

October 14, 2022

Health Notice for District of Columbia Health Care Providers
Ebola Virus Disease 2022 Uganda Outbreak

SUMMARY

The Centers for Disease Control and Prevention (CDC) recently reported confirmed cases of Ebola virus disease (EVD) in the Uganda caused by the Sudan virus (species *Sudan ebolavirus*). While **no suspected, probable, or confirmed cases related to this outbreak have been reported in the United States or the District of Columbia**, the CDC and Department of Homeland Security are routing U.S. bound air passengers who have been to Uganda in the prior 21 days to one of five U.S. airports for entry health screening.¹ To ensure timely identification and public health follow-up of suspected cases, the District of Columbia Department of Health (DC Health) asks that all personnel who might conduct screening and evaluation activities or be responsible for initial clinical management of patients (e.g., including Emergency Medical Services, outpatient, and emergency department personnel) assist us in our surveillance by doing the following: 1) Consistently collect travel history information during the clinical evaluation of patients, and 2) Promptly report suspected cases to DC Health. Facilities should also begin reviewing their EVD related policies and update them to align recommendations by the CDC and DC Health.

BACKGROUND

On September 20, 2022, the Ministry of Health (MOH) of Uganda officially declared an outbreak of EVD due to Sudan virus (species *Sudan ebolavirus*) in Mubende District, Central Uganda. The first case of EVD was confirmed as Sudan virus by real-time reverse transcription polymerase chain reaction (rRT-PCR) on September 19, 2022, at the Uganda Virus Research Institute (UVRI). The patient died that same day triggering further investigation into a cluster of unexplained deaths in the previous month. As of October 12, 2022, a total of 54 confirmed cases, 19 confirmed deaths, and 20 probable deaths of EVD have been identified in Uganda including 10 confirmed cases and 4 confirmed deaths in healthcare workers. The current outbreak is in the same area as the 2012 outbreak and is the fifth outbreak of EVD caused by the Sudan virus in Uganda since 2000.^{1,2} The 2012 outbreak was effectively contained due to limited secondary transmission. Previous outbreaks of the Sudan virus have had a mortality rate of about 50%.¹

As of October 14, 2022, no suspected, probable, or confirmed EVD cases related to this outbreak have been reported in the U.S. or other countries outside of Uganda, and the World Health Organization (WHO) has assessed the overall global risk to be low.^{1,2} While there are no direct flights from Uganda to the U.S., travelers from or passing through affected areas in Uganda can still enter the U.S. on flights connecting from other countries. **It is important for clinicians to obtain a detailed travel history from patients with suspected EVD, especially those that have been in affected areas of Uganda.** Early consideration of EVD in the differential diagnosis is important for providing appropriate and prompt patient care, diagnostics, and to prevent the spread of infection. Healthcare providers should be alert for and evaluate any patients suspected of having EVD, particularly among people who have recently traveled to affected areas in Uganda.¹

Ebola Virus Disease

Ebola virus was first discovered in 1976 when two fatal outbreaks occurred in Central Africa. The *Zaire ebolavirus* was discovered near the Ebola River in what is now Democratic Republic of the Congo while the *Sudan ebolavirus* was discovered in southern Sudan nearly 500 miles away.³ There are currently six known species of Ebola virus, four of which are known to infect humans with an **incubation of up to 3 weeks (21 days)** and clinically similar disease.¹ Human outbreaks are initiated by animal to human transmission with bats or nonhuman primates (chimpanzees, apes, monkeys, etc.) being the most likely source followed by human to human transmission. Spread is through **direct contact** (such as through broken skin or mucous membranes) with infectious blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, and semen), objects contaminated with body fluids, infected fruit bats or nonhuman primates, or semen from men who have recovered from EVD.⁴ EVD is not spread through airborne transmission and a person is not contagious until symptoms appear that include: fever, cough, general malaise, muscle weakness, vomiting, diarrhea, abdominal pain, fatigue or unexplained hemorrhage (bleeding or bruising).^{1,4} While the virus can be detected in blood after the onset of

symptoms, it may take up to three days for the virus to reach detectable levels.⁵ The virus can persist in certain body fluids, like semen, after recovery from the illness. Ebola survivors may experience side effects after their recovery, such as tiredness, muscle aches, eye and vision problems and stomach pain.⁴ There is currently no FDA-licensed vaccine to protect against Sudan virus infection and no FDA-approved treatment for EVD.¹

