2026-2027
Respiratory Surveillance Report
Week 41
Oct. 11 – Oct. 17, 2026

About our respiratory activity reporting

MSDH utilizes a variety of methods for tracking respiratory viral illness (influenza, COVID-19, RSV) in Mississippi. Syndromic surveillance data from participating hospitals and urgent care clinics provides trend data for visits related to influenza-like-illness (ILI), COVID-19-like-illness (CLI), and respiratory syncytial virus-like-illness (RSV-like-illness) over time. In addition to syndromic surveillance, MSDH uses sentinel surveillance for influenza and wastewater surveillance (in pilot state) for influenza and COVID-19.

Each year MSDH identifies sentinel healthcare providers across the state to report numbers of patients with ILI (fever of 100°F or higher AND cough and/or sore throat), in comparison to their total patients seen. These providers also collect specimens which are sent to the Mississippi Public Health Lab for multiplex testing (COVID-19, influenza, RSV) and further subtyping as indicated. This combination of data allows MSDH to identify local trends in ILI presentations and maintain surveillance of circulating influenza subtypes and COVID-19 variants.

Wastewater surveillance for respiratory viruses is a newer form of surveillance, and Mississippi is in the early phases of establishing its wastewater surveillance program for COVID-19 and influenza.

During 2025, MSDH noted an increase in the number of reported pertussis cases (otherwise known as "whooping cough"). Thus far in 2026 in comparison to last year, cases have decreased. Pertussis is a Class 1A vaccine-preventable reportable disease, and MSDH attempts to interview every reported case within 24 hours of receipt.

Information contained within this report is provisional and may change depending on additional reporting from sentinel providers and surveillance sources. The influenza reports represent only the distribution of flu in the state, not an actual count of all flu cases statewide.

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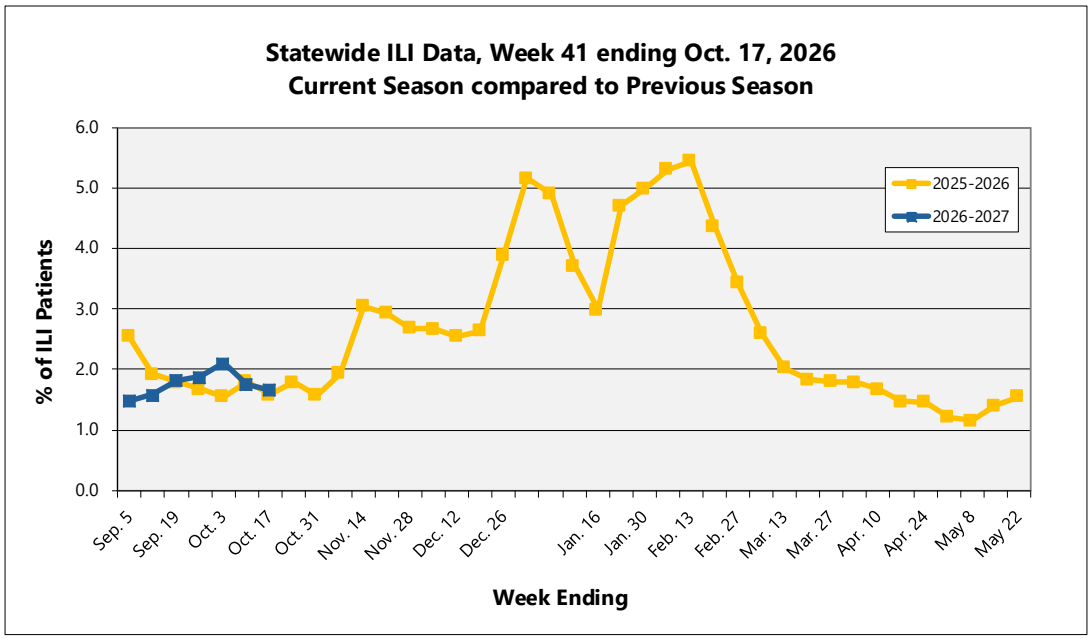
State ILI Surveillance

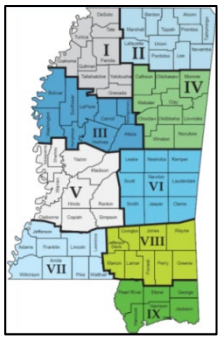


During week **41** (10/11/26-10/17/26), the overall state ILI rate (**1.7%**) **decreased** from the previous week (**1.8%**) and was higher than this time last year (**1.6%**). | **Figure 1**

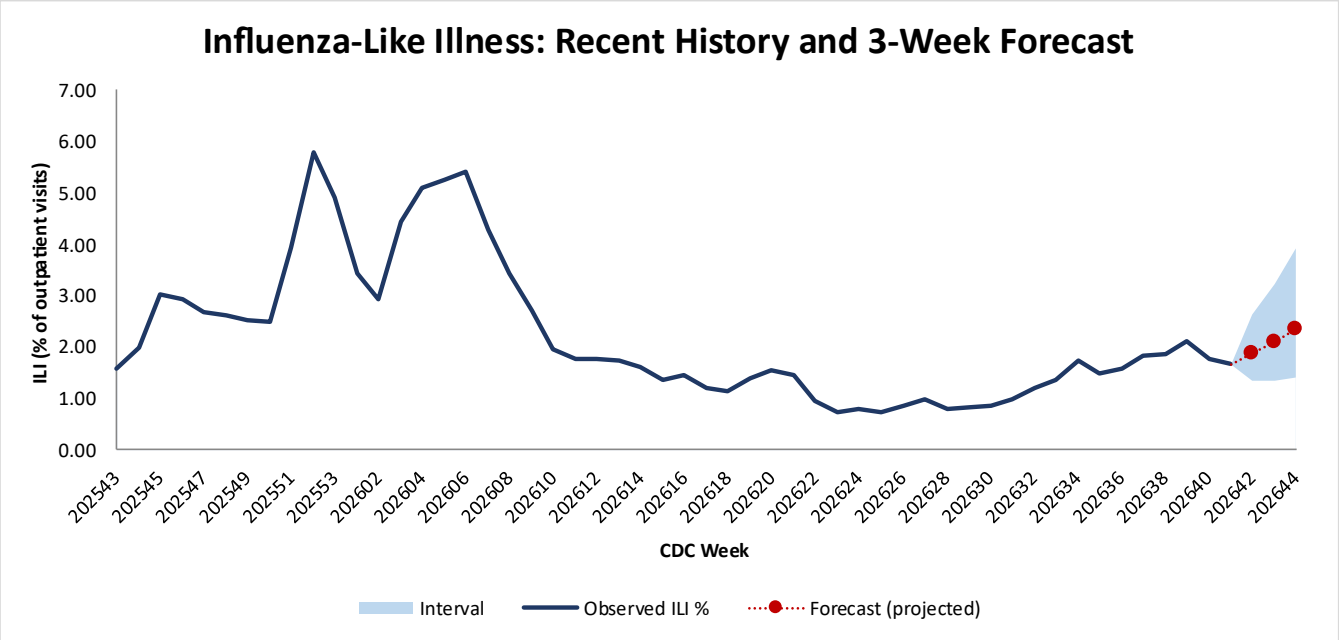
Total number of patients treated by sentinel providers in the last three weeks | **Table 1**

2026-2027 Influenza Season					
CDC Week	**Week Ending**	**Number of reports received from Sentinel Providers**	**Total patients**	**ILI symptoms**	**ILI Rate (%)**
41	**Oct. 17**	**63**	**15653**	**261**	**1.7**
40	Oct. 10	60	15578	274	1.8
39	Oct. 3	59	14740	310	2.1

During week **41**, two districts (1 and 2) had an increase in ILI activity. Three districts (3, 6, and 7) had a decrease. Four districts (4, 5, 8, and 9) remained constant. *Information is provisional only and may change depending on additional reporting from sentinel providers.* | **Table 2**



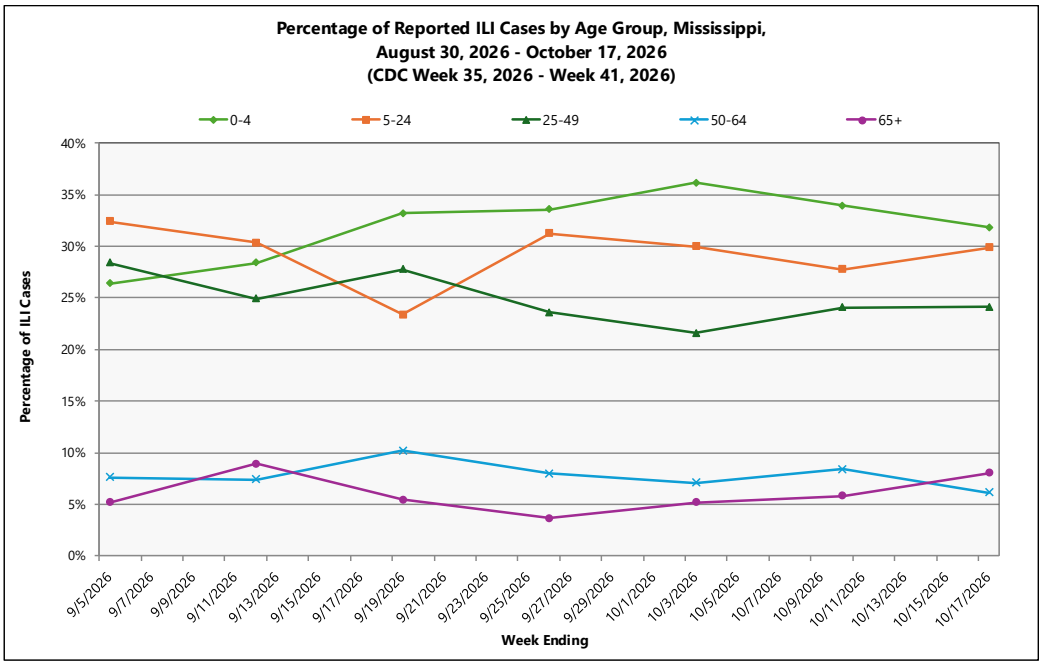
MSDH District ILI Rates (%) 2026-2027		
District	**Week 40**	**Week 41**
State	*1.8*	*1.7*
I	1.1	1.8
II	2.3	2.9
III	9.8	4.0
IV	2.7	2.2
V	0.5	0.7
VI	3.1	1.9
VII	3.8	2.3
VIII	1.0	1.1
IX	1.5	1.7



The current activity level is **low**. It is projected **low** in 3 weeks, with an increase. **Figure 2**

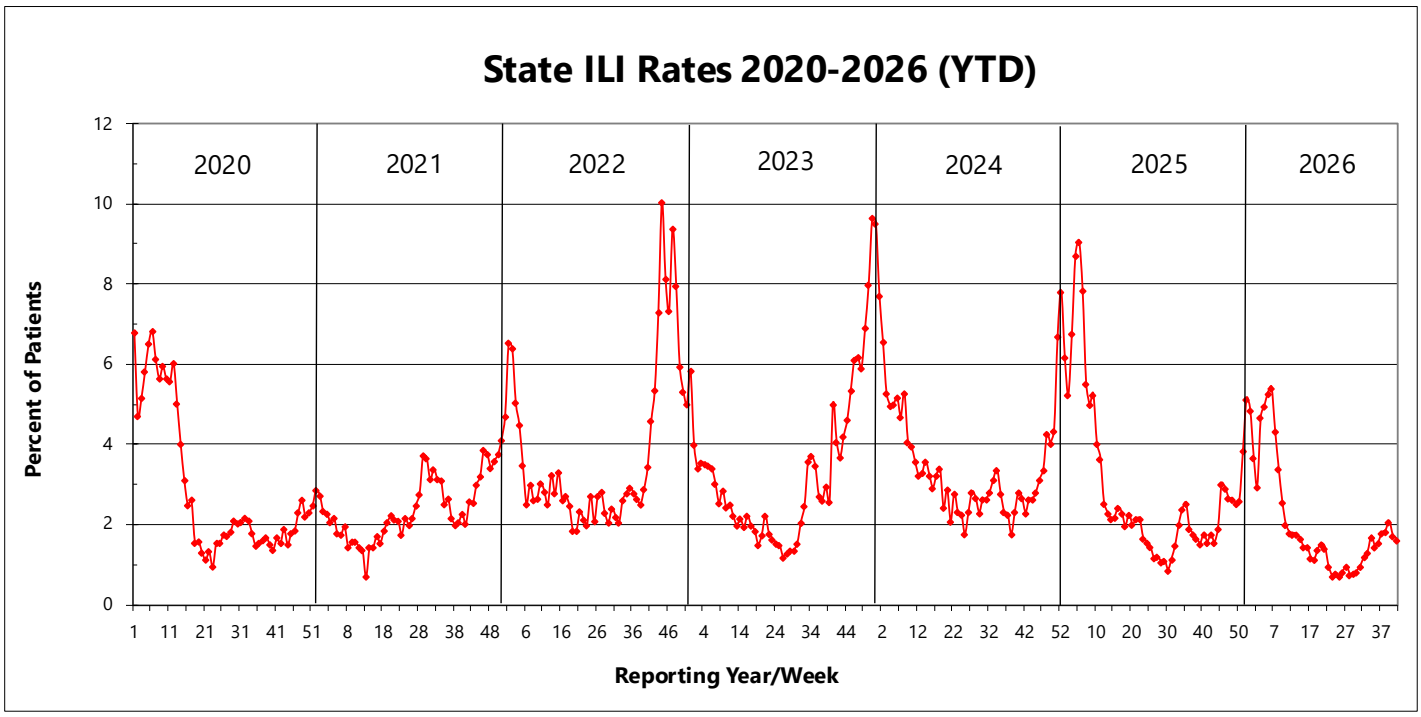
The solid line shows the percentage of visits to participating Mississippi outpatient clinics that were for influenza-like illness, week by week. The dashed line and circles on the right are not reported data. They are a projection of where that percentage may go over the next three weeks, and the shaded band around them shows the range in which the actual value is expected to fall.

The forecast comes from a statistical model that compares current activity with how ILI has behaved at the same point in past seasons since 2010, then extends that pattern forward. Tested against past seasons, the one-week projection has been off by about 0.4 percentage points on average and the three-week projection by about 0.7, and the actual value has fallen inside the shaded band about 94 percent of the time. The model has no information about which influenza strains are circulating, how well this season's vaccine matches them, school calendars, or holiday travel. It should be read as the most likely continuation of the current pattern rather than a prediction of what will happen, and an unusual season is when the actual value is most likely to land outside the band.
The most recent weeks are still being reported and are routinely revised for several weeks afterward. Both the reported percentage and the projection built on it may change.



