The U.S. Response to Ebola Outbreaks in Uganda

The Uganda Ministry of Health (MOH) announced the first positive case of Ebola virus disease (EVD) in Uganda in 2022 caused by Sudan virus (species *Sudan ebolavirus)* on September 20. At this time, there are no confirmed cases of Ebola virus disease related to this outbreak reported in the United States or other countries outside Uganda, and the current geographic scope of this outbreak in Uganda is small. As part of the U.S.'s efforts to address this outbreak with the international community, the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Agency for International Aid and Development (USAID) are working closely with local, national, and international partners to ensure the response efforts to the Uganda outbreak are well integrated and aligned to address and contain the outbreak in Uganda, as well as keep the United States protected.

Since September 20, 2022, CDC has intensified surveillance efforts in the affected districts and is working with the Ministry of Health on enhancing the country's preparedness efforts. These efforts include:

Entry screening for U.S.-bound travelers from Uganda: Currently, about 140 people per day enter the U.S. from Uganda. The U.S. has not restricted travel from Uganda at this time. The U.S. is implementing health screenings upon entrance at five domestic airports – Chicago O'Hare, Hartsfield-Jackson Atlanta, John F. Kennedy (NY), Newark Liberty and Washington Dulles – for travelers who have visited Uganda within the last 21 days. CDC is also offering follow-up consultations with travelers being performed by local health departments. Entry screenings for Ebola when entering the U.S. and exit screenings from the infected country are standard public health practices, together with patient isolation and contact tracing.

Deploying staff to assist with local response: CDC has deployed roughly 30 staff from its country office in Uganda and headquarters in Atlanta to assist with the epidemiologic investigation, case recognitions, communications, laboratory capacity, and more.

Providing Ebola treatments to Uganda: The first shipment of the monoclonal antibody MBP-134 arrived in Uganda in October and is being distributed by Ugandan health authorities.

Building local response capacity: CDC is working with the Ugandan government to establish a mobile laboratory at the Mubende Regional Referral Hospital (MRRH). The mobile laboratory is closer to the MSF Ebola Treatment Unit and has water, and limited power. CDC installed temporary wi-fi connectivity to create secure and stable internet access for improved coordination between the Ugandan Ministry of Health (MOH) and local partners at the national and district levels.

Increasing virus surveillance and case management systems: The MOH, with CDC support, intensified surveillance efforts to detect Ebola in the districts with Ebola cases; CDC is helping establish a rapid response unit and training local teams to perform contact tracing and follow-up.

Together, the Uganda MOH, MSF, WHO, and CDC also created a unique ID tracing system to track cases and contacts.

As of October 12, CDC had deployed seven field epidemiologists, four laboratory technicians, three ecologists, three infection prevention and control scientists, one management and operations specialist, and one health communication specialist to help optimize surveillance and response capacity for Ebola in country. CDC is training 60 infection control and prevention leaders to provide cascade trainings. USAID is supporting risk communication, community engagement, and community-based surveillance efforts in districts at risk for spread.

USAID partners are working with district governments in approximately half of the country to reactivate District Task Forces and ensure that those platforms include functional rapid response teams to identify and contain possible cases emerging in those districts.

Mobilizing resources to optimize the response: USAID is providing support to Uganda, including on efforts to help identify cases and conduct contact tracing, provide community education on symptoms and prevention strategies, strengthen infection prevention and control in health facilities, support safe and dignified burials, provide rapid and safe transport of suspect Ebola samples for diagnostic testing, support case management, and distribute personal protective equipment in Uganda. In addition, USAID has provided resources to the WHO, UNICEF, and other partners in support of immediate response efforts.

Accelerating availability of Ebola vaccines: The U.S. is coordinating closely with the World Health Organization (WHO) and the Government of Uganda on the possible deployment of an investigational vaccine developed by scientists at the National Institute of Allergy and Infectious Diseases, part of the U.S. National Institutes of Health, and licensed to the Sabin Vaccine Institute. The U.S. has a small number of doses of the Sabin vaccine available for deployment and is working to expediate the fill and finish of an additional 7,000–9,000 doses.

Ensuring health providers are prepared in the U.S.: While there have been no confirmed cases of Ebola related to this outbreak reported in the U.S., public health agencies are prepared to defend against this threat here at home. On October 6, thousands of healthcare providers and professionals received a Health Alert Network (HAN) advisory from the CDC to summarize CDC's recommendations for case identification and testing and clinical laboratory biosafety considerations. On October 12, CDC conducted a Clinician Outreach Communication Activity (COCA) call that provided an update about the Ebola outbreak to more than 4,600 participants. Additionally, CDC Director Rochelle Walensky penned a joint letter on October 6 with Association of American Medical Colleges (AAMC) President and CEO David Skorton to alert the AAMC's membership about the outbreak.

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