Outbreak Brief #4: Ebola Virus Disease (EVD) in Uganda

Date of Issue: 19 October 2022

60 confirmed cases and 24 confirmed deaths

Data sources: Ministry of Health (MoH) Situational Report

Outbreak update: Since the last brief (11 October 2022), six new confirmed cases and five deaths were reported from Uganda. This is a 40% decrease in the number of confirmed cases reported compared to last brief.

Cumulatively, 60 confirmed cases and 24 confirmed deaths were reported from five health districts: Muben (49 cases; 21 deaths), Kassanda (6; 1), Kyeggega (3; 1), Kagadi (1; 1) and Bunyangabu (1; 0) districts. A total of 24 recoveries have been registered.

Prior to the initial confirmation of EVD in Uganda, 20 probable deaths from Mubende (19) and Kassanda (1) districts were identified during an investigation launched after the initial cases were confirmed and have since been determined to be part of this outbreak; these probable cases/deaths are not included in the totals being reported in this brief.

Genetic sequencing conducted at the Uganda Virus Research Institute (UVRI) found the Mubende Sudan Ebola virus genome is 99.6% complete and most closely related to the strain last identified during the 2011 Ebola Sudan outbreak in Luwero district.

Event Geoscope and Risk Assessment Levels

No updates have been made to the existing geographic scope¹ (geoscope) and risk level for the Ebola Virus Disease (EVD) event reported in Uganda. The Africa Centres for Disease Control and Prevention (Africa CDC) will continue to monitor the situation and update this assessment as needed.

¹ The GeoScope level is determined by where the event is currently occurring on the continent. Low: event is limited to sub-national areas within one MS; Moderate: Event is affecting multiple countries within an AU region, or have been imported from/exported to 1-2 countries from another global region; High: Event is affecting several multinational AU regions, or have been imported from/exported to >2 countries from another global region; Very high: Event is considered a pandemic, affecting multiple continents or worldwide
Figure 1: EVD cases and deaths reported between epidemiological weeks 38 and 42 (19 September - 17 October 2022)

**New Uganda Response Activities**

- 747 (40%) of 1,882 contacts identified from eight districts completed 21 days of monitoring
- 60 (12%) of 480 samples tested to date are positive for EVD.
- Isolation facilities are being set up in 4 high risk districts
- A webinar was conducted for heads of regional referral hospitals and district health office on maintaining essential health services throughout the response on 14 October 2022
- 8 districts are conducting ongoing risk communication activities including participating on radio talk shows, orienting local leaders, and deploying film vans that share risk communication messages on EVD
- Psychosocial support is being offered to patients, their families and communities
- Recruitment and orientation of rapid responders is on going

**New Africa CDC Response Activities**

- Africa CDC’s Emergency Operations Centre (EOC) has been activated since 26 September 2022 to support preparedness and response efforts of African Union Member States, in close collaboration with relevant partners.
The Africa CDC continues to provide support to AU MS with laboratory test kits on request.  
400 staff were trained on EVD sample management from 20 selected districts from 13 to 14 October 2022  
Africa CDC supported laboratory and case management data harmonisation  
Africa CDC continues to communicate with global partners to secure adequate access to test kits and vaccines for AU Member States  
Africa CDC plans to further support:  
1. Neighbouring countries to prepare for outbreak mitigation and control activities  
2. Centralised coordination of national emergency response systems  
3. Strengthening of EVD surveillance system including alert management, event-based surveillance and contact tracing  
4. Infection prevention control on health facilities situated at risk areas  
5. Public awareness of EVD transmission and preventive measures  
6. Intensify social mobilisation and community engagement  
7. Procurement and placement of critical equipment, materials and supplies to aid the response  
8. Support towards research especially on ecological studies

**Recommendations for the Member States**
Africa CDC recommends that African Union (AU) Member States (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/](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