



EPI WATCH

Monthly Epidemiology Newsletter

Sudan Ebola Update

By: Alissa Brown, MPH, CIC

205 Dr. MLK Jr. St. N
St. Petersburg, FL 33701
(727) 824-6900

Director

Ulyee Choe, DO

Editor

Rachel Ilic, MPH, CPH, CIC
Rachel.Ilic@FLHealth.gov

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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On January 11, 2023, the Centers for Disease Control and Prevention (CDC) along with the Government of Uganda and the global public health community marked the end of the Ebola outbreak in Uganda. Two incubation periods (forty-two days) have passed since the last Ebola virus case was reported in Uganda. The outbreak was first confirmed by the Ugandan Ministry of Health on September 20, 2022, when the first case with viral hemorrhagic fever was identified in the Mubende District, in western Uganda. Since the outbreak began 9 districts have been impacted (Mubende, Kyegegwa, Kassanda, Kagadi, Bunyangabu, Kampala, Wakiso, Masaka City, Jinja). There have been no suspected, probable, or confirmed Ebola virus disease cases related to this outbreak reported in the United States.

Table 1. Number of cases and deaths (confirmed and probable) of Ebola disease caused by SUDV, by district, as of 10 January 2023.

District	Confirmed cases	Probable cases/deaths	Deaths in confirmed cases
Bunyangabu	1	0	0
Jinja	2	0	1
Kagadi	1	0	1
Kampala	17	1	2
Kassanda	49	2	21
Kyegegwa	3	0	1
Masaka	1	0	1
Mubende	64	19	28
Wakiso	4	0	0
Total	142	22	55

Retrieved from: <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON433>

Ebola virus disease is a deadly disease which most commonly affects people and nonhuman primates. There are six species of Ebola virus, with only four (Ebola, Sudan, Taï Forest, and Bundibugyo viruses) having caused disease in humans. The most recent outbreak in Uganda is caused by the Sudan virus. Transmission occurs through direct contact with either blood or body fluids, objects contaminated with body fluids from a person infected with Ebola virus disease, infected fruit bats or nonhuman primates and semen from men who recovered from Ebola virus disease. Once infected with Ebola, symptoms do not develop right away. The incubation or the period between exposure to onset of illness is 21-days and the only way to spread the virus to others only occurs after the infected person develops signs and symptoms of Ebola.

The success to the end of the outbreak is due to Uganda's actions in implementing control measures such as surveillance, contact tracing and infection prevention and control. A total of 164 cases were identified. Of those 164 cases there were 55 confirmed deaths and 87 cases who recovered. Although the outbreak has been declared over, Uganda continues to conduct surveillance to respond to any potential outbreaks.

For more information, please visit [CDC Uganda Ebola Outbreak, 2022](#)

World AIDS Day, December 2022

Access Granted: Verified

By Nicole Houston, MPH, CPH

World AIDS Day (WAD) is acknowledged annually on December 1. The Pinellas Planning Partnership (PPP) hosted **Access Granted: Verified** on December 3 from 1 to 5 p.m. at the Sanderlin Center (2335 22nd Ave S, St Pete). This event included games, prizes, vendors, music, free food, entertainment and fun for all ages. The event featured an emphasis on youth participation. With over 26 vendors and over 60 participants, the event was a success. HIV testing and vaccinations were provided to attendees and over 3,200 virtual impressions were collected related to the marketing of this event. Approximately 83% of attendees provided feedback via the EHE Community Participation Survey, administered by the Banyan Tree Project Staff.

The Access Granted: Verified program was emceed by Queen B of 95.7 FM, iHeart Radio, and FL DOH HIV AIDS Program Coordinator Darius Lightsey. The program opened with Councilman Brother John Mohammad reading the Pinellas County World AIDS Day proclamation. Mac Jean, Gilead's Community Liaison, provided words of acknowledgement and insights on resources available from his company. The PPP Chair, Nate Taylor, and WAD Chair, Precshard Williams, joined the MCs to present the following awards:

- PPP Trailblazer Award to Ray Sanderlin (DOH-Pinellas)
- PPP President's Award to Yashika Everhart (DOH-Pinellas)
- PPP Emerging Leader Award to Tracy Carol (METRO)
- PPP Youth Leader Award to The Burg Care's Youth Group accepted by Giavanna "GiGi" Rawlins.

The PPP would like to thank the sponsoring organizations for making this event possible: The Florida Department of Health, Pinellas EHE, Gilead, ViiV, St. Pete Pride, CAN Community Health, AHF, Metro Inclusive Health, University of South Florida–Pediatrics Infectious Health, Empath Health, Banyan Tree Project Inc., and Help Us Help U. We look forward to your continued partnership in Ending the HIV epidemic here in Pinellas County.