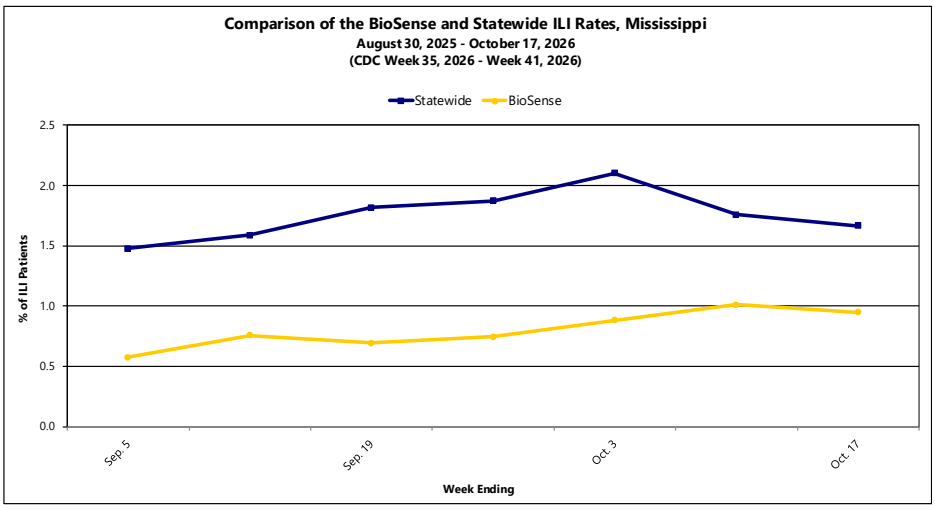
Overall, the percentage of reported ILI cases has been highest among those in the **0-4 years** of age group. During week **41**, the percentage of ILI cases in the 5-24 and 65+ years of age groups increased. The percentage of ILI cases decreased in the 0-4 and 50-64 years of age groups when compared to the previous week. The percentage of ILI cases remained constant in the 25-49 years of age group. | [Figure 3]

Mississippi ILI Rates 2020-2026 | [Figure 4]

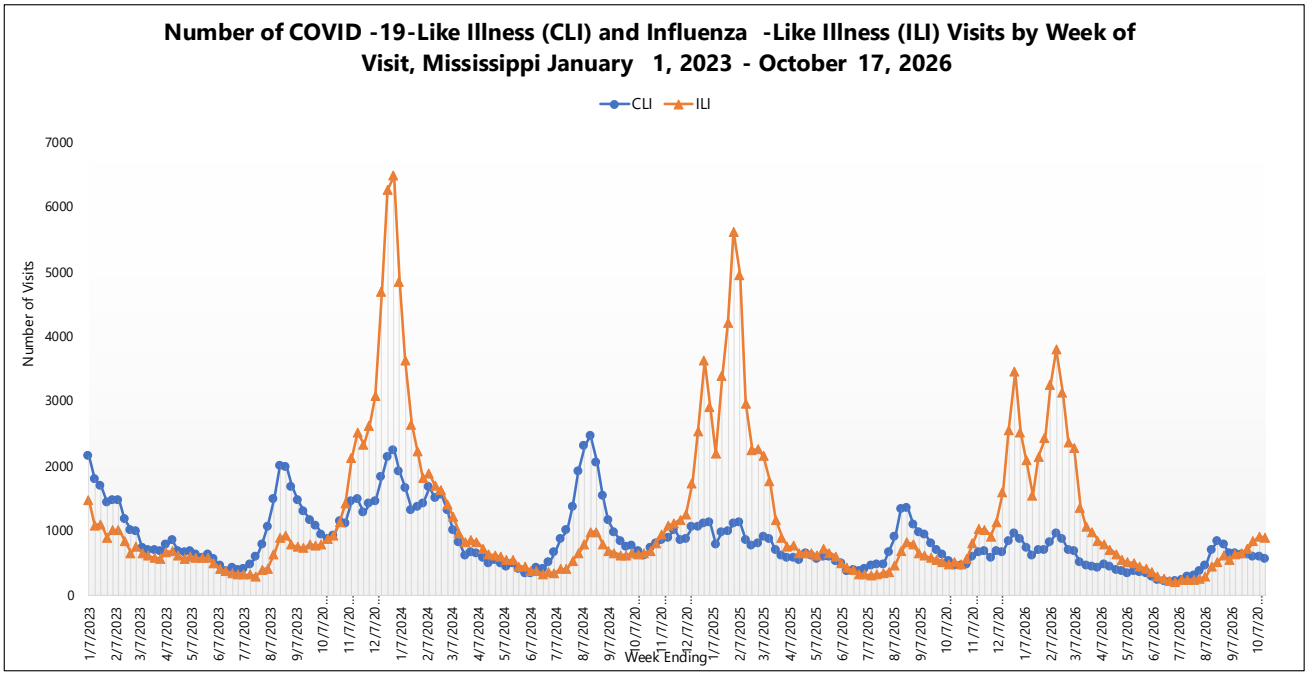


Syndromic Surveillance

The Mississippi State Department of Health also collects syndromic surveillance data through the CDC BioSense Platform. This data is comprised of chief complaints and diagnosis codes and is submitted electronically by participating hospitals and clinics throughout the state in near real-time. The BioSense data is an additional tool to monitor influenza activity in Mississippi.



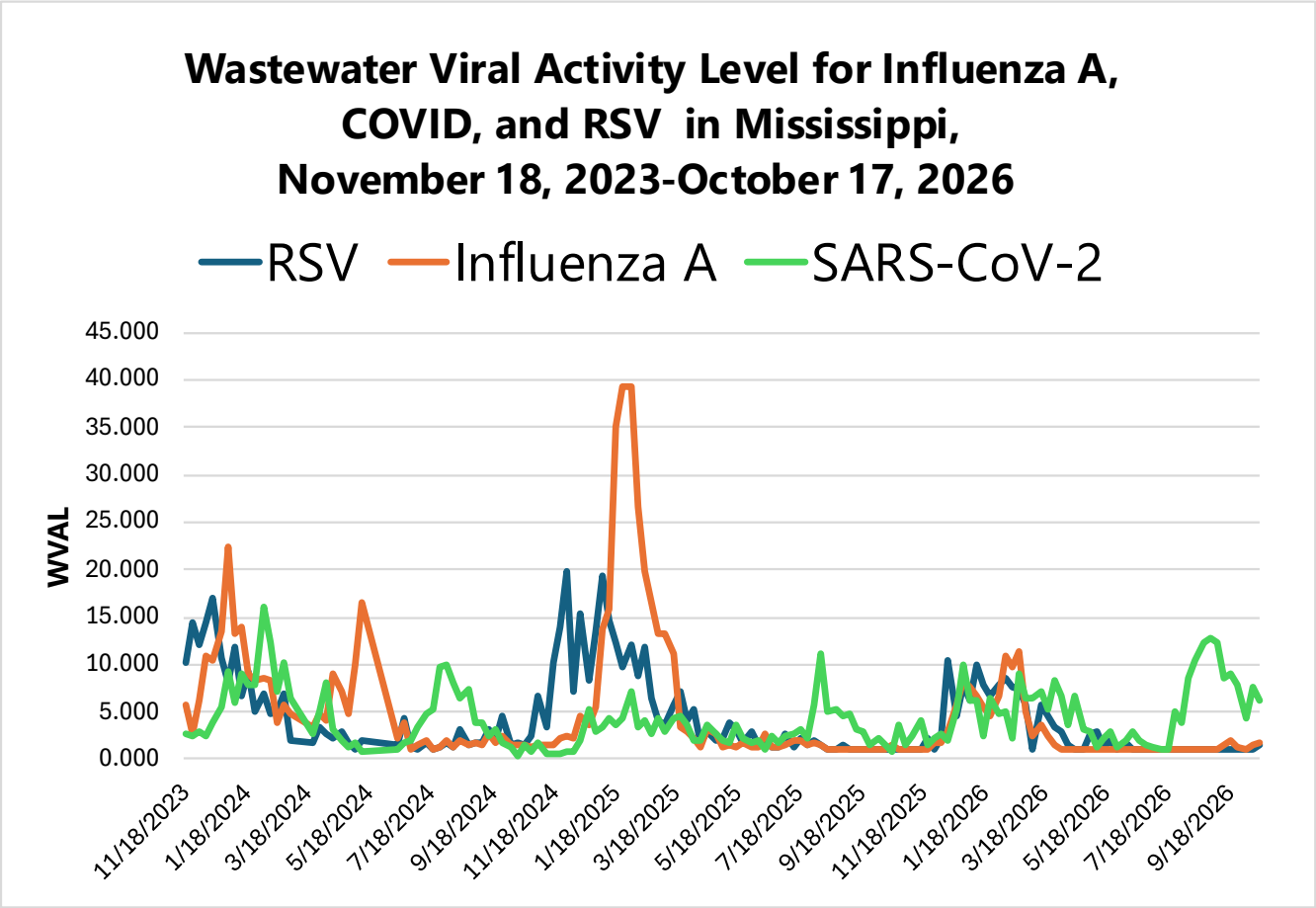
The percentage of patients with a chief complaint or diagnosis of influenza-like illness during week **41** increased when compared to the previous week, as well as the statewide ILI rate. | **Figure 5**



The number of patients with a chief complaint or diagnosis of COVID-like illness during week **41** decreased when compared to the previous week and is lower than influenza-like illnesses. | **Figure 6**

Wastewater Surveillance

Water samples collected from sewage treatment plants are tested for multiple diseases and compounds. The Mississippi State Department of Health collects this data from the CDC's National Wastewater Surveillance System (NWSS), where we can see a reliable presence of disease from a sample in which everyone in the area's waste is integrated.



The Wastewater data shows an increase in RSV and Influenza A, and a decrease in COVID. | **Figure 7**

The value associated with the WVAL (Wastewater Viral Activity Level is the number of standard deviations above the baseline, transformed to the linear scale. For additional information on wastewater values, please refer to the CDC's webpage: https://www.cdc.gov/nwss/about-data.html.

For additional information and WVAL levels in Mississippi, visit WastewaterSCAN to view different sewage treatment plants than Mississippi's Public Health Lab tests.

Respiratory Outbreaks

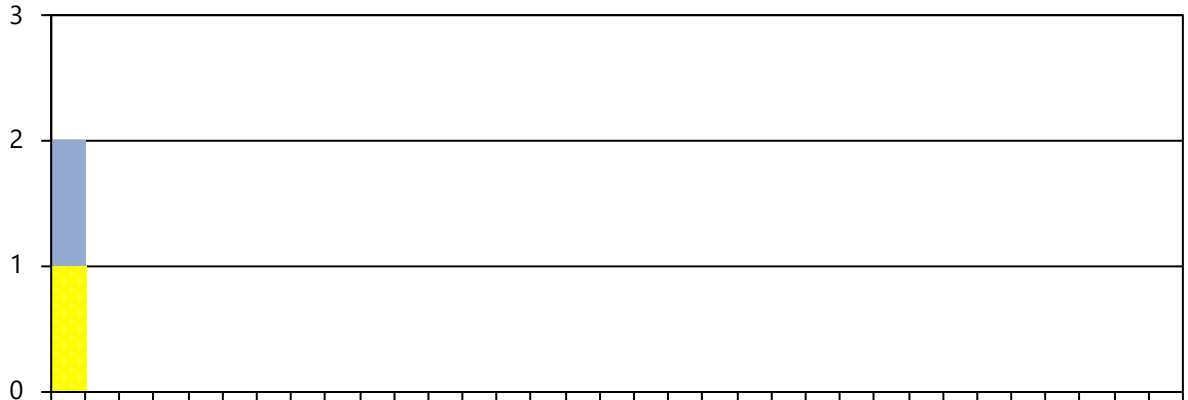
*Outbreaks are reportable in Mississippi as a Class 1A event and must be reported by telephone within **24 hours** of first knowledge or suspicion to the Mississippi State Department of Health. For more information on reportable diseases and conditions, please refer to the* MSDH List of Reportable Diseases and Conditions.

Between week 40 (ending October 10, 2026) and week 41 (ending October 17, 2026), two influenza outbreaks were reported to MSDH. MSDH investigates all reported outbreaks, and complete information is available for both outbreaks. One outbreak was attributed to an influenza A/H1 virus, and one was attributed to an influenza A virus with an unknown subtype.

Through week 41, within the reported outbreak, the overall vaccination rate among facility residents was 27%, and among staff members, 0%. In addition, the percentage of residents that were ill due to influenza was 10%, and among staff members, 3%. The percentage of residents that were hospitalized due to influenza was 3%, and among staff members, 0%.

Influenza outbreaks have occurred in the following county: Alcorn (1) and Choctaw (1). | **Figure 8**

Number of Reported Influenza Outbreaks by Influenza Type and Subtype by Onset Week, Mississippi, 2026-2027 Flu Season (N = 2)

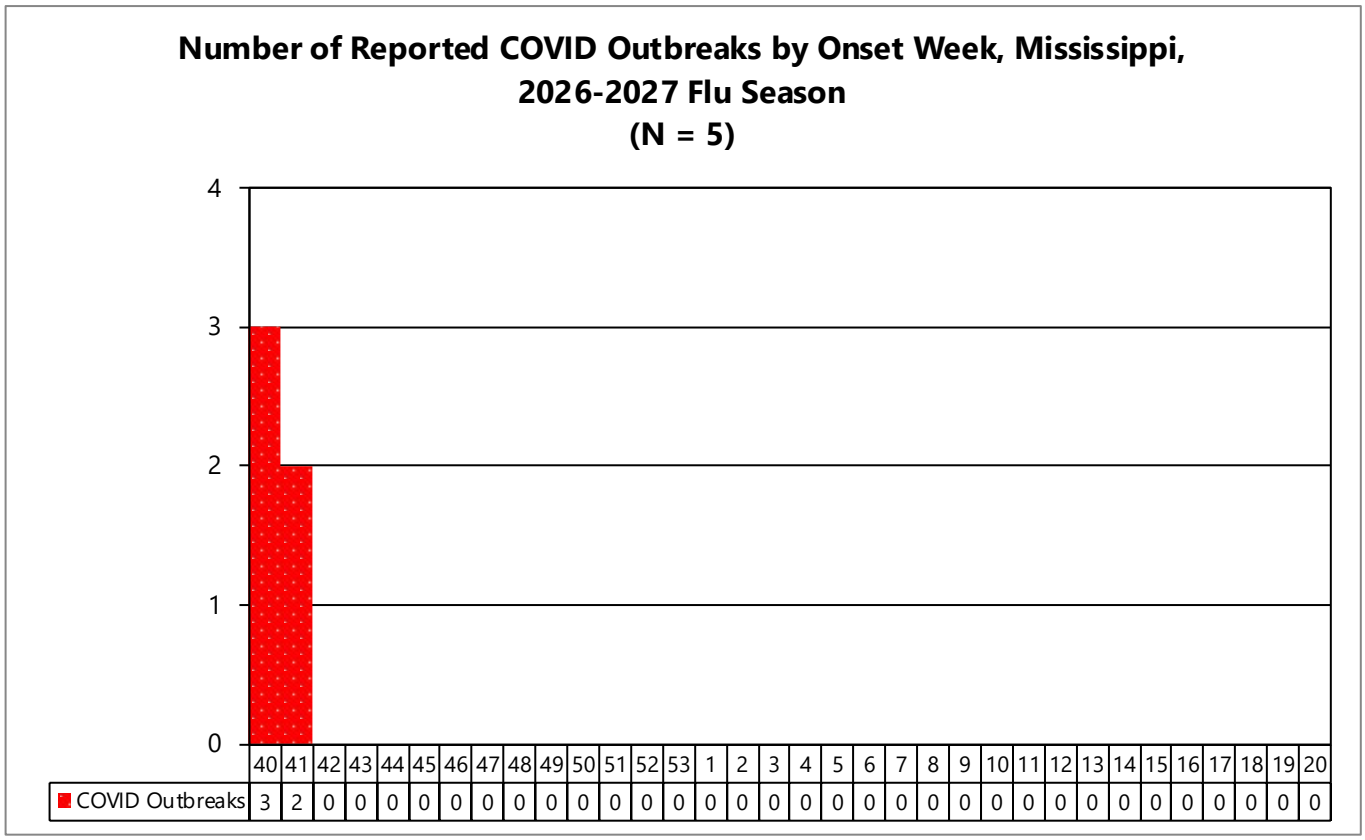


	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Rapid A/B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/Unk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/Victoria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/Yamagata	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A/Unk	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A/H3 (PCR)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A/H1 (PCR)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For additional information on infection control measures in health care facilities and managing influenza outbreaks in long-term care facilities, please refer to the CDC's webpages: https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm and https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm, respectively.

Between week 40 (ending October 10, 2026) and week 41 (ending October 17, 2026), 5 COVID-19 outbreaks were reported to MSDH. MSDH investigates all reported outbreaks.

COVID-19 outbreaks have occurred in the following counties: Alcorn (1), Newton (1), Pontotoc (1), Rankin (1), and Tallahatchie (1). | **Figure 9**



For additional information on infection control measures in health care facilities and managing COVID-19 outbreaks in long-term care facilities, please refer to the CDC's webpages: Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC and Infection Control Guidance: SARS-CoV-2 | COVID-19 | CDC, respectively.

