



DOH-Duval Epidemiology & Communicable Disease Surveillance Program

921 N. Davis Street
Bldg. A., Suite 251, MC - 28
Jacksonville, FL 32209
☎ 904-253-1850

Epi Director:
Chowdhury Bari, MBBS, MPH, CIC

Editor:
Aditya Kumar, MPH
Epidemiologist

Jillian Herrera, MPH, CPH
Epidemiologist

Haley Wyckoff, MPH
Epidemiology Fellow

Contributors:
Leann Petschonck, MPH
Sherry Wadley, MPH, IBCLC
The Epidemiology Team

Need to report a Communicable Disease?

HIV/AIDS:
☎ 904-253-2954

STD:
☎ 904-253-1260
Fax: 904-253-2601

TB:
☎ 904-253-1070
Fax: 904-253-1943

All others – EPI:
☎ 904-253-1850
Fax: 904-253-1851

**Visit our website for
more information:**

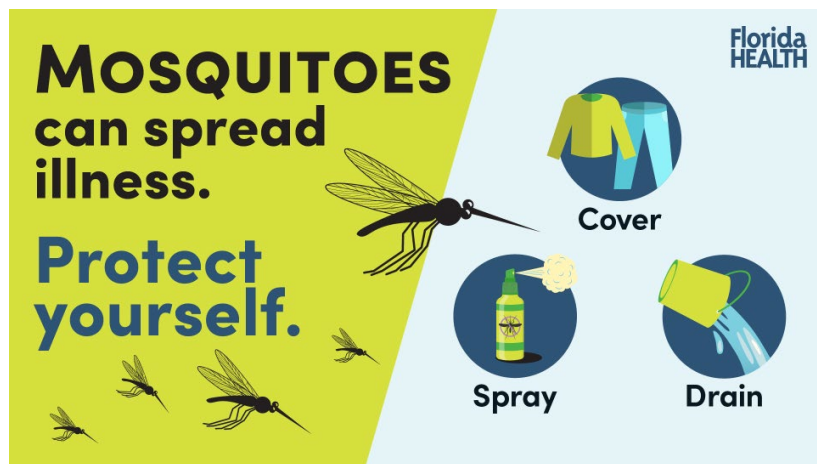
Duval.FloridaHealth.gov

[Infectious Disease Service -
Epidemiology](#)

Report Summary

This quarter's report highlights various surveillance and investigation activities in Duval County. The summarized data includes counts of all reportable diseases and conditions for Q1 (January 2025 - March 2025), along with comparative data from 2022 to 2024.

Highlights: Dengue



As mosquito-season arrives in Florida, members of public must be vigilant for mosquito-borne illness. Dengue virus transmission remains high in the United States, with multiple countries reporting higher-than-usual numbers of cases. Spring and summer travel coincide with the peak season of dengue. There is an increased risk of travel-associated and locally acquired cases in the United States. It is important to protect yourself by avoiding mosquito bites: use insect repellent, wear long sleeves, and remove stagnant water around your home where mosquitoes breed.


Dengue Fever, Single Year



Source: [Dengue Fever | Florida Department of Health](#)


Monthly Health Spotlight: Respiratory

Protect your child from measles



Measles is still common in many parts of the world. Unvaccinated travelers who get measles in other countries continue to bring the disease into the United States.


Give your child the best protection against measles with **two** doses of measles-mumps-rubella (MMR) vaccine:



1st dose at
12-15 months

2nd dose at
4-6 years

Traveling abroad with your child?
 Infants 6 to 11 months old need 1 dose of measles vaccine before traveling abroad. Children 12 months and older should receive 2 doses before travel. Check with your pediatrician before leaving on your trip to make sure your children are protected.



Source: [Protect Your Child from Measles Infographic](#) | [Measles \(Rubeola\)](#) | [CDC](#)

Measles is still common in many parts of the world. Unvaccinated travelers who get measles in other countries continue to bring the disease into the United States. Give your child the best protection against measles with two doses of Measles-Mumps-Rubella (MMR) vaccine with first dose at 12-15 months and second dose at 4-6 years. Consult with your pediatrician before getting your child vaccinated for measles.