For more information on Pinellas Ending the HIV Epidemic, visit here: <https://www.pinellasehe.org/>



Pictured above: Precshard Williams, Sharlene Edwards, Shundra Allison, Giavanna "GiGi" Rawlins, Darius Lightsey

Avoid Carbon Monoxide Poisoning When Temperatures Drop

By: Rebecca Bohinc, MPH, CPH

Referred to as the 'silent killer', carbon monoxide (CO) is a colorless, odorless gas that has potential to kill. Carbon monoxide affects the body by binding to red blood cells, thereby preventing them from their function of transporting oxygen throughout the body. The increasing lack of oxygen delivered to the body causes cell and tissue damage, potentially leading to more severe outcomes such as death.



Common signs and symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain, and/or confusion. Individuals exposed to CO while sleeping can die before they realize they are ill. Although everyone can be affected by CO, infants, elderly, and those with chronic heart disease, anemia or breathing are at greater risk of illness. Unintentional CO poisonings have led to over 400 deaths, not to mention over 14,000 hospitalizations¹. As temperatures drop and we try to keep our homes warm, it's important to be aware of potential threats around our homes that can generate carbon monoxide.

Implement the following actions to prevent CO poisoning in your home:

- **Do not** use a charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home or garage
- **Do not** use heat your home with an oven or stove top
- **Do not** use portable, flameless, chemical heaters indoors
- **Do not** operate a generator within 20 feet of your home, window, door, or vent. Utilize an extension cord to ensure that the generator is more than 20 feet away
- **Do not** run a car or truck inside a garage attached to a home, even with the garage door open
- **Do** install a battery-operated or battery back-up CO detector in your home. CO detectors are recommended for every level of the home and especially on levels with fuel burning appliances such as a furnace, water heater, or fireplace
- **Do** have gas, oil, or coal burning appliances serviced annually by a qualified technician
- **Do** check and clean chimneys each year to remove any debris

If you suspect CO poisoning and are experiencing related symptoms, remove yourself from the area and seek prompt medical attention. For more information on CO poisoning and prevention, visit www.cdc.gov/co/faqs.htm

¹ Centers for Disease Control and Prevention. (2023, January 4). *Carbon Monoxide Poisoning. Frequently Asked Questions.* www.cdc.gov/co/faqs.htm

Select Reportable Diseases in Pinellas County

Disease	Pinellas		YTD Total		Pinellas County Annual Totals		
	December 2022	December 2021	Pinellas 2022	Florida 2022	2021	2020	2019
A. Vaccine Preventable							
Coronavirus 2019	2672	11238	119224	3076597	103356	44852	0
Measles	0	0	0	0	0	0	1
Monkeypox	1	0	166	3026	0	0	0
Mumps	0	0	0	14	1	1	3
Pertussis	0	0	2	60	1	8	27
Varicella	0	1	24	442	25	18	32
B. CNS Diseases & Bacteremias							
Creutzfeldt-Jakob Disease (CJD)	0	0	3	51	1	0	3
Meningitis (Bacterial, Cryptococcal, Mycotic)	1	1	12	131	5	5	7
Meningococcal Disease	0	0	2	68	1	2	1
C. Enteric Infections							
Campylobacteriosis	20	19	208	4027	213	247	303
Cryptosporidiosis	7	1	38	622	28	38	62
Cyclosporiasis	0	0	21	509	9	9	28
<i>E. coli</i> Shiga Toxin (+)	2	1	29	1021	16	10	22
Giardiasis	4	4	34	1181	29	28	52
Hemolytic Uremic Syndrome (HUS)	0	0	0	17	0	0	1
Listeriosis	0	1	3	55	3	2	2
Salmonellosis	13	16	175	7080	182	200	200
Shigellosis	4	5	37	948	37	19	22
D. Viral Hepatitis							
Hepatitis A	2	1	20	321	6	3	377
Hepatitis B: Pregnant Woman +HBsAg	0	0	20	428	10	18	21
Hepatitis B, Acute	5	2	35	800	51	40	71
Hepatitis C, Acute	13	6	115	1647	91	117	75
E. Vectorborne/Zoonoses							
Animal Rabies	0	0	0	65	0	0	2
Rabies, possible exposure	10	10	151	4845	135	118	128
Chikungunya Fever	0	0	0	2	0	0	0
Dengue fever	0	0	7	949	0	1	3
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	6	0	11	262	7	11	19
Malaria	0	0	4	61	2	2	5
West Nile Virus	0	0	0	10	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	8	0	0	0
Legionellosis	2	2	38	519	36	33	30
Mercury Poisoning	0	0	0	37	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	22	n/a	21	24	23
<i>Vibrio</i> Infections	0	0	11	307	13	12	18

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