



Ebola Virus Disease Surveillance in Uganda

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Ebola Virus Disease

- □ Ebola virus disease is a serious illness that is often fatal in humans
- □ Without treatment, Ebola has a high mortality rate
- ☐ Chances of survival increase if treatment is administered quickly
- □ When we think of Ebola, we think of a sick person with bleeding but Ebola patients do not always bleed

Sudan Virus (SUDV) Outbreak in Kampala, Uganda

- □ Reported on (January 30, 2025),
- □ The 6th outbreak of Sudan virus
- □ By 12 February, registered 09 cases
- □ Listed and followed 286 contacts
- □ Isolated in quarantine centers



Where is the Ebola virus found in an infected person?

- ☐ Ebola virus can be found in ALL the body fluids of someone who is sick or has died of Ebola
- ☐ The virus can remain in semen several years after a previously infected person has recovered
- ☐ The virus can remain in breast milk even after the mother has recovered



Sperm

Amniotic fluid

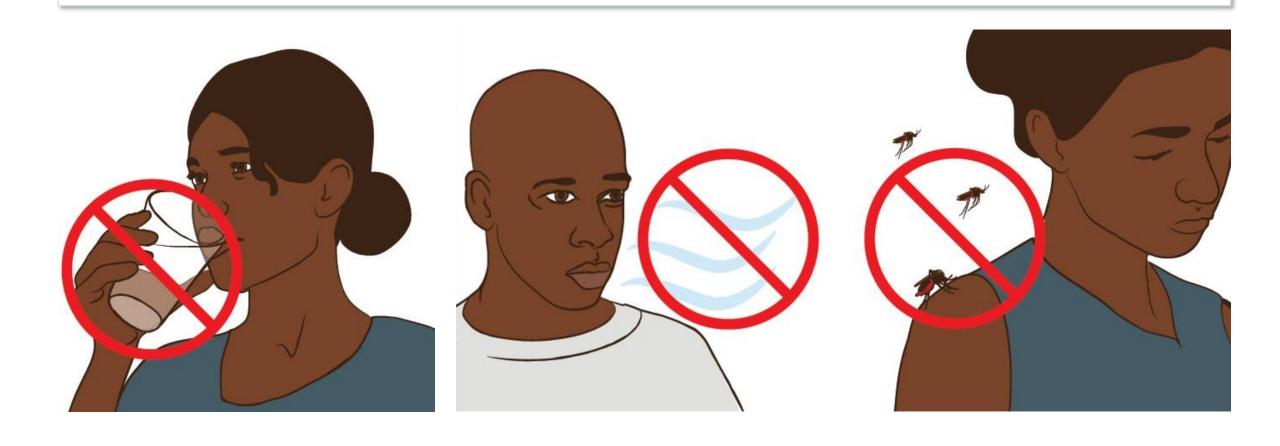
Breast milk

How does the virus spread between people?

- Direct contact (through broken skin or mucous membranes) with the body fluids of a person who is sick or has died of Ebola virus disease
- Contact with objects (such as clothing, bedding, needles, and medical equipment) contaminated with the body fluids of a person who is sick or has died from Ebola virus disease

Ebola virus does NOT spread:

- □ By water
- By air
- By insect bites, like mosquitoes



INFECTION

INCUBATION PERIOD

DRY PHASE

WET PHASE

Infection occurs after exposure to a person who is sick or has died of Ebola.

- It can last from 2-21 days (usually 4-17 days)
- Person feels well and has no symptoms
- The person cannot transmit the virus

Common signs and symptoms are

- Fever (not always present)
- Fatigue
- Headache
- Joint pain
- Muscle pain
- Back pain
- Sore throat

Common signs and symptoms are

- Diarrhea
- Nausea/vomiting
- Bleeding occurs in some cases
- Hiccups
- Eye redness

- The patient becomes more contagious as the disease progresses.
- In fatal cases, death occurs on average 7 to 10 days after the onset of symptoms.
- The amount of Ebola virus is highest at the time of death.













