

FRONTLINE ENCOUNTER WITH EBOLA THAT NEARLY ENDED DR RUDE'S LIFE

By Samuel Amanyire

Eastern Democratic Republic of Congo (DRC) is ground zero for the latest Ebola outbreak, sparking an international health alert by the World Health Organisation (WHO).

Since Kinshasa declared an outbreak on May 15, the illness has caused 204 deaths and 867 suspected cases, according to a toll given over the weekend by the DRC's health ministry. Back here in Uganda, one person has died, with a further six confirmed infected.

Ebola viruses linked to past epidemics include Zaire Ebolavirus, which caused the 2014-2016 West Africa outbreak and Sudan Ebolavirus. However, what is peculiar about the latest outbreak in the Great Lakes region is the strain of the virus causing sleepless nights beyond East Africa's borders: Bundibugyo Ebolavirus.

The strain was first identified in 2007 in western Uganda's Bundibugyo district. The virus was later named after the area in which it was discovered.

At the time, Dr Julius Monday Rude was one of the health workers who diagnosed and treated the very first case of the deadly Bundibugyo Ebola virus. Therefore, in light of the latest outbreak, *New Vision* caught up with Rude to share the frontline experience that nearly cost him his life.

Now serving as Kasere district-based Bukonzo East County Member of Parliament, Rude said he was pivotal in identifying the previously unknown virus.

The story begins in 2007 when western Uganda became the epicentre of a mysterious and deadly disease that would later be identified as a new Ebola strain.

"By 2007, I was a young clinician serving as the officer in charge at Kikyö Health Centre IV in Bundibugyo. I never imagined that I would become one of the first frontline health workers to encounter a new Ebola strain without prior experience, adequate protective equipment and ignorant of what I was dealing with."

IDENTIFYING THE DISEASE

Initially, even the emergency response teams struggled to identify the disease.

"The first teams that came to support them, challengingly also did not immediately identify the strange disease as Ebola, in that at one point, mass deworming was even recommended as part of the treatment because the exact cause of the illness remained unclear," Rude said.

It wasn't until combined emergency teams from the Uganda health ministry, World Health Organisation (WHO), Uganda army doctors and other partners arrived under the leadership of Dr Sam Okware (RIP) and Dr Atai that the

DOCTOR RECOUNTS FIRST OUTBREAK OF BUNDIBUGYO EBOLA STRAIN



A border health officer at the Busunga crossing between Uganda and the Democratic Republic of Congo checks a traveller's temperature using a contactless infrared thermometer in Bundibugyo, recently

situation started to improve.

It is through community sensitisation efforts that the mentality of people thinking that the disease is a result of witchcraft was debunked.

"We had isolated 51 patients on the ward. When laboratory testing was finally conducted, 24 tested positive for Ebola," he recounted.

2007 OUTBREAK IN UGANDA

The outbreak, which officially began in September 2007, was confirmed by Uganda's health ministry and the World Health Organisation (WHO) on November 29, 2007.

Patients who emerged as the very first victims of the virus approached Rude's facility with symptoms that looked like severe malaria, typhoid, or overwhelming bacterial infections: Sudden high fever, headache, profound weakness, diarrhoea, abdominal pain, chest pain, cough, difficulty in breathing, and persistent hiccups.

"Their lives deteriorated rapidly despite treatment, causing their relatives to believe that the illness was caused by witchcraft or poisoning and eventually the news about the strange disease went viral," Rude said.

"However, all eight people of the first two families to be affected died after most of them trusted witch doctors to treat them, rather than visiting health facilities."

Rude revealed that the index case had reportedly handled and eaten a sick monkey, triggering a chain reaction where relatives who attended burials subsequently developed similar symptoms, fuelling community transmission. "Similar cases of the strange disease overwhelmed our facility as we went on to treat patients with bare courage and very limited protection," he said.

The recklessness born of ignorance about the disease came at a high cost: "We registered about 47 cases of which 20 died, including health workers in the line of duty, and I witnessed colleagues, patients, families and communities devastated by fear and death".

Remarkably, Rude survived despite prolonged exposure and attributes this to God's grace.

Rude said a critical lesson learned from that is the importance of prevention and control followed by standard procedures.

According to Rude, Uganda is better prepared for an Ebola outbreak than it was in 2007.

The country now has surveillance systems, laboratory diagnosis, rapid response teams, treatment capacity and infection-prevention systems.

Ebola testing that once took weeks can now be completed in five hours, thanks to technological advancements.

NATIONAL RECOGNITION

Rude said his persistence in identifying the disease, despite scepticism earned him national recognition.

"I studied the nature of the disease treated the affected people and strongly advised the Ministry of Health that the strange disease was dealing with seemed a new species of Ebola. When the initial emergency team was sent to Bundibugyo, I was on a deworming exercise for the entire district," he said, adding his dedication nearly cost him his career.

"I was even summoned to health disciplinary committee, but was rescued by the then Bundibugyo chief administrative officer, who engaged the ministry that eventually ventured into taking blood samples of the suspected people. The disease was confirmed Ebola."

"For my role during the outbreak response, I was honoured with a national medal by President Yoweri Museveni, an experience that transformed my life forever," said.

Following the outbreak, Rude pursued further studies at Mbarara University of Science and Technology, earning a Master's in Public Health and a PhD in health. He later joined the African Region Health Emergency Programme.

BUNDIBUGYO EBOLA VIRUS?

Bundibugyo is one of six species of Orthoebolavirus, from which are known to cause disease in humans: Ebola (formerly Zaire ebolavirus), Sudan virus, Tai Forest virus and Bundibugyo virus.

Gavi, the vaccine alliance, says virus can kill up to 50% of those infected.

Genetic sequencing later confirmed this was not

the known Sudan or Zaire strain but a new species, later named Bundibugyo Ebola virus.

After seven months, Bundibugyo was declared Ebola-free, marking

Dr Julius Monday Rude