



Public Health Division  
122 West 25th Street, 3rd Floor West  
Cheyenne, WY 82002  
(307) 777-6004 • 800-599-9754  
Fax (307) 777-8687 • www.health.wyo.gov



---

Stefan Johansson  
Director

Mark Gordon  
Governor

---

## State Health Advisory Ebola Virus Disease in Uganda Wyoming Department of Health October 13, 2022

### SUMMARY

An outbreak of Ebola virus disease (EVD) caused by *Sudan ebolavirus* is occurring in central Uganda. This Health Advisory provides guidance for healthcare personnel with reminders about identifying and managing patients with possible and confirmed EVD.

### EBOLA VIRUS DISEASE (SUDAN VIRUS) IN UGANDA

On September 20, 2022, the Ministry of Health of Uganda officially declared an outbreak of EVD due to Sudan virus (species *Sudan ebolavirus*) in Mubende District, Central Uganda. As of October 11, 2022, a total of 74 cases of EVD (54 confirmed cases and 20 probable cases) and 39 deaths (19 confirmed and 20 probable) have been identified in Uganda. Cases have been identified from five districts (Bunyangu, Kagadi, Kassanda, Kyegegwa, and Mubende).

As of October 11, 2022, no suspected, probable, or confirmed EVD cases related to this outbreak have been reported in the United States or other countries outside of Uganda. The geographic scope of this outbreak in Uganda is currently limited to five districts in central Uganda and not the capital Kampala or the travel hub of Entebbe. While there are no direct flights from Uganda to the United States, travelers from or passing through affected areas in Uganda can enter the United States on flights connecting from other countries. **WDH is currently being notified of travelers from Uganda who return to or come to Wyoming and will conduct appropriate risk assessments and monitoring.**

It is important for clinicians to obtain a detailed travel history from patients with suspected EVD, especially those that have been in affected areas of Uganda. Early consideration of EVD in the differential diagnosis is important for providing appropriate and prompt patient care, diagnostics, and to prevent the spread of infection. Healthcare providers should be alert for and evaluate any patients suspected of having EVD, particularly among people who have recently traveled to affected areas in Uganda.

## Ebola Virus Disease

A person infected with EVD is not contagious until symptoms (<https://www.cdc.gov/vhf/ebola/symptoms/index.html>) appear (including fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, and unexplained bleeding). Sudan virus is spread through direct contact (through broken skin or mucous membranes) with the body fluids (blood, urine, feces, saliva, droplet, or other secretions) of a person who is sick with or has died from EVD, infected animals, or with objects like needles that are contaminated with the virus. EVD is not spread through airborne transmission.

There is currently no FDA-licensed vaccine to protect against Sudan virus infection. The Ebola vaccine licensed in the United States is indicated for the prevention of EVD due to Ebola virus (species *Zaire ebolavirus*), and based on studies in animals, it is not expected to protect against Sudan virus or other viruses in the *Ebolavirus* genus. Also, there is currently no FDA-approved treatment for Sudan virus.

In the absence of early diagnosis and appropriate supportive care, EVD is a disease with a high mortality rate. Previous outbreaks of Sudan virus have had a mortality rate of approximately 50%.

## Recommendations for Clinicians

Clinicians who evaluate patients with clinical symptoms such as fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, and unexplained bleeding should suspect possible viral hemorrhagic fever (VHF) or EVD on the differential diagnosis and clinicians should be prompted to immediately take a travel history. Healthcare providers should be alert for and evaluate any patients suspected of having VHF or EVD, particularly among people who have recently traveled to affected areas in Uganda, and placed in a private room while performing clinical evaluation. If performing an aerosol generating procedure, conduct in an Airborne Infection Isolation Room (AIIR) when feasible. Testing for diseases in returning travelers which may present similarly to EVD, such as malaria, should be considered, but clinical consultation should be pursued if there is still a high index of suspicion for EVD.

**Clinicians who suspect potential EVD in a patient should immediately contact WDH by calling 1-888-996-9104.**

Healthcare personnel can be exposed to Ebola virus by touching a patient's body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces. Splashes to unprotected mucous membranes (for example, the eyes, nose, or mouth) are particularly hazardous. Procedures that can increase environmental contamination with infectious material or create aerosols should be minimized. CDC recommends a combination of measures to prevent transmission of EVD in hospitals including personal protective equipment (PPE) <https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html>. WDH recommends that healthcare facilities review their infection control procedures to ensure readiness for a suspected EVD patient.

Additional information can be found here: <https://emergency.cdc.gov/han/2022/han00477.asp>