



By Agnes Kyotalengerire

Uganda has registered one death of Ebola Bundibugyo virus disease among two individuals who travelled from DR Congo.

The first was a 59-year-old Congolese man who had crossed the border to Uganda and died of Ebola at Kibuli Muslim Hospital in Kampala on May 14. His body was returned to DR Congo that very day.

When he was admitted to the facility four days prior, the patient had presented with respiratory distress, episodes of fever, epigastric pain, nausea, and challenges passing urine, according to the health ministry.

This was followed by the Africa Centres for Disease Control and Prevention (CDC) declaration of an Ebola Bundibugyo virus disease outbreak in Ituri province, DR Congo, on May 15.

The second case, said to be a female in-law of the deceased, tested positive and was admitted to Mulago National Referral Hospital.

A total of 127 contacts have been identified and are in institutional quarantine.

UNDERSTANDING EBOLA DISEASE

The incident commander at the Ministry of Health, Dr Henry Bosa Kyobe, describes Ebola as a rare, severe, and often fatal viral illness in humans and non-human primates.

The signs and symptoms of the disease include sudden onset of fever, fatigue, muscle pain, headache, vomiting, diarrhoea, yellowing of the eyes and unexplained bleeding, which manifests as a late symptom, Dr Kyobe explains.

TRANSMISSION MODE

An internal medicine physician and a public health specialist, Dr Ivan Kimuli, says the Ebola Bundibugyo variant is caused by a virus, a disease-causing pathogen that we do not live with in our day-to-day community setting.

Instead, the Ebola-causing virus stays far away from us and has reservoirs amongst wild animals. So if you go into the jungle and interact with animals, you can easily get into contact with Ebola. However, it is important to note that not all animals are reservoirs of the Ebola virus.

The World Health Organisation and CDC both confirm that fruit bats of the pteropodidae family are natural hosts, and human infection occurs through close contact with infected wildlife

EBOLA ALERT: WHAT YOU SHOULD KNOW

AFP PHOTO



A border officer at the Busunga crossing between Uganda and the DR Congo, Bundibugyo, checks a child's temperature last Monday. Officials confirmed one death associated with the Bundibugyo strain of Ebola

ANIMAL HOSTS

The World Health Organisation says fruit bats of the pteropodidae family are natural hosts.

Human infection occurs through close contact with infected wildlife such as bats, non-human primates, forest antelope or porcupines found ill or dead in rainforests.

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He further explains that the virus usually establishes its survival in specific hosts. The fruit bat, particularly, normally harbours this virus. The bat can interact with other animals in the jungle, such as non-human primates and porcupines and infect them.

"This virus can leave the bat, get onto the animal, and eventually move to human beings. After, the virus can move from one human being to another," Dr Kimuli explains.

TRANSMISSION

The Ebola Bundibugyo virus is transmitted by contact. This is why it is much easier for one to keep the disease at bay.

"Without contact with an infected person or animal, you cannot get infected with the virus," Dr Kimuli says.

He adds direct physical contact with body fluids such as blood, saliva, tears, stool, vomit, urine, sweat, vaginal fluid and semen of an infected person can also lead to infection.

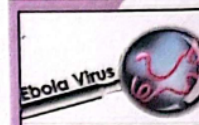
The virus can spread through skin-piercing instruments used by

an infected person. Additionally, if a person has used a sharp instrument on an animal that died of Ebola and after they get a cut from the instrument, they can easily get exposed to the virus.

He warns that people or animals that have suddenly died of Ebola are highly infectious.

"It is for this reason that during outbreak, you desist performing ritual practices such as interacting with the

Kimuli warns



ABOUT BVD

This is the third Ebola Bundibugyo virus disease outbreak happening in Uganda and the eastern DR Congo, involving more than 500 suspected infections and 179 deaths registered by presstime. The affected health zones in Ituri province, DR Congo, include Rwampara, Mugwalu, and Bunia.

