

EPI SCOPE

JANUARY-MARCH 2026 ISSUE



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ABOUT EPI SCOPE

Epi Scope is a quarterly newsletter published by the Florida Department of Health in Seminole County, one of 67 county health departments in Florida that achieved statewide accreditation by the Public Health Accreditation Board. The Florida Department of Health works to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

The purpose of this newsletter is to relay epidemiological information, including current events, health alerts, guidelines, and surveillance data to healthcare partners and the general community.

Reportable disease surveillance data that are included in this report are provisional as of the time the newsletter issue is published and is subject to change. For the latest reportable disease data, visit FLHealthCharts.gov.

If you have questions, contact DiseaseControlSeminole@FLHealth.gov. Do not send any confidential information by email.

All notifiable disease reporting should be done by calling 407-665-3243 (afterhours: 407-665-3000, option 1). Emails are not accepted for the required reporting.



TUBERCULOSIS

Meredith Bacci, MPH

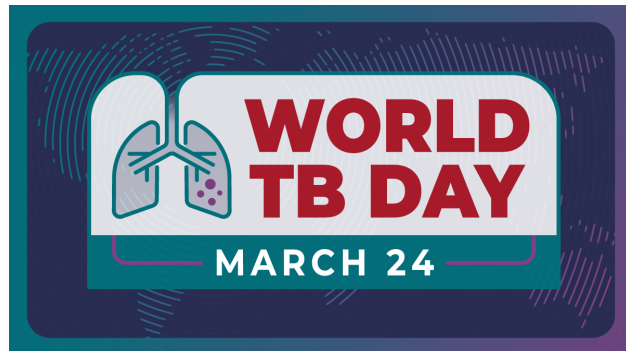
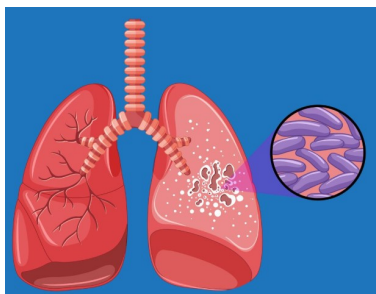
World TB Day is recognized each year on March 24, to bring awareness to one of the world's leading infectious diseases. Tuberculosis (TB), is caused by a bacterium called *Mycobacterium tuberculosis*. The classic presentation of TB disease is when the bacteria affect the lungs, but like many bacterial pathogens, TB has the ability to affect many parts of the body. A person can have TB infection in their brain, kidneys, spine, or bones.

History of TB

TB has been affecting humans for potentially longer than any other infectious disease, with evidence of infection found in 4,000-year-old Egyptian mummies. From the 17th through the 19th centuries, TB caused a quarter of all deaths in Europe. Before antibiotics were discovered and used for treatment, people with active TB infection lived in sanatoriums to isolate them from spreading the infection to others. The survival rate of untreated active TB is approximately 25%. In some areas of the world, TB-specific hospitals are still a common way to segregate active cases from susceptible individuals while they go through treatment.



TB frequently is found in combination with other conditions that can impair the immune system, like HIV and diabetes. Other risk factors are substance abuse, organ transplants, head and neck cancers, and severe kidney disease. Some congregate settings are also high-risk for TB spread, like living or working in a homeless shelter, prison, jail, nursing home, or hospital.



Treatment

Not all infections with TB will make a person sick. Latent, or inactive TB, is estimated to be present in up to 13 million people just in the U.S. Latent TB occurs when the bacteria are present in your body but do not cause symptoms of illness. Without treatment it is estimated that 1 in 10 people with latent TB will develop active TB at some point in their lives.

The same antibiotics are used to treat latent and active TB infections. Latent infection can be treated in as little as 3 months. Non-complicated treatment of active disease can be completed in 4-9 months depending on the regimen. Drug resistant cases will be treated for longer, with multidrug-resistant TB needing 18-24 months or longer. Treatment is typically an intense regimen for the first two months, which renders the person less infectious or non-infectious to others, followed by a continuation period to ensure all phases of bacterial growth in the body are targeted. If any treatment protocol is discontinued too soon, the remaining bacteria can develop antibiotic resistance and the disease can recur.