Health Alerts



[Mar 18, 2025 – CDC HAN: Ongoing Risk of Dengue Virus Infections and Updated Testing Recommendations](#)

Summary: The CDC issued a Health Alert Network (HAN) update to inform healthcare providers, public health departments, and the public about continued risks of dengue virus (DENV) infections in the U.S. and globally. Many regions are seeing unusually high dengue activity in 2024–2025. The CDC urges continued efforts in prevention, detection, diagnosis, and response, referencing prior guidance from June 2024.



[Mar 7, 2025 – CDC HAN: Expanding Measles Outbreak in Texas and New Mexico](#)

Summary: The CDC issued a Health Alert Network (HAN) advisory regarding a growing measles outbreak in Texas and New Mexico, with 208 confirmed cases reported as of March 7, 2025 (198 in Texas and 10 in New Mexico), including two deaths. The CDC advises clinicians, public health officials, and travelers to follow prevention and monitoring guidance as the outbreak continues to expand.



[Feb 6, 2025 – CDC HAN: Ebola Outbreak Caused by Sudan Virus in Uganda](#)

Summary: The CDC issued a Health Alert Network (HAN) advisory regarding a confirmed Ebola outbreak in Uganda caused by the Sudan virus. While no related cases have been reported in the U.S. or outside Uganda, the advisory provides guidance for U.S. public health departments, clinicians, and labs on identifying cases, testing, and biosafety. The alert serves as a precaution due to ongoing viral hemorrhagic fever outbreaks in East Africa.



[Jan 16, 2025 – CDC HAN: Accelerated Subtyping of Influenza A in Hospitalized Patients](#)

Summary: The CDC issued a Health Alert Network (HAN) advisory in response to sporadic human infections with avian influenza A(H5N1) amid high seasonal flu activity. Clinicians and laboratories are urged to expedite subtyping of all influenza A-positive specimens from hospitalized patients, especially those in ICUs, to promptly identify potential H5N1 cases. This measure aims to enhance patient care, infection control, and outbreak response.

Reportable Disease Table

Disease Category	DUVAL		YTD TOTALS		DUVAL COUNTY ANNUAL TOTALS		
	Q1 (Jan-Mar 2025)	Q1 (Jan-Mar 2024)	Duval 2025	Florida 2025	2024	2023	2022
A. Vaccine Preventable Disease							
Mumps	0	0	0	6	1	1	0
Varicella	4	2	4	131	13	20	24
Pertussis	9	1	9	330	24	1	2
B. CNS and Bacteremia							
Creutzfeldt-Jakob Disease (CJD)	1	0	1	7	1	2	3
H. Influenzae Invasive Disease	7	4	7	147	16	26	19
Listeriosis	0	1	0	14	2	2	5
Meningitis, Bacterial or Mycotic	1	1	1	40	10	5	15
Meningococcal Disease	0	0	0	8	0	4	5
S. Pneumoniae Invasive Disease	37	38	37	541	106	83	64
C. Enteric Infections							
Campylobacteriosis	37	29	37	1175	154	141	91
Cryptosporidiosis	3	6	3	109	24	19	8
Cyclospora	0	1	0	7	8	9	24
Giardiasis, Acute	9	7	9	222	41	41	35
Hemolytic Uremic Syndrome	0	1	0	10	1	0	4
Salmonellosis	28	34	28	1091	270	227	230
Salmonella Typhi Infection	0	0	0	7	1	0	0
Shiga Toxin-Producing Escherichia Coli (STEC) Infection	11	4	11	256	36	21	30
Shigellosis	9	11	9	270	47	43	42
D. Viral Hepatitis							
Hepatitis A	1	3	1	41	3	2	8
Hepatitis B, Perinatal	0	0	0	0	0	0	0
Hepatitis B, Pregnant women	4	6	4	99	40	8	9
Hepatitis C, Acute	24	30	24	488	148	64	90
E. Vector borne, Zoonoses							
Malaria	0	0	0	8	7	3	8
Rabies, Possible Exposure	38	42	38	1787	157	165	60
F. Other							
Carbon Monoxide Poisoning	0	0	0	49	4	2	13
Lead Poisoning	39	46	39	536	236	210	193
Legionellosis	9	5	9	154	34	32	27
Vibrio (Excluding Cholera and Vibrio vulnificus)	1	0	1	53	7	4	6

This report is based on reportable disease information received by the Florida Department of Health as mandated under Section 381.0031, Florida Statutes, and Rule 64D-3.029, Florida Administrative Code. Depending on report criteria, counts include confirmed and/or probable cases that have occurred in Florida among Florida residents. This report does not include cases of AIDS, HIV infection, sexually transmitted diseases, or tuberculosis. Sections with N/A indicate no current data for the disease. See [FLHealthCharts](#) for more information.

