



EPI WATCH

Prescription Drug Monitoring in Florida

By: Renee Velea

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

Director

Ulyee Choe, DO

Editor

Stephen Marlin, MPH, CPH
Stephen.marlin@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:

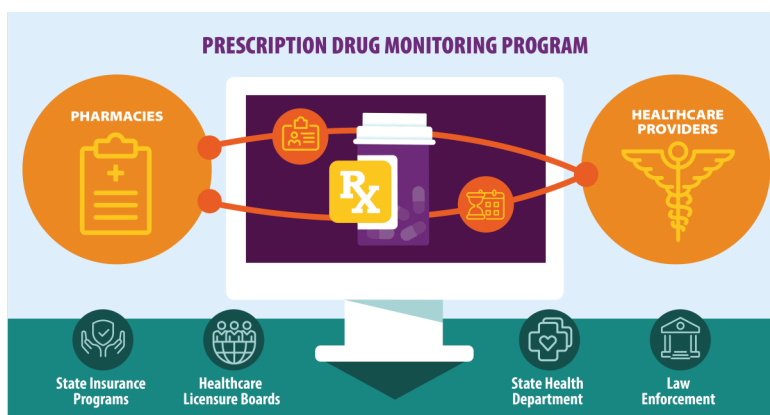
www.facebook.com/HealthyPinellas

Follow us on X:

@HealthyPinellas

The opioid epidemic is an ongoing public health crisis in Florida. Pinellas County is the most densely populated county in Florida and has one of the highest opioid-related overdose fatality rates in the state. In 2023, there were approximately 387 opioid-related fatal overdoses in Pinellas County¹. Behind those statistics are Floridians who have been deeply impacted by the opioid epidemic. It is imperative to address this health issue and empower communities to take action in overdose prevention.

Opioids are natural or synthetic chemicals that reduce the intensity of pain signals and release dopamine. Prescription opioids are used to manage and treat pain but can be misused². Anyone using opioids is at risk of developing opioid dependence which could lead to severe complications. In 2009, the Florida Legislature established Florida's Prescription Drug Monitoring Program (PDMP) to encourage safer prescription practices for controlled substances like opioids.



Retrieved from: <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/prescription-drug-monitoring-programs.html>

From 2015 to 2024, the number of prescriptions in Florida dropped from 16 million to 11.1 million. Within those same years, Pinellas County experienced a 44% decrease in prescriptions and a 35% decrease in patients being prescribed opioids¹. Prescribers are turning away from controlled substances for safer alternatives to pain management. Reducing the number of prescriptions reduces the number of people exposed to opioids and possible opioid dependence. This is due to the continuing efforts to educate prescribers on pain management and medical interventions to treat substance use³. PDMP has helped inform public health interventions and continues to do so for the future of Florida.

PDMP is one of many interventions to prevent opioid use and overdoses in Florida. The Pinellas County Opioid Task Force provides resources to guide community members in combatting the opioid epidemic. The task force raises awareness and increases accessibility to lifesaving treatment⁴. Resources are tailored to the specific needs of local communities. To learn more, please visit the Pinellas County Opioid Task Force [website](#).

Resources:

¹<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overdose>

²<https://nida.nih.gov/publications/drugfacts/prescription>

³<https://flhealthsource.gov/FloridaTakeControl/pdmp/>

⁴<https://pinellas.floridahealth.gov/programs-and-services/wellness-programs/substance-use-prevention/pinellas-county-opioid-task-force/index.html>

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	Sep 2025	Sep 2024	Pinellas 2025	Florida 2025	2024	2023	2022
A. Vaccine Preventable							
Coronavirus 2019	1513	1743	8782	196705	19906	45495	110629
Measles	0	0	0	6	0	0	0
Mpox	0	2	2	49	12	6	162
Mumps	0	0	0	5	2	0	0
Pertussis	6	3	77	1305	38	1	2
Varicella	4	3	15	389	175	25	24
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	2	25	3	1	3
Meningitis (bacterial, cryptococcal, mycotic)	0	0	2	103	16	6	12
Meningococcal Disease	0	0	1	24	1	3	2
C. Enteric Infections							
Campylobacteriosis	14	21	199	4801	227	224	208
Cryptosporidiosis	0	1	18	380	30	28	38
Cyclosporiasis	0	1	4	192	7	11	21
<i>E. coli</i> Shiga Toxin (+)	3	2	28	969	34	37	28
Giardiasis	4	2	30	799	59	40	34
Hemolytic Uremic Syndrome (HUS)	0	0	2	27	2	2	0
Listeriosis	0	1	4	45	1	2	3
Salmonellosis	28	27	136	6264	226	194	174
Shigellosis	2	2	40	913	46	56	37
D. Viral Hepatitis							
Hepatitis A	0	0	0	107	1	1	20
Hepatitis B: Pregnant Woman +HBsAg	0	0	0	0	0	0	0
Hepatitis B, Acute	1	2	10	389	32	37	33
Hepatitis C, Acute	8	4	57	1292	93	106	120
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	1	83	1	1	0
Rabies, possible exposure	22	23	224	6131	249	227	151
Chikungunya Fever	0	0	0	17	1	0	0
Dengue fever	2	1	7	356	10	5	7
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	2	15	310	13	21	11
Malaria	0	0	0	34	2	4	4
West Nile Virus	0	0	0	7	1	0	0
Zika Virus Disease	0	0	0	0	0	0	0
F. Others							
Hansens Disease (Leprosy)	0	0	0	27	1	1	0
Legionellosis	2	1	33	522	36	16	38
Mercury Poisoning	0	0	0	27	0	0	0
Vibrio Infections	1	5	20	310	32	13	11
Tuberculosis	8	1	26	540	24	20	22
G. Sexually Transmitted Infections							
Chlamydia	286	299	2696	72093	3904	4256	4054
Gonorrhea	135	147	1213	26779	1806	1802	1752
Syphilis, Total	47	51	368	11629	577	687	766
Syphilis, Infectious (Primary and Secondary)	16	24	143	2177	286	361	347
Syphilis, Early Latent	17	10	129	3869	144	206	279
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	12	17	92	5405	140	112	135
Syphilis, Congenital	2	0	4	178	7	8	5

*YTD up to September 30, 2025

All data are provisional and subject to updates as new reports are received and reviewed.

**includes travel and non-travel associated cases