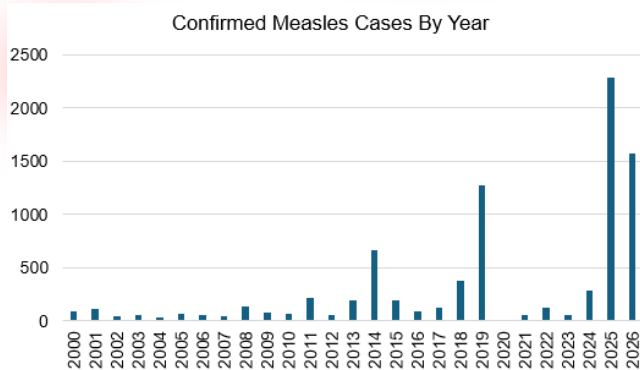
MEASLES

Madison Fausnaugh, MPH

The rubeola virus, also known as measles spreads easily in the air and its small particles can remain airborne for two hours after an infected person has left the room. The virus also persists on surfaces. As a result, 90% of nonimmune contacts will contract measles. After exposure, illness typically onsets in 7-14 days, but can take up to 21 days for the first symptoms to occur. The initial symptoms usually present with a fever and the “three C’s”: cough, coryza, and conjunctivitis. About 3-5 days after the onset of these symptoms, a generalized maculopapular rash starts on the head or face and descends down the body. The spots can coalesce and generally are not pruritic.



A person is infectious from the start of the prodrome (generally four days prior to rash onset) to four days after rash onset. Epidemiological investigations obtain a comprehensive history from the infected person to identify possible exposures. Nonimmune contacts may be eligible for post-exposure prophylaxis.



Measles is reportable 24/7 by phone upon initial suspicion. Contact DOH-Seminole during business hours (407-665-3243) or after hours (407-665-3000 option 1).

What to do:

- Triage any febrile rash illness by phone or immediately upon arrival to assess the need for control measures.
- Suspect cases should not use the waiting room and should be encouraged to use an alternate entrance to decrease potential exposures.
- Request the patient to wear a surgical mask and conduct the evaluation in a negative pressure room, or a room that can be left vacant for two hours after a patient's visit. Report to the health department.
- Isolate the patient immediately.
- Wait to clean and disinfect the patient room until two hours after the patient has left it. Do not allow anyone else into the room.
- Recommend exclusion from public settings for at least four days post rash onset.
- Test for measles but also consider other differential diagnoses.
 - ⇒ If within 72 hours of rash onset– test using a nasopharyngeal or oropharyngeal swab in universal transport media or urine in a sterile cup for measles RT-PCR.
 - ⇒ If after 72 hours of rash onset— test serum using measles specific IgG and IgM.
- Provide supportive treatment and treatment of complications. Consider administration of vitamin A for all children.

Use the [Measles Algorithm for Healthcare Providers](#), [Quest Measles PCR Test Info](#), [LabCorp Measles PCR Test Info](#).

Post Exposure Prophylaxis

- If the contact has evidence of immunity through vaccination records, lab testing, prior infection, or born before 1957, no PEP is recommended.
- If it is within 72 hours of exposure, immunization may reduce the probability or severity of infection.
- If within six days of exposure, immune globulin product (IGIM, IGIV, or IGSC) administration may reduce probability or severity of infection.
- For more information or specific recommendations for higher risk groups (ex. Infants, people with HIV), please read more [here](#).

MARBURG VIRUS DISEASE

Meredith Bacci, MPH

Marburg virus disease is a rare but serious viral hemorrhagic fever caused by either Marburg virus or Ravn virus; both viruses are species belonging to the genus *Orthomarburgviruses*. The viruses can originate in the saliva, urine, or feces of infected Egyptian fruit bats, and is contagious to humans.

