



# ASEAN BIODIASPORA VIRTUAL CENTER

## DISEASE ALERT



Korea Disease Control and  
Prevention Agency



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February 10, 2025 | Issue No. 9

### Third Alert

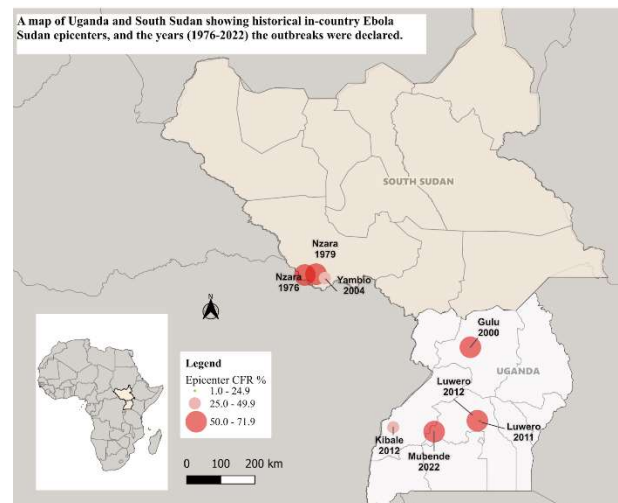
## First alert: February 10, 2025 | Ebola in Uganda

### Sub-Locations Affected

Central Region (Kampala Capital City)

### Event Description

On January 29, 2025, the Ministry of Health in Uganda declared an outbreak of Sudan Ebola Virus Disease (SUDV) in Kampala, following the confirmation of a fatal case in a 32-year-old male nurse from Mulago National Referral Hospital. As of February 4, 2025, at least seven cases have been reported. This outbreak has led to the implementation of an urgent response, including the launch of the first clinical trial to assess the efficacy of a vaccine against the Sudan ebolavirus.



Source: <https://virological.org/t/near-real-time-genomic-characterization-of-the-2025-sudan-ebolavirus-outbreak-in-uganda-s-index-case-insights-into-evolutionary->

### Epidemiological Information

- **Declaration:** The Ministry of Health of Uganda declared an outbreak of Sudan Ebola Virus Disease (SUDV) in Kampala on January 30, 2025, following confirmation from three national reference laboratories.
- **Index Case:** The index case was a 32-year-old male nurse who died on January 29, 2025, at Mulago National Referral Hospital due to multi-organ failure. Post-mortem testing confirmed Sudan strain Ebola Virus Disease.
- **Symptoms of index case:** The index case presented with a five-day history of high fever, chest pain, and difficulty in breathing, which later progressed to unexplained bleeding from multiple body sites. He sought treatment at multiple health facilities and from a traditional healer.

- **Healthcare facilities visited:** The index case sought treatment at Mulago National Referral Hospital (Kampala), Saidina Abubakar Islamic Hospital (Matugga, Wakiso District), and Mbale Regional Referral Hospital (Mbale City).
- **Cases:** As of February 4, 2025, there were seven confirmed cases, including the index case fatality, resulting in a case fatality rate of 14.3%.
- **Contact Tracing:** 298 contacts have been identified across multiple districts, including 45 high-risk contacts comprising 34 healthcare workers and 11 family members.
- **Transmission Clusters:**
  - **Household cluster:** Includes the index case's wife, who tested positive on February 2, 2025, after developing symptoms.
  - **Healthcare cluster:** Involves several healthcare workers who cared for the index case and have tested positive.
- **Geographic Spread:** The index case traveled to multiple districts, including Kampala and Mbale, seeking care.
- **Virus Source & Genome Sequencing Analysis:** Genome sequencing suggests no direct link to Uganda's 2022 SUDV outbreak. Phylogenetic analysis indicates similarity to the 2012 Luwero lineage, suggesting a new spillover event from an animal reservoir. The source of infection remains unknown.
- **Past Outbreaks:** Uganda has experienced multiple Sudan virus disease outbreaks, with the last one declared over on January 11, 2023. That outbreak reported a total of 164 cases with 77 deaths across nine districts.

## Response Measure

- The Ministry of Health activated the Incident Management Team. Response Teams were dispatched to Mbale City and Saidina Abubakar Islamic Hospital in Matugga.
- The Uganda authorities have conducted contact Tracing:
  - 298 contacts have been identified across multiple districts.
  - 45 high-risk contacts, including 34 healthcare workers and 11 family members.
  - Listing and isolation of all contacts.
- A clinical trial of a potentially effective vaccine against Sudan virus disease (SVD) has started in Uganda. Vaccination of all contacts of the deceased against Ebola Virus Disease is set to commence immediately, prioritizing contacts and health workers. The first 2160 doses of the vaccine candidate and the treatments are already in Kampala, Uganda.

- Uganda’s Ministry of Health is organizing to conduct dignified burial of the deceased to prevent spread of the virus.
- The WHO and partners have boosted their support to the Ugandan government’s response, including facilitating access to a candidate vaccine and candidate treatments.
- Uganda has strengthened airport and border screening measures, particularly in Kampala and Mbale, where the index case had travelled.
- Community engagement campaigns to raise awareness and encourage early reporting of symptoms.
- The trial is led by Makerere University and Uganda Virus Research Institute (UVRI), supported by WHO, CEPI, Canada’s IDRC, EU HERA, and Africa CDC.

### Sources:

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