Flu Testing Reports

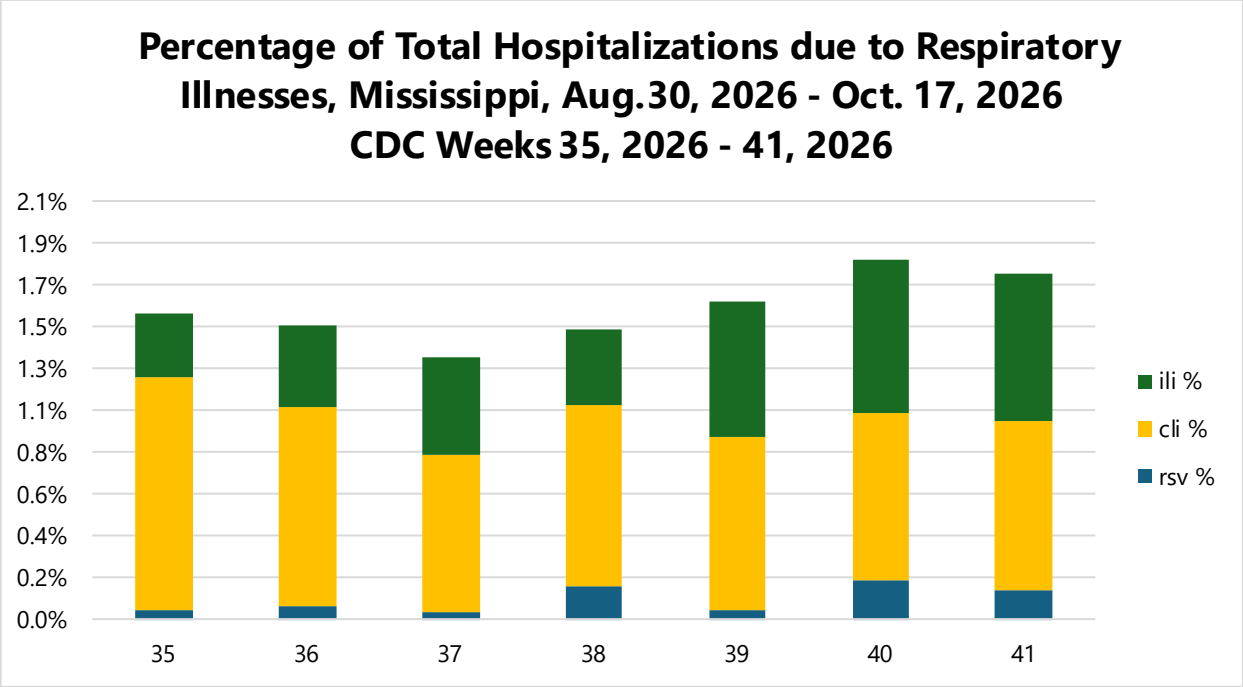
During week 41, (week ending October 17, 2026), no laboratory confirmed influenza samples were identified by the MSDH Public Health Laboratory. | **Figure 10**

No positive cases were identified; therefore, no hospitalizations occurred. | **Figure 11**

Hospitalizations due to Respiratory Illness

These data are obtained from CDC's ESSENCE platform, a syndromic surveillance system, which receives near-real-time electronic health record data from participating Mississippi healthcare facilities. Each bar shows the weekly percentage of [all hospital admissions] with a discharge diagnosis in one of three categories: influenza-like illness (ILI), COVID-like illness (CLI), or respiratory syncytial virus (RSV). Visits are categorized by chief complaint and discharge diagnosis codes by clinical terms drawn from CDC National Syndromic Surveillance Program definitions, not by laboratory confirmation.

NOTE: *Outpatient ILINet reporting shows how many people are seeking care, and laboratory percent positivity shows which viruses are circulating, but neither measures severity.*
The percentage of hospital admissions related to respiratory illness shows how much pressure the illness season is placing on hospitals. This information can help with hospital capacity planning, antiviral treatment guidance, and vaccination messages. Because syndromic data are reported daily, they can show changes sooner than laboratory results or mortality data.
Looking at all three measures together helps show what is driving illness when influenza, COVID-19, and RSV are circulating at the same time.



1.74% of hospitalizations are due to respiratory illness this past week. The percentage of ILI **decreased**, CLI **increased**, and RSV **decreased**. | **Figure 12**

National and Mississippi Pediatric Mortality Surveillance

Nationally, **no** influenza-associated pediatric deaths occurring in the 2026-2027 season have been reported to CDC.

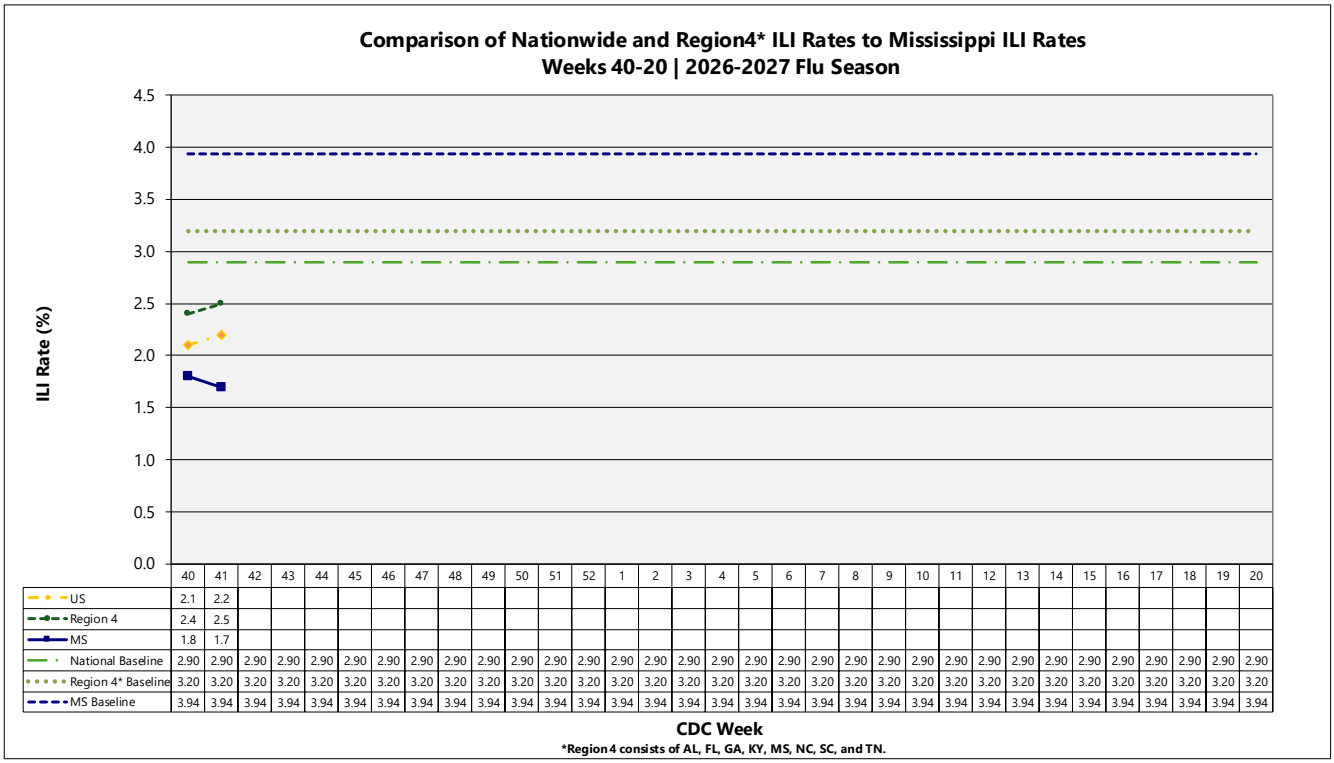
Mississippi has had **no** influenza-associated pediatric deaths reported during this influenza season.

For additional information on influenza-associated pediatric deaths, please refer to the CDC's FluView

National ILI Surveillance

During week 41, influenza activity increased in the United States. Of the patients reported through ILINet, 2.2% of patients reported with ILI symptoms. This was higher than week 40 and is below the national baseline.

Region 4's ILI rate (Southeast) increased when compared to the previous week. Mississippi is included in Region 4. | **Figure 13**

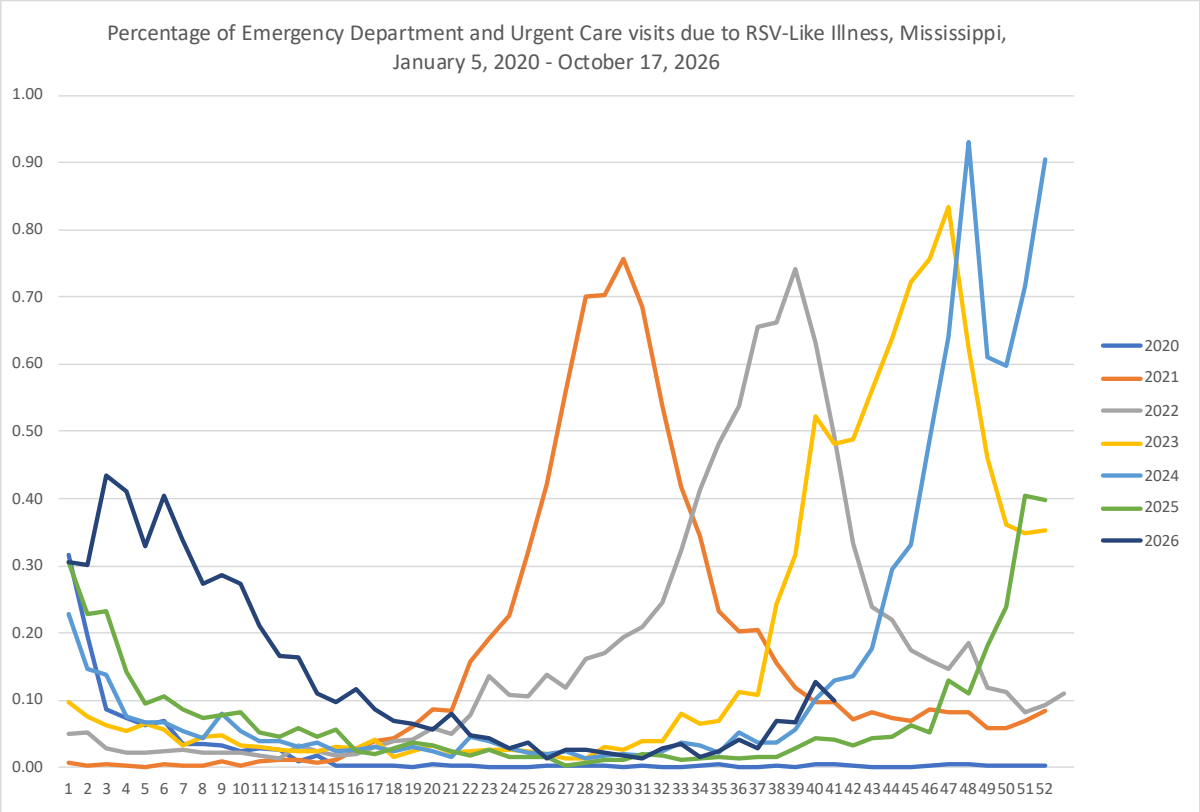


	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
US	2.1	2.2																															
Region 4	2.4	2.5																															
MS	1.8	1.7																															
National Baseline	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90
Region 4* Baseline	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20
MS Baseline	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94

For additional information on flu activity nationwide, please refer to the CDC's website: http://www.cdc.gov/flu/weekly/fluactivitysurv.htm.

State RSV Surveillance

Respiratory Syncytial Virus (RSV), or Human Orthopneumovirus, is the primary cause of infant hospitalization in the United States due to its' highly contagious nature. RSV creates respiratory tract infections and typically exhibits cold-like symptoms quite similar to COVID, which can make it hard to decipher. Infants and adults 65 years and older are most susceptible to RSV.

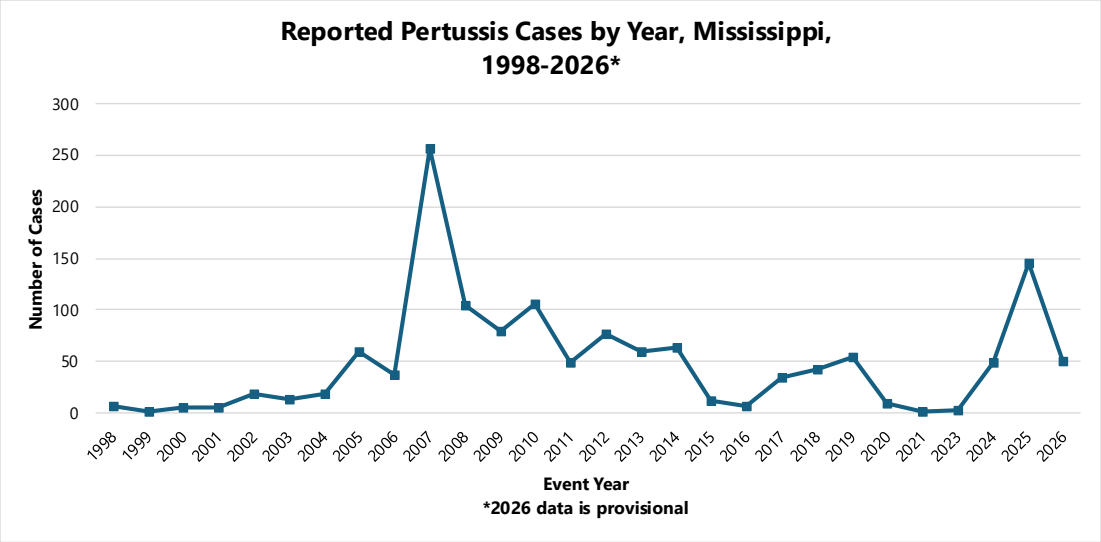


The percentage of patients with a chief complaint or diagnosis of RSV during week **41** decreased when compared to the previous week. | **Figure 14**

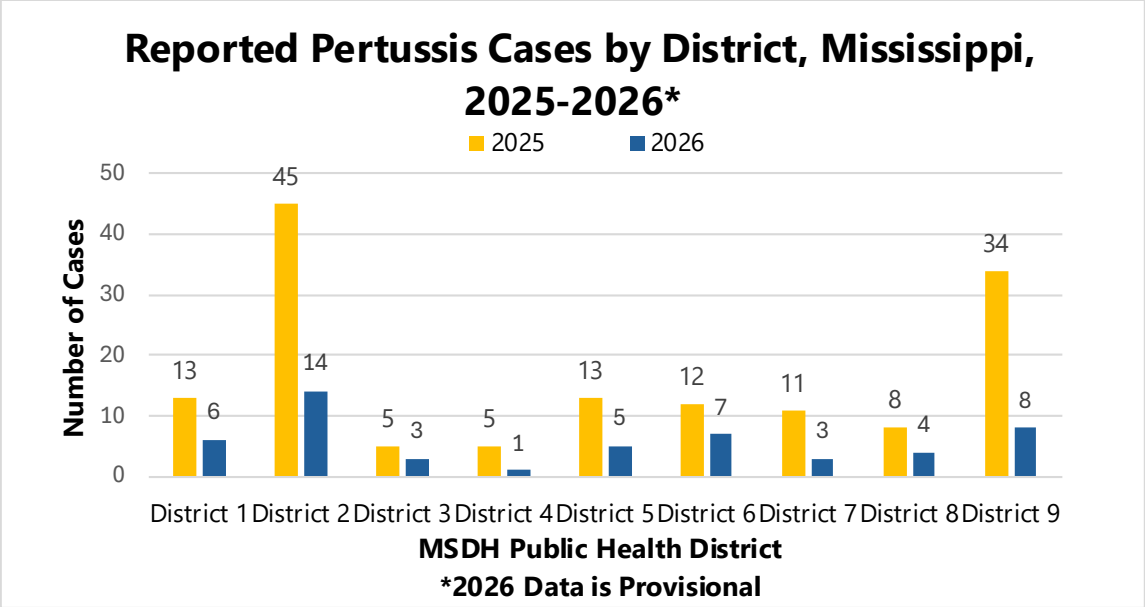
State Pertussis Surveillance

Pertussis, also known as whooping cough, is a highly contagious respiratory disease caused by Bordetella pertussis. It is characterized by severe coughing fits that can lead to difficulty breathing, vomiting, and a distinctive "whooping" sound during inhalation. While it can affect individuals of all ages, infants and young children are particularly vulnerable to severe complications. Pertussis spreads through respiratory droplets and can be prevented through vaccination, typically administered as part of the DTaP or Tdap immunization series. Early diagnosis and antibiotic treatment are key to limiting transmission and reducing symptom severity.

