

Final Outbreak Brief #16: Sudan Virus Disease in Uganda

Date of Issue: 13 January 2023

142 confirmed cases and 55¹ confirmed deaths

Data sources: Ministry of Health (MoH) Situation Report

Outbreak update:

On 11 January 2023, the Uganda MoH declared the end of the Sudan Ebola virus disease (SVD) outbreak. This outbreak was declared on 20 September 2022, following confirmation of a case of SVD in Mubende district. The index case was a 24-year-old male who developed high-grade fever, convulsions, blood-stained vomitus, diarrhoea, loss of appetite and pain while swallowing on 11 September 2022. On 17 September, blood samples were collected and on 19 September, Uganda Virus Research Institute (UVRI) confirmed SVD by polymerase chain reaction. The patient died on 19 September 2022 and was buried following a safe and dignified burial protocol. Further investigations revealed that the onset of the outbreak likely dates back to the month of July 2022. The last confirmed case was reported on 27 November 2022.

Cumulatively, 142 confirmed cases and 55 confirmed deaths (CFR: 38.7%) 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; 28), and Wakiso (3; 0) (see table 1). A total of 87 recoveries were registered. Healthcare workers accounted 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.

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

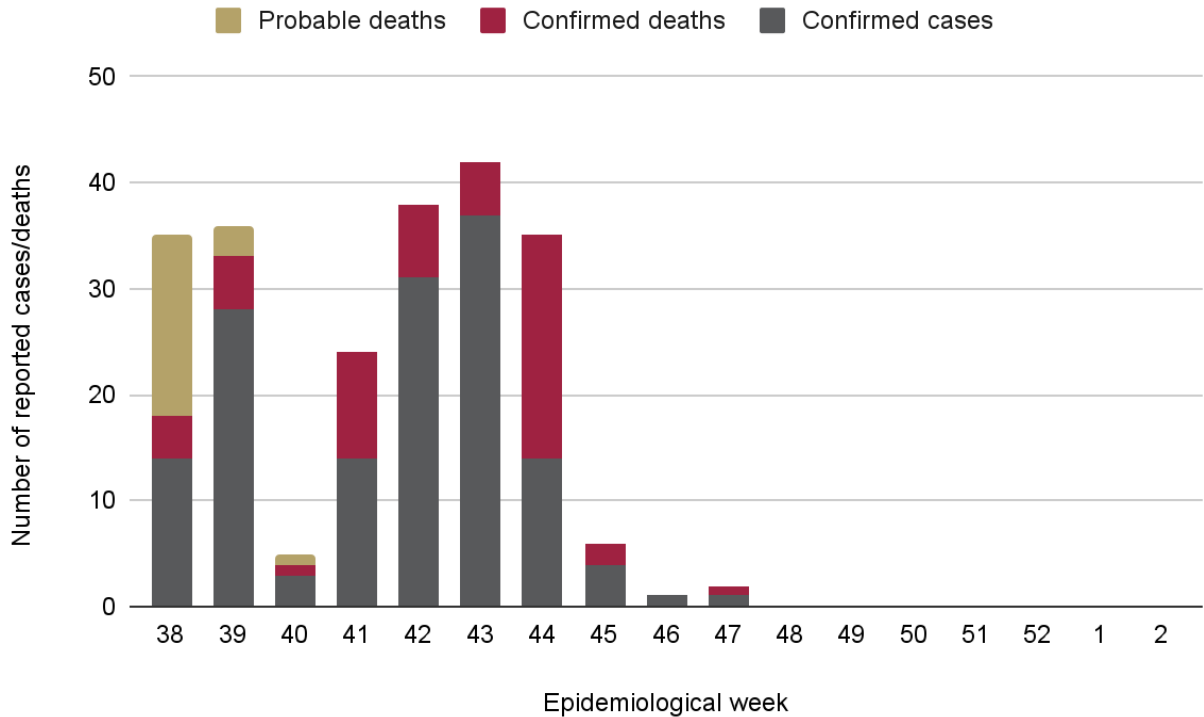


Figure 1: SVD cases and deaths by epidemiological week reported for weeks 38 - 2 (19 September - 11 January 2023)

Table 1. Number of confirmed cases and deaths reported by district in Uganda as of 11 January 2023

District	Confirmed Cases	Confirmed Deaths	Date of Last Case	Days since Last Case
Mubende	64	28	14 November 2022	58
Kassanda	49	21	27 November 2022	45
Kampala	18	2	15 November 2022	57
Kyegegwa	4	1	28 October 2022	75
Wakiso	3	0	6 November 2022	66
Bunyangabu	1	0	1 October 2022	102
Jinja	1	1	12 November 2022	60
Masaka	1	1	1 November 2022	71

