

## **Ebola has Spread to a Neighboring Country, Uganda 6-12-19**

The WHO, the Democratic Republic of the Congo (DRC) Health Minister, and the Ugandan Health Minister have all announced that there have been confirmed cases of Ebola (EVD) in Uganda. The numbers, officially reported in the WHO's Situation Report, as of 6/10/19 follow:

**DRC:** 2008 cases; 1977 confirmed & 94 probable – 1396 deaths; 1302 confirmed & 94 probable

**Uganda:** 3 cases; 3 confirmed –1 death confirmed (Uganda reports a 2<sup>nd</sup> confirmed death)

A subsequent report by the Minister of Health for Uganda (Dr. Jane Aceng) reported that there have been two confirmed deaths as of 6-12-19. As of the 12<sup>th</sup>, one child remained alive but confirmed infected and symptomatic. There have been 27 contacts in Uganda, listed so far, that will be monitored for symptoms of the disease for 21 days from the last contact. In the past few months, there have been previous alerts, including a recent person under contact surveillance but asymptomatic, who tried to get across the border but was held until he agreed to complete his 21 day surveillance in the DRC.

In order to better illustrate Ebola border security between the DRC and its neighboring countries, as well as shine a brighter light on its limitations and one of the reasons that this outbreak has been hard to contain in the DRC, here is the story about those who brought the disease to Uganda.

It begins with a woman originally from the DRC who married a man from Uganda. They lived in Uganda and had a family. In May, the woman traveled to the DRC to take care of her father who then died of Ebola on May 27. After the funeral in DRC, on June 10, 14 of family members attempted to return to Uganda, even though 12 of them were already showing signs of illness, making them suspected Ebola cases. The family members were all stopped at the border by National Border Health Program (PNHF) teams at a Kasindi health checkpoint. Here, they were found to be listed as contacts under surveillance and most had Ebola symptoms. From there, the 12 symptomatic people were sent to the transitional isolation center at the Kasindi Hospital until they could be transferred to an Ebola Treatment Center (ETC) in Beni for testing and care. Among the 12 sick people, seven of them were children between the ages of 7 months and 12 years.

That same evening, six of the confined members of the family left (escaped) from the isolation area and crossed at a place in the border where they could avoid a health checkpoint. DRC authorities notified the Ugandan authorities and provided names and phone numbers for the suspect cases. Ugandan health authorities tracked them to the Kagando Hospital, where the woman who had taken care of her sick father, had taken her 5-year-old son who was now much sicker. The 5-year-old and five other family members were taken to the Bwera Treatment Unit (ETU) for testing and care. The rest of the family (six) that were still in Kasindi were taken to the Beni ETC for testing and surveillance. The

five-year-old died on the 10<sup>th</sup> and the grandmother (the wife of the man who had died in May) died on the 12<sup>th</sup>; both had safe and dignified burials. After a meeting between the two countries, five family members (mother, father, two children and the maid) have been sent back to the DRC to complete their care and surveillance.

The system set up to prevent expansion of the outbreak, worked until half of them decided to find a place to cross the border where they wouldn't be stopped. At least three of them were very sick. So, contacts had to be added every place the travelers interacted with anyone. All the contacts are being surveilled for 21 days. This type of 'getting around the rules' occurs enough that many deaths are still occurring in the community where exposure risk is at its greatest. Many are fearful of the government, Western medicine, and health care workers. There is ongoing violence and a refugee crisis.

In response to this expansion of Ebola into a second country, Dr. Aceng, the Ugandan Minister of Health, stated that they have been prepared and monitoring for Ebola and now they are responding. Vaccinations had already been given to border teams as well as hospital workers and will expand to ring vaccination around cases and contacts. Outside resources are also responding to expand testing and treatment centers in Uganda. It bears noting that DRC authorities made sure to notify Ugandan authorities about the escaped family members and provide information to find and identify them. Ultimately, they were contained.

Many, but not all of Public Health authorities from all over the world, have gone on record in the past two days, suggesting that the time has come for the threat level to be raised by the WHO. In fact, WHO Director-General Tedros Adhanom Ghebreyesus, has called for the Ebola Emergency Committee to reconvene in Geneva, on June 14, to re-debate declaring a Public Health Emergency of International Concern (PHEIC), something done only four times in the history of the WHO and/or make any changes to previous recommendations.

And, last but not least, on June 12, the CDC announced that it was activating its Emergency Operations Center (EOC) today, June 13, in support of the multi-agency response to the Ebola outbreak in the DRC and expansion into Uganda. The EOC activation is a Level 3, which is the lowest level, but will allow the CDC to **increase** its support for the Ebola response in an effort to control it in the DRC, and prevent further expansion into Uganda or other neighboring or further afield countries. The CDC has already provided support both operationally and with expertise to various organizations and governments and, as of June 1, have had 187 CDC personnel complete 278 deployments to the DRC, Uganda and other neighboring countries, as well as to the WHO HQ. The CDC feels that the risk to the United States remains low and are not recommending any change to that assessment. Nor are they suggesting changes to their outbreak-related guidance and recommendations including to travelers, transportation providers (e.g. airlines) in the area, or to organizations sending U.S. health care or emergency response workers to affected areas.



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**CDC Press Release on Opening Ebola Operations Center (6-12-19):**

<https://www.cdc.gov/media/releases/2019/p0612-ebola-operations-center.html>

**CDC Press Release on Ebola Spread to Uganda (a 2<sup>nd</sup> Country) (6-11-19):**

<https://www.cdc.gov/media/releases/2019/p0611-first-ebola-case.html>

**WHO Director Announcement to Reconvene IHR Emergency Committee (6-12-19):**

[https://twitter.com/DrTedros/status/1138822452681891841/photo/1?ref\\_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1138822452681891841&ref\\_url=https%3A%2F%2Fwww.vox.com%2F2019%2F6%2F12%2F18662755%2Febola-outbreak-2019](https://twitter.com/DrTedros/status/1138822452681891841/photo/1?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1138822452681891841&ref_url=https%3A%2F%2Fwww.vox.com%2F2019%2F6%2F12%2F18662755%2Febola-outbreak-2019)

**WHO African Office Confirms Spread of Ebola to Uganda 9 (6-11-19):**

<https://afro.who.int/news/confirmation-case-ebola-virus-disease-uganda>

**WHO African Office Link to Ugandan Ebola Situation Report #1 (6-12-19):**

<https://www.afro.who.int/publications/ebola-virus-disease-outbreak-uganda-situation-reports>

**DRC Health Ministry Situation Reports on Ebola in DRC and Uganda (6-11-19):**

<https://us13.campaign-archive.com/?u=89e5755d2cca4840b1af93176&id=719bb64591>  
[https://mailchi.mp/sante.gouv.cd/ebola\\_ouganda\\_11juin19](https://mailchi.mp/sante.gouv.cd/ebola_ouganda_11juin19)

**Uganda Ministry of Health Press Releases on Ebola in Uganda (6-13-19):**

<https://health.go.ug/press-release>