For The Community: Measles

MEASLES

IT ISN'T JUST A LITTLE RASH



Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:



High fever
(may spike to more than 104°F)



Cough



Runny nose



Red and/or watery eyes



Rash
(breaks out 3-5 days after symptoms begin)

Measles can be serious.
Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.

 **1 out of 5** people who get measles will be hospitalized.

 **1 out of every 1,000** people with measles will develop brain swelling, which may lead to brain damage.

 **1 out of every 20** children with measles will get pneumonia, the most common cause of death from measles in young children.

 **1 to 3 out of 1,000** people with measles will die.

Long-term complications
A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.



You have the power to protect your child.
Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.



www.cdc.gov/measles

Source: [Measles: It Isn't Just a Little Rash](#)

Overview

Measles is a highly contagious viral illness that spreads through the air and can cause serious health problems. It mainly affects young children and people with weak immune systems. The best protection is getting vaccinated with the MMR vaccine.

Risk Groups

Pregnant women, infants too young for the vaccine, and people with weakened immune systems or chronic illnesses are most at risk for severe complications from measles.

Transmission

Measles spreads easily through coughing and sneezing. The virus can stay in the air for up to two hours, and most unvaccinated people who are exposed will get infected.

Treatment

There is no specific treatment for measles. Care focuses on easing symptoms such as fever and dehydration. In some cases, doctors may recommend vitamin A or immune globulin.

If You Suspect Measles

If you think you or someone else might have measles, call your doctor or local health department before going anywhere. They will guide you on what to do next and help prevent spreading the virus to others.

1. Identify Suspected Case

Triage febrile rash illness by phone, or immediately upon arrival, to assess need for control measures

- Prodrome with:
 - Fever $\geq 100.4^{\circ}\text{F}$
 - Cough
 - Coryza (Runny Nose)
 - Conjunctivitis (Red, Watery Eyes)
- Followed in 3-5 days by
 - Generalized descending maculopapular rash
 - Koplik spot (may not be present)
- AND has risk factors for measles (international travel, contact with travelers or links to a known outbreak/case, or no/unknown immunity)

2. Minimize Risk of Transmission: measles is a highly infectious airborne illness

- If suspected, place in a private room and minimize patient exposures (avoid waiting room, request patients to wear a surgical mask, and leave patient room vacant for 2 hours after visit)

****Immediately call (24/7) your [local county department of health](#) upon suspicion for public health reporting and follow-up****

Duval County: 904-253-1850

Management of Suspected Measles

Isolate patient immediately

Exclude from school, childcare, workplace for at least 4 days after rash onset

Reassess isolation based on diagnoses

Provide supportive care

Consider vitamin A for children

3. Testing Guidelines

- **Preferred Specimens should be collected ≤ 72 hours** after rash onset:
 - Nasopharyngeal or throat swab in viral (preferred) or universal transport media for measles RT-PCR*
 - Urine in a sterile cup for measles RT-PCR*
- **Serum Specimens should only be collected >72 hours** after rash onset:
 - Serum for measles specific IgG and IgM**

*Measles RT_PCR is only available at certain commercial laboratories and is available at the Bureau of Public Health Laboratories, after authorization by the county health department

