Florida Department of Health in Duval County

EPI MONITOR

Epidemiology Newsletter | Winter 2025 – 2026

DOH-Duval Epidemiology & Communicable Disease Surveillance

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Need to report a Communicable Disease?

☎ **Disease Reporting Phone**
904-253-1850

🖷 **Disease reporting Fax**

HIV/AIDS: 904-253-2600

STD: 904-253-2601

TB: 904-253-1943

Animal Bite: 904-253-2390

All other infections:
904-253-1851

Visit our website for more information:

🔗 Duval.FloridaHealth.gov

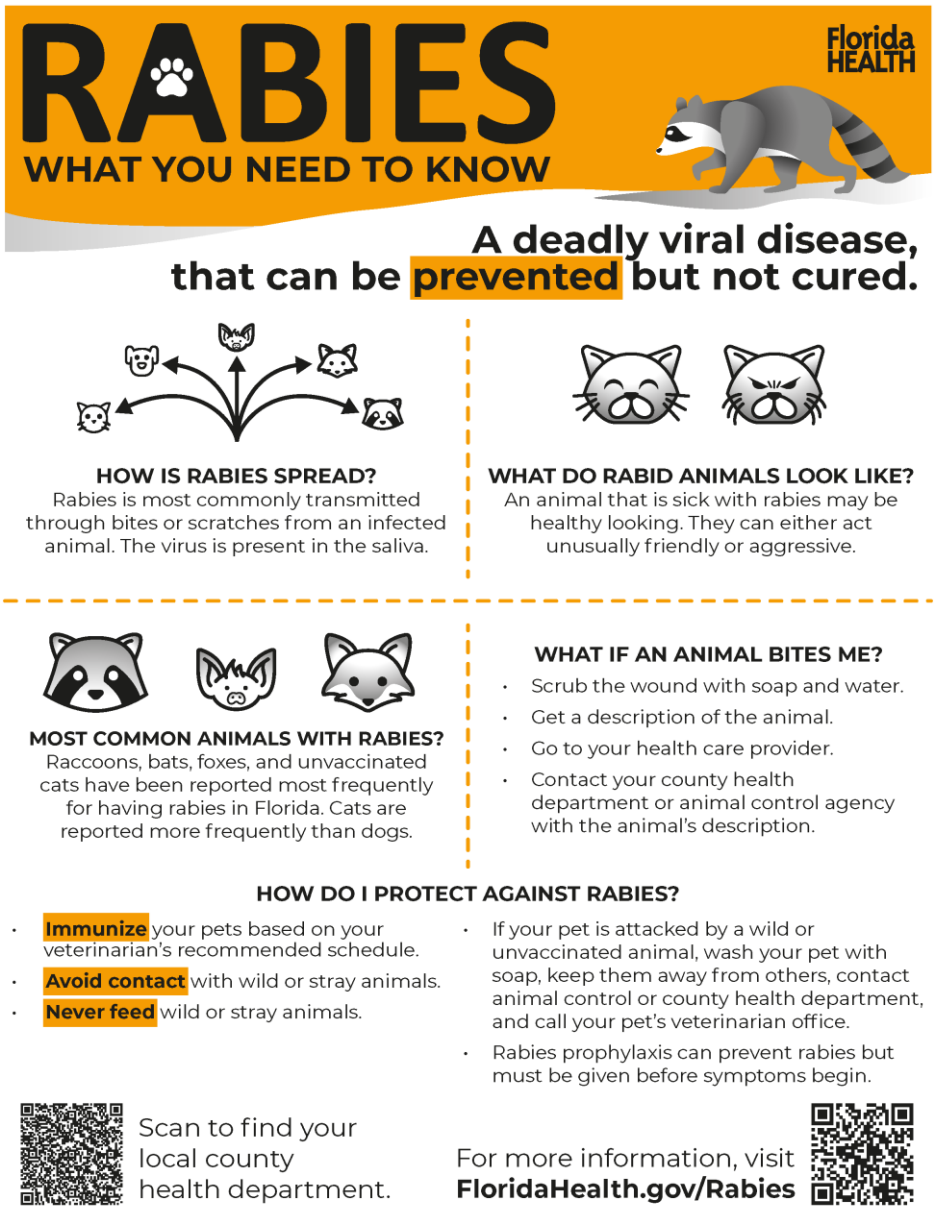
🔗 Infectious Disease Services

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 Q4 (October 2025 – December 2025), along with comparative data from 2022 to 2024.

