

## Outbreak Brief #6: Sudan Ebola Virus Disease in Uganda

Date of Issue: 2 November 2022

**130 confirmed cases and 43 confirmed deaths**

*Data sources: Ministry of Health (MoH) Situation Report*

**Outbreak update:** Since the last brief (26 October 2022), 21 new confirmed and 12 new confirmed deaths (case fatality rate [CFR]: 57%) of Sudan Ebola virus disease (SVD) were reported from Uganda. This is a 56.2% decrease in the number of confirmed cases and a 71% increase in the number of new deaths reported compared to last brief.

Cumulatively, 130 confirmed cases and 43 confirmed deaths (CFR: 33%) were reported from seven health districts: Bunyangabu (1 cases; 0 deaths), Kagadi (1; 1), Kampala (17; 2), Kassanda (40; 11), Kyegegwa (4; 1), Mubende (65; 28), and Wakiso (2; 0). A total of 45 recoveries have been registered. Healthcare workers account for 13.8% (18) of the cases and 13.9% (6) of all deaths (CFR: 33%).

**Note:** Prior to the initial confirmation of SVD in Uganda, 20 probable deaths from Mubende (19) and Kassanda (1) districts were identified during epidemiological investigations launched after the initial cases were confirmed and are determined to be part of this outbreak; these probable cases/deaths are not included in the totals being reported in this brief.

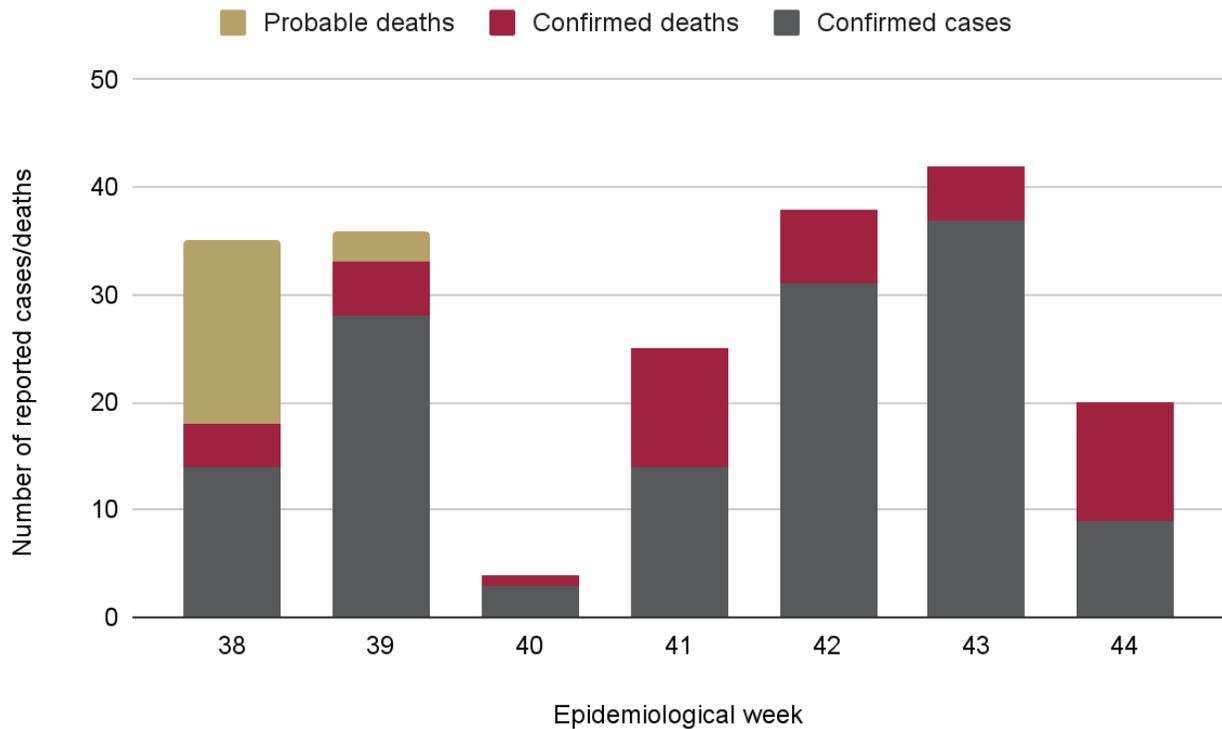
### Event Geoscope and Risk Assessment Levels

**Geo scope:**  
low

**Risk level:**  
Very high risk

No updates have been made to the existing geographic scope<sup>1</sup> (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.

<sup>1</sup> 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: SVD cases and deaths by epidemiological week reported for weeks 38 - 44 (19 September - 2 November 2022)**

### **New Uganda Response Activities**

- 1,858 (50%) of 3,703 contacts identified from ten districts completed 21 days of monitoring
- MoH and partners continue to support the isolation and treatment facilities
- 45 health care workers trained in case management in Mubende and Mityan districts
- 64 political leaders and sub-county task force members oriented on SVD
- 3,269 teachers, students and pupils oriented on water, sanitation and hygiene and infection prevention and control
- 17,536 people in 2,800 households oriented on SVD prevention and control
- The risk communication and community engagement team offered health education to food vendors and market traders and other congregated groups on SVD risk, transmission and prevention
- MoH continues to support safe and dignified burials in all high-risk districts, including mandatory testing on all dead bodies regardless of cause of death

### **New Africa CDC Response Activities**

- Africa CDC activated its Emergency Operations Centre (EOC) on 26 September 2022 to support preparedness and response efforts of African Union Member States in close collaboration with relevant partners
- Africa CDC is recruiting and deploying 15 rapid responders by Africa CDC to Uganda
- Africa CDC deployed an additional expert in surveillance to support the response
- Africa CDC has scheduled a training of 1,000 community health workers who will support contact tracing

### 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 SVD (e.g. fever, rash, vomiting, diarrhoea, and haemorrhage).
  - Sharing health information for SVD at borders.
- Integrate SVD surveillance into the existing surveillance strategies at community and health facility levels.
- Perform contact tracing and follow up of all probable and confirmed SVD cases.
- Enhance IPC measures in health care settings and affected communities.
- Notify and routinely share data regarding confirmed SVD 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](mailto:AfricaCDCEBS@africa-union.org) .
- Provide information to the general public about seeking immediate medical care for those who develop symptoms similar to SVD.

### 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](#)
- Sudan Ebola virus disease outbreak in Uganda: <https://virological.org/t/september-2022-sudan-ebola-virus-disease-outbreak-in-uganda/902>