Entry Health Screening at U.S. Airports

Starting the week of October 10, 2022, the CDC and Department of Homeland Security will begin routing U.S. bound air passengers who have been to Uganda in the prior 21 days to one of five U.S. airports for entry health screening. Airports include Washington D.C. Dulles (IAD), New York (JFK), Chicago (ORD) Newark (EWR), and Atlanta (ATL). While current risk for importation of Ebola to the U.S. is low at this time, public health entry screening is part of a layered approach that, when used with other public health measures already in place to detect ill arriving travelers, can slow and reduce the spread of disease into the United States.

Why is the CDC implementing entry health screening?

- To identify travelers who may be infected or at high risk for infection with EVD based on travel history, current health status, or potential high-risk exposures
- To ensure that these travelers are directed to appropriate care, if needed, which will also help protect the health of all Americans
- To provide health messaging to travelers from Uganda about actions to take if they develop symptoms after travel
- To confirm availability of contact information for all travelers from Uganda for public health follow up.

Who will be following up with the air passengers?

- Air travelers from Uganda can expect verification of data on arrival to ensure completeness and accuracy of contact information, a temperature check, and health education about Ebola.
- Contact information will be shared with DC Health and other state/local health departments for follow-up, conducting health assessments, providing additional information, and doing check ins with the travelers (as determined by the health department).

How will travelers be monitored for symptoms after arrival?

- Following public health entry screening by CDC at the arrival airport, additional risk assessments and monitoring will be coordinated by the health departments of jurisdiction.
- Health departments will establish contact with travelers, confirm risk level, and provide guidance for how travelers should report status to state and local health authorities.

KEY POINTS FOR HEALTHCARE PROVIDERS

Please share this information with all personnel who might conduct screening and evaluation activities or be responsible for initial clinical management of patients (e.g., including Emergency Medical Services, outpatient, and emergency department personnel). **Facilities should review current EVD related policies and update them to align with recommendations by the CDC and DC Health.** This is also an opportunity for facilities to update their [exposure control plan](#) and [waste management plan](#) as part of the Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogens Standard. Healthcare workers can become exposed by coming into contact with a patient's body fluids, contaminated surfaces, medical equipment, or supplies. Splashes and sprays to unprotected mucous membranes (such as the eyes, nose, or mouth) are particularly hazardous.

Evaluation of Patients

It is recommended that facilities:

- Ask about and document international travel histories for patients with clinical symptoms such as fever, headache, muscle, and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, and unexplained bleeding, and consider EVD or other viral hemorrhagic fevers (VHF) on the differential diagnosis.
 - Testing for diseases in returning travelers which may present similarly to EVD, such as malaria, should be considered, but clinical consultation should be pursued if there is still a high index of

- suspicion for EVD.
- Patients should be immediately moved to a private room for further clinical evaluation if VHF or EVD is suspected.
- Post contact information for infection control personnel and DC Health for reporting of suspected cases in easily visible locations.

Current Infection Prevention and Control Recommendations

Current CDC infection prevention and control guidance for U.S. healthcare facilities is available on the [CDC Ebola website for clinicians](#). Specific guidance and tools that may be of interest to facilities include:

- General [infection prevention and control recommendations](#) for patients under investigation (PUI) for EVD in hospitals.
- Separate personal protective equipment (PPE) guidance remains in place for the management of [Clinically Stable PUIs](#) and [Confirmed Ebola Patients or Clinically Unstable PUIs](#).
- A [PPE Calculator Tool](#) is available to assist healthcare facilities in determining the appropriate supply of PPE to have on hand to manage a PUI or patient with confirmed EVD.

The Regional Treatment Network for Ebola and Other Special Pathogens

Healthcare facilities should be familiar with the tiered U.S. [Regional Treatment Network](#) for Ebola and other special pathogens and understand their role in the tiered network as a Frontline facility, Assessment Hospital, or Treatment Center.