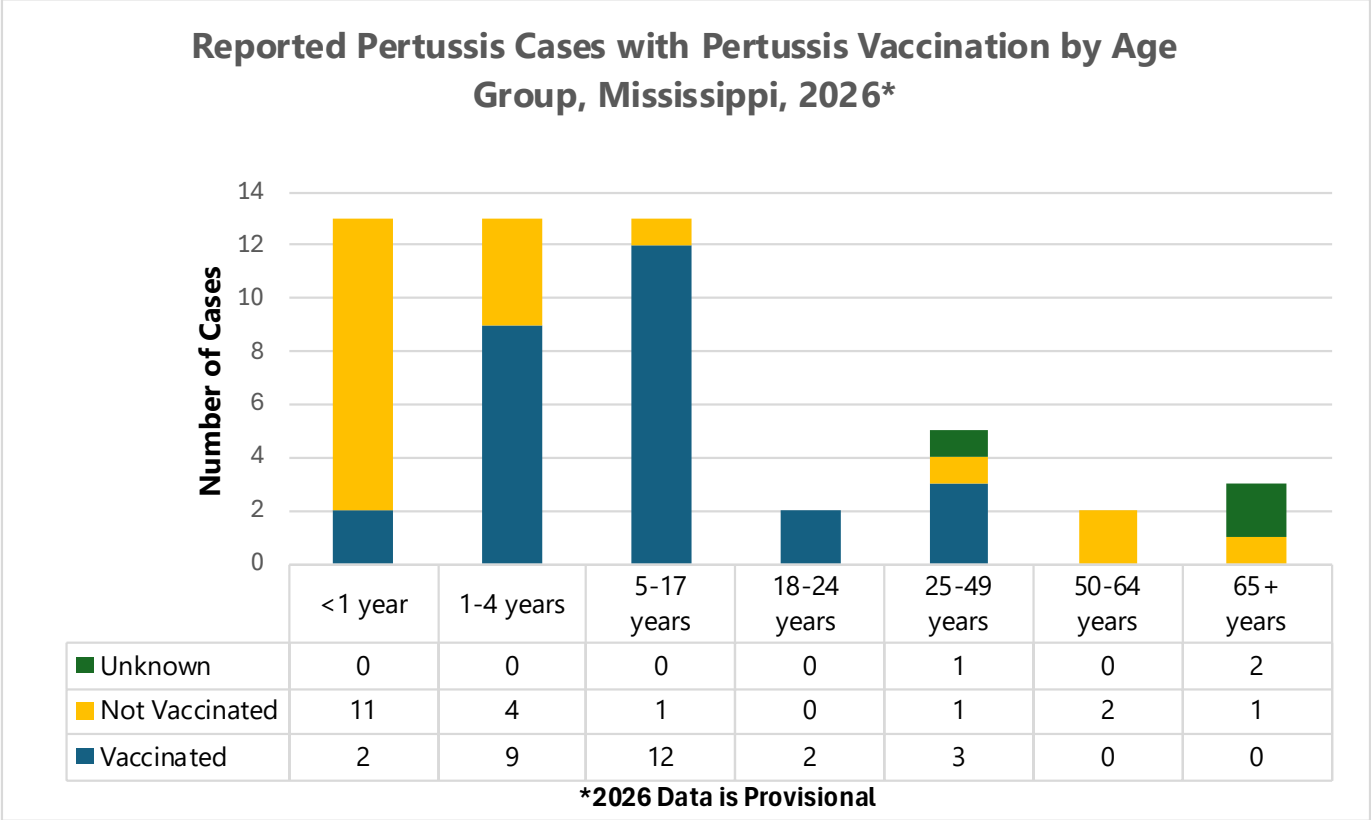
*Pertussis is reportable in Mississippi as a Class 1A event and must be reported by telephone within **24 hours** of first knowledge or suspicion to the Mississippi State Department of Health. For more information on reportable diseases and conditions, please refer to the* MSDH List of Reportable Diseases and Conditions.



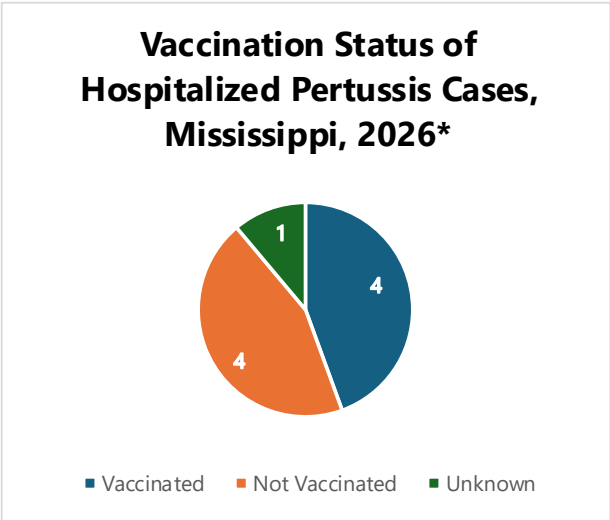
In 2026, **51** cases of pertussis have been reported, compared with 146 cases reported in 2025. | **Figure 15**



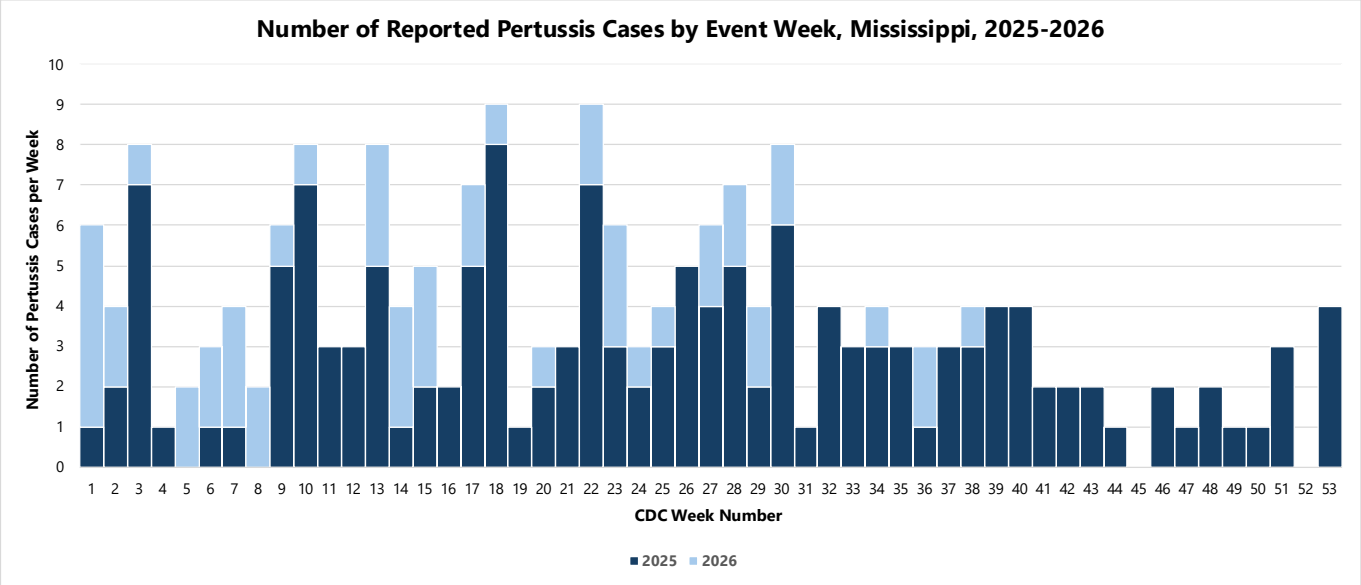
Districts **2, 6, and 9** have had the most reported cases in 2026 to date, with **14, 7, and 8 cases**, respectively. | **Figure 16**



Overall, the number of reported Pertussis cases has been highest among those in the **<1, 1-4, and 5-17 years** of age groups. In the less than one year old group, **5** of the unvaccinated children were less than 7 months of age, making them ineligible to have had all doses of pertussis-related vaccinations. | **Figure 17**



Of the 9 hospitalized Pertussis Cases, **4** (44%) of them have not been vaccinated, **4** (44%) have been vaccinated, and **1** (11%) has an unknown vaccination status. | **Figure 18**



There have been **fewer** reported Pertussis cases this week compared to last week, as well as less cases compared to this time last year (**130**). | **Figure 19**

Additional Respiratory information:

Centers for Disease Control and Prevention	**http://cdc.gov/flu/**
Centers for Disease Control and Prevention FluView	**http://www.cdc.gov/flu/weekly/**
MSDH Flu	**http://msdh.ms.gov/msdhsite/_static/14,0,199.html**
World Health Organization FluNet	**https://www.who.int/tools/flunet/flunet-summary**

Appendix

Figure 1

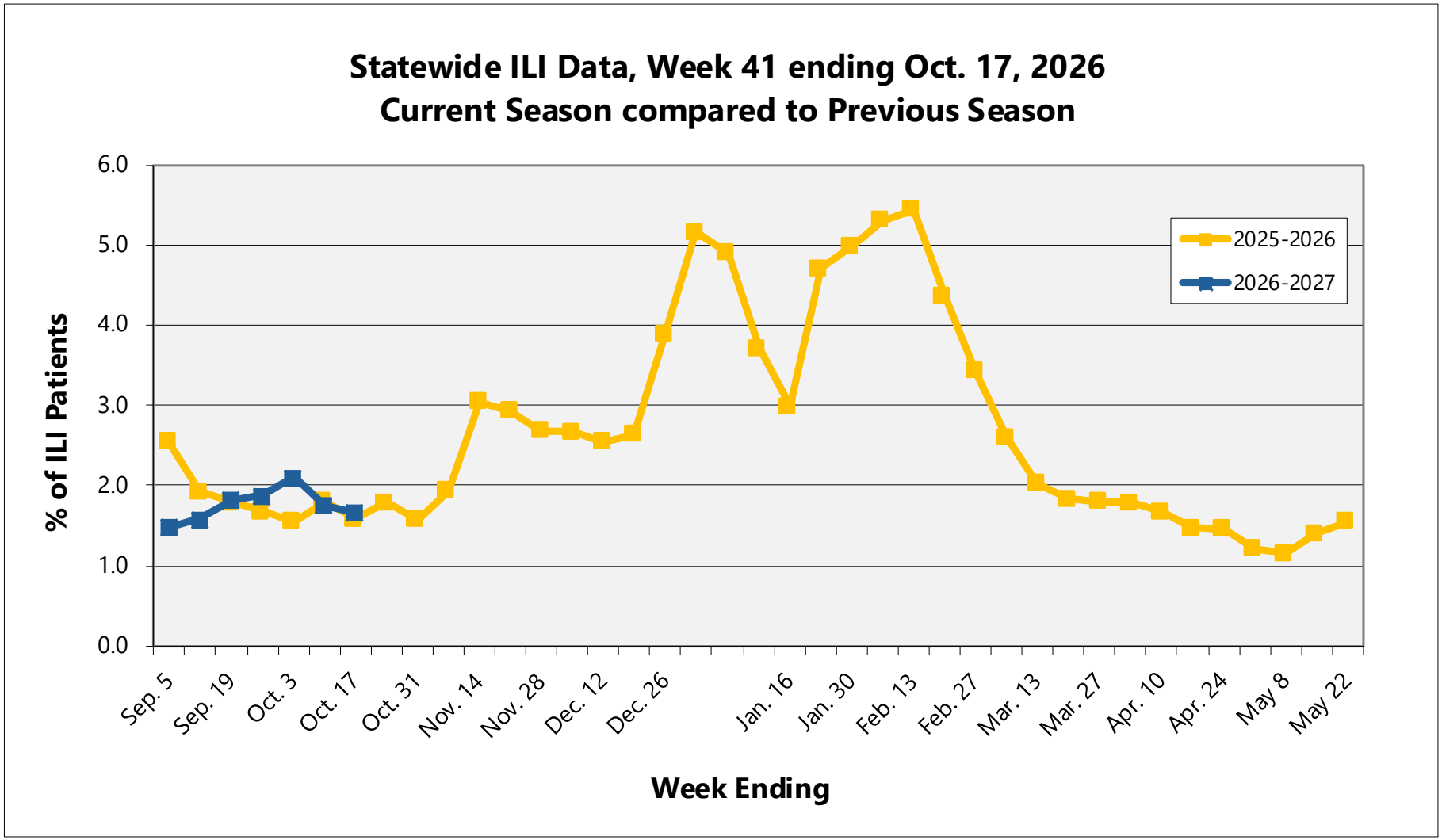


Figure 2

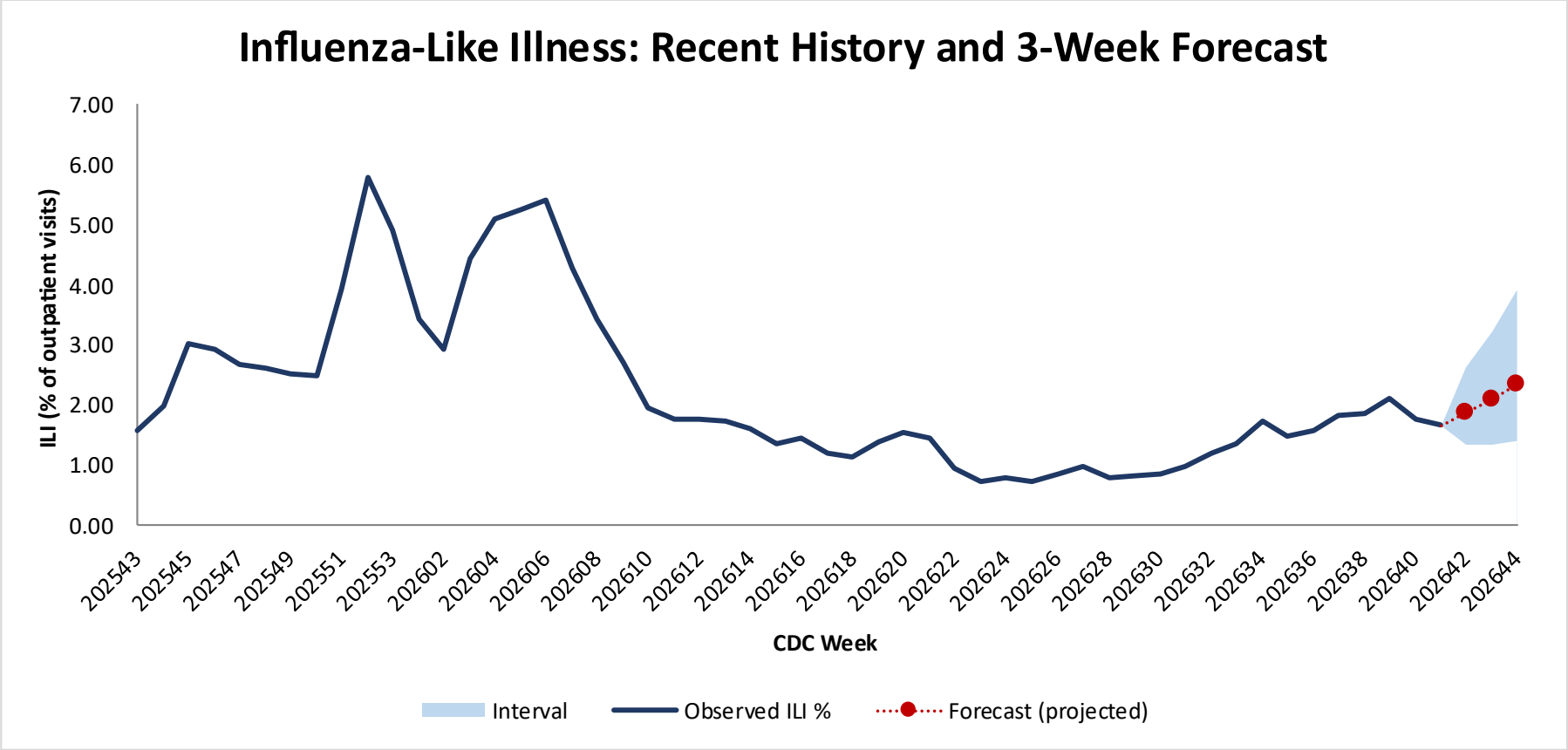

Influenza-Like Illness: Recent History and 3-Week Forecast
ILI (% of outpatient visits)
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
202543
202545
202547
202549
202551
202553
202602
202604
202606
202608
202610
202612
202614
202616
202618
202620
202622
202624
202626
202628
202630
202632
202634
202636
202638
202640
202642
202644
CDC Week
Interval
Observed ILI %
Forecast (projected)

