EPI WATCH

Monthly Epidemiology Newsletter

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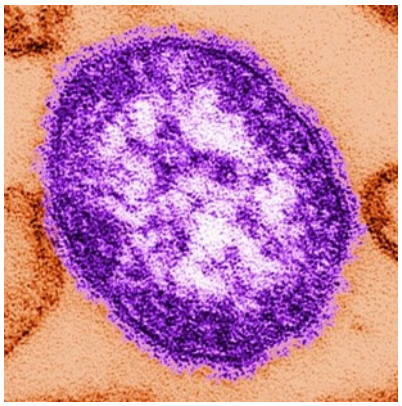
Increase in Measles Cases—2025

By: Brooke Walter, MPH, CPH

Measles (rubeola) is a viral infection that typically begins with fever, conjunctivitis, cough, and coryza before progressing to a rash, usually 2 to 4 days later[1]. The rash begins at the hairline and progresses downward over the next several days before fading in the order it first appeared. Measles is a highly contagious virus that is spread through droplets produced when an infected individual coughs or sneezes. Measles virus can live in the air for up to two hours after an infected individual leaves a room. Individuals with measles are contagious four days before through four days after rash onset, meaning those who are sick can spread the virus to susceptible individuals before they know they are infected. Up to 90% of susceptible people exposed to measles will become infected.

Complications of measles infections include pneumonia and swelling of the brain. Additionally, measles infections during pregnancy increase the risk of premature birth or having a low-birth-weight baby. A rare complication of measles infections known as subacute sclerosing panencephalitis (SSPE) is a fatal disease of the nervous system that may develop 7 to 10 years after a measles infection. The risk of developing SSPE is believed to be greater for those who are infected with measles before they are 2 years old.



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As of March 27, 2025, there have been a total of 483 measles cases, including two deaths, reported in the United States[2]. 95% of these cases were unvaccinated or had an unknown vaccination status. A majority of the reported cases have been associated with an ongoing outbreak in the South Plains region of Texas (97%, n=159)[3]. Although measles was declared eliminated in the U.S. in 2000, cases have been steadily increasing over the past several years.

The best way to prevent infection is through immunization. The MMR (measles, mumps, & rubella) immunization schedule is a two-dose series administered between 12 to 15 months of age and 4 to 6 years of age. One dose is 93% effective in preventing measles infection and two doses is 97% effective[4].

Individuals who are experiencing symptoms or have been exposed to someone infected with measles should consult with their health care providers for further guidance. Provider's offices should be notified prior to visiting so health care workers can take proper precautions to limit exposures. Ill individuals should isolate at home for four days after the onset of rash. Measles should be reported 24/7 to the local Department of Health upon initial suspicion or laboratory test order.

Please contact DOH-Pinellas, Epidemiology Program at 727-824-6932 with questions or concerns.

References
[1]https://www.cdc.gov/measles/signs-symptoms/index.html
[2]https://www.cdc.gov/measles/data-research/index.html
[3]https://www.dshs.texas.gov/news-alerts/measles-outbreak-2025
[4]https://www.cdc.gov/vaccines/vpd/mmr/public/index.html

Fatal Case of Splash Pad–Associated *Naegleria fowleri* Meningoencephalitits–Pulaski County, Arkansas, September 2023

Weekly / March 27, 2025 / 74(10);167–172

Summary

What is already known about this topic?

Most *Naegleria fowleri* infections are life-threatening and associated with swimming or diving in fresh water, such as a lake. During 2020–2021, two fatal infections associated with splash pads (interactive water play venues that spray or jet water on users) were reported to CDC.

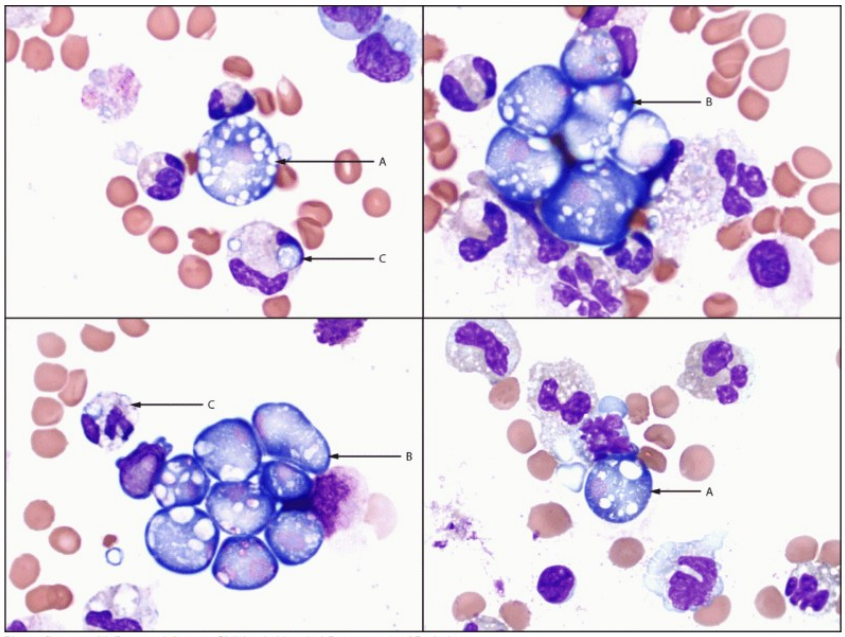
What is added by this report?

