

Outbreak Brief #9: Sudan Ebola Virus Disease in Uganda

Date of Issue: 23 November 2022

141 confirmed cases and 55 confirmed deaths

Data sources: Ministry of Health (MoH) Situation Report

Outbreak update: Since the last brief (16 November 2022), no new confirmed cases and deaths of Sudan Ebolavirus disease (SVD) were reported from Uganda. This is a 100% decrease in the number of new confirmed cases and deaths reported compared to last brief.

Cumulatively, 141 confirmed cases and 55 confirmed deaths (CFR: 39.0%) were reported from nine health districts, including one new district¹: Bunyangabu (1 cases; 0 deaths), Jinja (1; 1), Kagadi (1; 1), Kampala (18; 2), Kassanda (48; 20), Kyegegwa (4; 1), Masaka (1; 1), Mubende (64; 29), and Wakiso (3; 0). A total of six new recoveries were reported since the last brief. Cumulatively, 79 recoveries have been registered. Healthcare workers account for 13.4% (19) of the cases and 12.7% (7) of all deaths (CFR: 36.8%).

Note: A total of 22 probable deaths were reported and are not included in the total count. These include 21 probable deaths that occurred in Mubende (19) and Kassanda (2) districts prior to the declaration of the outbreak. An additional probable death was identified from Kassanda district on 8 October 2022 and is also not included in the total case/death count.

Event Geoscope and Risk Assessment Levels

Geo scope:
low

Risk level:
Very high risk

No updates have been made to the existing geographic scope² (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 location information for the cases has been revised.

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

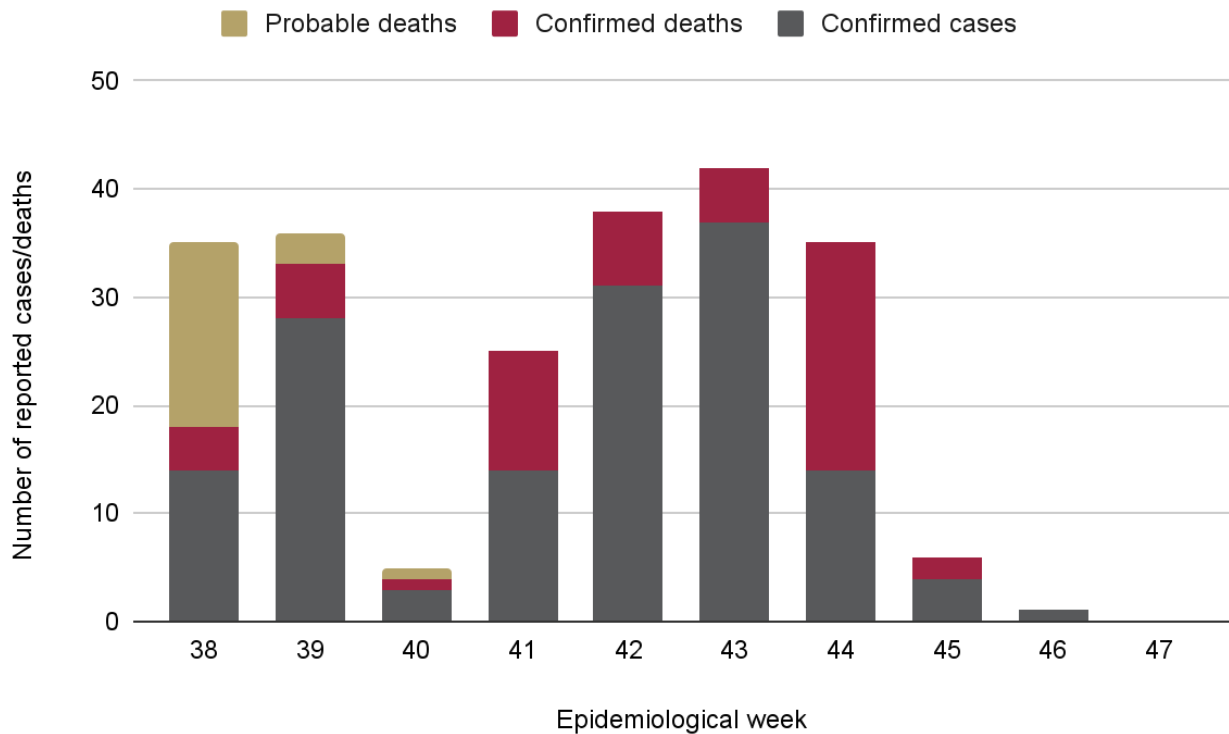


Figure 1: SVD cases and deaths by epidemiological week reported for weeks 38 - 47 (19 September - 22 November 2022)

New Uganda MoH Response Activities

- 3,552 (77%) of 4,614 contacts identified from 15 districts completed 21 days of monitoring
- 141 (4.3%) of 3,256 samples tested to date are positive for SVD
- 283 laboratory staff trained on SVD sample management in the Masaka region and Kampala district
- 233 safe and dignified burials conducted to date
- 1,751 political, cultural and community leaders oriented on SVD
- 17,832 teachers, students and pupils oriented on water, sanitation and hygiene and infection prevention and control for SVD
- 100,308 people in 16,913 households oriented on SVD prevention and control
- 524 community health workers oriented on SVD
- 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 continues to support risk communication and community engagement in the affected districts

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