According to data from the Africa Centres for Disease Control and Prevention, the Bundibugyo virus was first detected between 2007 and 2008 in Bundibugyo district in Uganda. The outbreak recorded 149 confirmed cases and 37 deaths. It was the first new Ebola species identified in decades.

The second Ebola Bundibugyo virus disease outbreak occurred in DR Congo in 2012, in Isiro of the then Orientale province, recording a total of 57 cases and 29 deaths.

HOW TO PREVENT, MANAGE EBOLA VIRUS DISEASE

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INCUBATION PERIOD

The incubation period, the time from exposure to the virus and the first symptom, is usually between two and 21 days on average.

This means if you were exposed to the virus today, the earliest symptoms would show up on the second day and the latest on the 21st day. However, Dr Kimuli says the majority of people who get infected with Ebola usually get symptoms between the seventh and the 10th day.

He estimates that a large number of patients, usually more than 60%, develop Ebola symptoms by day 10 after being exposed to the virus. Therefore, it is important that people who come into contact with infected individuals are put in isolation and monitored for about 10 days.

Worth noting, a person with Ebola cannot spread the disease until they develop signs and symptoms. It is therefore not necessary to test a person who is not showing symptoms.

TELL-TALE SIGNS

Fever, fatigue, muscle pain, headache or sore throat that cannot be explained by anything else are the first tell-tale signs of Ebola Bundibugyo variant, Dr Kyobe says.

Later, the infected person may start vomiting, have diarrhoea and develop a skin rash. As the disease progresses, they may develop organ complications. These may include impairment in the function of the kidney and liver, which may happen in advanced stages.

About three out of 10 (about 35%) Ebola patients may experience bleeding from the gums, nose or ears, Dr Kimuli says. They may even find blood in the stool and vomit, he adds.

Twinamatsiko, an instructor in Kikandwa district, says he saw a patient with severe symptoms.

While the patient remains significant, care gaps persist and pregnancy—a known risk factor for Ebola—remains



A visitor washes his hands before entering Kyeshero Hospital at a checkpoint for handwashing and temperature screening for all visitors and patients, as part of Ebola prevention measures in Goma, DR Congo, last Monday. A first case of Ebola virus infection was reported in Goma on May 17

Tentatively, treatment of the disease is largely supportive or nonspecific.

"Because we know that a patient is likely to drift into organ failure as the disease progresses, we try our best to protect them from getting into organ failure. This results in increased chances of survival," he adds.

Kimuli urges health workers and caregivers to manage specific symptoms that Ebola patients experience. For example, if the patient is in pain, try to manage the pain. In case they have a fever, control it; if they are dehydrated, give them fluids; and if they are vomiting, address the vomiting to curb fluid or salt loss and prevent organ failure or deterioration.

Regarding this, if you identify the signs and symptoms of Ebola early, you will receive treatment, and



Ministry of Health: Kyobe

the chances of healing will increase, rather than waiting to get to the hospital when the disease has progressed to advanced stages.

As such, if you have a patient you suspect of having Ebola, let the person report early to a health facility, or if they are just contacts, they will be isolated and treated upon showing signs and symptoms. Kimuli discourages managing Ebola patients at home.

"The challenge will be a patient staying at home and infecting all the family members and neighbours," he says.

KEEPING EBOLA OUT OF HOMES

After evacuating the person who has been confirmed to have Ebola, health workers move into the house and destroy all the bedding, clothing, and other personal effects in the effort to destroy the virus, Kimuli says.

Upon discharge, the survivors are given a pack of items to start them off as they go back to the community. The items range from mattresses, blankets, bedsheets, and basins, among others.

The other item that is given to the survivors is a packet of condoms to prevent transmission of the virus since the semen or vaginal fluid

EBOLA: NO VACCINE FOR BUNDBUGYO STRAIN

The Bundibugyo strain of Ebola has a case fatality rate of approximately 50%, yet there is no vaccine or specific treatment. In regard to that, the Africa Centre for Disease Control and Prevention (CDC) has called for local vaccine production to tame the spread of the disease.

