



EPI WATCH

Monthly Epidemiology Newsletter

Update on Ebola Virus Disease (*Sudan ebolavirus*) Outbreak in Uganda

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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

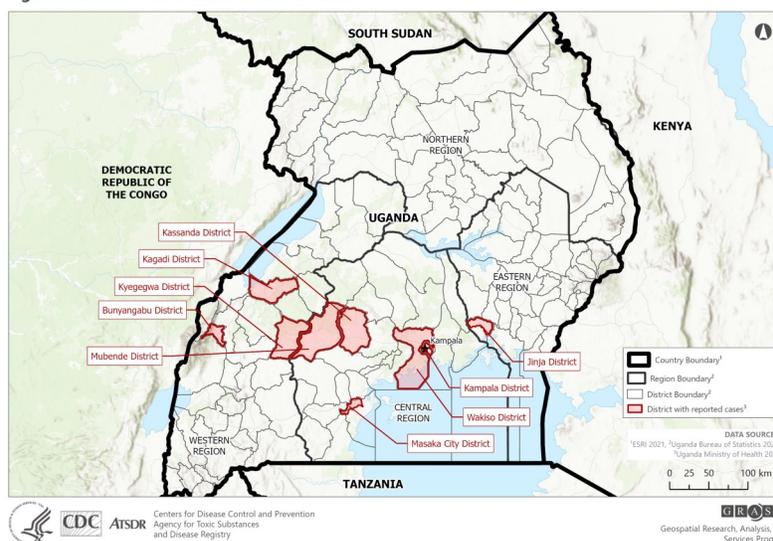
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Uganda: Ebola Virus Disease Outbreak 2022



On November 11, 2022, the Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) update as a follow up to the Health Advisory issued on October 7, 2022.

As of November 5, 2022, 132 confirmed cases of EVD have been identified in Uganda; 39% of confirmed cases have died.

There have been no suspect of confirmed EVD cases related to this outbreak reported in the United States to date.

On October 26, outbreak areas expanded to include two additional districts including the District where the capital, Kampala, is located. Outbreaks have been reported in nine districts including Mubende, Kyegegwa, Kassanda, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka and Jinja. However, two of the districts, Bunyangabu and Kagadi have completed 21 days of monitoring of all identified contacts of confirmed cases and have had no new EVD cases identified since.

The Florida Department of Health in Pinellas (DOH-Pinellas) continues to monitor travelers from the affected districts.

There is currently no Food and Drug Administration (FDA) licensed vaccine to protect against Sudan virus infection. The Ebola vaccine licensed in the United States is intended to prevent EVD due to Ebola virus (species *Zaire ebolavirus*).

If you suspect Ebola Virus Disease, contact the Epidemiology Program immediately at 727-824-6932.

For more information, please visit: <https://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html>

November 7, 2022 HAN: [HAN Archive - 00480 | Health Alert Network \(HAN\) \(cdc.gov\)](#)

Don't Invite Foodborne Illnesses to the Table

Foodborne illnesses can cause severe symptoms and lead to hospitalizations or, in extreme cases, even prove fatal. Each year, about 3,000 Americans die due to improperly prepared or stored food. Symptoms may happen within minutes and may include nausea, vomiting, diarrhea or fever. Babies, children, pregnant women, older adults and people with compromised immune systems are at greater risk for these illnesses, but anyone who eats improperly handled food is potentially vulnerable.

The Florida Department of Health urges everyone to practice food safety as part of its public health mission, and the message is timely now as planning for holiday meals in November and December take place. Microorganisms can cause diseases that ruin holiday gatherings; safe cooking and storage practices can prevent them.



Use these tips to keep your holidays happy and healthy for all:

- Wash hands, utensils and surfaces frequently, especially after handling raw foods.
- Don't thaw the holiday bird on the counter. Use the refrigerator or under cold running water to ensure that the turkey is completely thawed before cooking.
- Establish separate handling areas in the kitchen for cooked and raw foods to ensure they don't come into contact, which would allow for cross contamination.
- Cook foods to proper internal temperatures. A food thermometer is a smart investment and an essential piece of kitchen equipment.
- The dirty dishes can wait, but the leftovers can't. Refrigerate or freeze all perishables within two hours, even if you want to allow people to continue snacking.