NOT CONTAGIOUS





EVEN MORE CONTAGIOUS



THE MOST CONTAGIOUS

EXPOSURE TO THE VIRUS

DAY 0
OF THE DISEASE

DAY 4
OF THE DISEASE

DAY 7-10 OF THE DISEASE



Active Case Search

Purpose of Active Case Search: find new cases



 Actively search for individuals with signs and/or symptoms of Ebola for early referral, diagnosis and treatment

OBJECTIVES

- Identify an individual with EVD-like symptoms that are not identified through contact tracing or passive surveillance
- Discover suspicious deaths

Types

- Facility based
- Community based



Active Case Search: Community Case Definition

Illness with onset of fever and no response to treatment

OR

 At least one of the following signs: bleeding (from the nose or any other part of the body), bloody diarrhea, blood in urine

OR

Any sudden death

Case Definitions

Suspect I

Illness with onset of fever and/ OR negative laboratory diagnosis for usual causes of fever AND/ OR at least three of the following signs:

• Headache, vomiting, diarrhoea, anorexia/loss of appetite, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing, difficulties, or hiccups, convulsions

OR

Illness with onset of fever and no response to treatment for usual causes of fever AND at least one of the following signs

- Bloody diarrhea
- Bleeding from gums
- Bleeding into skin (purpura)
- Bleeding into eyes and urine
- Bleeding from the nose

Case Definitions

OR any person with a history of fever (≥38°C) and at least one of the following:

- History of contact with a suspect, probable or confirmed Ebola case.
- History of travel to an area with a confirmed outbreak of Ebola

OR: sudden/unexplained death

OR: unexplained bleeding

PROBABLE

Any person who died from 'suspected' EVD and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease

Active Case Search



Involves VHTs, Health Assistants, Health Workers, Surveillance Officers,
 Epidemiologists, and other public health workers

Community based:

□ VHTs to lookout, record and report suspected cases and deaths in the community and report to supervisors

Facility based:

- □ Teams go to health facilities and look through patient registers for any patients with Ebola like symptoms
- Interviews with patients and clinicians provide more information to determine if patient might be an Ebola case and need testing and isolation



Example of an Active Case Finding Facility Visit Schedule

WEEKLY SCHEDULE – ACTIVE CASE SEARCH TEAMS - MUBENDE WEEK 40 (2-8 October 2022)

N°	TEAM MEMBERS	SUB-COUNTY	HEALTH FACILITIES	ACTIVITIES	2	3	4	5	6	7	8
						Mark	Χv	vhen	comp	leted	
			Health Centre II:	Sensitization of personnel							
			Health Centre III:	Review in-patient registers							
			Health Centre IV:	Review out-patient registers							
			Regional Hospital:	Investigate patients w Ebola symptoms							
			Private Facilities:	Report any alerts to alerts call centre							
				Complete CIF for suspect cases							

Teams visit health facilities daily to look for possible cases and conduct initial investigations

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Example of an Active Case Finding Community Visit Schedule

- VHTs go from house to house and asks if there is any sick person(s) in the household
- If yes, the team will ask if the person has signs and symptoms of Ebola based on the community case definition
- The team then completes the reporting form and immediately notifies the supervisor who will in turn call the alert desk number.
- If there is a community death, the VHT calls the alert desk to activate the alert management system.

WEEKLY VILLAG	GE ACTIVE (CASE SEARCE	H FORM BY VI	LLAGE TASK	(FORCES (VTF)	
District :	Sub co	ounty:			Parish:		
Village:							
Week starting from			Ending on				
Name of the VTF Member:		Contact		Sig	nature		
Indicators		Tuesday	Wednesday			Saturday	
1.Number of Households Visited							
2. Number of Community Deaths							
3. Number of People Sick with Any	1			 	 	+	1
Disease							
4. Number of Suspected Ebola cases							
		-		 	<u> </u>		
				0000	200.04		•
In case of any death/ suspected Ebo	la case plea	se call this t	coll free number	er: 0800 <i>i</i>	200 04	3	
Verified by	Tit	le		Сог	ntact		
Date		Signatu	ıre				