Evaluating Patients for EVD: Isolation, Reporting, and Testing

Review the “DC Health EVD PUI Triage Algorithm” (dchealth.dc.gov/node/1459116). If a patient is encountered that has symptoms consistent with EVD and a travel history to Uganda in the last 21 days, or has had close contact with a confirmed EVD case, please take the following steps:

1. Isolate the patient, notify the appropriate staff, and ensure appropriate infection control precautions are in place. Staff must wear the appropriate PPE if in close contact with the patient.
 - **Aerosol generating procedures (AGPs) should be avoided.** If required, AGPs for patients with EVD should be conducted in an Airborne Infection Isolation Room (AIIR) when possible.
2. Interview patient to further evaluate risk using the DC Health Evaluating a Person Under Investigation for EVD form (dchealth.dc.gov/node/1459111).
3. Notify DC Health by phone about cases that **meet the criteria for PUI** at 844-493-2652.
4. Submit a Notifiable Disease and Condition Case Report Form online using our online reporting system DC Reporting and Surveillance Center (DCRC): dchealth.dc.gov/service/infectious-diseases.
5. DC Health will assist with coordinating clinical sample testing by the DC Public Health Laboratory (PHL) and consultation with CDC, as needed. Guidelines for testing are as follows:
 - All test requests **must be approved by DC Health and DC PHL prior to submission.**
 - Upon approval, collect two samples of whole blood in plastic EDTA tubes for testing at DC PHL and (if necessary) confirmatory testing at the CDC.
 - Minimum volume necessary for testing in each tube is 4ml.
 - **Do not** centrifuge blood samples.
 - **Do not** use any pneumatic tube system for transporting specimens within the facility.
 - Specimens should be stored at 2-8°C until transport.
 - Detailed guidelines for safe specimen transport and test ordering will be provided upon approval.

Additional Resources

- **DC Health Ebola website:** dchealth.dc.gov/page/ebola-information
- **CDC Main Ebola website:** cdc.gov/vhf/ebola/index.html
- **General Resources for EVD:** cdc.gov/vhf/ebola/resources/index.html

- **EVD for Clinicians in U.S. Healthcare Settings:** cdc.gov/vhf/ebola/clinicians/evd/clinicians.html
- **Screening Patients for EVD:** cdc.gov/vhf/ebola/clinicians/evaluating-patients/index.html
- **Discharging PUIs for EVD:** cdc.gov/vhf/ebola/clinicians/evaluating-patients/discharging.html
- **U.S. Hospital Preparedness:** cdc.gov/vhf/ebola/healthcare-us/preparing/hospitals.html
- **IPC Recommendations for PUIs:** cdc.gov/vhf/ebola/clinicians/evd/infection-control.html
- **PPE | CDC Cleaning and disinfecting:** cdc.gov/vhf/ebola/healthcare-us/ppe/index.html
- **Environmental IC in Hospitals:** cdc.gov/vhf/ebola/clinicians/cleaning/hospitals.html
- **Ebola - Waste Management:** cdc.gov/vhf/ebola/clinicians/cleaning/handling-waste.html

References

1. Center for Preparedness and Response. *Outbreak of Ebola Virus Disease (Sudan Ebolavirus) in Central Uganda.*; 2022. emergency.cdc.gov/han/2022/han00477.asp
2. World Health Organization. Ebola disease caused by Sudan virus - Uganda. Disease Outbreak News. Published 2022. Accessed October 7, 2022. [who.int/emergencies/disease-outbreak-news/item/2022-DON410](https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON410)
3. Centers for Disease Control and Prevention. History of Ebola virus disease. Ebola (Ebola Virus Disease). Published 2021. Accessed October 7, 2022. cdc.gov/vhf/ebola/history/summaries.html
4. Centers for Disease Control and Prevention. What is ebola virus disease? Ebola (Ebola Virus Disease). Published 2021. Accessed October 7, 2022. cdc.gov/vhf/ebola/about.html
5. Centers for Disease Control and Prevention. Diagnosis. Ebola (Ebola Virus Disease). Published 2019. Accessed October 11, 2022. cdc.gov/vhf/ebola/diagnosis/index.html

**For more information, or to report suspected EVD cases, please contact the
Division of Epidemiology – Disease Surveillance and Investigation:
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