Highlights: Rabies

Rabies is a deadly disease, but it can be prevented. If you are bitten by an animal that might have rabies or think you've been exposed, seek medical care immediately. Quick treatment with a series of shots can stop the virus before it causes illness. If you need to report an animal bite, call the Florida Department of Health in Duval County at 904-253-1280 or the City of Jacksonville Animal Care and Protective Services at 904-630-2489. Duval Rabies Prevention Program



Source: FDOH Rabies

Monthly Health Spotlight: Norovirus

Norovirus spreads easily and makes you very sick with vomiting and diarrhea. The best way to prevent it is to wash your hands with soap and water for 20 seconds, especially after using the bathroom and before eating or cooking. Hand sanitizer doesn't work well against norovirus. If you're sick, stay home and don't prepare food for others until at least 2 days after symptoms stop.

Keep food and surfaces clean. Wash fruits and vegetables, cook shellfish thoroughly, and disinfect surfaces with bleach after someone vomits or has diarrhea. Wash dirty laundry on the hottest setting. Good hygiene and cleaning are the keys to stopping norovirus from spreading.

Source: How to Prevent Norovirus

Image Source: How to Prevent Norovirus

Health Alerts

- **Dec. 3, 2025: CDCHAN--00525 - First Reported Outbreak Caused by Marburg Virus in Ethiopia.** The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and health departments about a new outbreak of Marburg virus disease (MVD) in Ethiopia's South Ethiopia and Sidama regions. MVD is a severe illness that can be fatal. No suspected, probable, or confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of Ethiopia as of December 3, 2025. The risk of spread to the United States is considered low at this time; however, clinicians should be aware of the potential for imported cases.

- **Nov. 25, 2025: DOH-Duval Issues Rabies Advisory:** DOH-Duval is monitoring rabies among wild animals in the area. This is in response to a single confirmed case of rabies in a raccoon that was killed in the Jacksonville area off Foxhaven Drive in Duval County on November 24, 2025. All residents and visitors should be aware that rabies may be currently present in the wild animal population. Press Release.

- **Nov. 11, 2025: Infant Botulism Outbreak Linked to Infant Formula, November 2025.** CDC, public health officials in several states, the California Department of Public Health Infant Botulism Treatment and Prevention Program, and the U.S. Food and Drug Administration, are investigating a multistate outbreak of infant botulism linked to infant formula.

- **Oct 14, 2025: MPXV Update.** It was announced that a local clade I mpox case was identified in California (City of Long Beach Confirms First Case of Clade I Mpox). Several imported cases were previously reported in the US, but this is the first local transmission reported in the US. There have also been increasing imported mpox clade I cases in Europe as well as some local cases: https://www.ecdc.europa.eu/en/mpox-worldwide-overview# and https://www.hpsc.ie/news/title-24610-en.html