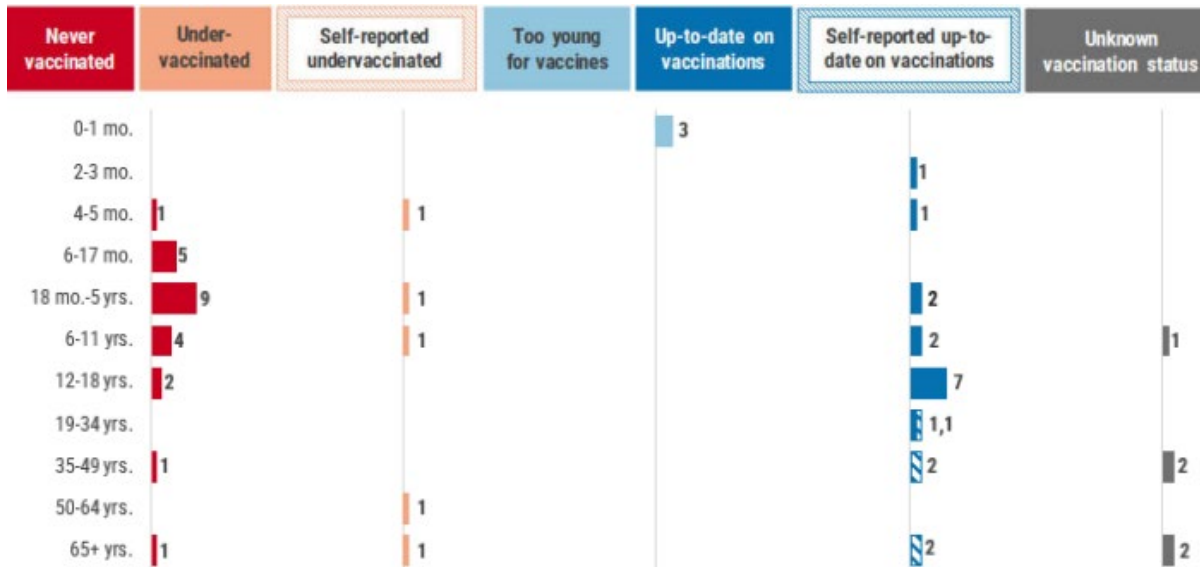
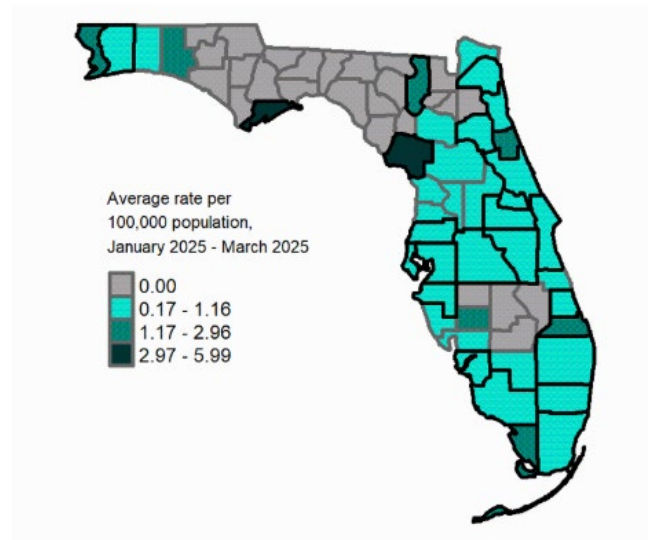
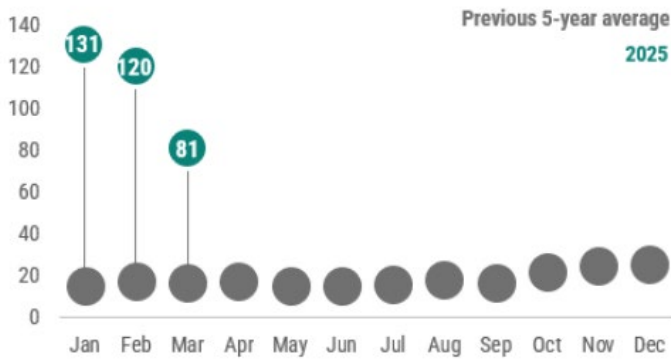
** In a vaccinated patient, a negative measles IgM does NOT exclude measles: RT-PCR is preferred

4. If you have a positive measles test (PCR or IgM) OR high suspicion for active measles infection after public health consultation:

- Notify receiving facilities of diagnoses
- Identify and monitor exposed individuals (those who shared the same airspace with the case up to 2 hours later)
- Review immunity records of potentially exposed staff and patients
- Provide vaccine within 3 days or immunoglobulin within 6 days of exposure, as indicated
- Exclude all health care staff without evidence of immunity from day 5 to day 21 following exposure
- Clean all surfaces with EPA-registered disinfectant for health care settings

Pertussis Surveillance: March 2025

The number of reported pertussis cases in March decreased from the previous month and exceeded the average of the past five years. In March 2025, there were 81 reported cases of pertussis across 27 counties, highlighted in black on the map below. **In 2025, 339 pertussis cases were reported in Florida.** The trend in case counts is beginning to align with pre-pandemic levels reported in 2019. **In March 2025, 1 pertussis case was outbreak-associated in Florida.**



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Source: [Pertussis Surveillance | Florida Department of Health](#)