

# Ebola infections take hold in Uganda's capital Kampala

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After assuring the press last week that Uganda's densely populated capital remained Ebola-free and that the outbreak would be rolled back and wiped out by the year's end, Health Minister Dr. Jane Ruth Aceng tweeted on Monday that the case count in Kampala had risen sharply to 14 after nine more people who had been under quarantine were confirmed with Sudan Ebola virus infection.

Aceng wrote, "Yesterday, October 23, 2022, nine individuals were confirmed positive for Ebola in Greater Kampala region [all under quarantine at Mulago hospital], bringing the total number of cases to 14 in the last 8 hours. The nine cases are contacts of the fatal case which came from Kassanda district and passed on in Mulago hospital."

She added, "[These are] seven family members from Masanafu and one health worker who managed him [the deceased] in a private clinic together with his wife from Seguku [who was confirmed a day after giving birth]. Fellow Ugandans let's be vigilant. Report yourself if you have had contact or know of a person who has had contact. Let's cooperate to end Ebola."

As for the first five cases confirmed 48 hours previously at the Mulago isolation unit, they have been transferred to the Entebbe Ebola Treatment Unit located 40 kilometers (25 miles) south of the capital on the shore of Lake Victoria. They were among 60 people in isolation after exposure to known Ebola cases.

Although Mubende and Kassanda, the two districts in central Uganda at the epicenter of the current outbreak, were placed under a three-week lockdown, it remains to be seen if such necessary control measures will be implemented in the capital.

According to the Ugandan independent daily newspaper *The Daily Monitor*, cumulative confirmed cases have reached 84 in the country as of October 24, 2022. Adding the probable cases raises the figure to over 90 cases since

the declaration of the outbreak on September 20.

As for the death toll, there have been at least 44 fatalities (28 confirmed), bringing the case fatality rate of confirmed cases between 30 to 50 percent. Among recent deaths is another health care worker, Dr. John Grace Walugembe, a laboratory technician at Mubende Regional Referral Hospital, who died last Sunday, raising the number of medical personnel succumbing to the Ebola infection to five.

Twenty-six people, including six health care workers, have recovered and have been discharged. However, the number of contacts has risen to at least 2,007 individuals, according to the European Centre for Disease Prevention and Control (ECDC). Of these, 931 (46 percent) have completed the 21 days of follow-up, the incubation time for Ebola infection.

However, the World Health Organization (WHO) noted that at least eight confirmed Ebola cases have no known links with current cases. Dr. Tedros Adhanom Ghebreyesus told reporters, "We remain concerned that there may be more chains of transmission and more contacts than we know about in the affected communities."

The recent report of a confirmed Ebola infection in a female patient who fell ill and was being treated at a hospital in Mityana district, east of Kassanda, exemplifies the concerns raised by the WHO on the complex chains of infection. The patient's mother had died a week prior inside a shrine and was buried in the Madudu subcounty in Mubende district. The infected woman's child had also recently passed away at Manyi health center in Mityana district, raising suspicions of Ebola. The health workers who were in attendance have been isolated while health authorities attempt to trace all the contacts of this particular case.

Additionally, the recognition of Ebola cases in Kampala has raised the dial on the ECDC's risk assessment for the

European Union (EU) citizens living and traveling in the country. Before cases were confirmed in Kampala, they wrote that the current risk remains low in “the absence of transmission in densely populated areas (e.g., the capital city of Kampala).” They added, however, a cautionary note, “An increase in cases and, most importantly, the occurrence of chains of transmissions in populated areas and cities ... would increase the likelihood of exposure of EU/EEA [European Economic Area] citizens to Ebola virus.”

The treatment centers in Uganda are presently treating 19 active cases. In their effort to fight Ebola across the country, the government has set out to reinforce its public health complement by recruiting more than 1,000 health care workers from every sector of the field, including epidemiologists, physicians, pediatricians, laboratory technicians, health inspectors, psychologists and social workers.

Aceng told *The Daily Monitor*, “We are recruiting 1,490 additional staff, not only for Kampala but to support the entire response. This is in addition to those that are already in the system. Currently, we have many mobile laboratories which are ready for deployment and expect more from our partners. Uganda Virus Research Institute (UVRI) is training more than 20 laboratory people that will be able to handle these laboratories.”

On top of the two isolation centers in and around the capital—Mulago hospital, with a capacity for 120 people, and Entebbe hospital, which can take in 62 patients—the government will build another isolation unit on the playground at Mulago Dental School that will accommodate 60 people. Construction was to commence on Monday and the facility will be ready by one month’s time, equipped with “all the amenities so that it operates like a full hospital,” said Aceng.

According to the US CDC, the Department of Health and Human Services (HHS) and the WHO are expediting the “fill and finish” of around 8,000 doses of the Sabin Vaccine Institute’s experimental vaccine to be deployed as part of a clinical trial in Uganda.

Meanwhile, the Serum Institute of India is planning to manufacture up to 30,000 doses of Oxford’s Ebola vaccine, which has been shown to induce an immune response in both the Sudan and Zaire strains in their phase one trials. These are expected to be available by the end of November.

Most recently, there have been attempts to downplay the dangers of the deadly epidemic. Commenting on the “rapidly evolving” outbreak of Ebola in Uganda, the

United Nations health agency’s regional director for Africa, Dr. Matshidiso Moeti, stated last week, “The Ministry of Health of Uganda has shown remarkable resilience and effectiveness and [is] constantly fine-tuning a response to what is a challenging situation.”

Dr. Ahmed Ogwell, the acting head of the Africa CDC, said at another press conference last Thursday, “[The Ebola] numbers that we are seeing do pose a risk for spread within the country and its neighbors.” But, as to the risk of cross-border contamination, he added, “it’s a manageable risk” and not one that presently requires a “full emergency mode.”

Yet, the predicted emergence of Ebola in Kampala raises the threat that the virus could become more enmeshed in dense human populations and break out to neighboring countries and continents. The experience with the 2014-16 outbreak that began in a small village in Guinea in December 2013 has significant parallels to the current outbreak in Uganda.

By March 2014, the Zaire ebolavirus had spread to the country’s capital city, Conakry, a city with 1.66 million inhabitants. By the summer, the virus was present in its neighboring countries, Liberia and Sierra Leone. On August 8, 2014, the WHO declared the deteriorating situation in West Africa a Public Health Emergency of International Concern.

Before the epidemic was contained and Guinea was declared Ebola-free in June 2016, two and a half years after the first case was discovered, 28,652 confirmed and probable cases were reported, with 11,325 deaths. Besides small outbreaks in Nigeria and Mali and one case in Senegal, three countries in Europe—Italy, Spain and the United Kingdom—each had one case, while the United States had four cases either after exposure in West Africa or in a health care setting.

Three years into the COVID-19 pandemic, with the imminent collapse of public health infrastructure, rising geopolitical tensions over the growing conflict in Ukraine and a resultant global economic crisis, concerns are mounting over the genuine threat posed by the sudden emergence on the world stage of a far deadlier pathogen than SARS-CoV-2 and monkeypox and the refusal of governments to adequately prepare or respond to it.



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