Outbreak Brief #7: Sudan Ebola Virus Disease in Uganda
Date of Issue: 9 November 2022

136 confirmed cases and 53 confirmed deaths

Data sources: Ministry of Health (MoH) Situation Report

Outbreak update: Since the last brief (3 November 2022), six new confirmed cases and 10 new confirmed deaths (case fatality rate [CFR]: 60%) of Sudan Ebola Virus Disease (SVD) were reported from Uganda. This is a 71% decrease in the number of confirmed cases and a 16% decrease in the number of new deaths reported compared to last brief.

Cumulatively, 136 confirmed cases and 53 confirmed deaths (CFR: 38.9%) were reported from seven health districts: Bunyangabu (1 cases; 0 deaths), Kagadi (1; 1), Kampala (18; 3), Kassanda (41; 17), Kyegegwa (4; 1), Mubende (65; 29), and Wakiso (2; 0). A total of 62 recoveries have been registered. Healthcare workers account for 13.6% (18) of the cases and 13.7% (7) of all deaths (CFR: 38.8%).

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. An additional probable death was identified from Kassanda district on 8 October 2022 and is not included in the total death count.

Event Geoscope and Risk Assessment Levels

No updates have been made to the existing geographic scope (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 Four cases and two deaths have not yet been allocated a location but this information will be provided in the next brief.
2 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 - 9 November 2022)

New Uganda MoH Response Activities

- 2,237 (58%) of 3,867 contacts identified from ten districts completed 21 days of monitoring
- 724 political and community leaders oriented on SVD
- 14,912 teachers, students and pupils oriented on water, sanitation and hygiene and infection prevention and control for SVD
- 36,740 people in 5,671 households oriented on SVD prevention and control
- 113 hotel staff, salon and bar operators trained on IPC
- 135 healthcare workers trained in case management in Mubende and Mityana districts
- Trained 25 morticians at Mulago National Referral Hospital on post mortem SVD sample collection
- Oriented 40 journalists in the affected districts on SVD reporting
- The Hon. Minister of Health conducted a community dialogue with 390 community members and key influencers
- The MoH launched a survivors’ clinic at Mubende regional referral hospital (RRH)
- Established an additional Ebola treatment unit at Mubende RRH, bringing the total number to three treatment units
Conducted a population connectivity across borders study in Kassanda districts to understand mobility patterns in the affected communities

MoH continues to provide psychosocial support to contacts, survivors and families of cases

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 deployed an additional expert in surveillance to support the response
- Africa CDC trained 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.
- 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