In September 2023, a fatal splash pad–associated *N. fowleri* infection in a young child occurred in Arkansas. An investigation identified inadequate disinfection of splash pad water.

What are the implications for public health practice?

Splash pads with inadequately disinfected water are an emerging exposure of concern for *N. fowleri* transmission. Infection should be considered in patients with acute meningoencephalitis and history of recent exposure to fresh water, including treated recreational water (e.g., in splash pads or pools). Proper design, construction, operation, and management of splash pads can help prevent transmission of pathogens, including *N. fowleri*.

FIGURE 1. Wright-Giemsa stained (x1,000 magnification) cerebrospinal fluid cytospin slide images from a patient with fatal primary amebic meningoencephalitis, demonstrating numerous *Naegleria fowleri* trophozoites seen as extracellular single forms (A) or clusters (B), with a predominantly neutrophilic background inflammatory response including neutrophils phagocytizing *N. fowleri* microorganisms (C) — Pulaski County, Arkansas, September 2023



Photos/Jeanette M. Ramos, Arkansas Children's Hospital Department of Pathology

For more information: https://www.cdc.gov/mmwr/volumes/74/wr/mm7410a2.htm?s_cid=mm7410a2_w

CDC HAN523: Ongoing Risk of Dengue Virus Infections and Updated Testing Recommendations in the United States

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Update to provide additional information to healthcare providers, public health departments, and the public about the ongoing risk of dengue virus (DENV) infections and updates to testing recommendations in the United States. Dengue activity remains high in some parts of the United States and globally, with many countries reporting higher-than-usual number of dengue cases in 2024 and 2025. Healthcare providers, public health departments, and the public are urged to continue to take steps to prevent, detect, diagnose, and respond to dengue as described in the June 2024 HAN Health Advisory (CDCHAN-00511) on dengue in the United States. Updates include:

1. Dengue virus transmission remains high in the Americas region, including in the U.S. territories of Puerto Rico and the U.S. Virgin Islands. Spring and summer travel coincide with the peak season for dengue in many countries, increasing the risk of both travel-associated and locally acquired cases in the United States.
2. Use the CDC DENV-1-4 real time reverse transcriptase polymerase chain reaction (RT-PCR) assay when dengue is the most likely diagnosis.
3. New resources are available for public health professionals including a job aid for reviewing medical records and guidance for investigating and responding to dengue cases in non-endemic areas of the United States.

For more information: https://www.cdc.gov/han/2025/han00523.html

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	Feb 2025	Feb 2024	Pinellas 2025	Florida 2025	2024	2023	2022
A. Vaccine Preventable							
Coronavirus 2019	612	2290	2036	37749	19922	45477	109779
Measles	0	0	0	1	0	0	0
Mpox	0	0	0	4	12	6	162
Mumps	0	0	0	4	2	0	0
Pertussis	8	1	14	307	38	1	2
Varicella	0	21	2	126	175	25	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	0	5	3	1	3
Meningitis (bacterial, cryptococcal, mycotic)	0	1	0	41	16	6	12
Meningococcal Disease	0	0	1	8	1	3	2
C. Enteric Infections							
Campylobacteriosis	12	19	36	1100	227	224	208
Cryptosporidiosis	3	7	6	105	30	28	38
Cyclosporiasis	0	0	0	7	7	11	21
E. coli Shiga Toxin (+)	1	1	8	238	34	37	26
Giardiasis	3	4	10	209	59	40	34
Hemolytic Uremic Syndrome (HUS)	0	0	1	10	2	2	0
Listeriosis	0	0	1	14	1	2	3
Salmonellosis	5	11	19	1093	226	194	174
Shigellosis	4	6	16	261	46	56	37
D. Viral Hepatitis							
Hepatitis A	0	0	0	40	1	1	20
Hepatitis B: Pregnant Woman +HBsAg	0	0	1	92	4	17	20
Hepatitis B, Acute	0	2	3	151	32	37	33
Hepatitis C, Acute	8	9	16	427	91	106	120
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	23	1	1	0
Rabies, possible exposure	19	17	50	1672	249	227	151
Chikungunya Fever	0	0	0	1	1	0	0
Dengue fever	0	0	0	105	10	5	7
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	1	0	35	17	21	11
Malaria	0	1	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	2	8	144	36	16	38
Mercury Poisoning	0	0	0	9	0	0	0
Vibrio Infections	1	0	4	49	32	13	11
Tuberculosis	2	2	7	-	25	20	22
G. Sexually Transmitted Infections							
Chlamydia	362	376	799	20117	3909	4256	4054
Gonorrhea	168	162	347	7287	1807	1802	1752
Syphilis, Total	41	39	100	2524	577	687	766
Syphilis, Infectious (Primary and Secondary)	9	9	32	514	288	361	347
Syphilis, Early Latent	19	19	42	817	139	206	279
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	13	10	26	1152	143	112	135
Syphilis, Congenital	0	1	0	41	7	8	5

*YTD up to February 28, 2025

**includes travel and non-travel associated cases