Uganda races to contain Ebola outbreak

Experts say Ebola Bundibugyo strain has up to 50 percent fatality rate.

BY TONY ABET

As Uganda intensifies efforts to contain a new Ebola outbreak caused by an imported Bundibugyo virus strain, health experts have urged the public to adhere to preventive measures, warning that the disease carries a high death rate and limited treatment options.

"In the previous outbreak, we had case fatality rates ranging from 30 to 50 percent. It is a very deadly disease," Dr Tonny Musoke Sekikongo, a consultant physician from Mulago Hospital Ebola Treatment Unit, says.

Dr Musoke, who chairs case management in the national Ebola response, adds that there are limited options for treatment and prevention.

"Ebola Bundibugyo is one of the viruses for which there is no approved vaccine and no approved therapeutics," he adds.

Information from the government and the World Health Organisation (WHO) indicates that two cases were reported in Kampala on May 15 and May 16. One of the patients died and the other is currently undergoing treatment. Both had travelled from the Democratic Republic of Congo (DRC), a country currently struggling with increasing Ebola infections and deaths.

According to the WHO and health experts, the second case of infection in Uganda is concerning because the patient is not linked to the first patient who died.

As of May 16, eight laboratory-confirmed cases, 246 suspected cases, and 80 suspected deaths have been reported in the Ituri Province of DRC across at least three health zones, including Bunia, Rwampara, and Mongbwalu.

Some of these areas in DRC are less than 100km from the Ugandan border, a parameter complicated by several porous borders, ongoing trade, and interactions between the two nations.



People at Bunia General Referral Hospital following confirmation of an Ebola outbreak involving the Bundibugyo strain in Bunia, Ituri province, Democratic Republic of Congo, May 16. PHOTO/REUTERS

ABOUT EBOLA

Prevention
- Avoid physical contact with anyone showing the Ebola symptoms.
- Practice hand washing and maintain good hand hygiene at all times
- Avoid contact with body fluids. that include urine, blood, sweat, saliva, vomitus, and stool.
- seek appropriate health care services immediately when you experience Ebola-like symptoms.
- Dead bodies of suspected Ebola patients should be supervised by the health team.
- All public places should institute hand-washing facilities at their premises.

Symptoms of Ebola
- Sudden onset of fever
- Fatigue
- Chest pain
- Diarrhoea
- Vomiting
- Unexplained bleeding

However, the officials at the Ministry of Health indicated that they have intensified efforts to prevent the importation of infections amid efforts to trace contacts within the country and isolate or quarantine them.

The ministry has also assured the public of its capacity, saying they have shown high efficiency in managing past outbreaks, including the one in 2025 in Kampala.

The death of the Ebola patient in Uganda marks one of the few recorded cases involving the Bundibugyo virus strain, which remains less common and less studied compared to the Sudan Ebola strain that has dominated previous outbreaks in Uganda.

Less studied

Dr Misaki Wayengera, a researcher and academic specialising in virology, genomics, and infectious disease surveillance, says the Bundibugyo strain belongs to the wider Ebola virus family commonly found in wild animals such as bats and primates.

He explains that Ebola is a zoonotic disease transmitted from animals to humans, warning that increased human encroachment into wildlife habitats continues to heighten the risk of outbreaks.

"Human activities that bring people closer to wildlife reservoirs, such as mining and timber logging, increase human interface with the ecosystems where these viruses have their niches," Dr Wayengera said.

First discovered in Uganda in 2007, Dr Wayengera says the Bundibugyo strain has remained relatively rare, with its sporadic appearance making scientific research and long-term preparedness more difficult.

He notes that although symptoms of the Bundibugyo strain are similar to those of other Ebola variants, differences often emerge in severity and fatality rates between outbreaks.

Dr Musoke explains that after the 2007 outbreak in Bundibugyo, Uganda, where the virus was discovered, the virus also caused another outbreak in DR Congo.

"But subsequently in 2012, it also went on to cause another outbreak in the Democratic Republic of Congo. And now we are seeing it re-emerge again, both in the Democratic Republic of Congo and Uganda in 2026," he adds.

Discovering a virus may not mean the virus originated from the area, but it was the first time/place scientists found it.

For someone who is infected, Dr Musoke says initial symptoms can include fever, severe headache, and muscle pains.

"You'll find the patient so, so tired with extreme fatigue. You'll have reddening of the eyes," he says.

"Once in a while, you might have diarrhoea, but mild vomiting, but mild. But as the days progress, usually going past four days, then we begin to see other symptoms coming in and with more severity. So, we can have severe sore throats coming in. You can have chest pain, abdominal pain. Then you have diarrhoea and vomiting," he explains.

These severe stomach and intestinal symptoms include hiccups and stomach pains.

"They are severe and usually lead to complications if not checked at that point in time. Later, we see bleeding in just about 30 percent of the individuals. Then we have issues like skin rash, people getting into respiratory distress, shock, multi-organ failure, and then other complications like coma and seizures," Dr Musoke says.

"Those who go on to have these late clinical signs and symptoms are usually associated with a very poor prognosis. The only chance we have to prevent them from going into these late signs and symptoms is if we start management of these patients early," he adds.

Govt names districts | VERY HIGH RISK | HIGH TO MODERATE

the past outbreaks.