



**This is an official
MS Health Alert Network (HAN) - Update**

MESSAGE ID: CDCHAN-20221107-00480-UPD (Health Update)
RECIPIENTS: All Physicians, Hospitals, ERs, ICPs, NPs, PAs, and
Healthcare Providers – Statewide
Monday, November 7, 2022
SUBJECT: Ebola Virus Update—Central Uganda

Dear Colleagues,

- Since September 20, 2022, there has been an ongoing outbreak of Ebola Sudan in Uganda, and as of November 5, 2022, a total of 132 confirmed cases of EVD have been identified; 39% of confirmed cases have died.
- MSDH monitors travelers returning from Uganda for symptoms for 21 days and provides them with instructions for what to do if they become symptomatic.
- While it is unlikely that a symptomatic traveler from Uganda will present to a healthcare facility unannounced, MS providers and health care facilities should continue best practices of taking a travel history on ill patients and utilizing personal protective equipment (PPE) in all appropriate settings.
- MSDH is asking providers and health care facilities to continue to:
 - **Identify** patients with recent travel to Uganda (within 21 days).
 - Immediately **isolate** symptomatic patients with recent travel to Uganda. Symptoms include fever, diarrhea, vomiting, and unexplained bleeding that may appear 2-21 days after exposure
 - **Call MSDH immediately with any suspected cases of Ebola in travelers to Uganda (601-576-7725 during business hours, 601-576-7400 after hours).**
- The MSDH Office of Epidemiology is available for reporting and questions at 601-576-7725 (601-576-7400 after hours).
- Please see the CDC HAN for additional information regarding the Ebola Outbreak in Uganda.

Regards,

Kathryn Taylor, MD
Deputy State Epidemiologist

This is an official **CDC HEALTH UPDATE**

Distributed via the CDC Health Alert Network
November 7, 2022, 9:15 AM ET
CDCHAN-00480

Update on Ebola Virus Disease (*Sudan ebolavirus*) Outbreak in Central Uganda

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Update as a follow-up to a [HAN Health Advisory \(Outbreak of Ebola virus disease \(*Sudan ebolavirus*\) in Central Uganda\)](#) issued on October 6, 2022. This Health Update serves to inform public health departments, public health laboratories, and clinicians in the United States about the ongoing outbreak of Ebola virus disease (EVD) in Uganda caused by Sudan virus (species *Sudan ebolavirus*). **No [suspect or confirmed EVD cases](#) related to this outbreak have been reported in the United States (U.S.) or other countries outside of Uganda to date.** However, as a precaution because of increasing cases in Uganda, CDC is communicating with public health departments, public health laboratories, and healthcare workers in the United States to provide an update and raise awareness of this outbreak and the potential for importation of cases.

Background

On September 20, 2022, the Ministry of Health of Uganda officially declared an outbreak of EVD caused by Sudan virus (species *Sudan ebolavirus*) in Mubende District, Central Uganda.

As of November 5, 2022, a total of 132 confirmed cases of EVD have been identified in Uganda; 39% of confirmed cases have died. To date, there have been a total of 61 patients with confirmed EVD that have recovered from illness and been discharged. Seven districts in Uganda have reported cases since the outbreak began, including Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Wakiso, and the capital city of Kampala. Two of these districts (Bunyangabu and Kagadi) have completed 21 days of monitoring of all identified contacts of confirmed cases and have had no new EVD cases identified since. CDC is working closely with the Ministry of Health of Uganda, the World Health Organization, and other partners to support the response to this outbreak.

Travel volume from Uganda to the United States is low, and there are no direct flights from Uganda to the U.S. Since October 7, 2022, U.S.-bound air passengers who have been to Uganda in the prior 21 days are being redirected to five U.S. airports where they undergo entry health screenings as part of a layered mitigation approach that, in combination with other public health measures already in place to detect ill arriving travelers, are designed to reduce the risk of introduction and spread of disease in the U.S.

Recommendations for Clinicians

Early consideration of EVD in the differential diagnosis is important for providing appropriate and prompt patient care and to prevent the spread of infection. It is important to systematically assess patients for the possibility of EVD through a [triage and evaluation process](#). In the absence of concern for a suspect EVD case, prior travel to Uganda should not be a reason to defer standard laboratory testing needed for routine patient care.

Given the early non-specific symptoms of EVD, all patients should be asked about recent travel history. EVD should be included as a differential in patients with travel to Uganda in the past 21 days who have clinical symptoms such as fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. If EVD is suspected, patient(s) should be isolated in

a private room with a private bathroom or covered, bedside commode. Clinicians should wear [appropriate personal protective equipment \(PPE\)](#) and limit the number of personnel who enter the room for clinical evaluation and management. Importantly, alternative diagnoses such as [malaria](#), COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in a patient with recent travel should be considered, evaluated, and managed appropriately.

