

Outbreak Brief #15: Sudan Virus Disease in Uganda

Date of Issue: 4 January 2023

142 confirmed cases and 55¹ confirmed deaths

Data sources: Ministry of Health (MoH) Situation Report

Outbreak update:

Since the last brief (28 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 37 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 37 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 a total of 5,256 doses of the Sudan virus (SUDV) trial vaccines (1,096 doses of the Sabin/US NIH vaccine, 2,000 doses of the Oxford vaccine and 2,160 doses of the Merk 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.

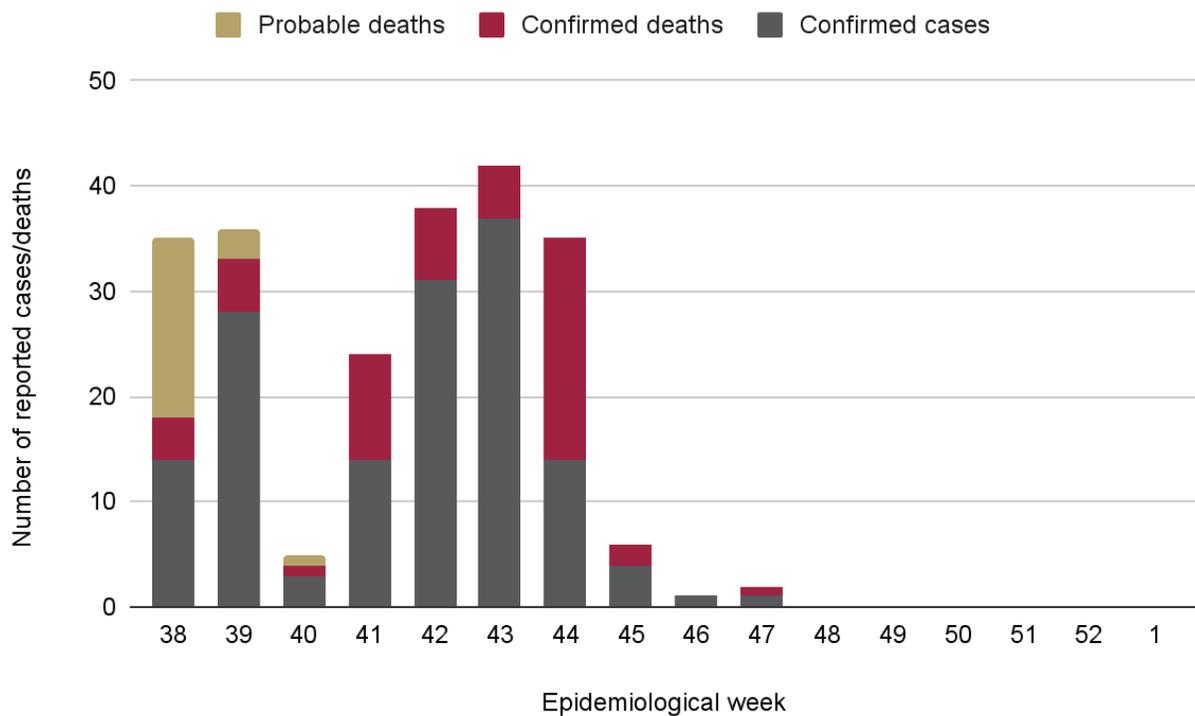


Figure 1: SVD cases and deaths by epidemiological week reported for weeks 38 - 1 (19 September - 3 January 2023)

Table 1. Number of confirmed cases and deaths reported by district in Uganda as of 3 January 2023

District	Confirmed Cases	Confirmed Deaths	Date of Last Case	Days since Last Case
Mubende	64	28	14 November 2022	50
Kassanda	49	21	27 November 2022	37
Kampala	18	2	15 November 2022	49
Kyegegwa	4	1	28 October 2022	67
Wakiso	3	0	6 November 2022	58
Bunyangabu	1	0	1 October 2022	94
Jinja	1	1	12 November 2022	52
Masaka	1	1	1 November 2022	63
Kagadi	1	1	29 September 2022	96
Total	142	55		

New Uganda MoH Response Activities

- There are currently no active contacts under follow-up
- 142 (2.5%) of 5,678 samples tested to date are positive for SVD
- 966 safe and dignified burial (SDBs) conducted to date
- 2,631 political, religious, cultural and community leaders oriented on SVD
- 47 traditional healers oriented on SVD
- 244,420 people in 70,107 households oriented on SVD prevention and control
- MoH continues to provide psychosocial support to contacts, survivors and families of cases
- MoH continues to conduct infection prevention and control (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

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 trained 64 healthcare workers and 178 community leaders on community and facility-based mortality surveillance in Mityana, Kassanda and Mubende 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>