Once a person becomes infectious, they spread disease to others by exposure to their bodily fluids, even on contaminated objects like their bedding or clothing. An exposure would include contact with an infectious substance to non-intact skin or a mucus membrane. Symptoms typically begin between 2-21 days after exposure, and once symptomatic, it can vary from 20-90% fatality rate. There are no immunizations or specific treatment for the Marburg virus.



Outbreak

Ethiopia declared a Marburg virus outbreak in November 2025 through January 2026. They are now in a 90-day observation period to monitor for additional cases. There were no cases reported outside of Ethiopia related to this outbreak and international risk remains low. If a person had travel to an endemic region and contracted the illness, symptoms would usually start with classic symptoms such as fever, chills, headache, muscle aches, chest pain, sore throat, nausea, vomiting, or diarrhea. As the disease advances, more serious symptoms appear such as liver failure, multiorgan dysfunction, delirium, hemorrhagic bleeding, and shock.



CATERPILLARS AND RASH ILLNESS

Madison Fausnaugh, MPH

Around March, the white-marked tussock moth caterpillars (*Orgyia leucostigma*) emerge in Central Florida. Contact with this caterpillar, its hairs, or its cocoon can cause an allergic reaction that can cause an itchy rash.

Discourage children and adults from touching the caterpillars, and avoid using outdoor equipment with high numbers of caterpillars until they can be removed.



What to do if exposed?

- Remove the caterpillar.
- Use tape over the exposed area to help remove any hairs or spines that remain –repeat as necessary
- Wash area with soap and water.
- Apply ice pack to reduce sting.
- Apply baking soda and water paste to reduce itchiness.
- If rash does not go away or gets worse, or if there are other symptoms of an allergic reaction, consult a healthcare provider or call 911 if it is a medical emergency.



HEALTH ALERTS & ADVISORIES

[DOH-Seminole Issues rabies Advisory](#)

[DOH-Seminole Issues Blue Green Algae Health Alert for Lake Jesup](#)

ADDITIONAL RESOURCES

Florida Department of Health, Disease Reporting and Surveillance: [FloridaHealth.gov/DiseaseReporting](https://www.floridahealth.gov/disease-reporting)

Florida Department of Health in Seminole County: [Seminole.FloridaHealth.gov](https://www.seminole.floridahealth.gov)

Data Sets: [Florida Health CHARTS \(FL CHARTS\)](#) • [Agency for Health Care Administration](#)

Disease Reporting Resources

Disease Reporting Forms: [Practitioners](#) • [Laboratories](#)

[Food and Waterborne Illness Complaint Form](#)

Health Alerts and Advisories

[CDC Travel Health Notices](#)

[FDA Food Recalls](#)

[CDC Health Alert Network](#)

SEMINOLE COUNTY MONTHLY SURVEILLANCE DATA—JAN-MAR 2026

Confirmed and probable cases of select notifiable diseases as per 64D-3, Florida Administrative Code
These data are provisional and subject to change.