Figure 3

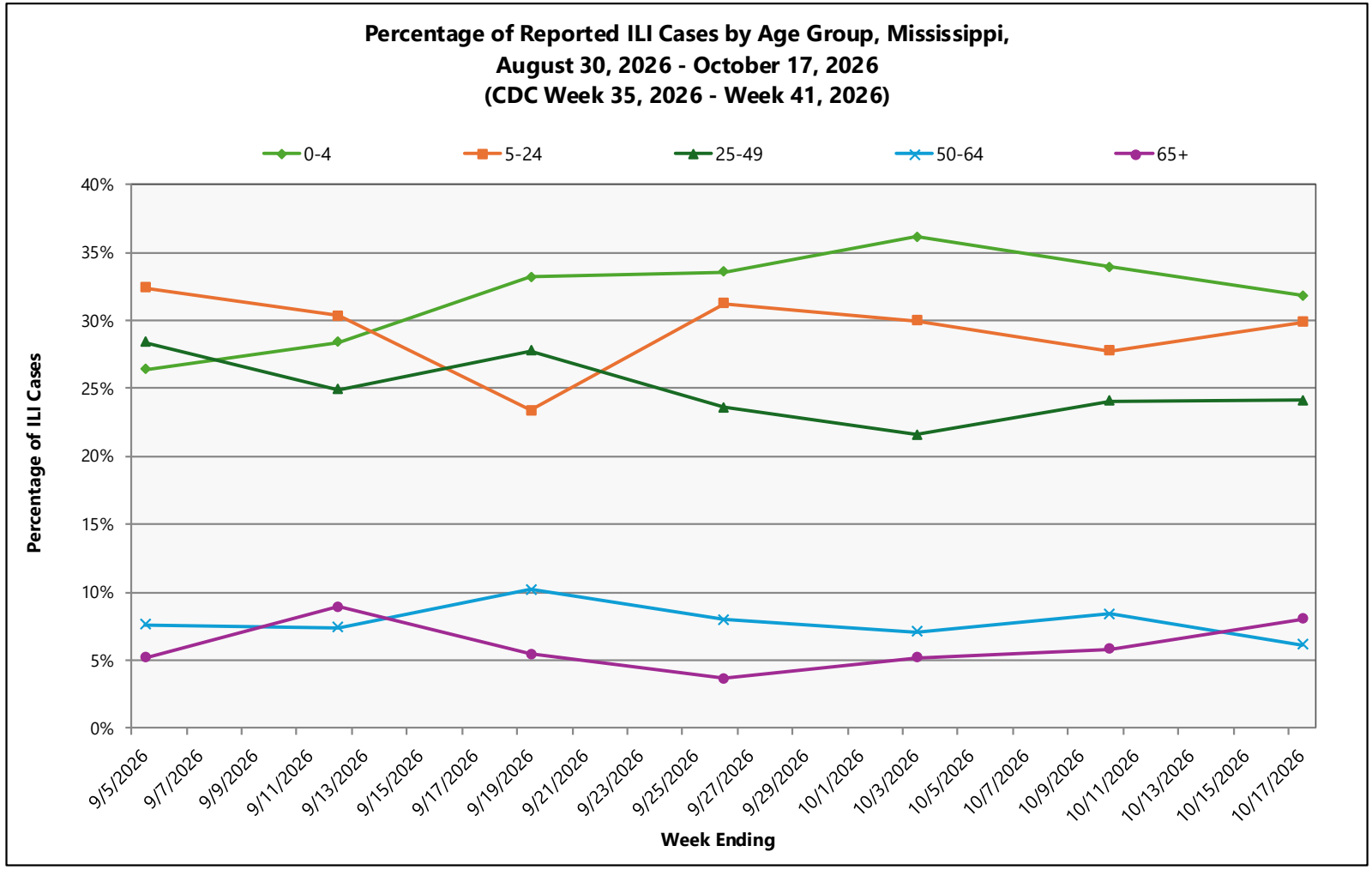

Percentage of Reported ILI Cases by Age Group, Mississippi,
August 30, 2026 - October 17, 2026
(CDC Week 35, 2026 - Week 41, 2026)
0-4
5-24
25-49
50-64
65+
Percentage of ILI Cases
40%
35%
30%
25%
20%
15%
10%
5%
0%
9/5/2026
9/7/2026
9/9/2026
9/11/2026
9/13/2026
9/15/2026
9/17/2026
9/19/2026
9/21/2026
9/23/2026
9/25/2026
9/27/2026
9/29/2026
10/1/2026
10/3/2026
10/5/2026
10/7/2026
10/9/2026
10/11/2026
10/13/2026
10/15/2026
10/17/2026
Week Ending

Figure 4

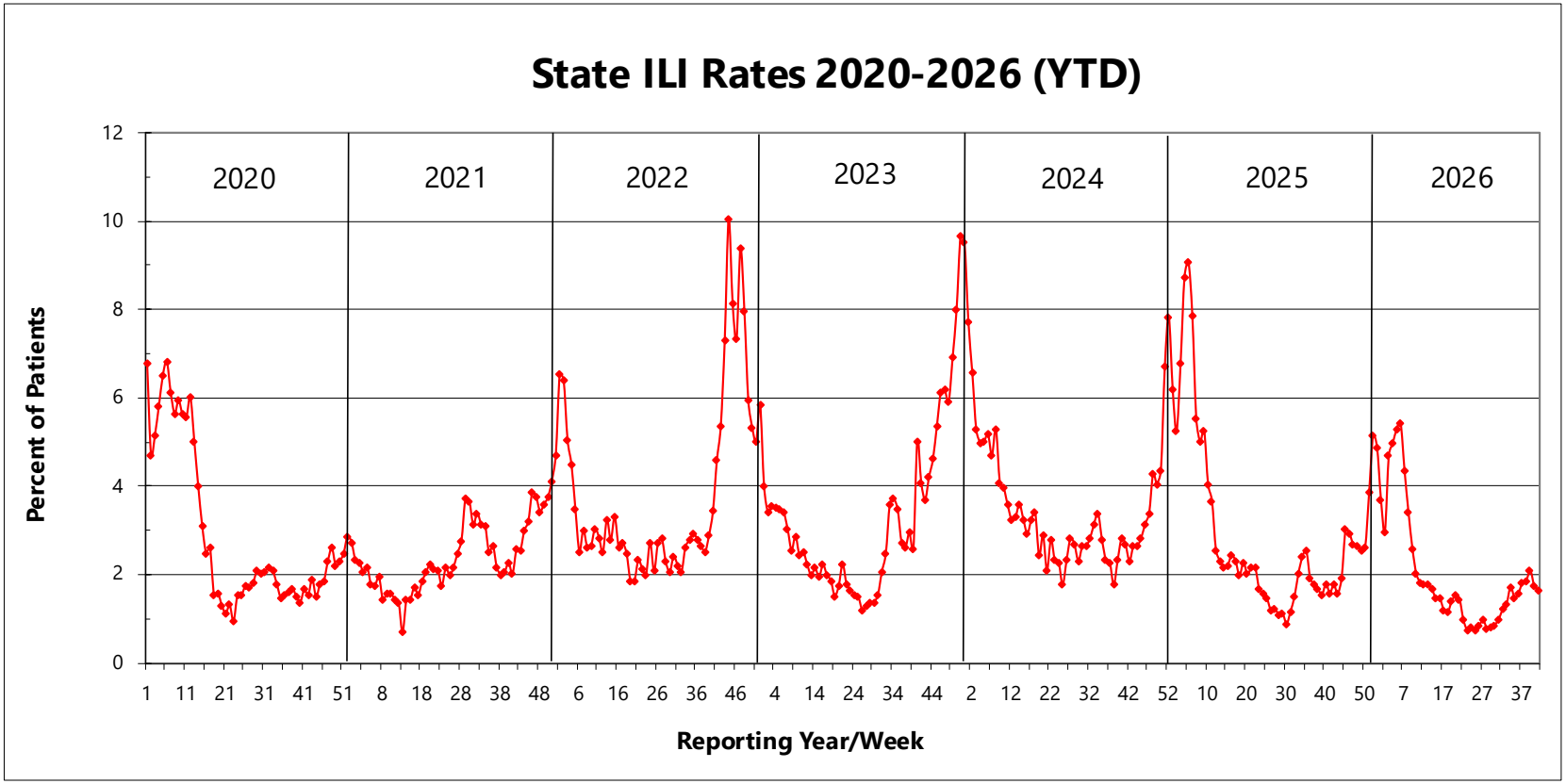

State ILI Rates 2020-2026 (YTD)
2020
2021
2022
2023
2024
2025
2026
Percent of Patients
0
2
4
6
8
10
12
1 11 21 31 41 51 8 18 28 38 48 6 16 26 36 46 4 14 24 34 44 2 12 22 32 42 52 10 20 30 40 50 7 17 27 37
Reporting Year/Week

Figure 5

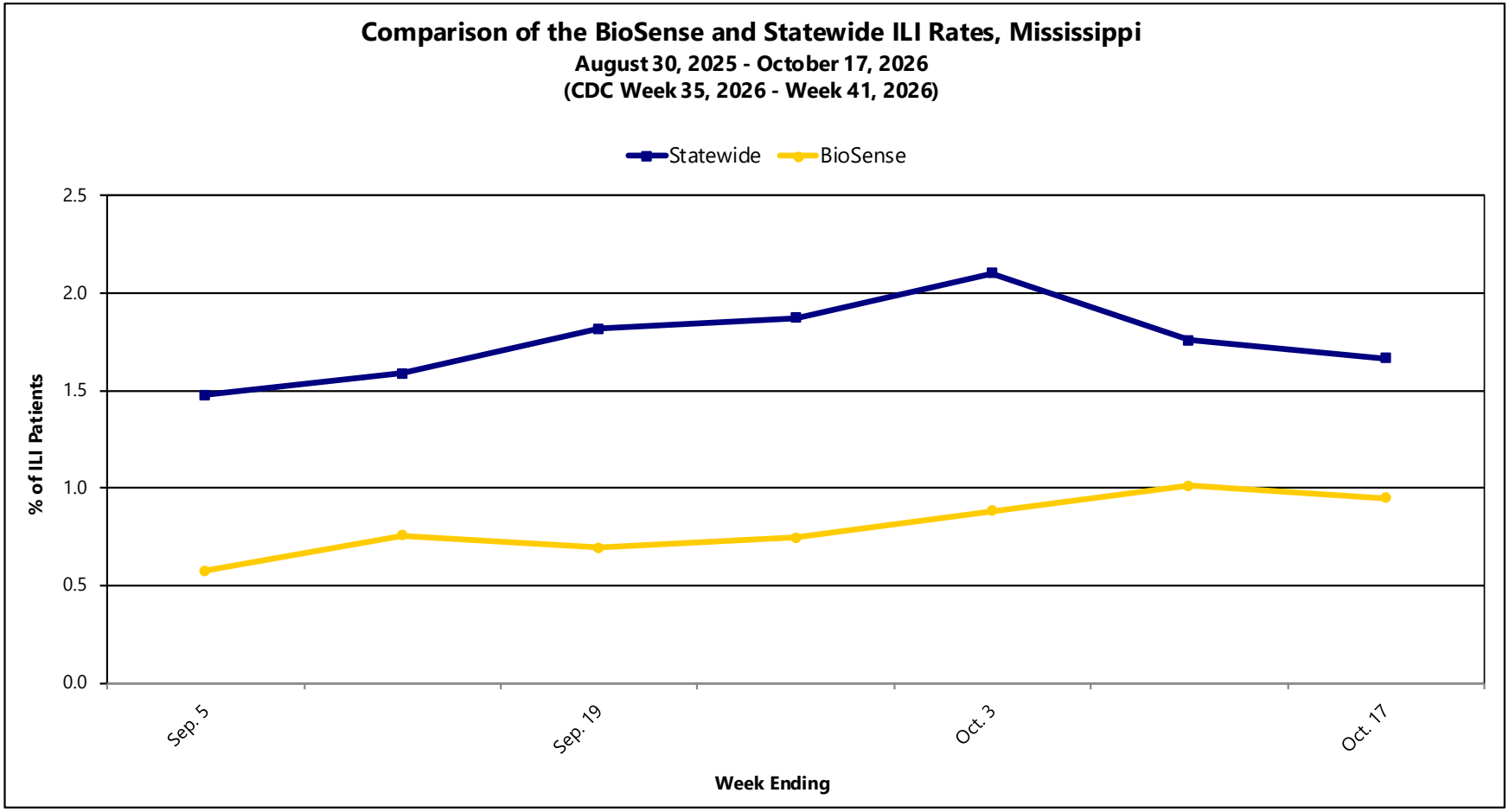

Comparison of the BioSense and Statewide ILI Rates, Mississippi
August 30, 2025 - October 17, 2026
(CDC Week 35, 2026 - Week 41, 2026)
Statewide
BioSense
% of ILI Patients
2.5
2.0
1.5
1.0
0.5
0.0
Sep. 5
Sep. 19
Oct. 3
Oct. 17
Week Ending

Figure 6

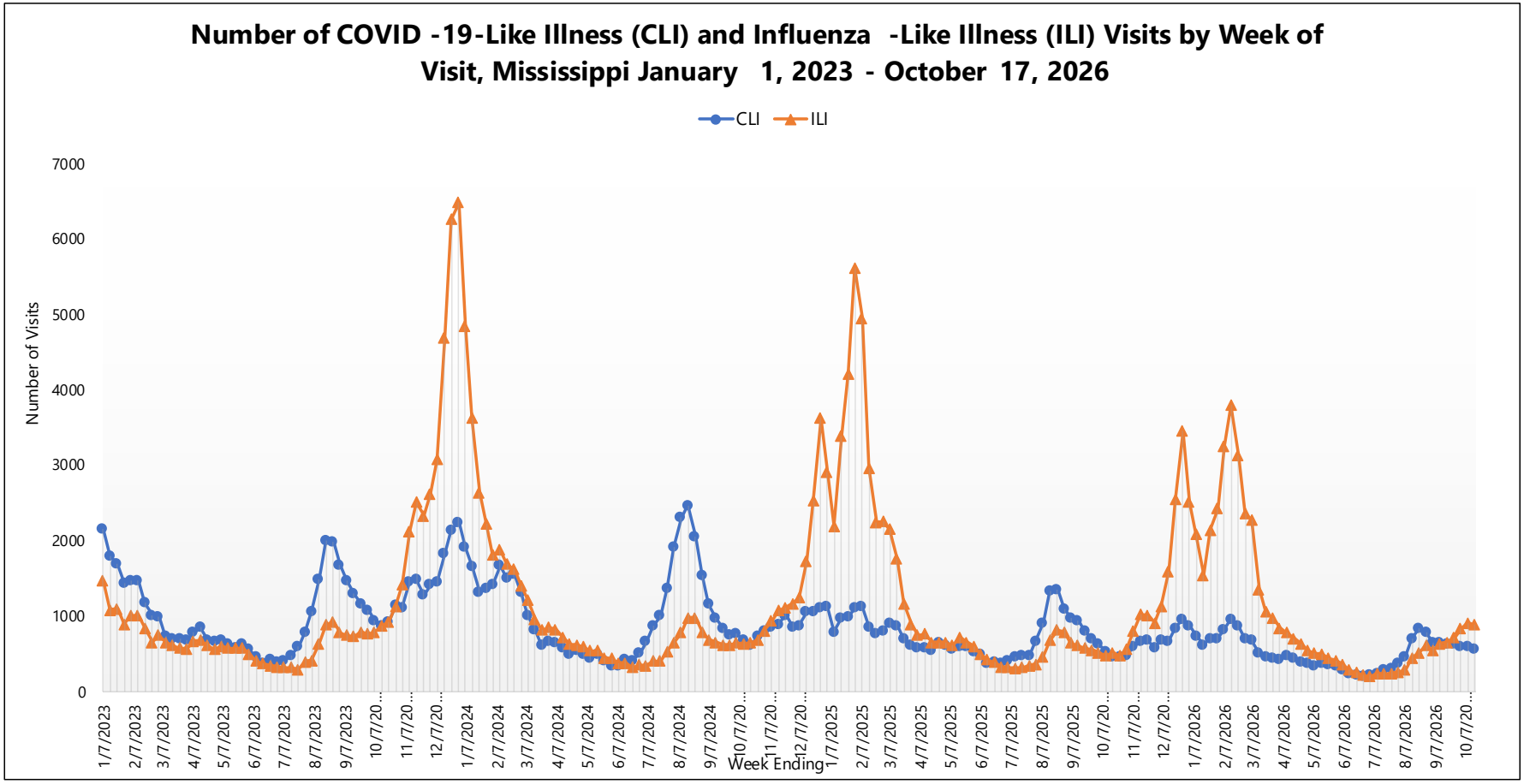

Number of COVID -19-Like Illness (CLI) and Influenza -Like Illness (ILI) Visits by Week of Visit, Mississippi January 1, 2023 - October 17, 2026
CLI
ILI
Number of Visits
7000
6000
5000
4000
3000
2000
1000
0
Week Ending
1/7/2023
2/7/2023
3/7/2023
4/7/2023
5/7/2023
6/7/2023
7/7/2023
8/7/2023
9/7/2023
10/7/20...
11/7/20...
12/7/20...
1/7/2024
2/7/2024
3/7/2024
4/7/2024
5/7/2024
6/7/2024
7/7/2024
8/7/2024
9/7/2024
10/7/20...
11/7/20...
12/7/20...
1/7/2025
2/7/2025
3/7/2025
4/7/2025
5/7/2025
6/7/2025
7/7/2025
8/7/2025
9/7/2025
10/7/20...
11/7/20...
12/7/20...
1/7/2026
2/7/2026
3/7/2026
4/7/2026
5/7/2026
6/7/2026
7/7/2026
8/7/2026
9/7/2026
10/7/20...

