouche | Oropouche | CDC

[2] https://www.paho.org/en/news/10-9-2024-paho-publishes-update-oropouche-fever-americas

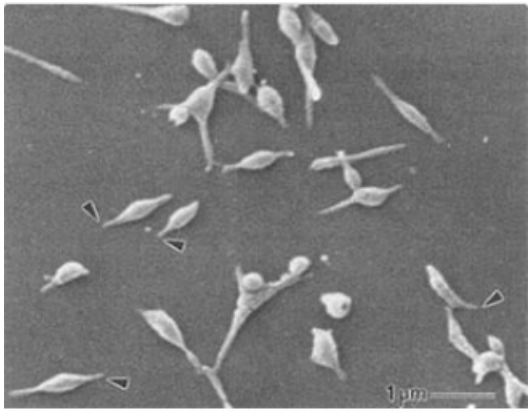
[3] Epidemiological Alert Oropouche in the Region of the Americas - 1 August 2024 - PAHO/WHO | Pan American Health Organization

[4] Epidemiological Alert Oropouche in the Region of the Americas: vertical transmission event under investigation in Brazil - 17 July 2024 - PAHO/WHO | Pan American Health Organization

# Cyclical Increase in *Mycoplasma pneumoniae* Infections

By: Brooke Walter, MPH, CPH

*Mycoplasma pneumoniae* is a bacterium that is spread through respiratory droplets created by coughing, sneezing, and talking[1]. Symptoms of *M. pneumoniae* infection can last several weeks and are similar to those of the common cold. Symptoms can include fever, sore throat, fatigue, cough, and "walking pneumonia", a milder form of typical pneumonia. Those at higher risk of infection include school-aged children, young adults, and anyone living or working in crowded settings such as schools, health care facilities, and residence halls. While the disease is most often observed in the summer and fall, infection can occur throughout the year. It is estimated that there are over 2 million cases of *M. pneumoniae* every year, but the true number is likely higher since many individuals aren't diagnosed.



Electron micrograph of *Mycoplasma pneumoniae* cells. The arrows indicate the attachment organelles.

Retrieved from: https://www.cdc.gov/pneumonia/atypical/mycoplasma/hcp/disease-specifics.html

Change in the predominant strain of the bacteria is believed to cause cyclical increases in *M. pneumoniae* infections every three to five years [2]. The amount of test results positive for *M. pneumoniae* declined between May 2020 and August 2023, during the COVID-19 pandemic; however, positive laboratory results have begun to increase post-pandemic, consistent with the typically observed trends. Hand washing is the best way to limit the spread of germs and prevent infection. A diagnosis of *M. pneumoniae* is most often made by taking a swab from the nose or throat. While most people will recover on their own, antibiotics are available for those who develop a severe infection or pneumonia. Individuals should follow up with a healthcare provider if they have difficulty breathing or concerns regarding symptoms.

References:

[1]Mycoplasma pneumoniae | CDC

[2]Notes from the Field: Reemergence of Mycoplasma pneumoniae Infections in Children and Adolescents After the COVID-19 Pandemic, United States, 2018–2024 | MMWR (cdc.gov)

# Update to Ordering COVID-19 Test Kits

By: Rachel Ilic, MPH, CPH, CIC

In September 2024, COVID-19 test kits became available to order through COVIDTests.gov and available to order now. The program is overseen by the U.S. Health and Human Services (HHS) and previously distributed over 900 million tests directly to households. At-home COVID tests can be taken anywhere and offer results within 30 minutes or less. These test kits are available for purchase at many locations but through the federal program, will be offered at no cost. Families can request up to 4 test kits be mailed to their home at one time.

The kit includes instructions on what to do if the client tests positive for COVID-19 and instructs the client to speak with a physician regarding treatment options. On the HHS website, pharmacies and clinics with safe and affective treatments can be located. Test results can also be reported through makemytestcount.org.

For surveillance week 36 (September 1—September 7, 2024), Florida's COVID percent positivity was 13.4%. COVID trends and maps can be found at https://covid.cdc.gov/covid-data-tracker/#maps_positivity-week.