Kagadi	1	1	29 September 2022	104
Total	142	55		

Overall Uganda MoH Response Activities

- There are currently no active contacts under follow-up. A total of 4,793 contacts were listed and followed up during this outbreak
- As of 5 January 2023, 6,325 samples were tested, of which 142 (2.2%) were positive for SVD
- 1,100 safe and dignified burial (SDBs) were conducted
- 3,984 health facilities assessed and mentored on infection prevention and control (IPC)
- Set-up onsite SVD testing facilities in Mubende, which reduced the turnaround time to six hours
- Constructed 353 bed capacity treatment units in Kampala, Kassanda, Mubende and Wakiso districts
- Trained 2,339 health workers from public and private health facilities on IPC, enhanced clinical care, and psychosocial support for patients and their families
- Enhanced the surveillance system in all affected districts to ensure all contacts are identified, listed and followed for 21 days
- Conducted SVD mortality surveillance and tested all bodies for SVD to ensure no unknown chains of transmission are missed
- Intensified public awareness on SVD through public addresses by His Excellency the President of Uganda and the Hon. Ministers of Health. The MoH also conducted radio talk shows, social media messages, door to door sensitizations and sensitization of small community gatherings
- An all-night curfew and restriction of movement in and out of the two districts that were the epi-centre of this outbreaks
- Quarantine of contacts for 21 days to control potential spread to others
- On 10 January, the MoH held an accountability forum for the SVD response to track resources mobilised and to highlight the achievements, as a result of the resources provided to the response
- Following the end of outbreak declaration, the MoH identified eight priority interventions
 - Research in vaccines, therapeutics and diagnostics
 - Strengthen infection prevention and control capacities both in public and private health facilities
 - Ebola virus disease training and capacity building within the East African region
 - Comprehensive support to the EVD survivor’s program, especially, the reintegration of the survivors into the communities
 - Establish a multidisciplinary emergency clinical team to support the entire country during outbreaks
 - Support implementation of recovery plan to ensure better coordination and integration of lessons learnt to existing plans or networks
 - Strengthen laboratory capacity, especially mobile laboratories

Overall Africa CDC Response Activities

Coordination

- On September 2022, Africa CDC activated its Emergency Operations Centre (EOC) to support preparedness and response efforts of African Union Member States in close collaboration with relevant partners
- Organised a high-level ministerial meeting, in collaboration with the Government of Uganda and the WHO Regional Office for Africa. The aim of the meeting was to improve MS cross-border collaboration and information sharing in light of the SVD outbreak in Uganda
- Deployed 24 staff from different pillars from Africa CDC HQ and the RCCs on a rotational basis to support response activities in Uganda. In addition, Africa CDC recruited and deployed 17 RRTs to support response activities in Uganda as well as preparedness efforts in other high-risk countries
- Conducted a functional simulation exercise to test PHEOC capacities to respond to EVD outbreak in 47 MS

Surveillance

- Conducted a regional workshop for cross-border capacity building on EBS for PoE and surveillance focal points for Uganda and nine at risk MS, in Kigali, Rwanda
- Conducted two trainings of 100 HCWs (50 HCWs for each) on surveillance, outbreak investigation and RCCE in the Republic of Kenya to support preparedness and readiness of the country
- Hired 8 vehicles to support contact tracing and active case search for a period of 3 months
- Trained 56 healthcare workers, 410 community leaders and village health teams and 12 District Rapid Response Team members on community and health facility event-based surveillance. In addition, Africa CDC mentored 147 healthcare workers on health facility EBS, at their respective health facilities
- Trained 64 healthcare workers and 178 community leaders on community and facility-based mortality surveillance in Mityana, Kassanda and Mubende districts

Infection Prevention and Control

- Trained 100 healthcare workers and educators on IPC
- Africa CDC conducts a weekly IPC webinar series to train healthcare workers (HCWs) across Africa on EVD outbreak interventions such as IPC considerations on the handling of EVD cases in the community, at healthcare facilities and on how to conduct a risk assessment. To date, 36,690 HCWs have been reached.

Laboratory

- Procured testing reagents and supplies

Community engagement

- Trained 3,000 Community Health Extension Workers (CHEWs) in Mukono, Wakiso and Kassanda districts

For the next 90 days of the post-outbreak and recovery phase, Africa CDC has prioritised the following areas of support;

- Enhance surveillance by supporting the establishment of EBS in priority districts under the guidance of Ministry of Health
- Strengthen biosafety and biosecurity in priority areas identified by the Ministry of Health
- IPC support for sustainable healthcare system strengthening
- Support the ecological study and documentation of the outbreak

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>