Figure 7

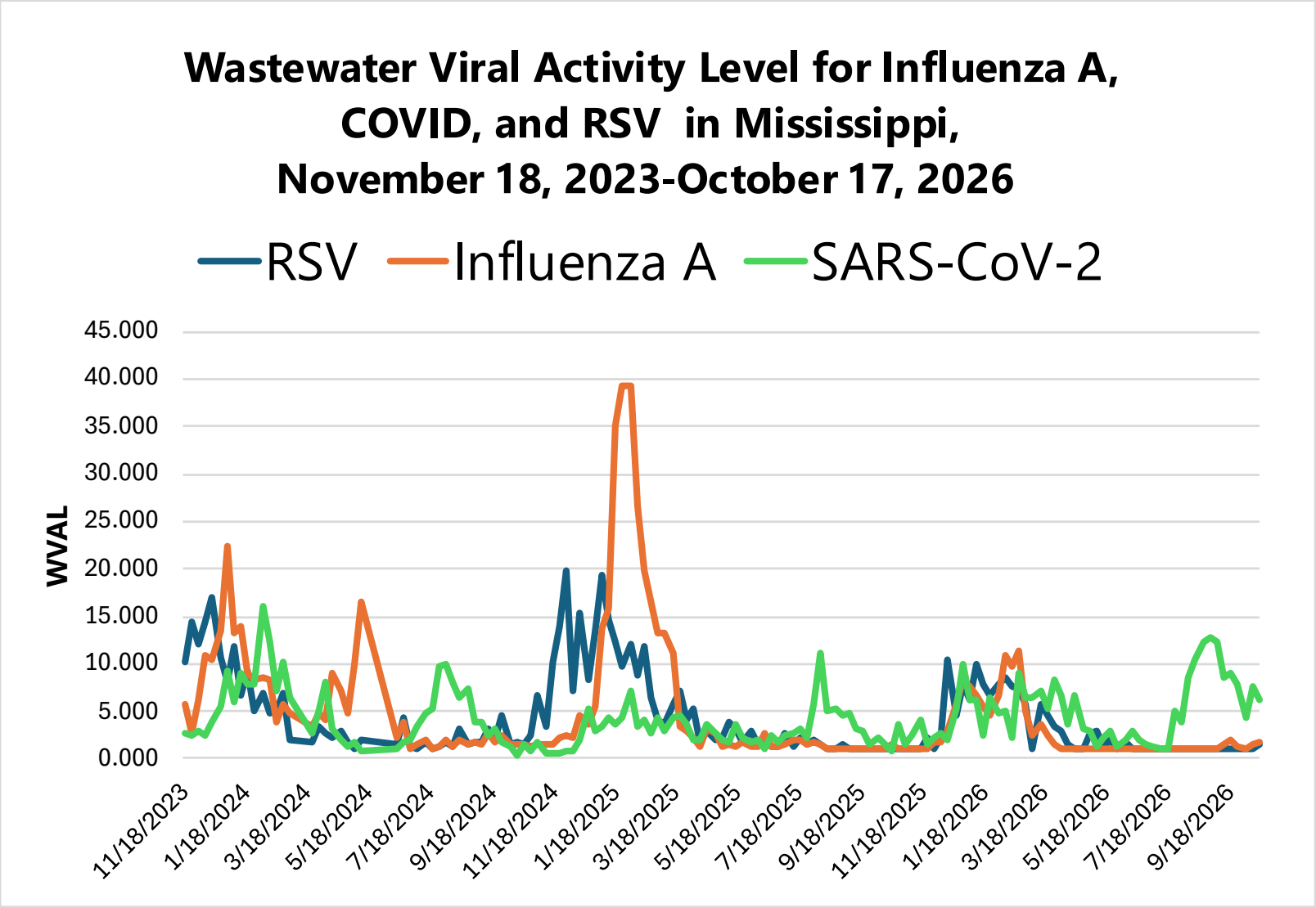
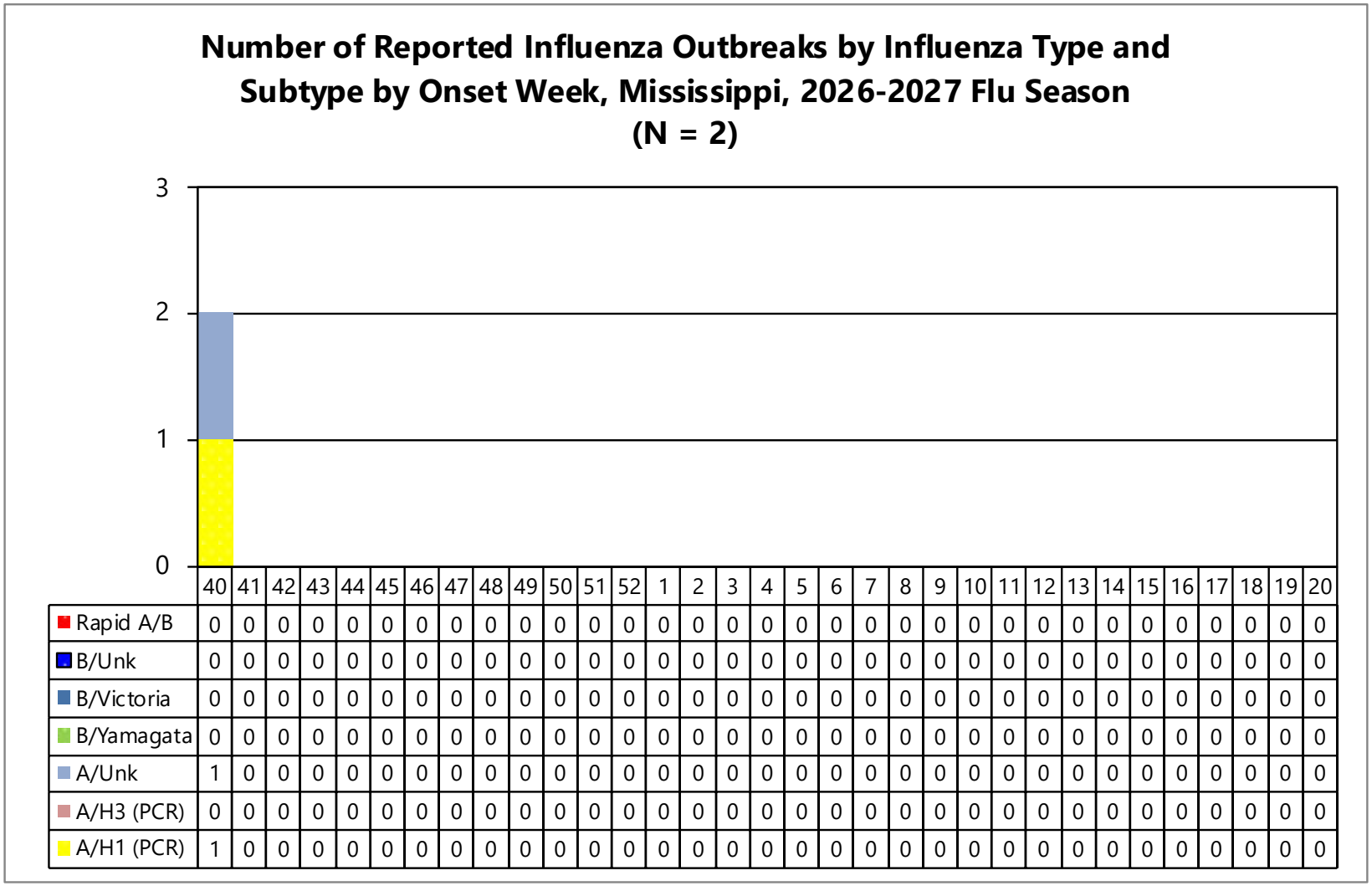
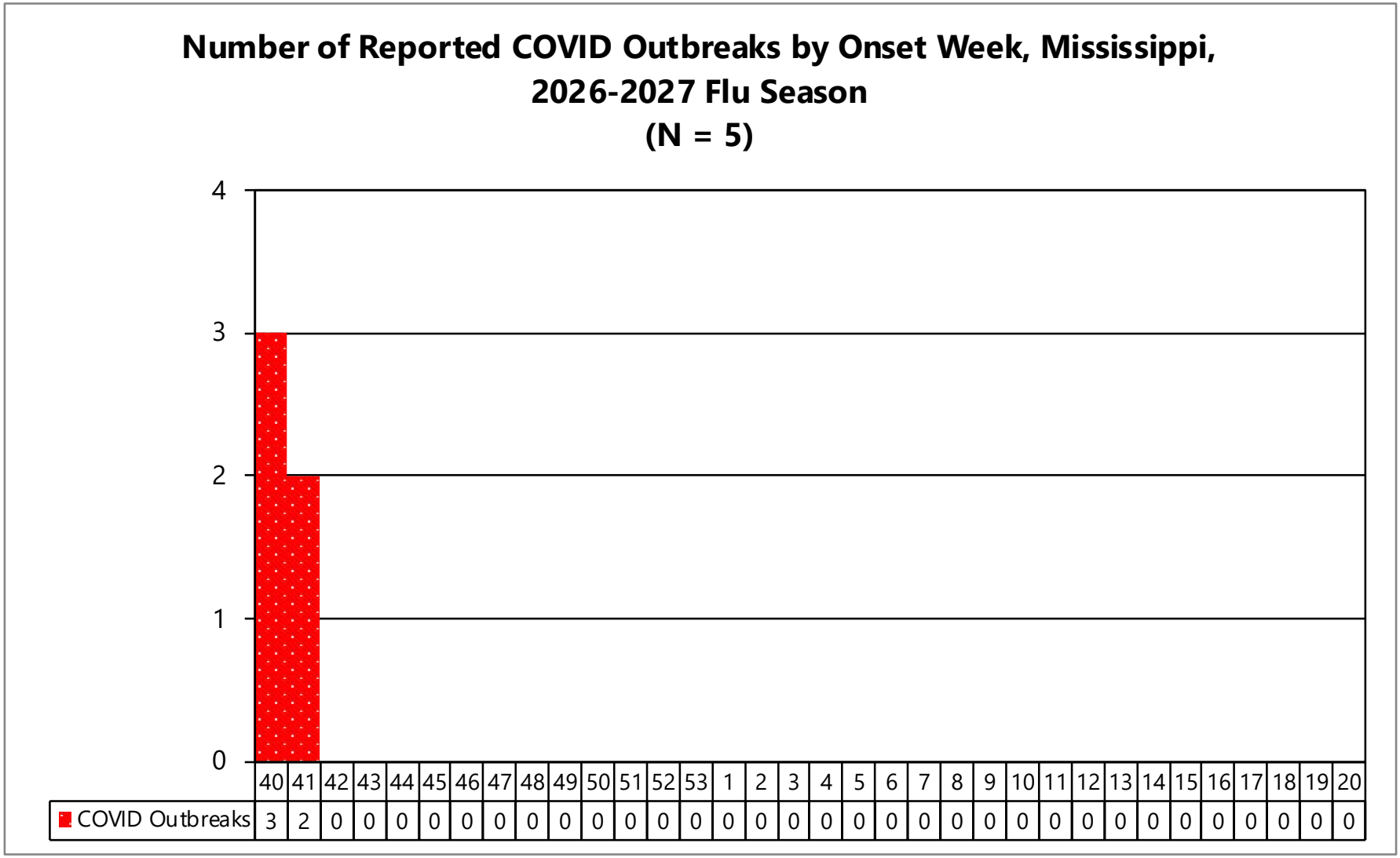

Wastewater Viral Activity Level for Influenza A, COVID, and RSV in Mississippi, November 18, 2023-October 17, 2026
RSV
Influenza A
SARS-CoV-2
WVAL
45.000
40.000
35.000
30.000
25.000
20.000
15.000
10.000
5.000
0.000
11/18/2023
1/18/2024
3/18/2024
5/18/2024
7/18/2024
9/18/2024
11/18/2024
1/18/2025
3/18/2025
5/18/2025
7/18/2025
9/18/2025
11/18/2025
1/18/2026
3/18/2026
5/18/2026
7/18/2026
9/18/2026

Figure 8



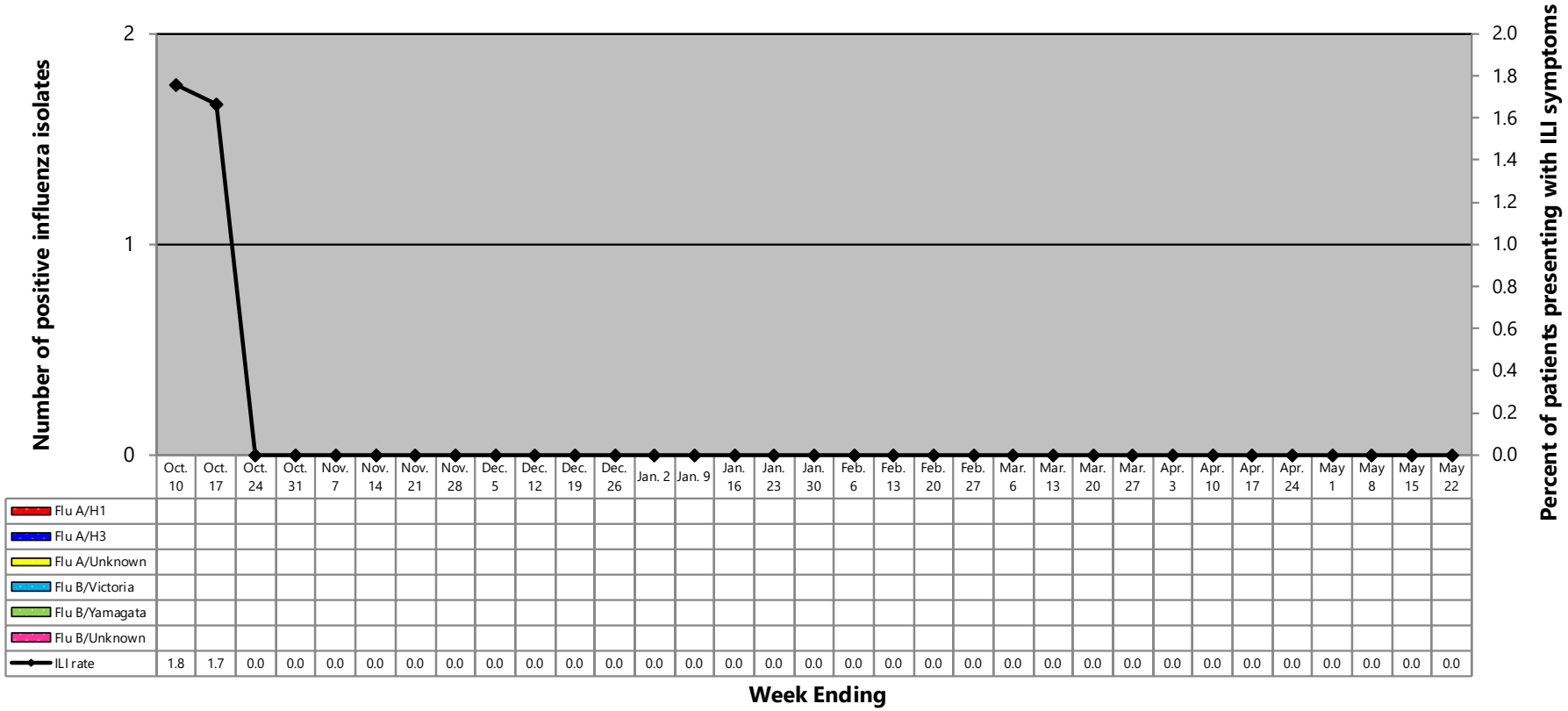
	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Rapid A/B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/Unk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/Victoria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/Yamagata	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A/Unk	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A/H3 (PCR)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A/H1 (PCR)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 9



	40	41	42	43	44	45	46	47	48	49	50	51	52	53	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
COVID Outbreaks	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 10



	Oct. 10	Oct. 17	Oct. 24	Oct. 31	Nov. 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12	Dec. 19	Dec. 26	Jan. 2	Jan. 9	Jan. 16	Jan. 23	Jan. 30	Feb. 6	Feb. 13	Feb. 20	Feb. 27	Mar. 6	Mar. 13	Mar. 20	Mar. 27	Apr. 3	Apr. 10	Apr. 17	Apr. 24	May 1	May 8	May 15	May 22
Flu A/H1																																	
Flu A/H3																																	
Flu A/Unknown																																	
Flu B/Victoria																																	
Flu B/Yamagata																																	
Flu B/Unknown																																	
ILI rate	1.8	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Figure 11

