

Outbreak Brief #1: Ebola virus disease (EVD) in Uganda

Date of Issue: 27 September 2022

24 confirmed cases, 19 probable cases and 23 deaths (CFR: 53.5%)

Data sources: Ministry of Health Report

Outbreak update: On 20 September 2022, the Uganda Ministry of Health (MoH) reported a confirmed case of Ebola virus disease (EVD) in Mubende district. The case was a 24-year-old male who developed high-grade fever, convulsions, blood-stained vomitus, diarrhoea, loss of appetite and pain while swallowing on 11 September 2022. On 17 September, blood samples were collected and on 19 September, Uganda Virus Research Institute (UVRI) confirmed EVD (Sudan strain) by polymerase chain reaction (PCR). The patient died on 19 September 2022 and was buried following a dignified burial protocol. Further investigations have revealed that the onset of the outbreak dates back to the month of August 2022.

Since the beginning of the outbreak and as of 27 September, 43 cases including 24 confirmed cases, 19 probable cases with 23 deaths (case fatality rate [CFR]: 53.5%) were reported from three health districts: Mubende (37 cases; 22 deaths), Kassanda (3; 1) and Kyegegwa (3; 0) districts. Seventy eight percent (18) of deaths were reported from communities while 22% (5) were reported from health facilities; one of whom was a health care worker. Of the 43 confirmed and probable cases reported, 58% (25) are female, 42% (18) are male and the mean age is 27 years. A total of 37 cases are currently hospitalised however, 13 cases including a confirmed case have escaped from the isolation centre.



Figure 1: EVD daily cases and deaths by reported dates from 19-26 September 2022¹

¹ Cases = probable + confirmed

Event Geoscope and Risk Assessment Levels

Geoscope:
low

Risk level:
high

The Africa centres for Disease Control and Prevention (Africa CDC) conducted a preliminary assessment of the geographic scope (geoscope) and risk level for EVD in Uganda. Currently, two Member states (MS) are reporting outbreaks of EVD, however without an epi-link as they are both reporting different strains of EVD, we have therefore listed the geoscope assessment as low. For the risk assessment level, we looked at the following criteria: morbidity and mortality of the disease, probability to spread within and to the other Member States, and availability of effective treatments, vaccines, or other control measures. We have listed the risk level as high given that EVD (Sudan strain) is a very contagious disease with high mortality and no available treatment and vaccines. Although this outbreak is reported in central Uganda, there is a high likelihood that this outbreak could spread to neighbouring countries given the proximity to the capital city and the fact that one of the districts reporting cases also hosts refugees. The Africa CDC will continue to monitor the situation and update this assessment as needed.

Uganda Response Activities

- The MoH has activated the national and district task forces to coordinate the response at national and district levels respectively.
- Since the beginning of the outbreak, 425 contacts have been listed from three districts, of which 30% (127) are being monitored.
- The MoH has developed a national response plan to guide the response interventions.
- Deployed a rapid response team to investigate the source of infection.
- Risk communication activities are ongoing in the affected districts, including radio talk shows and orientation of local leaders.

Africa CDC Response Activities

- The Africa CDC Emergency Operations Centre remains in alert mode and is closely monitoring the situation in Uganda.
- Africa CDC deployed an advance response team to support in outbreak investigations and identify other potential areas for support.
- Africa CDC has trained 50 health care workers, village health teams, and key informants on event- based surveillance focusing on the early detection and reporting of EVD signals.
- Africa CDC is supporting Infection prevention control training for Ebola, COVID-19 and other public health threats in Uganda.

Recommendations for the Member States

Africa CDC recommends that AU MS should remain vigilant. In doing this, AU MS are advised to:

- Enhance cross-border surveillance efforts by:
 - Mapping population movements to identify all potential crossing points where there is risk of disease spread.

- Setting up screening posts and conducting health screenings for all travellers to detect signs and symptoms of EVD (e.g. fever, rash, vomiting, diarrhoea, and haemorrhage).
- Sharing health information for EVD at borders.
- Integrate EVD surveillance into the existing surveillance strategies at community and health facility levels.
- Perform contact tracing and follow up of all probable and confirmed EVD cases.
- Enhance IPC measures in health care settings and affected communities.
- Notify and routinely share data regarding confirmed EVD cases, deaths, recoveries, tests conducted, and healthcare workers infected with Africa CDC to inform these and other updates. Notify Africa CDC by emailing: AfricaCDCEBS@africa-union.org.
- Provide information to the general public about seeking immediate medical care for those who develop symptoms similar to EVD.

Resources for more information

- Africa CDC updates: <https://africacdc.org/>
- [Ebola virus infection - Prevention | BMJ Best Practice US](#)
- US CDC - [Ebola Virus Disease](#) and WHO - [Ebola virus disease](#) overview
- WHO - [Implementation and management of contact tracing for Ebola virus disease](#)
- WHO - [Surveillance strategy during Phase 3 of the Ebola response](#)
- WHO - EVD [Infection prevention and control](#)
- WHO-[EVD Safe and dignified burial protocol](#)