Reportable Disease Table

	DUVAL		YTD TOTALS		DUVAL COUNTY ANNUAL TOTALS		
Disease Category	**Q4 (Oct.–Dec. 2025)**	**Q4 (Oct.–Dec. 2024)**	**Duval 2025**	**Florida 2025**	**2024**	**2023**	**2022**
A. Vaccine Preventable Disease							
Mumps	0	0	0	11	1	1	0
Varicella	5	10	19	546	13	20	24
Pertussis	10	14	48	1512	24	1	2
B. CNS and Bacteremia							
Creutzfeldt-Jakob Disease (CJD)	2	0	4	50	1	2	3
H. Influenzae Invasive Disease	6	4	18	453	16	26	19
Listeriosis	2	1	6	62	2	2	5
Meningitis, Bacterial or Mycotic	4	1	10	127	10	5	15
Meningococcal Disease	0	0	1	30	0	4	5
S. Pneumoniae Invasive Disease	18	26	88	1321	106	83	64
C. Enteric Infections							
Campylobacteriosis	40	55	211	6373	154	141	91
Cryptosporidiosis	5	7	17	477	24	19	8
Cyclospora	0	0	3	210	8	9	24
Giardiasis, Acute	6	10	26	1094	41	41	35
Hemolytic Uremic Syndrome	0	0	2	23	1	0	4
Salmonellosis	66	70	227	7911	270	227	230
Salmonella Typhi Infection	0	0	2	20	1	0	0
Shiga Toxin-Producing Escherichia Coli (STEC) Infection	11	8	47	1248	36	21	30
Shigellosis	11	10	44	1252	47	43	42
D. Viral Hepatitis							
Hepatitis A	1	0	6	142	3	2	8
Hepatitis B, Perinatal	0	0	0	0	0	0	0
Hepatitis B, Pregnant women	17	10	44	405	40	8	9
Hepatitis C, Acute	13	35	76	1640	148	64	90
E. Vector borne, Zoonoses							
Malaria	0	1	1	44	7	3	8
Rabies, Possible Exposure	29	27	155	8268	157	165	60
F. Other							
Carbon Monoxide Poisoning	3	0	4	150	4	2	13
Lead Poisoning	43	67	143	2243	236	210	193
Legionellosis	11	8	42	787	34	32	27
Vibrio (Excluding Cholera and Vibrio vulnificus)	2	4	8	351	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: Tuberculosis

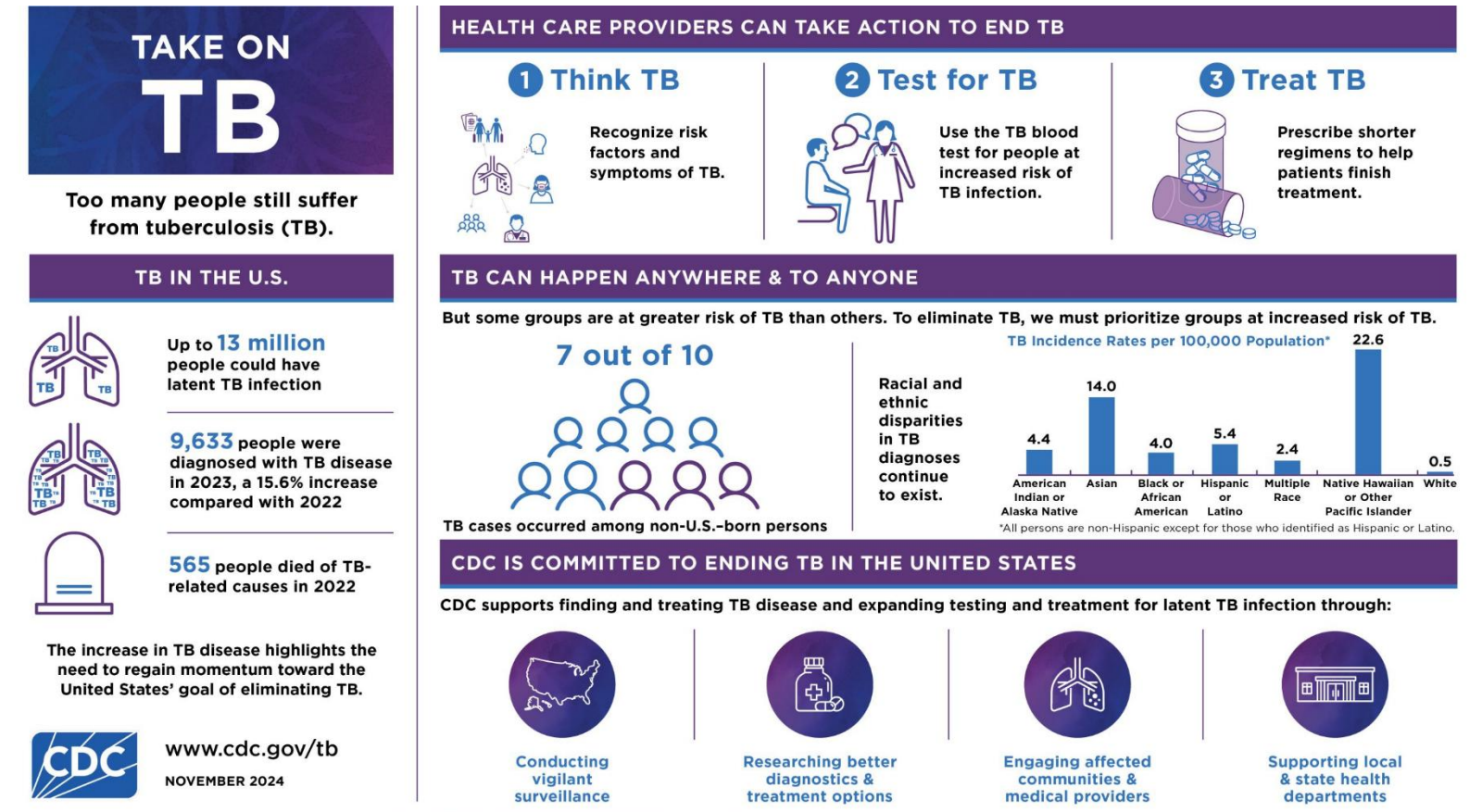
Tuberculosis (TB) is an illness caused by bacteria called Mycobacterium tuberculosis. These bacteria can affect any part of the body, but they most often attack the lungs. TB spreads through the air when someone with TB in their lungs coughs, sneezes, or even talks. If you breathe in these germs, you can become infected.