"We do not have a vaccine, and yet we cannot afford to see this Ebola strain spread so quickly," says the director general of the Africa CDC, Dr Jean Kaseya.

He says there is an urgent need to ensure how Africans will be covered by

manufacturing our own product.

Kaseya further noted that without a strong regional and continental approach, not only Africa but the entire world is exposed, reasoning that the person who moved from the DR Congo to Kampala could also take a plane and fly somewhere. This is why we need to cover the region and the continent, and research and development will remain a key pillar, Dr Kaseya says.

The only available approved vaccine against Ebola disease is for the Zaire ebolavirus.

HOW TO AVOID INFECTION

The deputy incident commander at the health ministry, Dr Bernard Lubwama, says you can protect yourself from Ebola by observing the standard operating measures below, as issued by the health ministry.

- Regular washing of hands with clean running water and soap
- Do not share personal items such as clothing and bedding
- Keeping a social distance of about two metres from an infected person or from a person who exhibits similar signs and symptoms
- Avoid contact with fluids such as vomit, blood, urine, sweat, semen and vaginal fluids of people infected with the virus. Ensure proper waste management and disposal.
- Avoid hugging and fist-bumping, as the skin may have the virus
- Avoid conducting burial rituals of washing, dressing, and viewing bodies of people who have died of Ebola because they are highly infectious
- Avoid moving in congested, crowded public means, because then your bodies are likely to rub, hence increasing the risk of transmission from an infected person
- Schools should keep classrooms and dormitories well-ventilated by opening windows and doors where possible

still harbours the virus, hence increasing the potential of transmission.

Studies conducted during the previous Ebola outbreaks discovered that the virus hides in the semen for close to 90 days after recovering from the disease. This is because the virus hides for a little longer in the testicles. But gradually, the amount of the virus reduces, he explains.

Couples where one of them is recovering from Ebola are encouraged to use condoms when indulging in sexual activity to protect the non-infected partner from contracting the virus.

Ebola virus may persist in some body fluids, including breast milk.

REVIEWS NECESSARY

Patients who recover from Ebola are reviewed in the survivor clinics for the first two weeks after discharge. Later, after the two subsequent months, and then every three months for a year from the time they recovered.

Dr Kimuli says the reviews are intended to monitor their recovery progress and rule out any complications associated with the disease. The Ebola virus causes many complications. These range from hearing, visual and cognitive impairments.

In addition, the virus may affect many systems in the body. As such, during the review clinics, samples are picked from the survivors and tested, he says.

In that regard, Ebola survivors need comprehensive support for the medical and psychosocial challenges they face and also to minimise the

risk of continued Ebola virus transmission, he says.

COUNTLESS OUTBREAKS

This is the 7th Ebola disease outbreak that Uganda has battled against in the last two decades.

The biggest prolonged (six months) and most deadly Ebola outbreak hit the country in 2000, with the major epicentre in Gulu. It later spread to Masindi and later ended up in Mbarara, registering 425 patients and 224 deaths (50% death rate).

Among the victims (deceased) was Dr Matthew Lukwiywa, a physician and supervisor of St Mary's Hospital Lacor in the Gulu district. The other outbreaks happened in 2014, 2017 and 2018.

In September 2022, Sudan's Ebola virus was first reported in the districts of Kassanda and Mubende. This was the fifth time Uganda was hit by the Ebola virus.

During the outbreak, a total of 55 deaths, which translated into a case fatality rate of 39%, were recorded, with 164 confirmed cases and 87 recovered patients (survivors) who were 56 males and 31 females.

On January 30 last year, the Ministry of Health declared an outbreak of the Ebola Sudan variant. A total of 14 Sudan virus disease cases (12 confirmed and two probable), including four deaths (two confirmed and two probable), were reported during this outbreak.

On April 26, 2025, the health ministry declared the end of the Sudan virus disease outbreak.