

Ugandan officials impose lockdown across two districts to control the spread of Ebola outbreak

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Almost one month into the Ebola outbreak in Uganda, President Yoweri Museveni on Saturday placed two districts in Central Uganda, Mubende and neighboring Kassanda, under a three-week lockdown after previously downplaying the crisis and stating that no such measures would be employed.

In a televised address, Museveni said, “These are temporary measures to control the spread of Ebola. We should all cooperate with authorities, so we [can] bring this outbreak to an end in the shortest possible time.”

The about-face appears to have been prompted by the recent death of a 45-year-old man who fled his village in Mubende after a relative died, seeking aid from a traditional healer near Kampala. When his condition worsened, he sought medical treatment at Kiruddu National Referral Hospital in the capital, before succumbing to the disease on October 7. Health authorities have traced 42 people whom he had come into contact with and quarantined them.

Sadly, the deceased man’s wife tested positive for Ebola soon after giving birth at a health clinic in Kampala. The status of the newborn remains unknown. Despite these deeply concerning developments, Health Minister Jane Ruth Aceng told the public that the capital remained “Ebola-free” because the couple had been infected in Mubende.

On Thursday, she told reporters, “I want to state very clearly that this does not mean Kampala has Ebola. Cases that were already listed in Mubende remain cases of Mubende. Unless Kampala generates its own cases that start within Kampala, we cannot call that a Kampala case.” She added that the health workers who attended to the infected mother remain under medical observation and in isolation at the main hospital in the capital.

The lockdown means that no one can travel in or out of these two districts except for cargo vehicles transiting from Kampala to Southern Uganda. All restaurants and bars in the affected districts are ordered closed and a nighttime curfew has been imposed. No congregations will be held in houses

of worship during the lockdown. The police also have orders to arrest anyone suspected of being infected who refuses to isolate. Traditional healers have been forbidden to treat cases, and health officials must supervise all burials.

At their October 12 press brief reviewing the various emerging epidemics across the globe, World Health Organization (WHO) Director General Dr. Tedros Adhanom Ghebreyesus said that there were at least 54 confirmed and 20 probable Ebola cases, with 39 deaths and 14 people that have since recovered. There have been ten health care workers infected, of which four have died.

As of the weekend, the Africa Centers for Disease Control and Prevention (CDC) said they had documented 1,100 contacts of known Ebola patients. So far, the outbreak of the Sudan ebolavirus has affected five districts in Central and Western Uganda—Bunyangabu, Kagadi, Kassanda, Kyegegwa, and Mubende. However, the country’s borders remain very porous. The capital and its outlying sprawling neighborhoods are home to more than 6.5 million people. Direct flights from the airport to Europe via Amsterdam and Brussels and regional centers include Addis Ababa and Doha.

According to the Infectious Disease Society of America (IDSA), the Ugandan authorities have yet to institute departure screening from the international airport in Entebbe, although this was contradicted by the United States CDC on their October 12 Clinician Outreach and Communication Activity Call, which indicated that exit screenings of air passengers are being conducted.

Health officials fear the virus has been spreading undetected since early August, threatening to take hold in the capital and potentially spread to other African countries and other continents. For instance, at the end of September, suspected cases were reported in Kenya and South Sudan. The health minister of Kenya later affirmed that “laboratory tests for samples taken from the patient have since turned out to be negative and therefore there is no cause for

alarm.”

Speaking with *Scientific American*, Dr. Kyobe Henry Bbosa, Ebola incident commander at Uganda’s Ministry of Health, said, “This particular outbreak is most likely a spillover from wildlife. We have no evidence of this strain of Ebola virus in the recent past to suspect it came from a different outbreak. The last Sudan Ebolavirus outbreak that happened...was more than ten years ago, and we think it is much less likely to be a spillover from that. We think this is a fresh spillover from the wild into the human population, where it is currently circulating.”

He added, “As for the geographical distribution, the main epicenter of the outbreak is Mubende district, which is near the center of Uganda. But within that, we have five subcounties [where cases have mainly occurred]. We are looking at a span of 70 kilometers from one end to the other. For the disease clusters within the subcounties, we are looking at a distance of up to 30 km. The breadth of response is the whole country. We are hoping to extend the response across the 11 districts surrounding the one at the epicenter.”

Last week, the Biden administration announced that all passengers arriving from Uganda would be rerouted through select airports and screened. However, the European Centre for Disease Control (ECDC) has released a statement noting, “The screening of travelers returning from Uganda is not an effective control measure,” adding that such measures are “time and resource consuming and will not identify effectively infected cases.”

The recent case of an Israeli who fell ill after returning from Uganda sent shudders throughout the international community but added validity to the concerns raised by the ECDC. The first Ebola test the man in question took was negative, but he remains under quarantine at Sheba Medical center.

Last week, the WHO sent in team of specialists led by Executive Director Dr. Mike Ryan to assist in response efforts. Currently, funding remains a critical issue. The international agency has released \$2 million in contingency funds, and organizations like Doctors Without Borders and International Rescue Committee have sent in additional supplies and experts. But these are far short of the appeal for a meager \$18 million Uganda has made to support containment efforts.

At the WHO press brief, Ryan said, “We need more international support for the government here and the surrounding governments in terms of preparedness. We need to activate the surveillance system more at the local level. We need more alerts. We need more community engagement. We need better infection prevention and control in private and public healthcare facilities. We need to

do the necessary testing of drugs and vaccines, and that’s currently been planned and is underway already for some of the antivirals and monoclonals.”

He added, “Ebola brings surprises, infectious diseases bring surprises, and she [Aceng] and her team are not in any way underestimating the challenge that this outbreak represents. So, I have confidence that the right things are being done, but we need more scale-up. We need more support for that scale-up, and again, it’s reassuring to see the countries in the region coming around together. It’s also important that countries, when they are transparent and countries engage, that we don’t see punishment for that.”

Though Dr. Ryan’s comments were carefully worded, it is woefully apparent that the Ugandan outbreak is the beginning of a potentially more significant crisis to which world capitalism, riven by unprecedented geopolitical tensions since the outbreak of war in Ukraine, has no response.

At least nine African countries will join their efforts with the WHO to assist in containing the growing epidemic as it threatens all regional territories due to the extensive network of trade and cultural connections. These include Burundi, the Democratic Republic of the Congo (DRC), and Kenya, which will assist in heightening disease surveillance and training emergency responders.

Fundamentally, the fight against Ebola, as well as COVID-19, monkeypox, cholera, and all other infectious diseases that now plague and threaten mankind, requires the socialist reorganization of the world economy. The trillions of dollars squandered on war and funneled into the coffers of the super-rich each year must be reallocated to meet human needs, including the elimination-eradication of infectious diseases, an end to global warming, and the raising of living standards for the international working class.



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