Healthcare personnel can be exposed by touching a patient's body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces. Splashes to unprotected mucous membranes (for example, the eyes, nose, or mouth) are particularly hazardous. Procedures that can increase environmental contamination with infectious material or [create aerosols](#) should be minimized. CDC recommends a [combination of measures](#) to prevent transmission of EVD in hospitals including PPE, patient placement, and patient care considerations.

Clinicians with concerns about a patient with suspect EVD should contact their state, tribal, local, or territorial (STLT) health department immediately (via [24-hour contact numbers for state and large jurisdiction health departments](#)) and follow jurisdictional protocols for patient assessment. Early recognition and identification of a [suspect EVD case](#) is critical. If a diagnosis of EVD is considered, clinical teams should coordinate with [STLT public health officials](#) and CDC to ensure appropriate precautions are taken to help prevent potential spread and coordinate care.

Recommendations and Resources for Public Health Departments

CDC's Viral Special Pathogens Branch (VSPB) is available 24/7 for consultations about Ebola or other viral hemorrhagic fevers by calling the CDC Emergency Operations Center at 770-488-7100 and requesting VSPB's on-call epidemiologist or by e-mailing spather@cdc.gov.

On October 7, 2022, as part of the U.S. domestic response to the outbreak of EVD caused by Sudan virus in Uganda, CDC provided updated [interim guidance for health departments](#) on risk assessment and management of people with potential ebolavirus exposure. The interim guidance recommends follow-up measures for travelers who have been in Uganda in the prior 21 days. In managing travelers from Uganda, health departments should establish contact with travelers arriving in their jurisdictions, conduct an initial assessment of exposure risk, provide health education, and conduct symptom monitoring based on [travel history](#) and exposure risk. CDC is sharing travelers' contact information with health departments in travelers' final destinations to facilitate these activities. The initial assessment should occur as soon as possible, ideally within 24 hours of receiving CDC's notification of the traveler's arrival.

If a suspect EVD case is identified in the United States, testing for Sudan virus and other ebolaviruses is available at CDC (Atlanta, Georgia) and within the [Laboratory Response Network \(LRN\)](#). To date, twenty-five geographically diverse LRN laboratories are able to test using the [Biofire FilmArray NGDS Warrior Panel](#), with several more LRN laboratories working toward testing capability. The Warrior Panel can detect Ebola, Sudan, Tai Forest, Bundibugyo, and Reston viruses.

CDC and the Administration for Strategic Preparedness and Response (ASPR) are working with U.S. jurisdictions, starting with states with the highest likelihood for detecting a suspect EVD case, to review plans for (a) identifying and managing suspect cases locally, and (b) coordinating transportation in the event that a patient requires transfer to another facility for evaluation or treatment, such as a Regional Ebola and Other Special Pathogen Treatment Center (RESPTC).

CDC is also able to deploy CDC Ebola Response Teams (CERT) made up of highly trained public health and healthcare infection control experts—including medical officers, epidemiologists, infection control specialists, and analysts—who can be anywhere in the United States within hours of a request from a jurisdiction with a highly concerning suspect or confirmed domestic case of EVD. The teams do not provide direct medical care to patients but coordinate response activities with state and local health departments and provide guidance and recommendations on how to prepare a healthcare facility to prevent spread and provide safe and effective care for patients with EVD.

Clinical and Laboratory Biosafety Considerations

All personnel handling specimens from patients with suspect EVD, especially patients with travel history to Uganda within 21 days before symptom onset, should adhere to recommended [infection control practices](#) to prevent infection and transmission among laboratory personnel.

Under the Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogens Standard, laboratories handling blood and body fluids must have a written [Exposure Control Plan](#) in place to eliminate or minimize employees' risk of exposure to blood or other potentially infectious materials.

Laboratories that may receive or handle clinical specimens including blood or other potentially infectious materials should conduct [extensive risk assessments](#) to identify and mitigate hazards associated with handling the specimens to create the safest environment. The [proper PPE](#) needs to be available and staff trained to properly don and doff their PPE. Staff need to be specially trained, have passed [competency testing](#), and attended drills to safely receive, handle, and process these specimens.

A laboratory should have dedicated space, equipment for handling, testing, and transporting specimens from ill patients, and plans for minimizing specimen manipulation.

A [waste management plan](#) needs to be in place for laboratory reagents and Category A waste, including PPE and sample material.

If a facility does not have the appropriate risk mitigation capabilities, then the specimen should be forwarded to another facility that does.

More About Ebola Virus Disease

A person infected with EVD is not contagious until [symptoms](#) appear. Symptoms may include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. Sudan virus is spread through **direct contact** (through broken skin or mucous membranes) with the body fluids (blood, urine, feces, saliva, droplet, or other secretions) of a person who is sick with or has died from EVD, with the body fluids of infected animals (including those that died from EVD), or with objects like needles that are contaminated with the virus. EVD is **not** spread through airborne transmission.