People with TB disease may have symptoms such as a cough that lasts more than two to three weeks, night sweats, and unexplained weight loss. However, some people may have very mild symptoms or none at all. There are two main forms of TB: **Latent TB Infection**, where the bacteria are in your body, but you are not sick and cannot spread TB, and **Active TB Disease**, where the bacteria are active and making you ill, which means you can spread TB to others.

Testing for TB can be done in several ways. A tuberculin skin test (TST) involves a small injection under the skin, which is checked after two to three days for a reaction. A blood test (IGRA) can also detect TB infection and usually gives results in a few days. If TB disease is suspected, a chest X-ray can look for signs in the lungs, and a sputum test (testing mucus from your lungs) can confirm the presence of TB bacteria.
Certain people are at higher risk for TB, including those who have recently been exposed to someone with TB, young children, older adults, people with HIV/AIDS or diabetes, and those taking medications that weaken the immune system, such as steroids or chemotherapy. People with certain cancers or substance abuse issues are also more vulnerable.

TB is serious but treatable. If you think you might have TB or have been exposed, it's important to get tested and follow your healthcare provider's advice.

Source: [Florida Department of Health | Tuberculosis]



Source: [CDC | Tuberculosis]

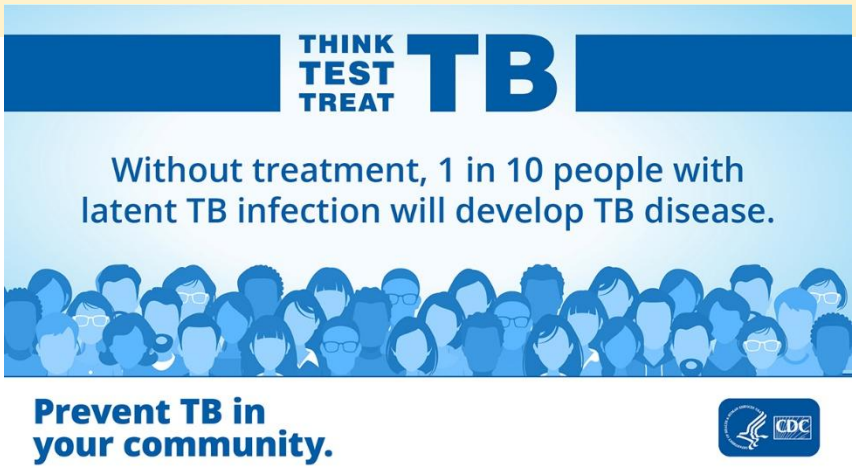
For Healthcare Professionals: Tuberculosis