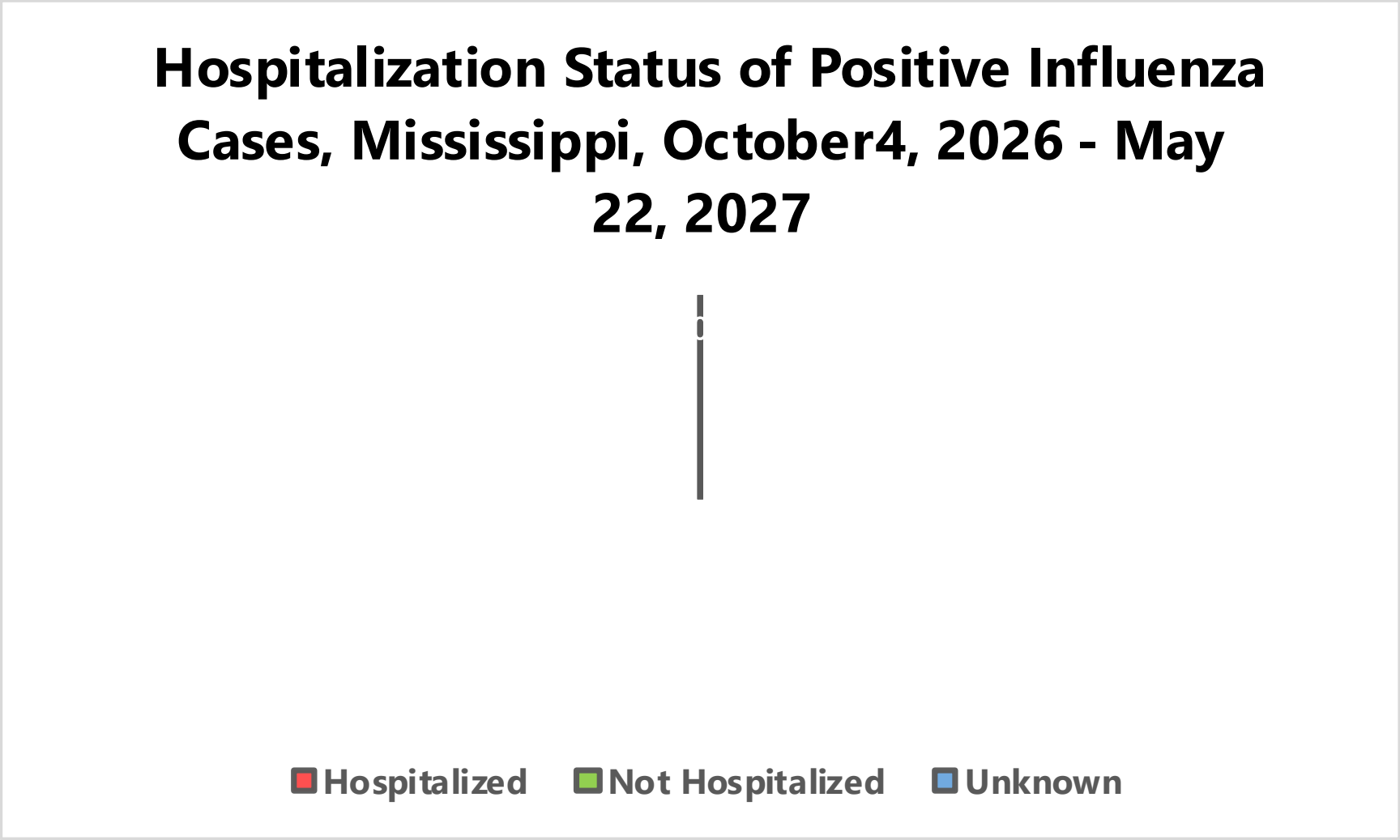

Hospitalization Status of Positive Influenza Cases, Mississippi, October4, 2026 - May 22, 2027
Hospitalized
Not Hospitalized
Unknown

Figure 12

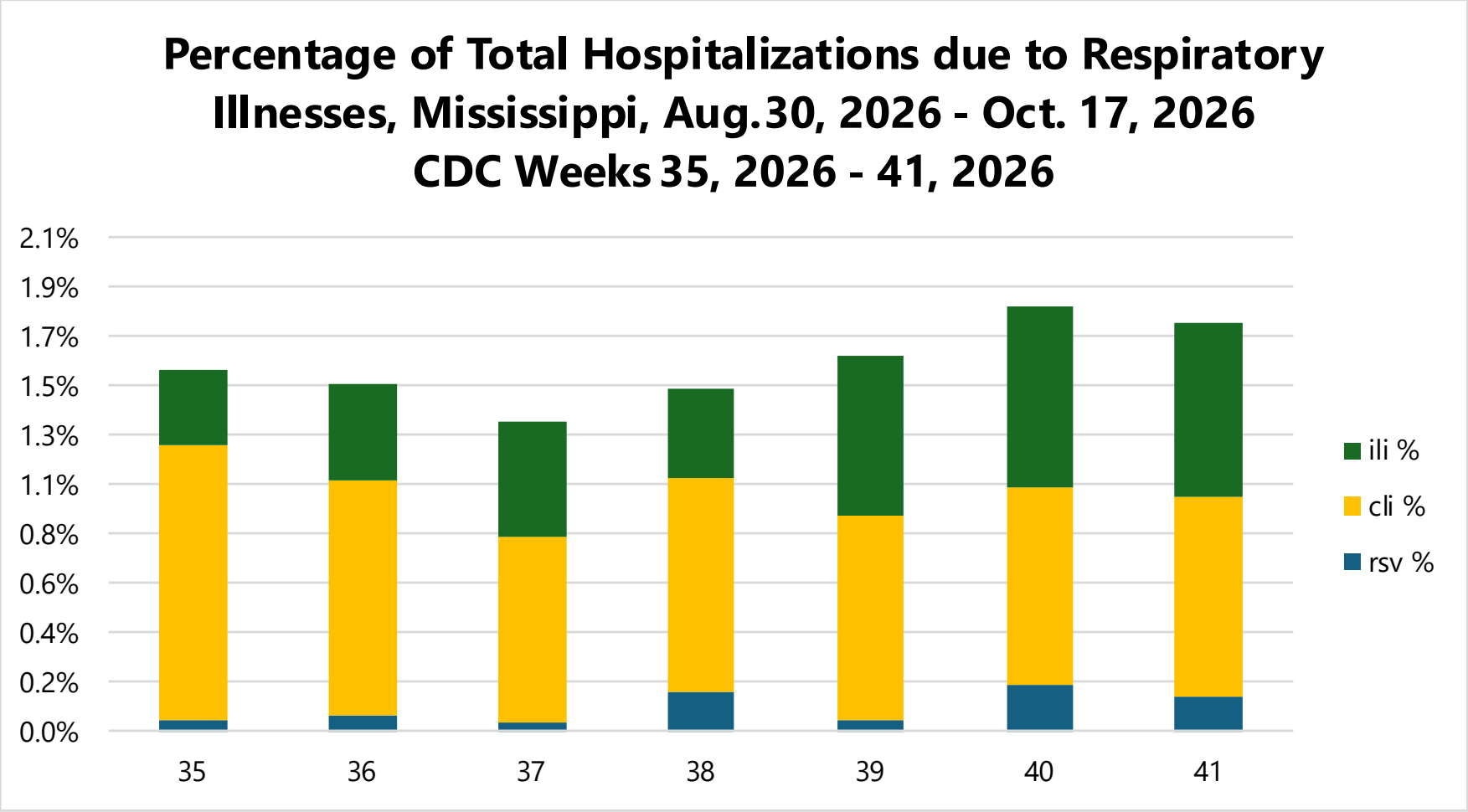
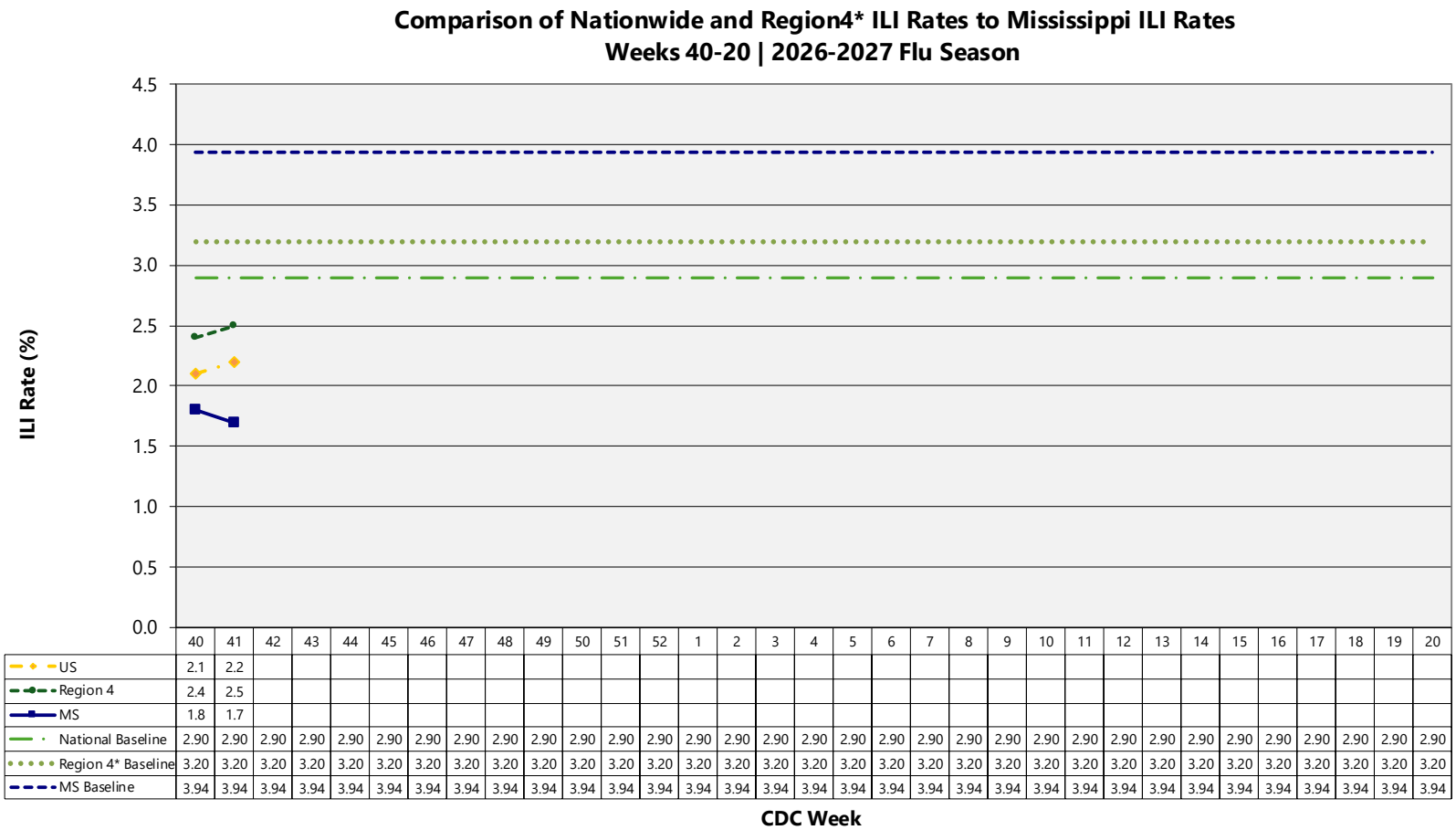

Percentage of Total Hospitalizations due to Respiratory Illnesses, Mississippi, Aug.30, 2026 - Oct. 17, 2026
CDC Weeks 35, 2026 - 41, 2026
2.1%
1.9%
1.7%
1.5%
1.3%
1.1%
0.8%
0.6%
0.4%
0.2%
0.0%
35
36
37
38
39
40
41
ili %
cli %
rsv %

Figure 13



	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
US	2.1	2.2																															
Region 4	2.4	2.5																															
MS	1.8	1.7																															
National Baseline	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90
Region 4* Baseline	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20	3.20
MS Baseline	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94

***Region 4 consists of AL, FL, GA, KY, MS, NC, SC, and TN.**

Figure 14

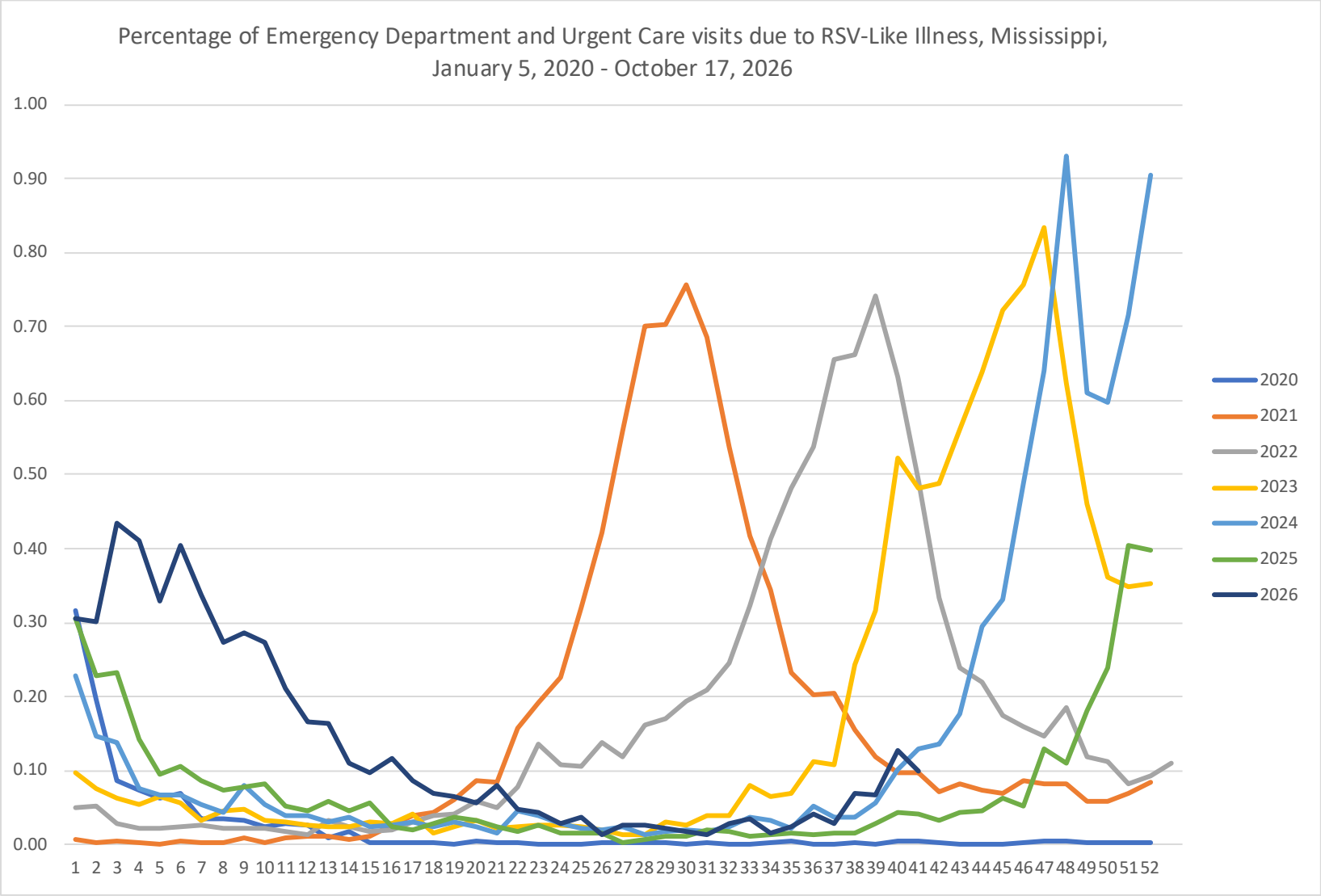

Percentage of Emergency Department and Urgent Care visits due to RSV-Like Illness, Mississippi, January 5, 2020 - October 17, 2026
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
2020
2021
2022
2023
2024
2025
2026

Figure 15

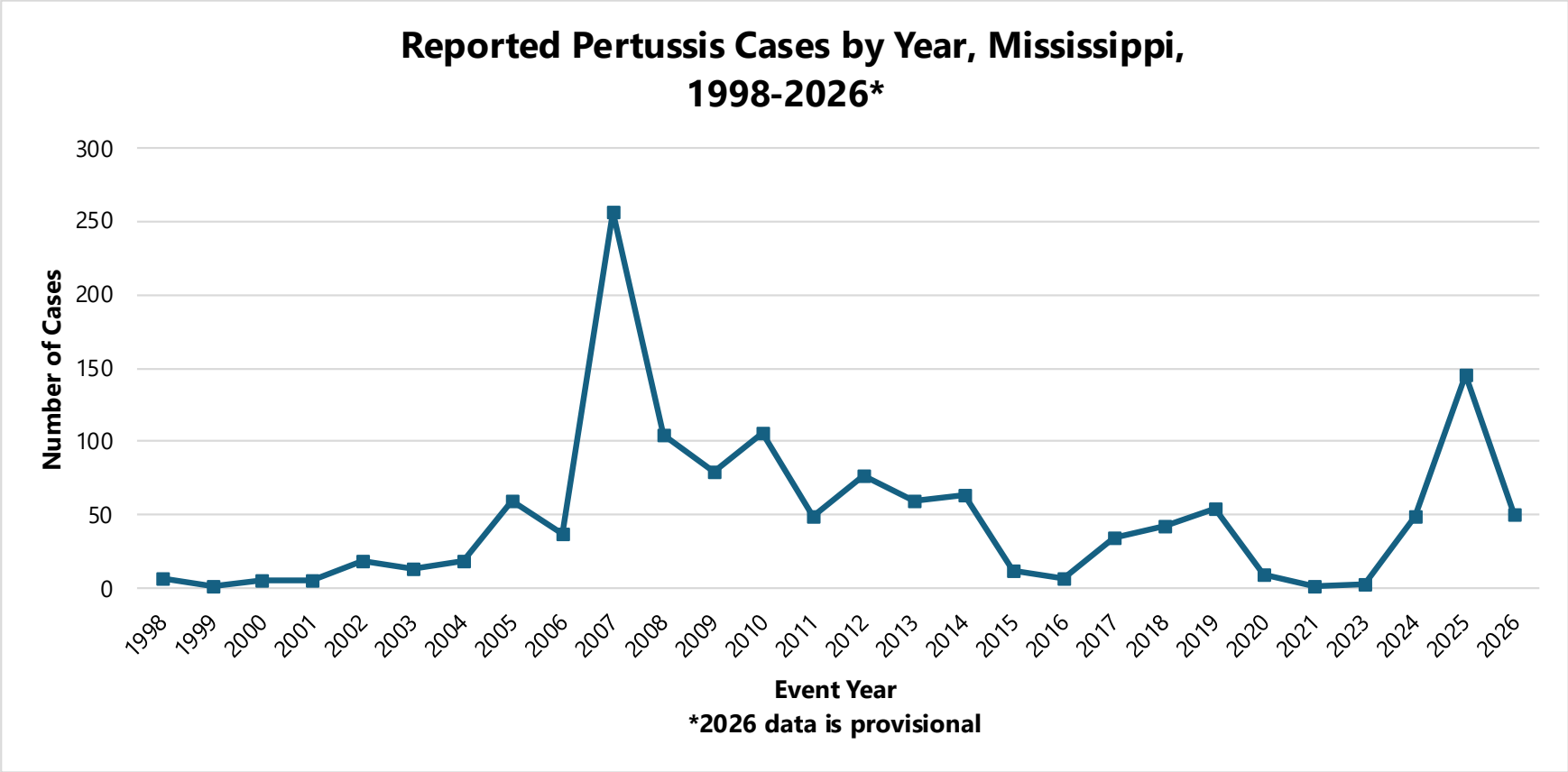

Reported Pertussis Cases by Year, Mississippi, 1998-2026*
Number of Cases
300
250
200
150
100
50
0
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2023
2024
2025
2026
Event Year
*2026 data is provisional

