

**Communicable Disease Epidemiology  
and Immunization Section**

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**Health Advisory: Outbreak of Ebola Virus Disease (*Sudan ebolavirus*) in Uganda – 11 October 2022**

**Actions requested**

- **Be aware of an ongoing outbreak of Ebola Virus Disease (EVD, *Sudan ebolavirus*) in Uganda since September 2022**
- **Counsel patients planning travel to Uganda about EVD and health protection measures**
- **Be familiar with early signs and symptoms of EVD, which typically start 2 to 21 days following contact with an EVD case (average of 8-10 days). These include:**
  - Fatigue, fever, severe headache, muscle and joint pain
  - Progression to diarrhea, vomiting, abdominal pain, and unexplained bruising and bleeding
- **Obtain a thorough travel history at time of presentation for all patients with symptoms compatible with EVD for the 21 days preceding illness**
- **Consider EVD in patients with compatible signs and symptoms AND possible EVD exposure within 21 days prior to sign or symptom onset. Ebola virus is spread through direct contact with:**
  - Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, and semen)
  - Objects (clothes, bedding, needles, and medical equipment) contaminated with body fluids from a person who is sick with or has died from EVD
  - Semen from a man who recovered from EVD (through oral, vaginal or anal sex). There is no evidence the virus can be spread through sex or other contact with vaginal fluids from a woman who has recovered from EVD.
  - Infected fruit bats or nonhuman primates
- **Isolate all suspected EVD cases and report suspected cases immediately to Public Health – Seattle & King County at (206) 296-4774**
- **Collect blood samples from patient suspected of EVD. Virus is usually detectable by RT-PCR from 3-10 days after symptom onset.**
  - Collect whole blood with EDTA in plastic containers
    - For adults, collect minimum 4mL
    - For pediatric patients, collect minimum 1mL
  - Do not separate or remove serum or plasma from primary collection container
  - Call Public Health at (206) 296-4774 for testing approval
  - Route specimens to WA Public Health Laboratories
- **Treatment with aggressive supportive care can improve patient chance of survival. Currently there are no FDA-approved vaccines or therapeutics for *Sudan ebolavirus*.**
  - Maintain hydration through oral or intravenous fluids
  - Use medication to support blood pressure, reduce vomiting and diarrhea, and to manage fever and pain
  - Treatment of secondary infections and pre-existing conditions

- **Review healthcare facility infection prevention and control protocols to identify and manage patients with possible EVD**
  - Document a thorough travel history for all patients to identify diseases like EVD that need specific infection control precautions and/or treatment
  - Evaluate patients who have consistent signs and symptoms AND risk factors for EVD
  - Identify patients with fever and other signs and symptoms of infection that might warrant isolation pending further medical evaluation
  - Post contact information for infection control personnel and the local public health jurisdiction in highly visible locations for rapid reporting of EVD
  - Ensure recommended PPE is worn when evaluating and caring for a person under investigation for EVD

### **Background**

On September 20, 2022 the Ugandan Ministry of Health declared an outbreak of Ebola Virus Disease (EVD) caused by Sudan virus (species *Sudan ebolavirus*) in Mubende District in Central Uganda. The first confirmed case of EVD was a 25-year-old man who lived in Mubende District and quickly identified as a suspect case of viral hemorrhagic fever (VHF) and isolated in the Mubende Regional Referral Hospital. Blood collected from this patient tested positive for Sudan virus by real-time reverse transcription polymerase chain reaction (rRT-PCR) on September 19, 2022, at the Uganda Virus Research Institute (UVRI). The patient died the same day, and a supervised burial was performed by trained staff wearing proper personal protective equipment (PPE). Further investigation into this case revealed a cluster of unexplained deaths occurring in the community during the previous month. As of October 6, 2022, a total of 44 confirmed cases, 10 confirmed deaths, and 20 probable deaths of EVD have been identified in Uganda. This is the fifth outbreak of EVD caused by Sudan virus in Uganda since 2000. The current outbreak is in the same area as Uganda's most recent EVD outbreak caused by Sudan virus, which occurred in 2012. During the 2012 outbreak, limited secondary transmission was reported, and the outbreak was effectively contained.

As of October 11, 2022: No suspected, probable, or confirmed EVD cases related to this outbreak have yet been reported in the United States.

### **Resources**

- [CDC Health Alert Network Health Advisory – Outbreak of Ebola virus disease in Central Uganda](#)
- [Ebola-associated Waste Management](#)
- [Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation \(PUIs\) for Ebola Virus Disease \(EVD\) in U.S. Hospitals](#)
- [Guidance on Personal Protective Equipment \(PPE\) | Personal Protective Equipment \(PPE\) | Public Health Planners | Ebola \(Ebola Virus Disease\) | CDC](#)