Case Investigation

Purpose of a Case Investigation: Stop the Spread



Collect information to inform how to stop further transmission

OBJECTIVES

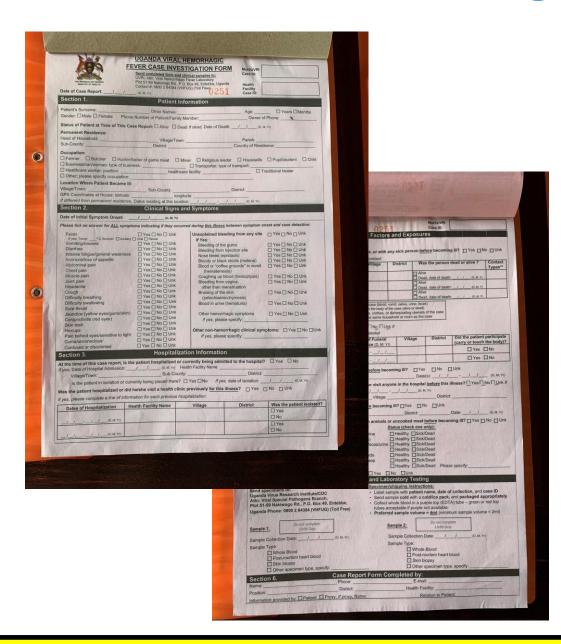
- Identify the source of the patient's infection
- Determine who else might be at risk

TOOLS

- Case Investigation Form
- Case Narrative
- Transmission Chains

Case Investigation Form (CIF)





Case Narrative



Complete description of the activities of a confirmed or probable case within the past month

- □ Case narratives describe events over two periods of time:
 - 1. Exposure period: the period during which a person may have been exposed to the Ebola virus
 - 2. Symptomatic period: the period after the onset of symptoms of EVD
- **□** Components:
- Demographic information
- Describe the activities during the period of exposure and attempt to identify the source of the patient's infection (a person, a health care facility, etc.)
- Determine the date of onset of symptoms. You may use the Ebola exposure window calculator to corroborate the date of onset of symptoms.
- Describe the signs and symptoms and how they progress
- Identify the different places the case went after it became symptomatic
- Identify the people the patient came in contact with while ill

Age	5	Sex	Fen	nale									
Status	Alive	Alive If case died: Loca				SDB?							
Date of Onset of Symptoms	06/05/2019	Symptoms		Fe	ver, body we	akness, lack of	appet	ite					
District	Lubero	Sub-	County		Village								
Known Conta	ad 17	-	to	es, linked which case?	C043 (mother)	Contact followed up?	Yes	Day #	8				
Healthcare Worker	No Positi	on	Hea Faci										
Who alerted?	Contact tracin	ng team											
Health Facilitie				HGR L	ubero (7/5/20	19-9/5/2019							
	06/05/2019:	ever, weakn	ess, and la	ack of app	oeti te started	and self-medi	cated	with para	cetamol.				
	07/05/2019: Family took the child to HGR Lubero for treatment, where the contact tracing team found the child and alerted the case. Family was reticent to evacuation to ETU												
Contact Tracing	09/05/2019: the family for				ntil 09/05, wl	hen the team	was ab	le to wor	k with				
	Contact pre-lis	ting: 17 con	tacts										





Show initial exposure (index case)
Describe how EVD is being passed person-to-person
Determine points where transmission might be stopped

Includes:

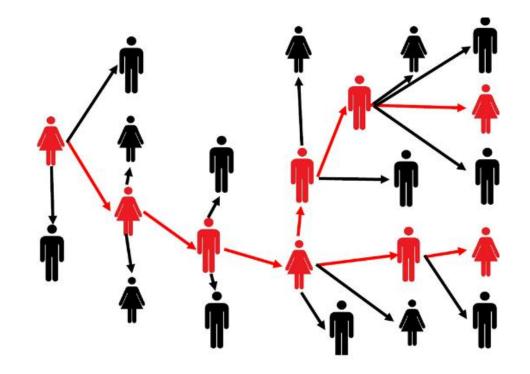
- Case and their contacts
- □ Contacts who become cases
- Sites of ongoing exposure and transmission
- □ Links between various chains of transmission



EVD-Contact Tracing

What is contact tracing?