Healthcare professionals should focus TB testing on individuals at increased risk for infection or progression to disease, rather than testing low-risk populations. **Testing should always include a plan for follow-up evaluation and treatment.** People at higher risk of exposure include close contacts of infectious TB cases, individuals born in or frequently traveling to countries where TB is common, residents or employees in high-risk settings such as homeless shelters, correctional facilities, and nursing homes, and healthcare workers who serve TB patients. **Those at higher risk of developing TB disease** include individuals with HIV infection, young children under five, people recently infected (within two years), those receiving immunosuppressive therapy, and individuals with chronic conditions such as diabetes, renal failure, silicosis, certain cancers, or substance use disorders.

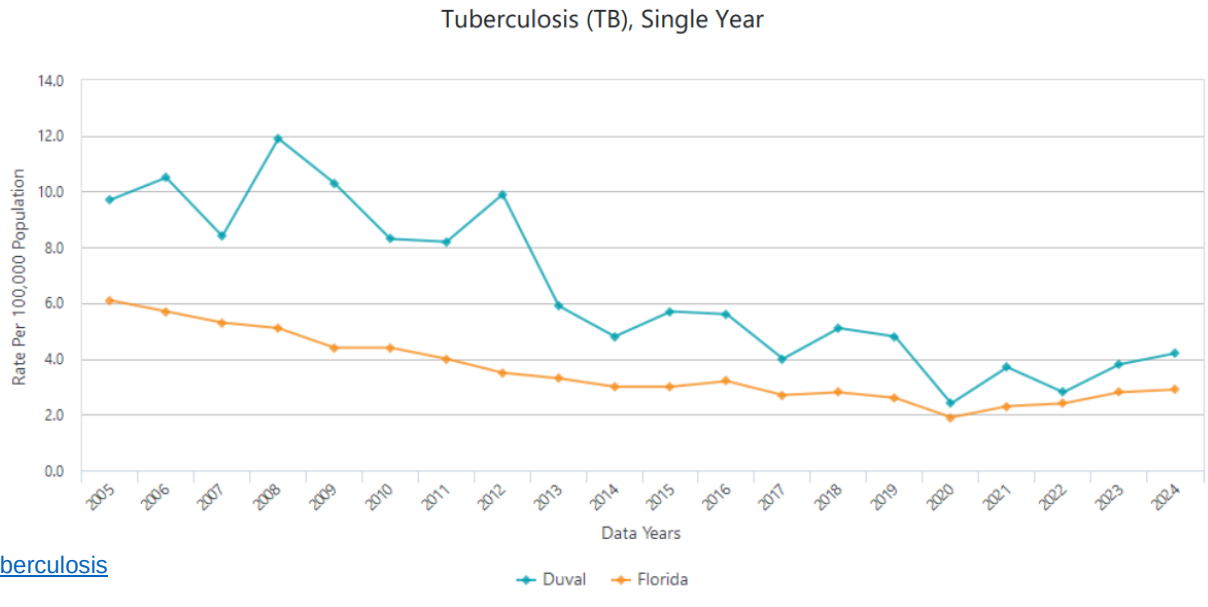
Two main tests are used to detect TB infection: the TB blood test (IGRA), which is preferred for individuals aged five and older and those vaccinated with BCG, and the tuberculin skin test (TST), which is recommended for children under five or when IGRA is unavailable. A positive TB test generally indicates infection, but **further evaluation with a chest X-ray and sputum testing is needed to rule out active disease**. Diagnosis of latent TB infection requires a positive TB test and no evidence of disease, while TB disease diagnosis involves medical history, physical exam, TB testing, chest radiograph, and bacteriologic confirmation, with **culture being the gold standard**.

Treatment regimens vary for latent TB infection and active TB disease, depending on drug susceptibility, comorbidities, and potential drug interactions. Complex cases or suspected drug resistance should be managed in consultation with TB experts.

Source: CDC | Clinical Testing and Diagnosis for Tuberculosis



Source: CDC | Tuberculosis Think. Test. Treat



County TB Activity

Source: FDOH | Tuberculosis