

# Modeling projections by Ugandan health officials suggest that Ebola deaths could reach 500 by April

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The World Health Organization (WHO) reported that as of November 9, 2022, the Ebola outbreak in Uganda with the Sudan virus is now at 156 infections (135 confirmed and 21 probable cases) with 62 patients having recovered. In all, eight districts have been affected. A total of 74 deaths have been reported (53 confirmed and 21 probable fatalities).

In an exclusive report published in the *Telegraph* this week, modeling projections from October 31 leaked to the press forecast that the Ebola outbreak in Uganda could reach 1,200 infections with more than 500 fatalities by April 2023 if efforts to contain the virus are not heeded.

If the projections hold their course, the current outbreak will surpass the 2000-2001 outbreak that killed 224 people. It would also be the third deadliest Ebola outbreak after the West African epidemic 2014-2016 that killed over 11,300 people and the outbreak in 2018-2022 in the Democratic Republic of the Congo (DRC) that led to almost 2,300 fatalities.

Although the WHO has characterized government efforts as transparent and all-in despite the limitations on the ground, the *Telegraph* wrote, “Insiders say a ‘toxic’ atmosphere has developed. Relations between the authoritarian government and international agencies on the ground are tense, while many local officials have been alienated and feel unable to raise issues or challenge their superiors.”

Although these are considered worse case scenarios, sources speaking on condition of anonymity with the press said that many of the people diagnosed with Ebola were presenting several days after their symptoms. “This is one of the single biggest issues right now in this outbreak [and] means they may have

already spread it and affects their chance of survival.” Once symptoms begin, the infected can readily transmit the virus to others. Additionally, as supportive care is essential, early intervention has proven to be the difference between life and death.

The WHO is appealing for \$88 million in funds be made available to assist in efforts to bring the outbreak to an end. The purpose of these funds is to aid in enhancing contact tracing, community engagement, strengthen infection prevention and control measures and equip treatment centers.

The lack of funding has undermined these efforts, which threaten to fall short as the deadly infection grows across the capital Kampala. The *Wall Street Journal* noted that the Ministry of Health in Uganda faces a \$13 million shortfall to stock hospitals with vital resources, pay contact tracers and health workers.

On Monday, more than 1,500 medical interns that include doctors, pharmacists and nurses in government hospitals said they would go on strike over delays in receiving their salaries and benefits. Many have gone for more than three months without pay and no accommodations or food at the hospitals where they work. Complaints of hunger are common among them.

Lack of proper protective equipment in treating Ebola patients has added to their frustrations. One medical intern has already perished from contracting the deadly virus. However, the Health Ministry has asked them to desist from striking and has made promises that the pay issues would be resolved by the end of the week. Emmanuel Ainebyoona, a spokesman for the health ministry, offered a terse statement, “This is not the time for them to strike, when we have an Ebola outbreak.”

The government’s Ebola incident manager Dr. Henry

Kyobe Bosa told the press that Uganda was working with donors to obtain extra funding, though donations were thus far short of their targets. He said, “What we have raised so far from our own resources is not enough.”

Furthermore, health volunteers are reluctant to attend to contacts out of fear they will contract the virus themselves. Dr. Gonzaga Ssenyondo told *The Monitor*, “There is limited manpower willing to work because most of the health workers have no experience in Ebola management and they fear contracting the deadly virus.”

He feared that in his municipality of Masaka, southwest of the capital near the border with Tanzania, where three confirmed cases of Ebola have been reported, the population remains complacent. The perception of low risk “may result in the mass spread of [Ebola infections] as communities still think that there are no cases. By the time a patient reaches a stage called wet symptoms [late stage] after 21 days, most of his or her accomplices are at risk.”

Although President Yoweri Museveni announced that he would not impose a lockdown on the capital city, last weekend the government extended the three-week lockdown on the two districts—Mubende and Kassanda—at the epicenter of the Ebola outbreak for an additional three weeks that include a dusk to dawn curfew.

The lockdowns, however, have been poorly supported, leading to frustrations and anger among the residents in these communities. Food deliveries are not being made as promised which means some have ventured out of their districts looking for sustenance and supplies, threatening to set off new chains of infections. Lack of fuel and medical personnel have also stranded people needing medical attention. Christopher Kwefuga, a government councilor in the district of Mubende, told the press that “people are helpless. Many are bearing untold suffering in their homes and there is no help from government.”

Although public health measures, as noted by the WHO Director-General Tedros Adhanom Ghebreyesus, appear to have contained the outbreak in Mubende, in the last two weeks most cases have occurred in the densely populated capital of Kampala. There have been 23 confirmed cases among students of which 11 are among children from five schools attending classes in

Kampala. Eight school children have perished.

The education minister and First Lady of Uganda, Janet Kataaha Museveni, told the press that the cabinet had decided to end the term for schools two weeks earlier, on November 25, to reduce the risk of infections being spread among students sitting together in densely packed classrooms. No explanations were offered as to why the measures were not being taken immediately.

State Minister of Primary Education Joyce Kaducu said at a recent press briefing, “We have been notified by health experts that children are at a higher risk of death than the adults when they get infected with this virus. We should be very careful as far as protecting these children is concerned.”

However, as corruption is rampant and infighting between various national agencies is common, it also means that response to the outbreak is being hindered, leaving the population vulnerable. In early October, for instance, the Uganda Virus Research Institute, with vast expertise in Ebola outbreaks, was cut out of the response to the outbreak by the health ministry over testing issues.

Dr. Olive Kobusingye, a Senior Research Fellow at the department of public health at Makerere University in Kampala, told the *Telegraph* that any action taken by an agency deemed inappropriate by government officials will lead to serious repercussions. “In this system, we have so much power concentrated at the top ... the consequences are going to be really nasty for you. So, what people do—instead of responding and acting promptly—is, they wait for cues ... in the meantime, nothing is happening.”



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