Figure 16

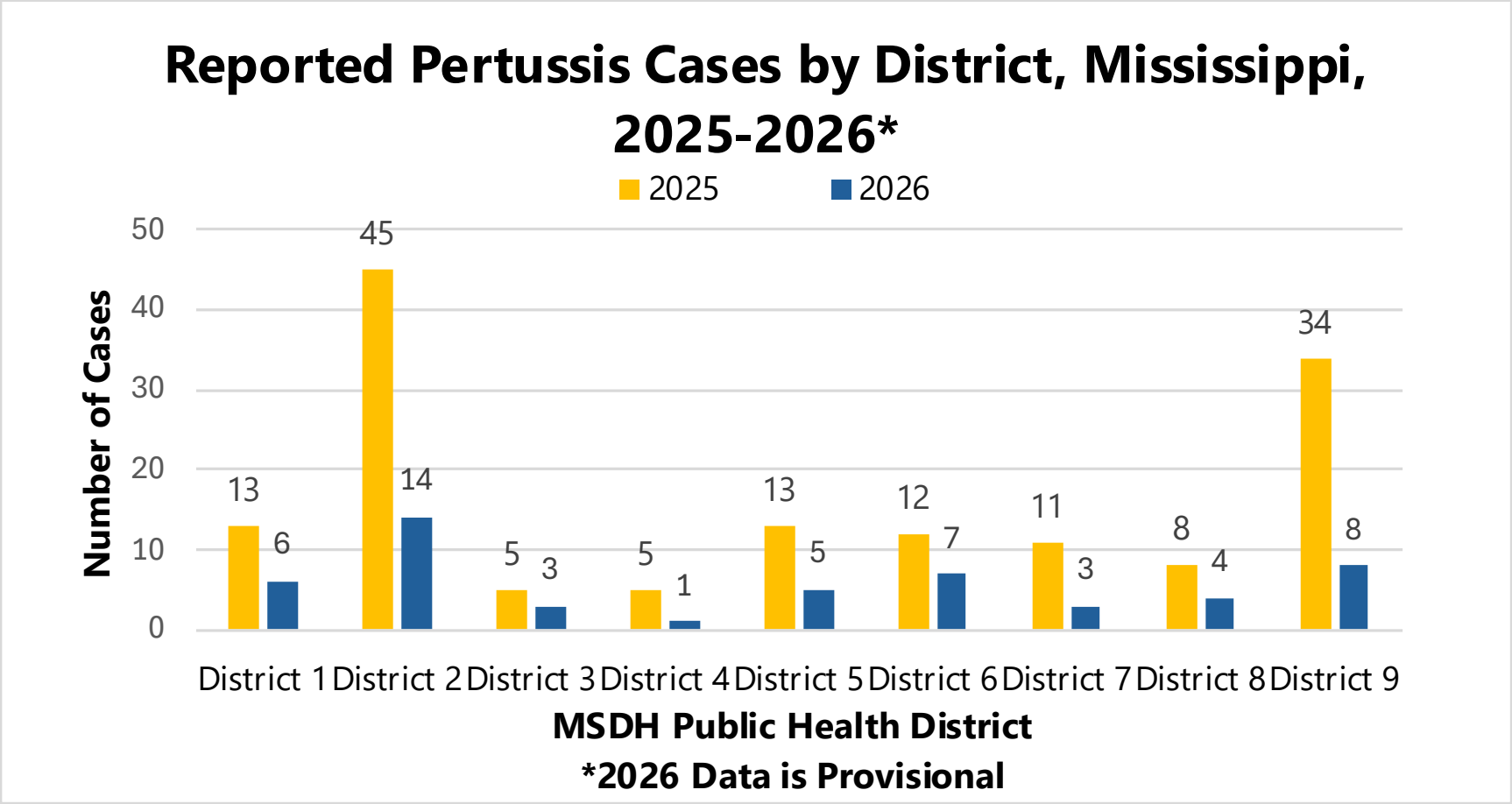
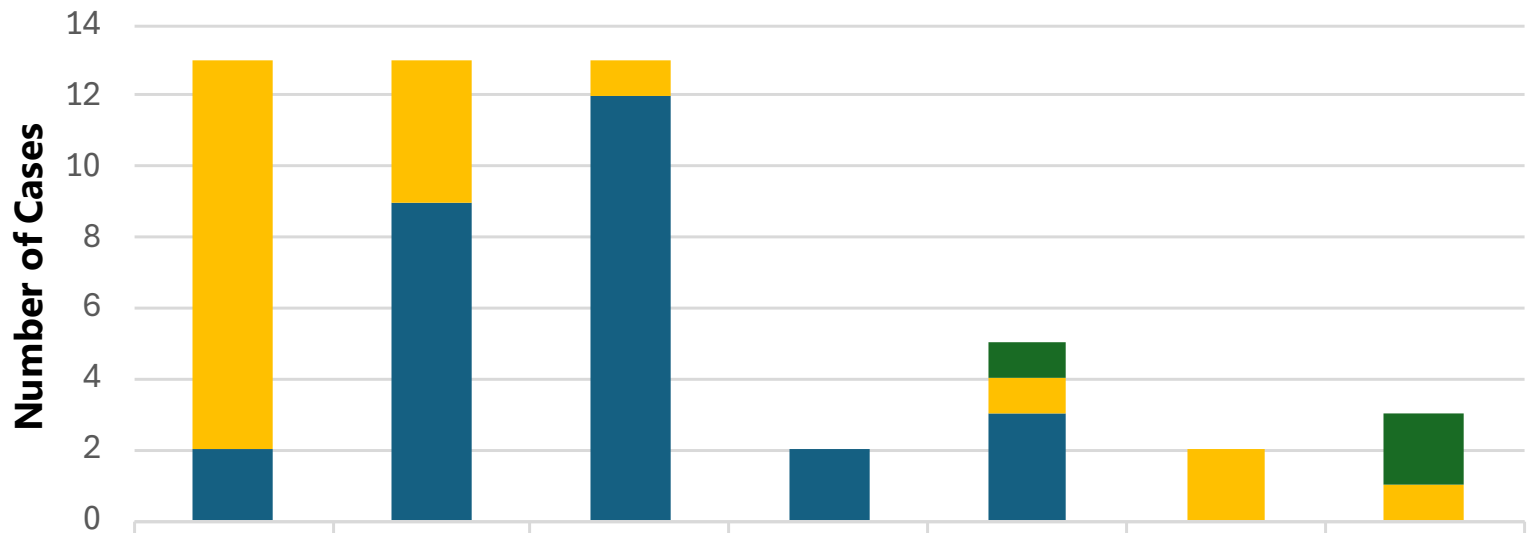

Reported Pertussis Cases by District, Mississippi, 2025-2026*
2025
2026
Number of Cases
50
40
30
20
10
0
13
6
45
14
5
3
5
1
13
5
12
7
11
3
8
4
34
8
District 1
District 2
District 3
District 4
District 5
District 6
District 7
District 8
District 9
MSDH Public Health District
*2026 Data is Provisional

Figure 17



	<1 year	1-4 years	5-17 years	18-24 years	25-49 years	50-64 years	65+ years
Unknown	0	0	0	0	1	0	2
Not Vaccinated	11	4	1	0	1	2	1
Vaccinated	2	9	12	2	3	0	0

***2026 Data is Provisional**

Figure 18

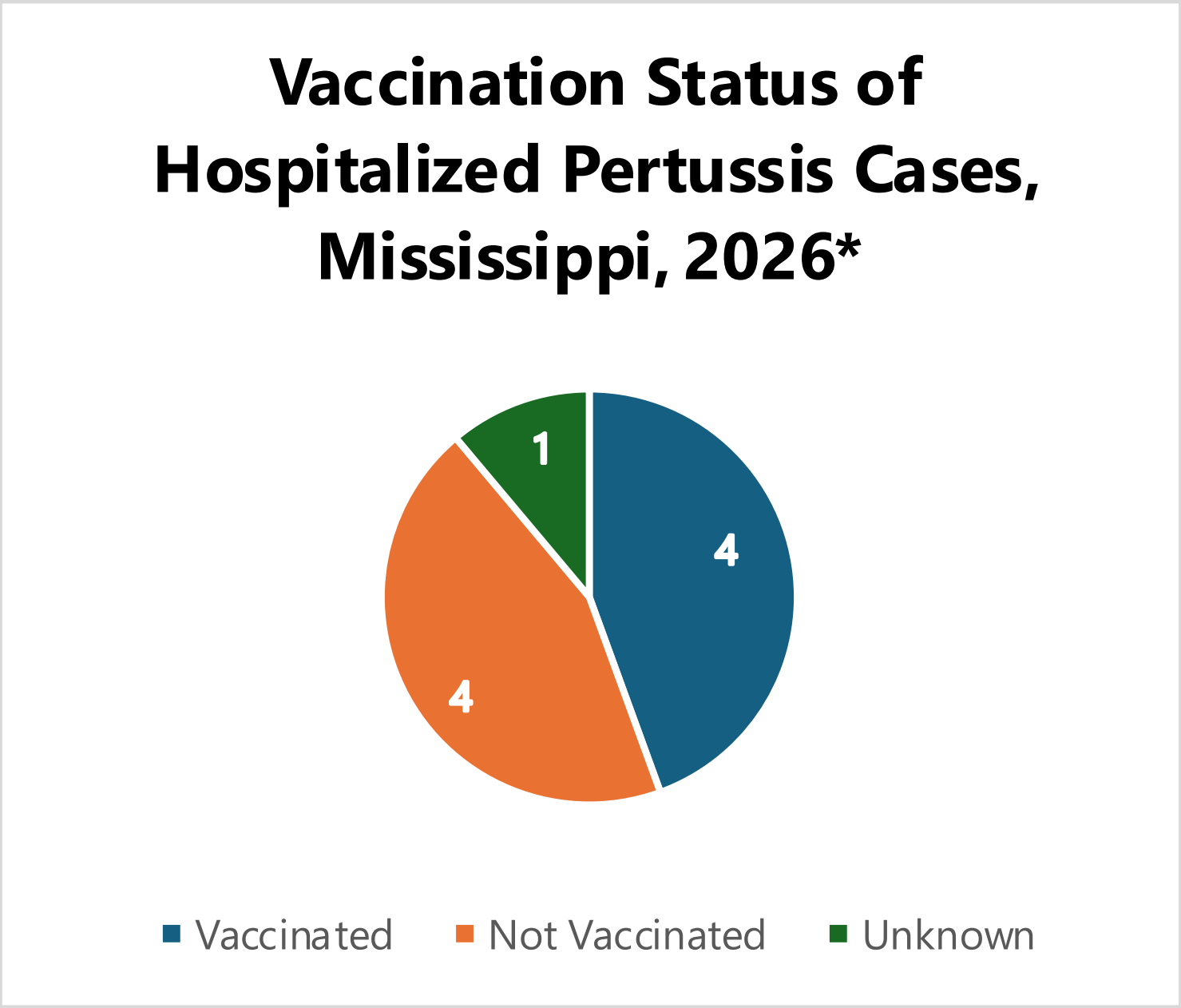
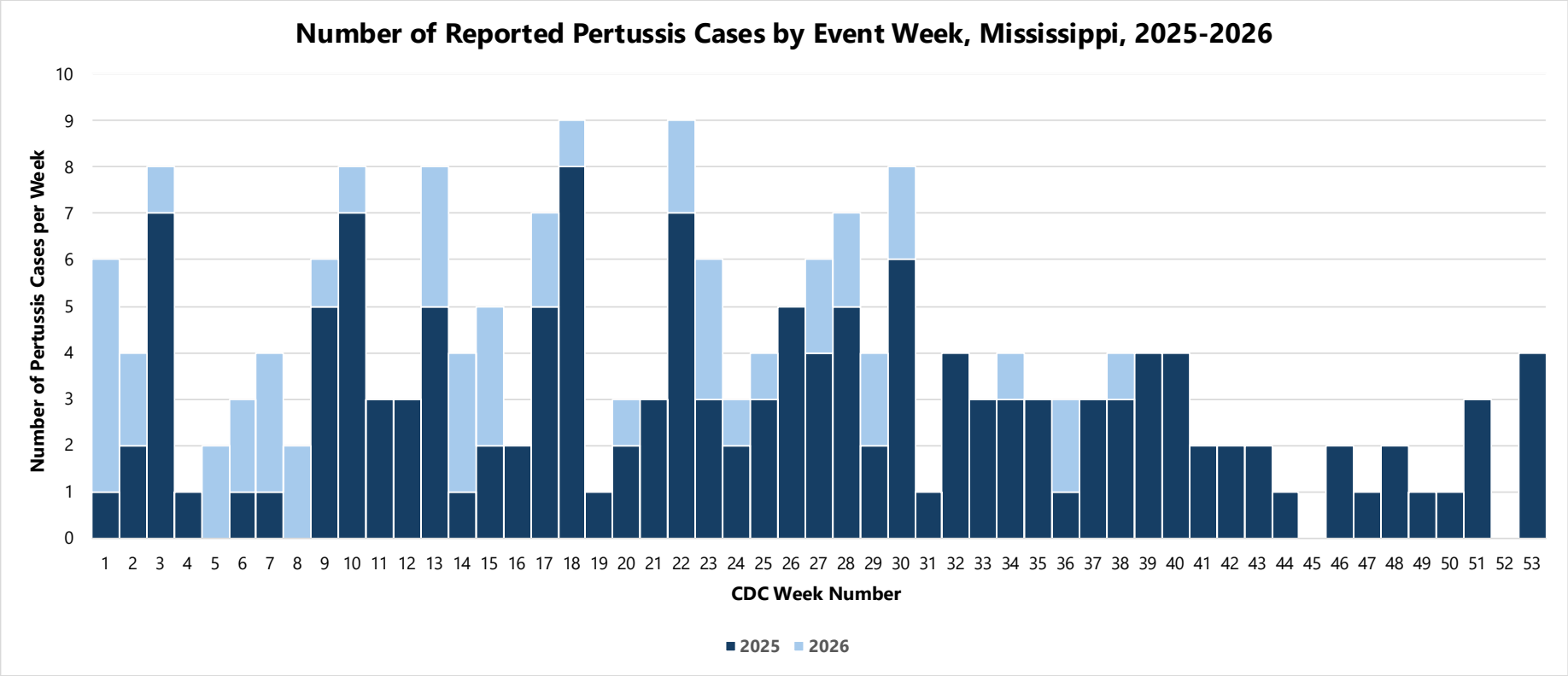

Vaccination Status of Hospitalized Pertussis Cases, Mississippi, 2026*
1
4
4
Vaccinated
Not Vaccinated
Unknown

Figure 19


Number of Reported Pertussis Cases by Event Week, Mississippi, 2025-2026
Number of Pertussis Cases per Week
0
1
2
3
4
5
6
7
8
9
10
CDC Week Number
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53
2025
2026