There is currently no Food and Drug Administration (FDA)-licensed vaccine to protect against Sudan virus infection. The Ebola vaccine licensed in the United States ([ERVEBO[®] Ebola Zaire Vaccine, Live, also known as V920, rVSVΔG-ZEBOV-GP or rVSV-ZEBOV](#)) is indicated for preventing EVD due to Ebola virus (species *Zaire ebolavirus*), and based on studies in animals; it is not expected to protect against Sudan virus or other viruses in the *Ebolavirus* genus. There is also currently no FDA-approved treatment for Sudan virus.

In the absence of early diagnosis and appropriate supportive care, EVD is a disease with a high mortality rate. Occasional outbreaks have occurred mostly on the African continent. With intense supportive care and fluid replacement, mortality rates may be lowered. EVD most commonly affects humans and nonhuman primates, such as monkeys, gorillas, and chimpanzees. The genus *Ebolavirus* is known to comprise the following six species:

- Ebola virus (species *Zaire ebolavirus*)
- Sudan virus (species *Sudan ebolavirus*)
- Taï Forest virus (species *Taï Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*)
- Bundibugyo virus (species *Bundibugyo ebolavirus*)
- Reston virus (species *Reston ebolavirus*)
- Bombali virus (species *Bombali ebolavirus*)

Of these, only four (Ebola, Sudan, Taï Forest, and Bundibugyo viruses) are known to cause EVD in humans. Infection with any Ebola species presents as clinically similar disease. Previous outbreaks of Sudan virus have had a mortality rate of approximately 50%.

The current outbreak in Uganda is the fifth outbreak of EVD caused by Sudan virus in Uganda since 2000. The current outbreak is in the same area as Uganda's most recent EVD outbreak caused by Sudan virus, which occurred in 2012. During that outbreak, limited secondary transmission was reported, and the outbreak was effectively contained.

For More Information

General Ebola Information

- [General Resources for Ebola Virus Disease](#)

Clinician Resources

- [Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings](#)
- [Screening Patients for Ebola Virus Disease](#)
- [CDC - Malaria - Guidance for Malaria Diagnosis in Patients Suspected of Ebola Infection in the United States](#)
- [Considerations for Discharging People Under Investigation \(PUIs\) for Ebola Virus Disease](#)

Infection Prevention Resources

- [Interim Guidance for U.S. Hospital Preparedness for Patients Under Investigation \(PUIs\) or with Confirmed Ebola Virus Disease](#)
- [Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation \(PUIs\) for Ebola Virus Disease \(EVD\) in U.S. Hospitals](#)
- [Personal Protective Equipment \(PPE\) | Public Health Planners | Ebola \(Ebola Virus Disease\) | CDC Cleaning and disinfecting](#)
- [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#)
- [Guidance for U.S. Laboratories for Managing and Testing Routine Clinical Specimens When There is a Concern about Ebola Virus Disease | For Laboratory Personnel | Ebola \(Ebola Virus Disease\) | CDC](#)
- [Procedures for Safe Handling and Management of Ebola-Associated Waste](#)

Public Health Department Resources

- [Interim Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure | Quarantine | CDC](#)
- [Ebola: After You Travel | Quarantine | CDC](#)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages

Health Alert Requires immediate action or attention. Conveys the highest level of importance about a public health event.

Health Advisory Requires immediate action. Provides important information about a public health event.

Health Update May require immediate action. Provides updated information about a public health event.

HAN Info Service Does not require immediate action. Provides general information about a public health event.

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##



Alerting Message Specification Settings

Originating Agency: Mississippi State Department of Health
Alerting Program: **MS Health Alert Network (MS HAN)**
Message Identifier: CDCHAN-20221107-00480-ADV
Program (HAN) Type: **Health Alert Advisory**
Status (Type): Actual ()
Message Type: Alert
Reference: CDCHAN-00480
Severity: Unknown
Acknowledgement: No
Sensitive: Not Sensitive
Message Expiration: Undetermined
Urgency: Undetermined
Delivery Time: 600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency: A unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

Message Identifier: A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (**ALT=Health Alert**, **ADV=Health Advisory**, **UPD=Health Update**, **MSG/INFO=Message/Info Service**)).

Program (HAN) Type: Categories of Health Alert Messages.

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Health Info Service: Provides Message / Notification of general public health information; unlikely to require immediate action.

Status (Type):

- Actual: Communication or alert refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Communication or alert is related to a technical, system test and should be disregarded

Message Type:

- Alert: Indicates an original Alert
- Update: Indicates prior alert has been Updated and/or superseded
- Cancel: Indicates prior alert has been cancelled



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Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).