# Select Reportable Diseases in Pinellas County

| Disease | Pinellas | | YTD Total | | Pinellas County Annual Totals | | |
|---|---|---|---|---|---|---|---|
| | Sep 2024 | Sep 2023 | Pinellas 2024 | Florida 2024 | 2023 | 2022 | 2021 |
| **A. Vaccine Preventable** | | | | | | | |
| Coronavirus 2019 | 1740 | 2695 | 18094 | 390723 | 25494 | 119171 | 103400 |
| Measles | 0 | 0 | 0 | 12 | 0 | 0 | 0 |
| Mpox | 2 | 0 | 7 | 166 | 6 | 162 | 0 |
| Mumps | 0 | 0 | 1 | 9 | 0 | 0 | 1 |
| Pertussis | 3 | 0 | 15 | 416 | 1 | 2 | 1 |
| Varicella | 3 | 2 | 170 | 568 | 25 | 24 | 25 |
| **B. CNS Diseases & Bacteremias** | | | | | | | |
| Creutzfeldt-Jakob Disease (CJD) | 0 | 0 | 3 | 14 | 1 | 3 | 1 |
| Meningitis (Bacterial, Cryptococcal, Mycotic) | 0 | 1 | 14 | 102 | 6 | 12 | 5 |
| Meningococcal Disease | 0 | 0 | 1 | 23 | 3 | 2 | 1 |
| **C. Enteric Infections** | | | | | | | |
| Campylobacteriosis | 21 | 27 | 174 | 4138 | 224 | 208 | 213 |
| Cryptosporidiosis | 1 | 4 | 23 | 413 | 28 | 38 | 28 |
| Cyclosporiasis | 1 | 1 | 6 | 214 | 11 | 21 | 9 |
| *E. coli Shiga Toxin (+)* | 2 | 3 | 21 | 848 | 37 | 28 | 16 |
| Giardiasis | 2 | 4 | 44 | 995 | 40 | 34 | 29 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 2 | 1 | 20 | 2 | 0 | 0 |
| Listeriosis | 1 | 0 | 1 | 33 | 2 | 3 | 3 |
| Salmonellosis | 26 | 29 | 163 | 6197 | 194 | 174 | 182 |
| Shigellosis | 2 | 2 | 34 | 939 | 56 | 37 | 37 |
| **D. Viral Hepatitis** | | | | | | | |
| Hepatitis A | 0 | 0 | 1 | 80 | 1 | 20 | 6 |
| Hepatitis B: Pregnant Woman +HBsAg | 0 | 2 | 4 | 356 | 17 | 20 | 10 |
| Hepatitis B, Acute | 3 | 2 | 18 | 531 | 37 | 33 | 51 |
| Hepatitis C, Acute | 5 | 7 | 57 | 1224 | 105 | 120 | 91 |
| **E. Vectorborne/Zoonoses**** | | | | | | | |
| Animal Rabies | 0 | 0 | 1 | 94 | 1 | 0 | 0 |
| Rabies, possible exposure | 23 | 25 | 195 | 5610 | 227 | 151 | 135 |
| Chikungunya Fever | 0 | 0 | 1 | 11 | 0 | 0 | 0 |
| Dengue fever | 1 | 1 | 6 | 656 | 5 | 7 | 0 |
| Eastern Equine Encephalitis | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lyme Disease | 3 | 4 | 14 | 195 | 21 | 11 | 7 |
| Malaria | 1 | 0 | 3 | 53 | 4 | 4 | 2 |
| West Nile Virus | 0 | 0 | 0 | 9 | 0 | 0 | 0 |
| Zika Virus Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **F. Others** | | | | | | | |
| Hansen's Disease | 0 | 0 | 1 | 16 | 1 | 0 | 0 |
| Legionellosis | 1 | 1 | 22 | 466 | 16 | 38 | 36 |
| Mercury Poisoning | 0 | 0 | 0 | 13 | 0 | 0 | 2 |
| Tuberculosis | 2 | 0 | 2 | 283 | 22 | 21 | 24 |
| *Vibrio Infections* | 5 | 2 | 15 | 285 | 13 | 0 | 0 |
| **G. Sexually Transmitted Infections** | | | | | | | |
| | Pinellas | | YTD Total | | Pinellas County Annual Totals | | |
| | Sep 2024 | Sep 2023 | Pinellas 2024 | Pinellas 2023 | 2022 | 2021 | 2020 |
| Chlamydia | 318 | 297 | 318 | 297 | 4032 | 4090 | 3953 |
| Gonorrhea | 131 | 150 | 131 | 150 | 1753 | 1883 | 1634 |
| Syphilis, Total | 30 | 60 | 30 | 60 | 762 | 634 | 466 |
| Syphilis, Infectious (Primary and Secondary) | 22 | 37 | 22 | 37 | 348 | 274 | 212 |
| Syphilis, Early Latent | 3 | 20 | 3 | 20 | 275 | 239 | 159 |
| Syphilis, Late Syphilis (Late Latent; Neurosyphilis) | 5 | 3 | 5 | 3 | 134 | 114 | 91 |
| Syphilis, Congenital | 0 | 0 | 0 | 0 | 5 | 7 | 4 |

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

**includes travel and non-travel associated cases