Call the U.S. Department of Agriculture's Meat and Poultry Hotline, 1-888-MPHotline (888-674-6854) for more information about safe practices. USDA has more information on foodborne illnesses on its website here, <https://www.usda.gov/media/blog/2017/11/08/have-food-safe-holiday-season>.

MMWR Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection

What is already known about this topic?

Monovalent mRNA COVID-19 vaccines were less effective against symptomatic infection during the period of SARS-CoV-2 Omicron variant predominance.

What is added by this report?

In this study of vaccine effectiveness of the U.S.-authorized bivalent mRNA booster formulations, bivalent boosters provided significant additional protection against symptomatic SARS-CoV-2 infection in persons who had previously received 2, 3, or 4 monovalent vaccine doses. Due to waning immunity of monovalent doses, the benefit of the bivalent booster increased with time since receipt of the most recent monovalent vaccine dose.

What are the implications for public health practice?

All persons should stay up to date with recommended COVID-19 vaccinations, including bivalent booster doses for eligible persons.

To read the full report, visit: <http://dx.doi.org/10.15585/mmwr.mm7148e1>

A graphic from MMWR. At the top, a dark blue banner contains the text: "An updated (bivalent) COVID-19 booster provides additional protection against symptomatic COVID-19 illness*". Below this is a photograph of a blue sign that reads "COVID-19 VACCINE DRIVE -THRU". To the right of the sign, text says: "COVID-19 spread has increased during the last two winters; stay up to date with COVID-19 vaccination". At the bottom left is the CDC logo, and at the bottom right is the MMWR logo. A small URL "bit.ly/mm7148e1" and the date "NOVEMBER 22, 2022" are also present.

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	October 2022	October 2021	Pinellas 2022	Florida 2022	2021	2020	2019
A. Vaccine Preventable							
Coronavirus 2019	4031	21918	103947	2754498	103408	45804	0
Measles	0	0	0	0	0	0	1
Monkeypox	22	0	157	2722	0	0	0
Mumps	0	0	0	11	1	1	3
Pertussis	0	0	2	47	1	8	27
Varicella	1	1	23	353	25	18	32
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	3	47	1	0	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	2	1	11	112	5	5	7
Meningococcal Disease	0	0	1	59	1	2	1
C. Enteric Infections							
Campylobacteriosis	12	13	172	3291	213	247	303
Cryptosporidiosis	3	2	27	494	28	38	62
Cyclosporiasis	0	0	20	491	9	9	28
<i>E. coli</i> Shiga Toxin (+)	0	2	25	861	16	10	22
Giardiasis	6	4	27	961	29	28	52
Hemolytic Uremic Syndrome (HUS)	0	0	0	13	0	0	1
Listeriosis	0	0	3	45	3	2	2
Salmonellosis	16	30	149	5722	182	200	200
Shigellosis	4	3	30	748	37	19	22
D. Viral Hepatitis							
Hepatitis A	0	1	17	288	6	3	377
Hepatitis B: Pregnant Woman +HBsAg	1	3	18	353	10	18	21
Hepatitis B, Acute	6	4	26	624	51	40	71
Hepatitis C, Acute	4	7	94	1334	91	117	75
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	52	0	0	2
Rabies, possible exposure	13	11	125	3899	135	118	128
Chikungunya Fever	0	0	0	0	0	0	0
Dengue fever	0	0	7	733	0	1	3
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	0	0	6	193	7	11	19
Malaria	0	0	4	48	2	2	5
West Nile Virus	0	0	0	9	0	0	0
Zika Virus Disease	0	0	0	0	0	0	3
F. Others							
Chlamydia	329	316	3406	n/a	4090	3956	4575
Gonorrhea	113	133	1502	n/a	1882	1634	1526
Hansen's Disease	0	0	0	6	0	0	0
Legionellosis	3	2	33	447	36	33	30
Mercury Poisoning	0	0	0	30	2	1	1
Syphilis, Total	63	53	718	n/a	633	479	493
Syphilis, Infectious (Primary and Secondary)	34	28	331	n/a	273	212	218
Syphilis, Early Latent	14	15	253	n/a	239	166	197
Syphilis, Congenital	0	1	6	n/a	7	5	6
Syphilis, Late Syphilis (Late Latent; Neurosyphilis)	15	9	128	n/a	114	96	72
Tuberculosis	1	0	17	n/a	24	24	33
<i>Vibrio</i> Infections	0	2	9	271	13	12	18

*YTD up to October 31 2022. n/a = not available at this time