Disease	Seminole Quarterly Total		Year to Date Total		Seminole County Annual Totals	
	Jan-Mar 2026	Jan-Mar 2025	Seminole	Florida	2025	2024
A. Respiratory/Rash						
Measles (Rubeola)	0	0	0	144	0	0
Mumps	0	1	0	10	2	1
Pertussis	0	5	0	177	13	26
Varicella	1	7	1	178	21	16
B. CNS Diseases & Bacteremias						
Creutzfeldt-Jakob Disease (CJD)	0	0	0	8	2	0
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	1	0	18	3	4
Meningococcal Disease	0	0	0	2	0	1
C. Enteric Infections						
Campylobacteriosis	21	18	21	1457	102	97
Cryptosporidiosis	2	2	2	78	4	4
Cyclosporiasis	0	0	0	7	9	4
<i>E. coli Shiga Toxin (+)</i>	6	4	6	335	24	20
Giardiasis	0	4	0	260	17	14
Hemolytic Uremic Syndrome (HUS)	0	0	0	6	0	2
Listeriosis	0	0	0	8	2	0
Salmonellosis	12	17	12	1224	108	106
Shigellosis	4	7	4	314	108	106
D. Viral Hepatitis						
Hepatitis A	1	0	1	35	1	1
Hepatitis B in Pregnant Women	0	1	0	88	5	5
Hepatitis B, Acute	1	3	1	122	15	16
Hepatitis C, Acute	9	5	9	391	23	33
E. Vectorborne/Zoonoses						
Animal Rabies	1	2	1	25	7	4
Rabies, possible exposure	56	45	56	2102	219	177
Chikungunya Fever	0	0	0	148	3	0
Dengue	0	0	0	39	1	6
Eastern Equine Encephalitis	0	0	0	0	1	6
Lyme Disease	2	1	2	79	16	11
Malaria	0	0	0	10	1	1
West Nile Virus	0	0	0	0	0	1
Zika Virus Disease	0	0	0	0	0	0
G. Others						
Hansen's Disease	0	1	0	9	1	1
Legionellosis	3	6	3	161	18	15
Mercury Poisoning	0	0	0	3	0	0
Tuberculosis	3	2	3	150	5	3
<i>Vibrio Infections</i>	0	2	0	62	6	7

*n/a—Data not available

Florida Department of Health in Seminole County

Locations	Agency Programs	Phone Number
Main Office 400 W Airport Blvd, Sanford, FL 32773 407-665-3000 Seminole.FloridaHealth.gov	Asthma Education and Prevention	407-665-3032
Environmental Health 130 San Carlos Ave, Sanford, FL 32771	Birth & Death Certificates	407-665-3226
WIC Satellite Office 132 Sausalito Blvd, Casselberry, FL 32707	Breast & Cervical Cancer Prevention	407-665-3185
Leadership & Public Information Contacts	Dental Care	407-665-3346
Ethan Johnson, Dr.PH, MPH Health Officer	Diabetes Prevention	407-665-3235
Ana Scuteri, MPH Assistant County Health Department Director	Diabetes Self-Management	407-665-3220
LaTasha Scott APRN, FNP-BC Executive Community Health Nursing Director	Environmental Health	407-665-3604
Dr. Meena Joseph, MD Medical Director	Epidemiology & Surveillance	407-665-3243
Thomas Kellis, FCCM Administrative Services Director	Fall Prevention Program	407-665-3028
Mirna Chamorro Public Information Officer	Family Planning	407-665-3700
Disease Reporting	Financial Eligibility	407-665-3700
Epidemiology Program 407-665-3243 Fax: 407-845-6055	Florida Healthy Babies	407-665-3064
Afterhours Urgent Disease Reporting 407-665-3000, option 1	Health Promotion & Education	407-665-3379
Tuberculosis Program 407-665-3243 Fax: 407-665-3279	Hepatitis Outreach	407-665-3243
STD Program 407-665-3384 Fax: 407-845-3295	HIV/AIDS Services	407-665-3371
HIV/AIDS Program 407-723-5065 Fax: 407-858-5985	HIV PEP/NPEP	407-665-3371
Epi Scope Editor	HIV PrEP	407-665-3690
Maria Bermudez Perez Epidemiology Program Manager	Immunizations/Vaccines	407-665-3281
	Insulin Distribution	407-665-3700
	Mobile Health Services (Outreach)	407-665-3026
	Public Health Preparedness	407-665-3311
	Refugee Health	407-665-3243
	School Health	407-665-3433
	School Physicals	407-665-3700
	Sexually Transmitted Diseases	407-665-3700
	Teen Clinic	407-665-3700
	Tobacco Prevention	407-665-3278
	Tuberculosis	407-665-3243
	Women, Infants, and Children (WIC)	407-665-3705
	Epi Scope Email Address	
	DiseaseControlSeminole@FLHealth.gov	