- ☐ Finding the persons who a sick person came in contact with
- □The purpose is to ensure that anyone who is incubating infection or who is already ill can be identified as soon as possible



Purpose of contact tracing Reduce spread

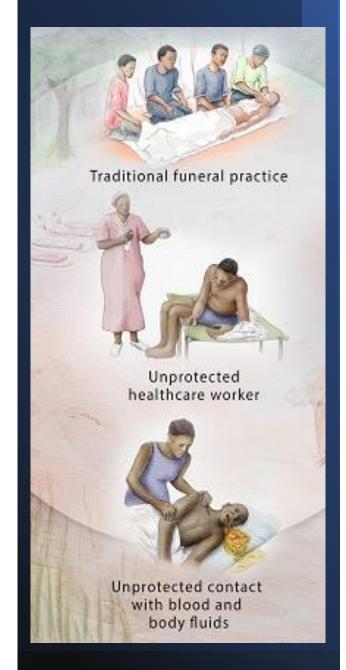
- ☐ MAIN PURPOSE: to limit the outbreak's spread by ensuring that sick people are caught as early as possible, and isolated
- □Also, important to make sure that sick people can get help/treatment

Who is considered an EVD contact?

Usually friends, relatives, household residents, and healthcare workers

Someone who has:

- ☐ Cared for or touched a person sick with EVD without appropriate PPE
- ☐ Touched the blood or body fluids of a person sick with EVD
- ☐ Touched the body of a person who died of EVD without appropriate PPE
- ☐ Touched linens, clothes, mattress, or other belongings of a patient who is sick with or who has died of EVD



How to find and interview contacts?

Interview:

- □Case-patient, if alive and able to tell you
- □Caretaker(s)
- **□**Household members
- ☐ Healthcare workers
- □Others who know about the patient's recent activities and travels (may be classmates, teachers, co-workers, although often people sick with EVD do not feel well enough to work)

DON'T MISS CONTACTS!

Missing even one contact can be the difference between stopping a transmission chain and spread to hundreds of people

Make a contact list using the tool: Contact Line List Form

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Case Infor	8urname		other Na	mes H	ead of Househo	ld Addı	ecc	Tov	wn	District	Date Sympton		.ooatior	n Case Identifie
Contact In	formation													
Surname	Other Names	Sex (M/F)	Age (VF6)	Relation to Case		Type of Contact (1,2,3,4)* list all	Head House		Address	Town	District	Phone Nu	ımber	Healthoare Worker (Y/N) If yes, what facility?
													\dashv	
													-	
													\dashv	
Types of Contag I = Touched body I = Had direct phy I = Touched or of I = Siept or ate in	fluids of the pr ysical contact w eaned the linen	vith the b s, clothe	ody of the	he patient hes of the	(allve or dead)	ı								
contact sheet fill		enoio at	tine pati	ent		Title:				Telep	hone:			

