

Outbreak Brief #13: Sudan Virus Disease in Uganda

Date of Issue: 21 December 2022

142 confirmed cases and 55¹ confirmed deaths

Data sources: Ministry of Health (MoH) Situation Report

Outbreak update:

Since the last brief (14 December 2022), no new confirmed cases and deaths of Sudan virus disease (SVD) were reported from Uganda. The last confirmed case was reported on 27 November 2022; this makes 23 days since the last reported confirmed case.

Cumulatively, 142 confirmed cases and 55 confirmed deaths (CFR: 39%) were reported from nine health districts: Bunyangabu (1 cases; 0 deaths), Jinja (1; 1), Kagadi (1; 1), Kampala (18; 2), Kassanda (49; 21), Kyegegwa (4; 1), Masaka (1; 1), Mubende (64; 28¹), and Wakiso (3; 0) (see table 1). No new recoveries were reported since the last brief. Cumulatively, 87¹ recoveries have been registered. Healthcare workers account for 13% (19) of the cases and 13% (7) of all deaths (CFR: 37%).

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:
Moderate

The Africa centres for Disease Control and Prevention (Africa CDC) conducted an update to the existing geographic scope² (geoscope) and risk level for the SVD outbreak in Uganda. Currently, only one Member State (MS) is reporting an outbreak of SVD and thus, we have listed the geoscope assessment as low.

¹ Due to a previous reporting error, the number of deaths were reduced from 56 to 55 and the recoveries increased to 87

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

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 MSs, and availability of effective treatments, vaccines, or other control measures. We have listed the risk level as moderate given that Uganda has not reported any new case of SVD in the past 23 days (~ 1 incubation period). Additionally, there are no contacts under follow-up; therefore, the likelihood of spreading to other countries is much lower than in previous weeks. Uganda has also recently received 1,200 doses of a Sudan virus (SUDV) trial vaccine from the World Health Organization (WHO). The SUDV trial vaccines will be used for ring vaccination of high-risk contacts. The availability of these vaccines is presumed to further help control the spread in the instance that any new cases are identified. We will revisit this risk assessment when more information on this is made available.

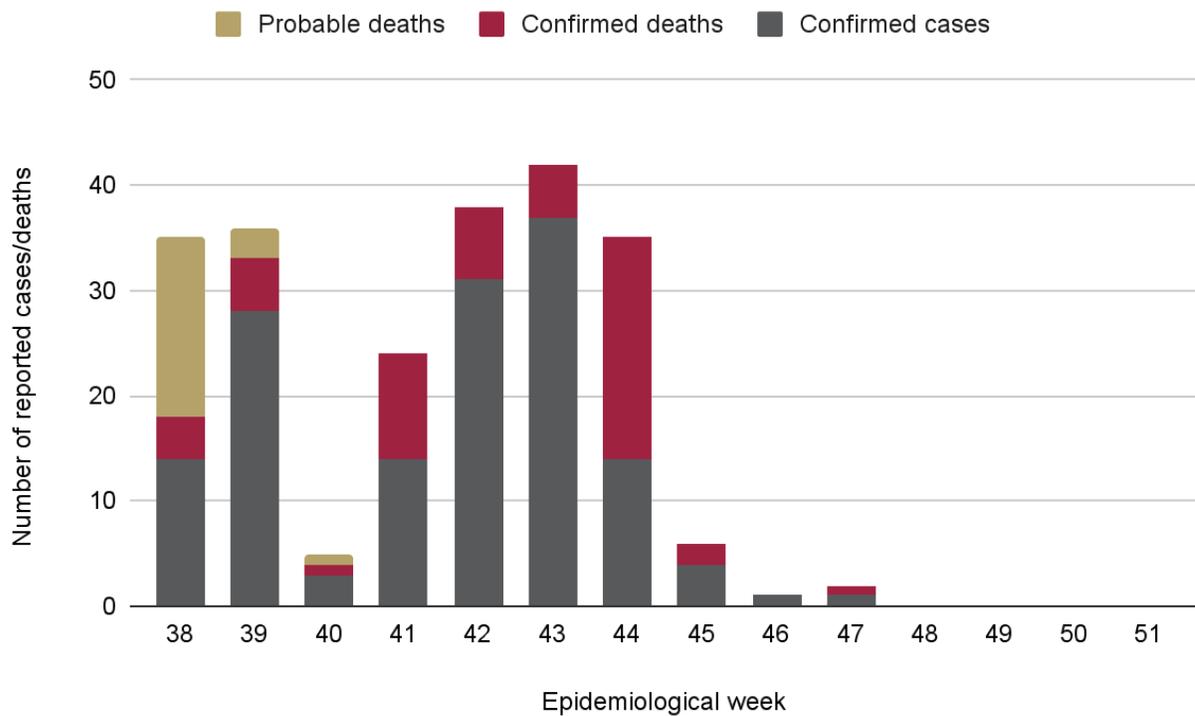


Figure 1: SVD cases and deaths by epidemiological week reported for weeks 38 - 51 (19 September - 20 December 2022¹)

Table 1. Number of confirmed cases and deaths reported by district in Uganda as of 20 December 2022

District	Confirmed Cases	Confirmed Deaths	Date of Last Case	Days since Last Case
Mubende	64	28	14 November 2022	36
Kassanda	49	21	27 November 2022	23
Kampala	18	2	15 November 2022	35
Kyegegwa	4	1	28 October 2022	53
Wakiso	3	0	6 November 2022	44
Bunyangabu	1	0	1 October 2022	80
Jinja	1	1	12 November 2022	38
Masaka	1	1	1 November 2022	49
Kagadi	1	1	29 September 2022	82
Total	142	55		

New Uganda MoH Response Activities

- 4,518 (94%) of 4,793³ contacts identified from 15 districts completed 21 days of monitoring. There are currently no active contacts under follow-up.
- 142 (2.7%) of 5,180 samples tested to date are positive for SVD
- 732 safe and dignified burial (SDBs) conducted to date
- 5,491 congregation members oriented on SVD
- 17 morticians trained on EVD preparedness, detection and infection prevention and control (IPC)
- 192,710 people in 37,797 households oriented on SVD prevention and control
- On 17 December 2022, the Government of Uganda lifted the curfew and movement restrictions on Kassanda and Mubende districts following a 30 days period with no confirmed cases. These restrictions had been in place for the past three months.
- MoH continues to provide psychosocial support to contacts, survivors and families of cases
- MoH continues to conduct IPC mentorships at health facilities in the high-risk districts
- MoH continues to monitor the SVD survivors at the designated survivor clinics in the affected districts

³ During routine data harmonisation, nine (9) duplicate contacts have been removed from the total number of contacts listed.

- MoH continues to plan for de-escalation of the response in all affected districts

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
- The Africa CDC rapid response team continues to support risk communication and community engagement, contact tracing, IPC and surveillance activities in the affected districts
- Africa CDC 171 laboratory staff from Hoima, Rwenzori and Mbarara regions on SVD sample collection, biosafety and biosecurity
- African CDC plans to conduct six-day mortality surveillance trainings in three high-risk 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 virus disease outbreak in Uganda: <https://virological.org/t/september-2022-sudan-ebola-virus-disease-outbreak-in-uganda/902>