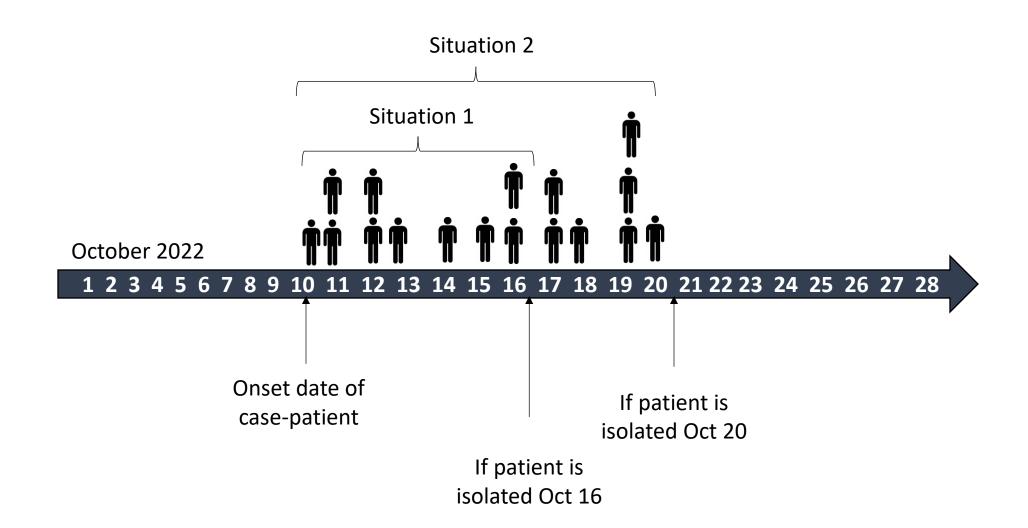
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Prioritize contacts if needed, by degree of contact

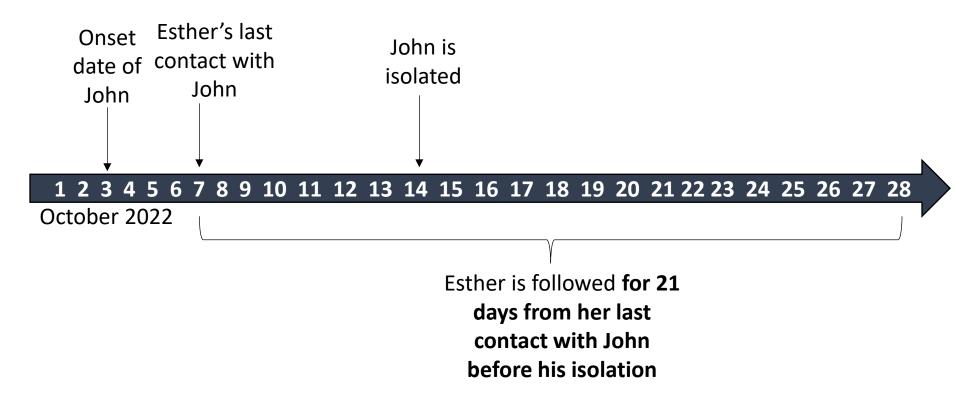
- Higher risk:
 - ☐ Anyone taking care of the patient while ill (household or healthcare)
 - ☐ Persons sharing sleeping space with the case
 - ☐ Persons attending burial of the patient
 - ☐ Persons sharing household items



The faster we find contacts after a patient's onset, the fewer we have to trace!



Contacts are followed for 21 days from their *last contact with case-patient*



*Date of last contact is Day 0

Contact Tracing Form

		Name of patient:							mber_	0	iPS coo	rdinate	es: Latit	ude:		- =	Long	itude:		-		
Name of contact:									Sex	F	и	Age:			()	(years)						
Date of last contact																	nhono	Missonia				
Date or last contact	(ou/min	ny www.				_ Pritysi	icai Au	aress (L	.c.i							rese	pnone	Numbe	=1			
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Contact through he	epital	Y/N I	Name o	of hosp	ital:						Da	ite of 1	st visit o	of Conta	act Tra	cing Te	am:				_	
Household informat	ion: No	. of rao	ms	No. l	living in	house	hold:	N	No. aft	oilets/t	athroc	ms	р	re toile	ts/bati	hroom	shared	7 Y/I	N			
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Fever (take																						
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Muscle pain	+	+-		+	+	 	 	+	+		 		 			 		 	 			
Headache	+	+-		\vdash	+-		\vdash	+-	+-	\vdash	\vdash	\vdash	\vdash			\vdash	\vdash		\vdash	\vdash		
Pharyngitis		+-			 			 	 													
Vomiting	1	+-			 			 	 													
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Diarrhoea	1	+-			 			 	 													
Diarrhoea Maculo-papular rash	+	\vdash							T													
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THANK YOU FOR LISTENING

